Community Perceptions of the Trail Homeless Population

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April 13, 2023

Introduction

Homelessness is a growing social problem throughout Canada and can be defined as a circumstance in which individuals or families live without stable, safe, appropriate housing or the immediate, imminent means and ability to acquire it (Uppal, 2022). Homelessness can include many situations, such as living on the streets, in emergency shelters, hotels and hostels, or places not meant for habitation. It can also include living in insecure housing or staying at friends, family, or strangers' places, referred to as hidden homelessness (Strobel et al., 2021). The population of people experiencing homelessness has grown dramatically over the last decade (Statistics Canada, 2022; Uppal, 2022). In 2005, there were 200,000 people experiencing homelessness in Canada (about 1% of the population); this number increased to over 235,000 people by 2021 (Strobel et al., 2021). However, various barriers impact the reliability and accuracy of the available surveys and censuses, which will be discussed next. Further, homelessness can result from economic and socio-structural factors, such as the availability of affordable housing, poverty, discrimination, and when systems of care and support fail to provide the help required (Institute of Global Homelessness, 2017). Furthermore, it can occur due to individual factors and a lack of federal investment in affordable housing (Gaetz et al., 2014). Understanding the complexities of homelessness is essential in building a society that ensures all members have adequate systems, funding, and support. This review aims to provide an understanding of who is experiencing homelessness, common causes of housing insecurity, barriers homeless individuals face, community perceptions of homeless individuals, and how positive community engagement can improve the experience of homeless individuals in rural communities.

Who is Experiencing Homelessness?

The 2019 British Columbia (BC) Homeless Cohort Integrated Data Project reports that 23,000 people experienced homelessness at some point in 2019, and out of this, 48% of people experienced chronic homelessness (6 months or more). Although the demographics of the homeless population are not the direct focus of this research, it is essential to provide context on the homeless population before addressing how society views homeless populations and the resulting impacts. The homeless population includes people of diverse ages, gender, and ethnic-racial backgrounds. A 2016 study stated that 13% of the Canadian homeless population consisted of children and youths, and nearly 50% of those youth were homeless within five years of being released from foster care (Statista Research Department, 2022). The British Columbia Ministry of Attorney General (2022) reports that males represented over two-thirds of the homeless cohort in BC, 77% of whom were over 55 years. Additionally, the 2021 report on homeless counts in BC reported that 21% of the homeless population was 55 or older, and 11% were 25 years or younger (Ministry of Attorney General, 2022). Understanding the demographics of people experiencing homelessness is crucial because they represent a vulnerable population growing in size and need (Strobel et al., 2021).

Surveys on homeless populations since the 1980s show that they are a heterogenous population composed of all groups in society - young or old, employed or unemployed, disabled or able-bodied, people of colour or white people, amongst others (Peressini, 2007). The BC Ministry of Attorney Generals (2022) survey reports that 39% percent of respondents experiencing homelessness identified as Indigenous, 3% as Black, 2% as Latin American, and 2% as South Asian. Furthermore, over two-thirds of survey respondents identified addiction as impacting their lives, 51% identified one or more mental health issues, and 66% of respondents

had two or more health concerns (Ministry of Attorney General, 2022). A Canadian study released in 2022 found that out of the people currently housed, 3% have been unsheltered, and 15% experienced hidden homelessness (Statistics Canada, 2022). Compared to the BC Report on Homelessness Count, this study found that between 2010 and 2019, homelessness was 38% more common in females than males.

Even though there are differing statistics regarding the demographics of the homeless population, many of the available statistics differ due to the various challenges impacting the ability to get a reliable census on the homeless population. These challenges include a lack of a clear definition of homelessness, the population's mobility, an individual's willingness to identify as homeless, and the cyclical nature of homelessness for many individuals (Cowan et al., 1988). The majority of literature focuses on visible homelessness (prevalent on the streets of communities) and lacks representation of hidden homelessness, which creates sampling errors in which the data does not represent the entire population. Understanding the composition of the population of people experiencing homelessness is vital for planning and policy to fix these issues, especially in rural areas where the homeless population tends to be a visible percentage of the overall population.

Causes of Homelessness

Multiple factors have been identified that contribute to homelessness. However, it is necessary to understand the complexity with which these factors interact across structural and societal institutions to combat homelessness. Apparent causes of homelessness include poverty, housing loss or affordability issues, interpersonal conflict (family or personal crises), mental and physical health problems, addictions, and deinstitutionalisation (Peressini, 2007; Ministry of

Attorney General, 2022). Moreover, socioeconomic and sociodemographic factors such as violence, trauma, race and ethnicity, and education can significantly influence the risk of homelessness (Institute of Global Homelessness, 2017; Schiff et al., 2016). However, the reality of the circumstances that lead an individual to become homeless is vastly complex.

In modern society, poverty and homelessness are inextricably affiliated. The majority of the literature states that poverty is a universal precursor of homelessness for most individuals who experience it (Johnsen & Watts, 2014; Somerville, 2013). For instance, a study on 268 people experiencing homelessness stated that 75% of respondents indicated poverty (no income or work) as one of their three leading causes of homelessness, and 58.6% included housing loss and affordability issues (Peressini, 2007). Unfortunately, Canadians have felt the impact of inflation as the cost of living has increased, and wages have remained mainly stagnant (Statistics Canada, 2023; Soken-Huberty, n.d.). In 2022, grocery prices rose 9.8%, the fastest increase since 1981. Survey results showed a growing concern among Canadians regarding rent and mortgage payments and other expenses such as food and transportation (Habitat for Humanity, 2022; Statistics Canada, 2023). Poverty exhibits a spiralling mechanism wherein significant capital is required to move above the poverty line. Additionally, when individuals are unable to generate sufficient income to sustain basic living necessities (rent or mortgage, groceries, etc.), the risk of becoming homeless increases. As of 2022, 6.4% of Canadians are experiencing poverty (2,406,400 people) (Government of Canada, 2022). The nature and causes of poverty oscillate between two broad categories (Sarlo, 2019; Davidai, 2022). Firstly, despite being invalidated by research (Assari, 2017; Yentel, 2018), poverty is frequently viewed as a personal choice in which individuals cannot or will not do what is required to maintain a successful life defined by societal standards (Sarlo, 2019). In this category, poverty is seen as a moral failing that influences the

experiences and outcomes typically faced by homeless individuals (Davidai, 2022). Secondly, poverty is found to have arisen from systemic inequities within the economy and society and is often beyond the individuals' control (such as lack of work, discrimination, or low wages compared to the cost of living) (Canada Without Poverty, n.d.). Interestingly, the poverty rate in Canada decreased from 14.5% in 2015 to 8.1% in 2020 (Statistics Canada, 2022), which suggests other causes contribute to the apparent increase in homelessness.

Other relevant causes of homelessness are physical and mental health. For instance, foetal alcohol syndrome, societal isolation, psychiatric illness, physical disabilities, and cognitive impairments are important variables that perpetuate homelessness (Lee et al., 2003, as cited in Turnbull et al., 2007). Previous literature states that physical and mental health serve as both a contributor to and a consequence of homelessness. A 2007 survey by Peressini found that 23.5% of respondents stated that mental health contributed to becoming homeless. Similarly, a study conducted in Melbourne, Australia, found that 15% of individuals experiencing homelessness had mental health issues before becoming homeless, and 16% developed mental health issues after becoming homeless (Johnson & Chamberlain, 2016). Beyond that, as mentioned, children who were previously in foster care comprise a significant portion of the individuals who currently experience homelessness (Statista Research Department, 2022), and up to 80% of children in foster care have significant mental or physical health issues, compared to approximately 18-22% of the general population (National Conference of State Legislatures, 2019). Therefore, the literature shows mental illness to be more prevalent in homeless individuals than in those who are housed (Perry & Craig, 2015; Peressini, 2007).

Addictions such as gambling and substance abuse have also been repetitively linked to being a cause of homelessness. Similarly to mental and physical health problems, addictions can

present as both a cause and a consequence of homelessness. Most research shows that around one-third of the homeless population have substance use disorders, two-thirds of which have had lifetime histories of substance use disorders (Mosel, 2023). Substance use affects more than one-fifth of the Canadian population but is more prevalent among homeless individuals (Grinman et al., 2010). Peressini (2007) found that 20.5% of respondents indicated addiction (alcohol, drugs, gambling) as a contributor to becoming homeless. With increased time experiencing homelessness, the proportion of individuals who reported an addiction also increased. For example, 19% of those experiencing homelessness for less than two months reported experiencing addiction. This number increased to 28.2% for those who were homeless for up to six months (Quayum et al., 2022). Substance abuse also exhibits a mechanism which increases the risk of homelessness, mental illness, and physical illness (NIDA, 2021).

Interestingly, research indicates a correlation between substance use, mental health, and institutionalisation, particularly among homeless individuals (Sanders et al., 2009). Regardless of whether an individual is experiencing substance abuse, mental health, or homelessness prior to incarceration, the risk of becoming and remaining homeless following deinstitutionalisation increases. Deinstitutionalisation can be defined as the gradual relocation of residents to stable, community-based housing from an institution such as a mental health hospital or prison (Oxford Languages, n.d.). Throughout research, deinstitutionalisation has been inferred to cause homelessness (Peressini, 2007; Government of Canada, 2021; Garcia-Grossman et al., 2022). Approximately 30% of institutionalised Canadians have no stable housing or resources following their release (Government of Canada, 2021), meaning that individuals released from institutions often have no money, identification, or bank account and are left without housing options. The stress and anxiety that accumulates without stable housing can contribute to a spiralling

mechanism in which the individual is more at risk for increases in time spent homeless, involvement with the criminal justice system, substance abuse issues, and mental and physical health problems (Kushel et al., 2005; Gelberg et al., 1988).

Barriers Faced by Homeless Individuals Within Rural Communities

People experiencing homelessness encounter many barriers that impact their ability to access services such as health care, hygiene facilities, food, and housing (Somerville, 2013). Literature shows that barriers in rural regions may be the consequence of geographical circumstances, lack of government support services, and discrimination (Usborne, 2018; National Health Care for the Homeless Council, 2013). Due to the extraneous geography and the lack of access to reliable transportation, individuals residing in rural areas are often unable to access services, thus contributing to the increased risk for associated factors such as mental health and addiction problems by facilitating increased stress in homeless individuals (Dashora et al., 2018). Furthermore, homeless individuals are at increased risk for HIV and other sexually transmitted diseases and various chronic illnesses such as hypertension, diabetes, tuberculosis and chronic obstructive pulmonary disease (Lui & Hwang, 2021). Consequently, being unable to access appropriate medical care imposes a significant barrier on the homeless population and increases their vulnerability.

The government has implemented many programs to assist homeless people, including support systems such as the Housing First project and various shelters and transitional housing facilities (Brotta et al., 2019). However, these implementations are limited in rural areas resulting in a barrier to accessing support. This is likely due to an underrepresentation of rural homelessness in the literature, causing decreased government attention to the growing problem.

Therefore, individuals residing in rural areas and experiencing homelessness are forced to stay close to town to access essential health and living services (National Health Care for the Homeless Council, 2013).

Beyond geography and governmental support, discrimination in social, employment, and housing relations contributes significantly to perpetuating the barriers homeless individuals often experience (Usborne, 2018). Discrimination is a common barrier to rural and urban homeless populations which presents uniquely in rural communities. For instance, participants in a 2021 study indicated that a lack of anonymity and privacy in low-density rural communities impacted their ability to gain housing and employment after being labelled homeless. Additionally, it was found that individuals in rural communities who had previously made poor choices or experienced criminality were excluded from housing or employment opportunities based on reputations formed from those experiences (Buck-McFadyen, 2022). Therefore, the lack of access to secure employment and accommodations for those experiencing homelessness results from a position of multiple structural disadvantages (Somerville, 2013), making secure housing for homeless people extremely challenging. Understanding these barriers is vital because the prevalence and impact of the barriers are greatly influenced by the perceptions held by the general public.

Public Perceptions of Homelessness

Negative public perceptions can lead to discrimination, resistance to community-based services, and public opinion favouring punitive solutions toward homeless populations (McGinty & Barry, 2020). Agans et al. (2011) conducted a study in urban Los Angeles to identify the general public's attitudes toward those experiencing homelessness. The three main factors that

the public associated with homelessness were; drug and alcohol addiction (91% of respondents), mental illness (85% of respondents), and lack of affordable housing (84% of respondents). These factors highlight that the general public believes individuals and broken systems are responsible for homelessness (Caruth, 2021). In fact, according to Caruth (2021) and Hobden et al. (2007), individuals experiencing homelessness are perceived as lazy, depressed, and without commitment and motivation due to a lack of ownership of individual responsibility for their circumstances. The general public typically believes that if shelters are available, then homeless individuals should utilise such services to access food, warmth, medical and mental health care, and discover job opportunities. However, the reality is that most shelters are underfunded and overcrowded (Caruth, 2021).

Drug and alcohol abuse are often the results of homelessness, not the cause (Quayum et al., 2022; Caruth, 2021). As a matter of fact, Quayum et al. (2022) found that individuals experiencing homelessness who reported an addiction actually indicated that their addiction increased with the time spent homeless. Many people experiencing homelessness become addicted to drugs or alcohol after they are without permanent housing by using substances to deal with the physical and emotional pain and shame of being without a reliable home (Quayum et al., 2022; Caruth, 2021). Not every person experiencing homelessness is in such a situation because they are a ‘drug user’, and not all individuals using drugs are homeless. Painting all homeless individuals as addicted limits social support and narrows their ability to access appropriate housing.

In-group/out-group dynamics are a running theme throughout most studies about perceptions of homelessness and in defining practical and effective social programming. An example of how these perceptions affect the homeless populations can be drawn from religious

affiliations and their impacts on homeless populations. Dhanani (2009) conducted a study which attempted to define how religiosity affected perceptions of homelessness. Within this study, religious affiliation is presented as an indicator of negative perceptions toward the homeless population. Additionally, participants who were religiously affiliated believed it was important to offer support in the form of monetary or food donations, yet held the idea that homeless individuals have beneficial job skills, and thus, tending toward the belief that homelessness is a result of personal choice (Dhanani, 2009). Similarly, the majority of previous studies also show that in-group affiliations create a stronger out-group perception and support discrimination towards those out-groups (Dhanani, 2009).

The literature review found that the general public holds perceptions of the homeless population, such as inferiority to the rest of the community, and that homeless individuals are lazy, struggle with addiction, and suffer from mental illness, or that they choose to be in their situation. These perceptions lead to divergent barriers that limit homeless populations' access to adequate care and recognition from community members.

How Community Understanding Can Facilitate Improvement in Homelessness

Individuals experiencing homelessness are often marginalised and separated from the larger society. Mental health and substance use problems can further perpetuate this and prevent individuals from forming and maintaining social community connections which are vital for integration into stable housing and employment (SAMHSA, n.d.). Cronin (2014) discusses the idea of a “Contact Hypothesis,” which embodies the idea that when an in-group and an out-group have a respectful interaction, the differences perceived by the in-group become less stigmatising and devaluing for the out-group. Current research shows that extended, prosocial communication

with homeless individuals produces a shift in public attitudes toward the issue of homelessness, likely due to an increased understanding of the homeless population and their experiences (Hocking & Lawrence, 2000; Link et al., 1995; Barker & Maguire, 2017). Hawking and Lawrence's (2000) study involving 134 undergraduate students volunteering and engaging with homeless people at shelters and on the streets found a positive correlation between perceptions toward the homeless population and time spent around these individuals. When public attitudes and perceptions toward homeless people positively improve, an increased willingness to endorse the facilitation of support for homeless individuals occurs. In fact, the involvement of community members in ways such as volunteering time and skills can help to supplement underfunded support and resources provided by the government or other supporting organisations (Caruth, 2021). Education aimed at community members and leaders may facilitate political pressure and a call to action toward positive initiatives for rural homelessness. Furthermore, it may increase the number of community members willing to volunteer their time to support the homeless community. Schiff et al. (2016) identified a need for education specific to rural homelessness to engage leadership in the growing social concern. Unfortunately, there is minimal literature surrounding community education's impact on the outcomes of homeless individuals beyond the increasing amount of community support.

Gaps

Many gaps were identified in the current research focused on homelessness. Perhaps most importantly, limited research on homelessness in rural communities is available. Rural communities face unique challenges with homeless populations, such as visibility, housing availability, and access and funding of social supports. Unfortunately, limited, accurate data exist

regarding the prevalence of rural homelessness in Canada (Schiff et al., 2015, as cited in Buck-McFadyen, 2022), causing under-identified documentation of specific programs and services required within rural regions (Biel et al., 2014; Shinn et al., 2015, as cited in Brotta et al., 2019). Therefore, those who experience homelessness in rural areas are often less visible than in urban centres due to the scarcity of social services and shelter programs (First, Rife & Toomey, 1994). Additionally, social support funding may depend on population numbers, meaning that smaller rural communities do not receive the financial support to provide services to homeless populations. Research is needed to define within rural areas; community perceptions of homeless populations, the best types of housing or housing programs, how to facilitate access to services, and how to ensure the appropriate supports that are not only effective but meaningful for those experiencing housing insecurity and homelessness. Therefore, the proposed research on the Greater Trail area's perceptions of the homeless population will help fill these gaps by assessing residents' understanding and opinions of a rural homeless population.

Another opportunity for additional research can be found in the voices of homeless individuals, as the few studies that consider the experiences of homeless populations are based in urban settings and focused on marginalised homeless populations such as youth, LGBTQ2S+, and elderly groups rather than homeless populations in general. Engaging rural homeless individuals in what they perceive as practical support can help policymakers create programs specific to rural homeless populations. Furthermore, research should examine homeless individuals' perceptions of their current situation and how outside factors influence these perceptions, creating additional barriers.

Methods

Research Positioning

This research was conducted within the Greater Trail area; Fruitvale, Montrose, Trail, Warfield, and Rossland, BC. The research was undertaken for the benefit of Career Development Services (CDS), specifically the La Nina homeless shelter in the downtown core of Trail, BC. Two of the three primary investigators take on an insider-outsider research position as they live within the Greater Trail area, frequent the downtown core, and have ties with many residents and business owners. In contrast, despite volunteering and having many ties with the homeless community, the other investigator has an outsider research position because they do not live in the Greater Trail area. All researchers can be considered to have some outsider element as they are not experiencing homelessness themselves. Moreover, by acknowledging each researcher's position, it is understood that all researchers come from a background of privilege and choose to use this privilege for the greater good. Given the recent increase in the unhoused population, this research aims to better understand how community stakeholders view homelessness. This will allow CDS and the management of the La Nina Shelter to create programming aimed at increasing public awareness and understanding of the challenges faced by individuals experiencing homelessness, as well as advocate for additional government funding and services.

Making of the Survey

Media coverage of negative public feedback regarding the relocation of La Nina Shelter within the downtown area motivated the research team to partner with CDS in order to assess the existing perceptions of the homeless population in Trail, BC. It is essential to understand the current perceptions held by the Greater Trail residents and business owners of the downtown core, as lack of community support is a significant barrier to the homeless population receiving

the services they need. To fully understand these perceptions, a survey was created consisting of 13 open-ended and closed-ended questions regarding perceptions of the homeless population (Appendix A). This survey was designed to take 10 minutes and was conducted online using Google Forms. Within the survey, three questions specifically relating to the respondent were asked. These questions inquired where respondents were from and whether they were residents of the Greater Trail area or business owners within downtown Trail. Respondents' location would play a prominent role in their contribution to the survey by assessing their connection to the community. The third question asked if the respondent had ever experienced homelessness within the past five years. Again, this question is important because the level of homelessness that a person has experienced will shape how they respond to the survey. The rest of the questions were specific to different perceptions of homelessness. The end of the survey displayed a confirmation message indicating that responses had been submitted. Alongside this message, phone numbers were provided to various mental health resources in order to address any adverse reactions respondents may have experienced while participating in the survey. Lastly, the online survey was anonymous, and minimal risks were associated with participating in the study.

Survey Distribution and Data Collection

This survey was distributed within the Greater Trail area - specifically within the downtown core since this area contains the greatest population of homeless individuals. Researchers decided to broaden the survey demographic as having responses solely from respondents within the downtown Trail area could negatively skew the results and potentially create significant bias in responses. Furthermore, many residents of the Greater Trail area must access services located in downtown Trail and, thus, are likely to have perceptions of the

homeless community in that area. The survey was open for three weeks ending on February 19, 2023. Over this period, researchers canvased downtown Trail and surrounding areas, talking with business owners and residents and handing out posters about the research project with a QR code linked to the survey (Appendix B). In collecting data, the snowball effect was relied upon. This is a process in which the research question starts from an initial state of minor significance and builds upon itself, becoming more prominent (Lewandowski, Ciarocco, & Strohmetz, 2019). Once the survey closed, data was coded using Google Spreadsheets. Coding was completed by reading through the questions and separating them into buckets based on respondents' keywords or phrases. For Likert scale questions, data were separated into strongly disagree/disagree, neither agree nor disagree, and agree/strongly agree. From there, researchers could identify trends within the data and present the results in diagrams and figures. All data, including the Google spreadsheet and survey, were deleted from all platforms by May 31, 2023.

Results

A total of 144 survey responses were received. Of those, 130 (90%) indicated that they lived within the Greater Trail area. Responses from those who did not identify as living in the Greater Trail area were included, as some indicated that they were employees or business owners in the downtown Trail. Most respondents had not experienced any form of homelessness within their lifetime (87%), with the remainder indicating that they had experienced some sort of housing insecurity or homelessness.

78% of respondents indicated that they had noticed a substantial increase in the number of homeless individuals in Trail over the past five years.

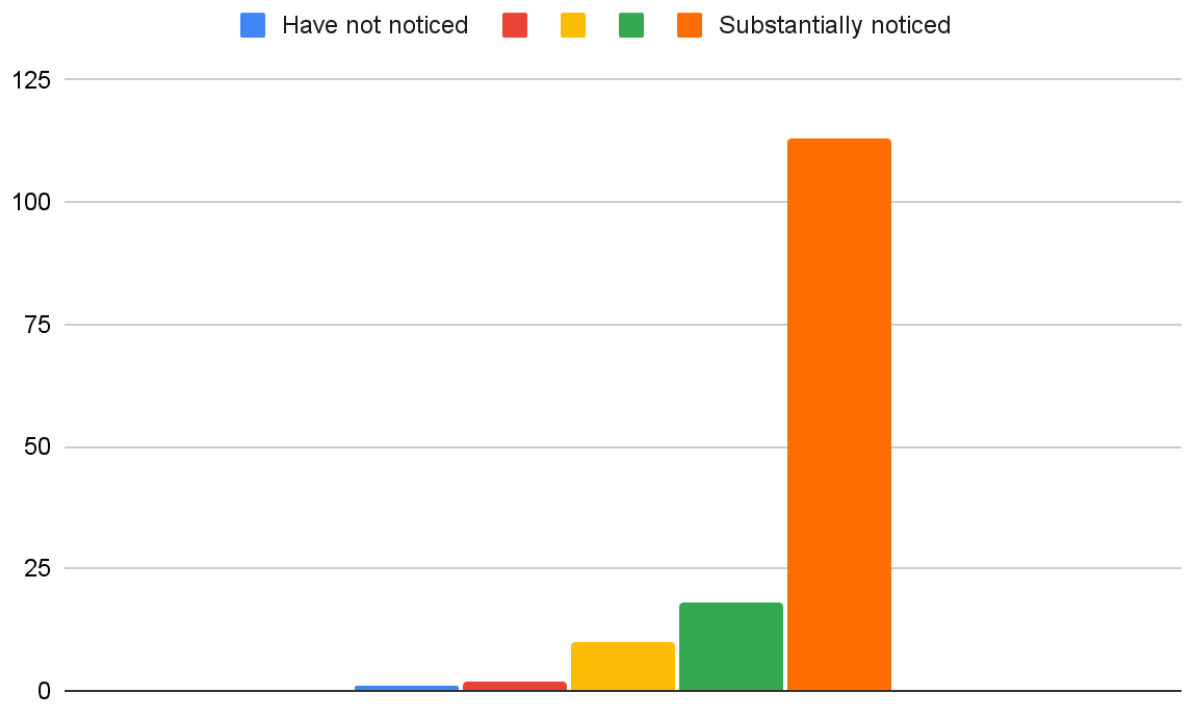

Figure 1. The extent to which respondents have noticed an increase in the Trail homeless populations over the past five years.

Respondents were asked to describe homeless individuals in 3 words (Figure 2). A total of 140 responses were sorted into four main categories. Eighteen percent (18%) of respondents considered homeless people aggressive, dangerous, destructive of communities, hostile, rude, thieves, and zombie-like. Thirty-two percent (32%) of respondents used less contentious words to identify homeless individuals with descriptions such as "annoying, desperate, inhumane, manipulative, troubled, sad, and sick." The third main category was coded to associate attributes outside homeless individuals' control. The list includes and is not limited to "alone, enabled, failed by the system, forgotten, mistreated, misunderstood, underprivileged, and victims." Twelve percent (12%) of the data involved adjective attributes such as "cyclic, existing, hopeless, lost souls, valueless, and wandering." Sixteen percent (16%) referred to addiction,

mental health, and other topics. The remaining codes embodied positive personal attributes (7%), utilising words such as human, resilient, innovative, compassionate, selfless, kind, deserving, and friendly.

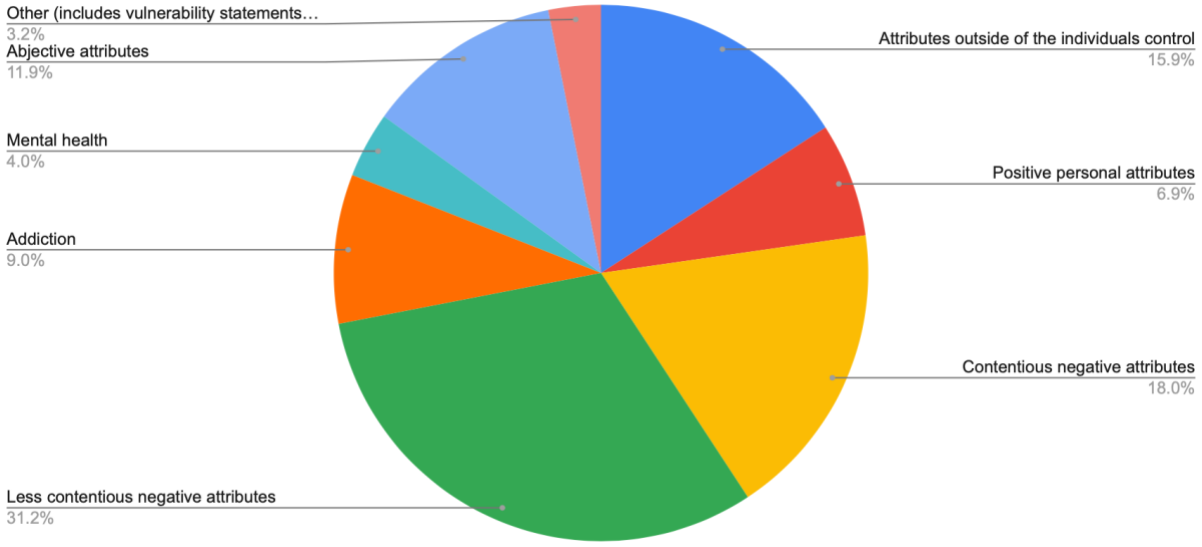

Figure 2. Pie chart results for the open-ended question, "What three words would you use to describe homeless individuals."

Respondents were given four options when asked what percentage of homeless individuals are in their situation due to personal life choices; a) 0-24%, b) 25-49%, c) 50-74% and d) 75-100%. Twenty-one percent (21%) of respondents believe more than three-quarters of the homeless population is personally responsible for their situation. Thirty-six percent (36%) of respondents believe that between one-half to three-quarters of homeless individuals are in their situation due to their own choices, while 17% of respondents believe that between one-quarter to one-half of the homeless population is responsible for their situation, and 25% of respondents believe that less than a quarter of homeless individuals are responsible for their situation (Figure 3).

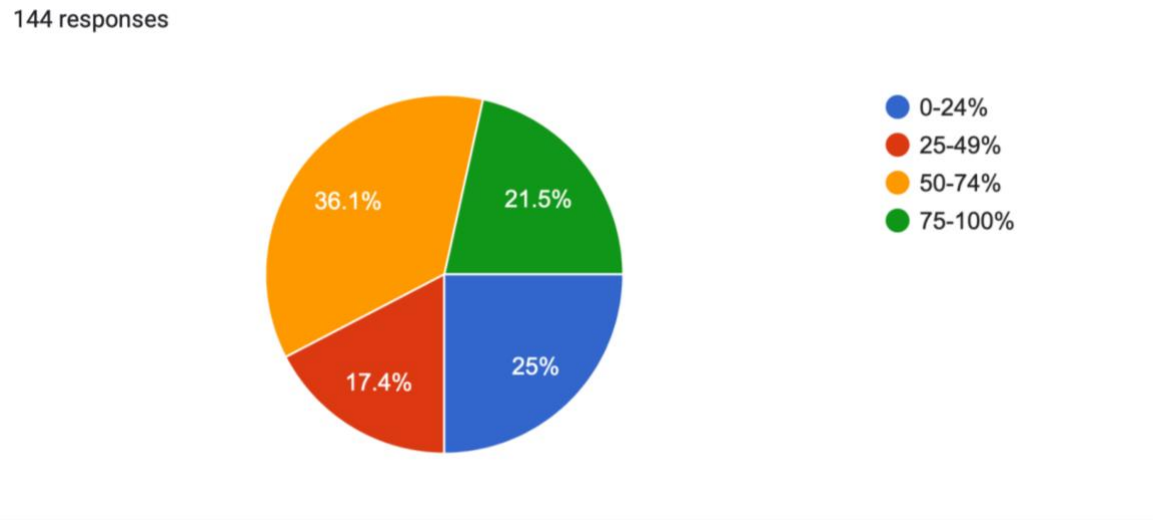

Figure 3. Pie chart data representing respondents' answers to “What percentage of homeless individuals are in their situation due to personal life choices.”

When asked to identify the significant causes of homelessness, 75% of respondents identified addiction as a cause of homelessness, with 59% indicating addiction as the leading cause of homelessness. One hundred and one respondents (70%) identified inflation and cost of living (including housing costs) as a cause of homelessness. Within those responses, 38% indicated that the cost of living and inflation are the primary causes of homelessness. Mental health was identified as a cause of homelessness by 53% of respondents and as a primary cause of homelessness by 26% of those respondents. The fourth most identified cause of homelessness were personal attributes, with 36% of responses. Of those identifying homelessness due to personal attributes, 15% indicated it as the primary cause of homelessness (Figure 4). Respondents were given the opportunity to respond to “other” with an unrestricted text box. Open-ended answers included ideas about criminality (catch and release), “separation from the head and body in socialised medicine”, and “uncaring society”. Additionally, several responses addressed a concept that the government relocates individuals to rural communities from

elsewhere; “I know years ago both Vancouver and Kelowna were sending them from their city here and other small cities saying they would have cheaper housing. That was not true though.”, “...hospital dumping patients on the street from other communities.”, and “Homeless are not from the Kootenay area and do not have family in the area.” Multiple responses referred to the lack of wrap-around mental health, addiction, and other government support, with these gaps leaving individuals without options or support during crucial transition times.

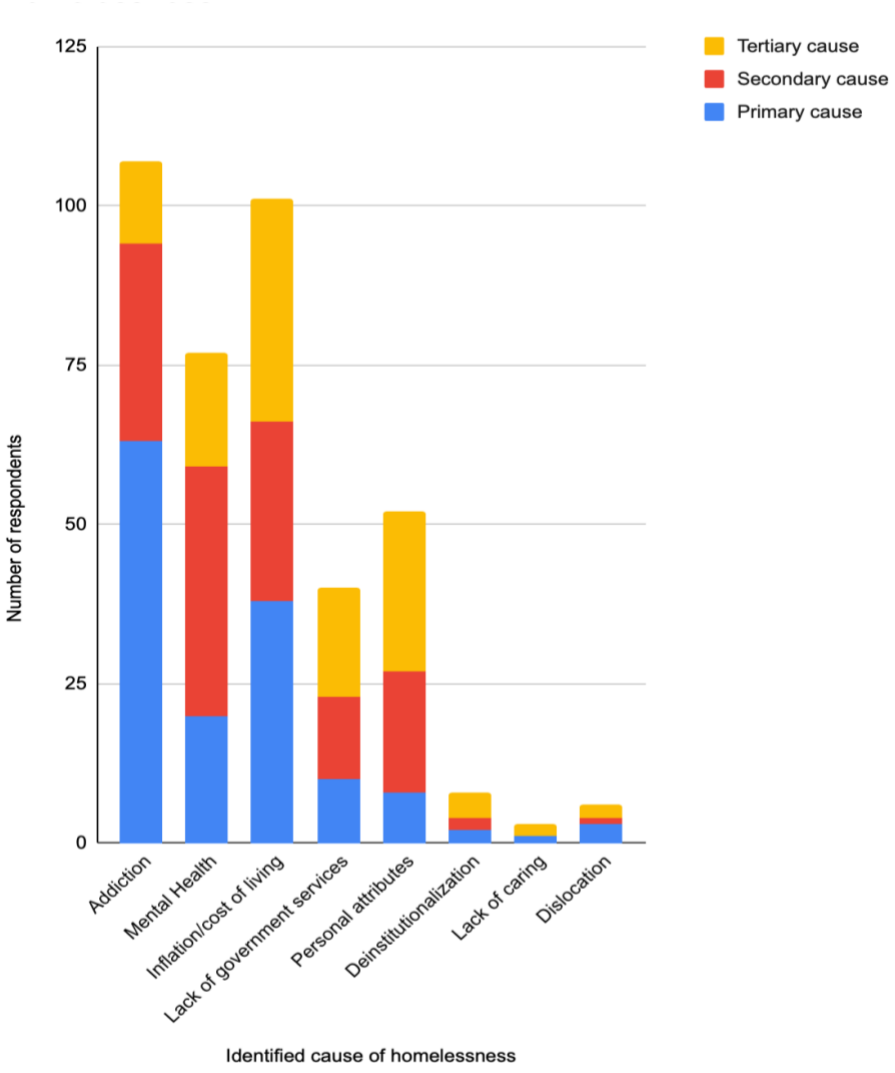

Figure 4. Bar graph representing the community’s perceptions of the causes of homelessness ranked by primary, secondary or tertiary cause.

Respondents were asked who they thought should be responsible for managing and helping the homeless population in the Greater Trail area. Responses were not limited, and respondents had the opportunity to suggest additional entities. Ten main themes were identified. The most frequently cited organisations, with over 75 responses each, were detox or rehab centres, homeless shelters, the City of Trail, the federal government, and BC Housing. Other organisations with over 50 responses were social workers, law enforcement and family members. Organisations with less than 50 responses were church groups, physicians, the provincial government, homeless individuals themselves, Interior Health, the education sector, and mental health facilities (Figure 5).

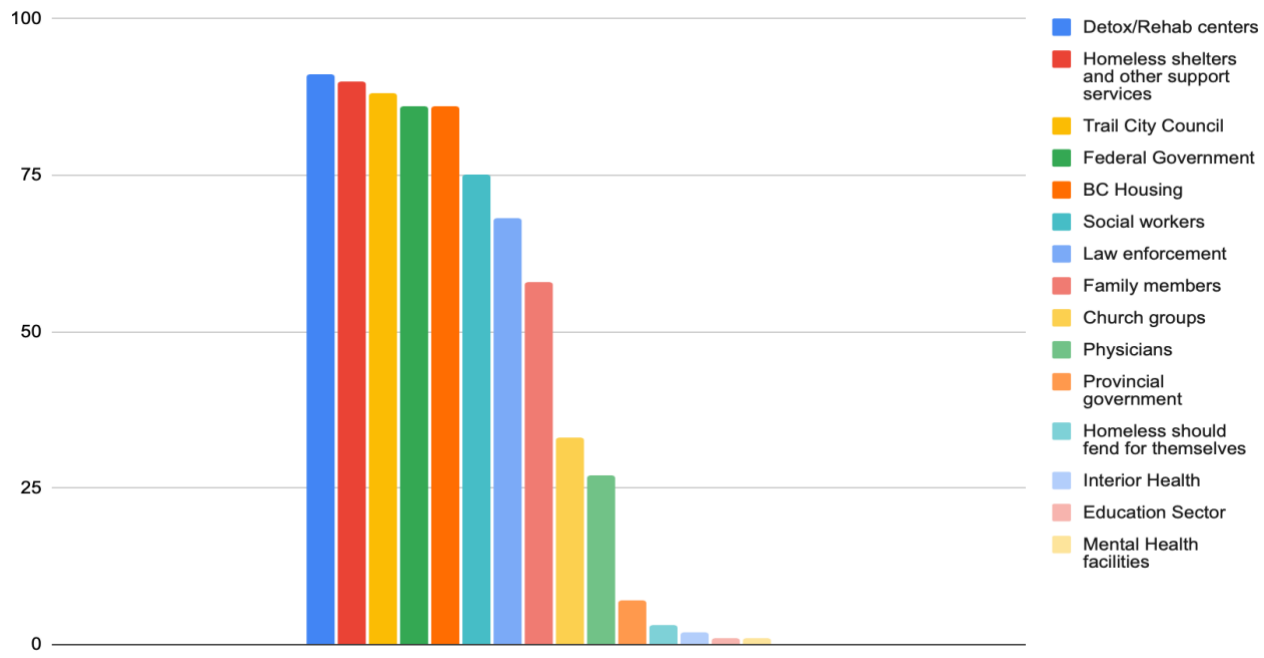

Figure 5. Histogram representing overall responses for who respondents believe is responsible for managing and helping the homeless population in Greater Trail.

Respondents were asked to identify the top three most effective means of support for the homeless population (Figure 6). Of these responses, four main categories were identified. Twenty-seven percent (27%) of respondents indicated that they believed mental health services would be the most effective support for the homeless population. Seventeen percent (17%) of respondents indicated that low-barrier housing where entry requirements are limited or minimal would effectively support the homeless population in Trail. An additional 17% believe harm reduction and substance use support (addiction counselling) would be effective. Fifteen percent (15%) indicated that the most effective means of support are inclusive employment programs supporting individuals experiencing addiction or mental health challenges. The remaining 21% of respondents indicated that support systems like food banks, hygiene facilities, overnight shelters, community education and healthcare access would be effective.

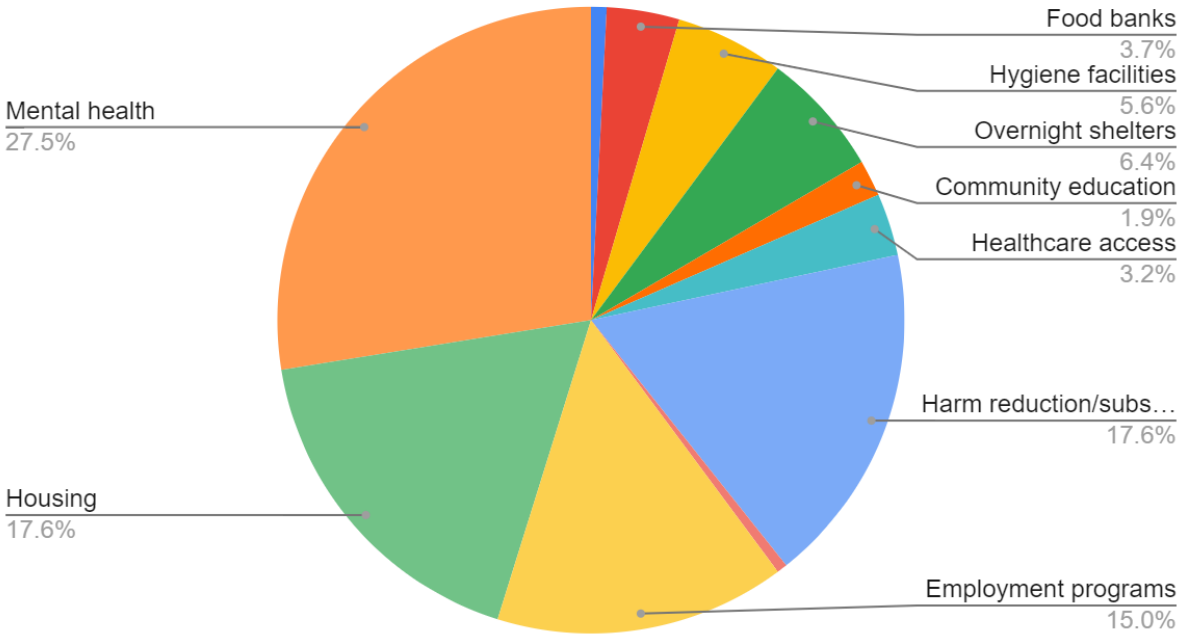

Figure 6. Pie chart results for open-ended “What are the top 3 most effective means of support for the homeless population”.

Table 1. Results of support statements. The top four agree-to-strongly agree, and the top 4 disagree-to-strongly disagree appear highlighted in red for easy reference.

Statement of support	Number of responses: Disagree-to-strongly disagree	Number of responses: Neither agree/disagree	Number of responses: Agree-to-strongly agree
Clothing bank	30	40	74
Foodbank	24	27	93
Hygiene facilities	23	25	96
Downtown shelter	86	14	44
Shelter **not downtown**	28	24	92
Low barrier housing	25	33	86
Community education	45	33	66
Downtown outreach clinic	65	26	53
Outreach clinic **not downtown**	34	22	88
Downtown supervised consumption	95	9	40
Supervised consumption **not downtown**	64	21	59
Increased transportation access	38	46	60
Employment programs for mental health/addiction	16	27	101
Downtown mental health services	58	17	69
Mental health services **not downtown**	20	20	104

In order to further specify data respondents were asked to indicate how strongly they agreed or disagreed with the types of services listed as effective means of support in the previous question. Additionally, some supports were further defined as being within or outside of the downtown area, and respondents were asked to indicate their level of support for each location. Strong support was shown for a food bank, hygiene facilities, specialised employment programs for those experiencing addiction or mental health issues, and mental health services available

outside of the downtown core. Substantial lack of support was shown for supervised consumption sites regardless of location, a downtown outreach clinic, and a downtown shelter.

Survey respondents were also asked which other services might best support or benefit the homeless population. The most popular suggestion was to implement forced institutionalisation for mental illness and addiction. Other popular suggestions were novel forms of addiction support that embody holistic and ongoing treatment protocols, enhanced mental health supports, education and employment training or incentives, and collaborative support from community members and peer mentors. Additional suggestions included a community garden, opportunities for creative outlets, a better understanding of why people are experiencing homelessness, removal of all supports to reduce enabling behaviour, and showing how people experiencing homelessness impact other citizens' lives.

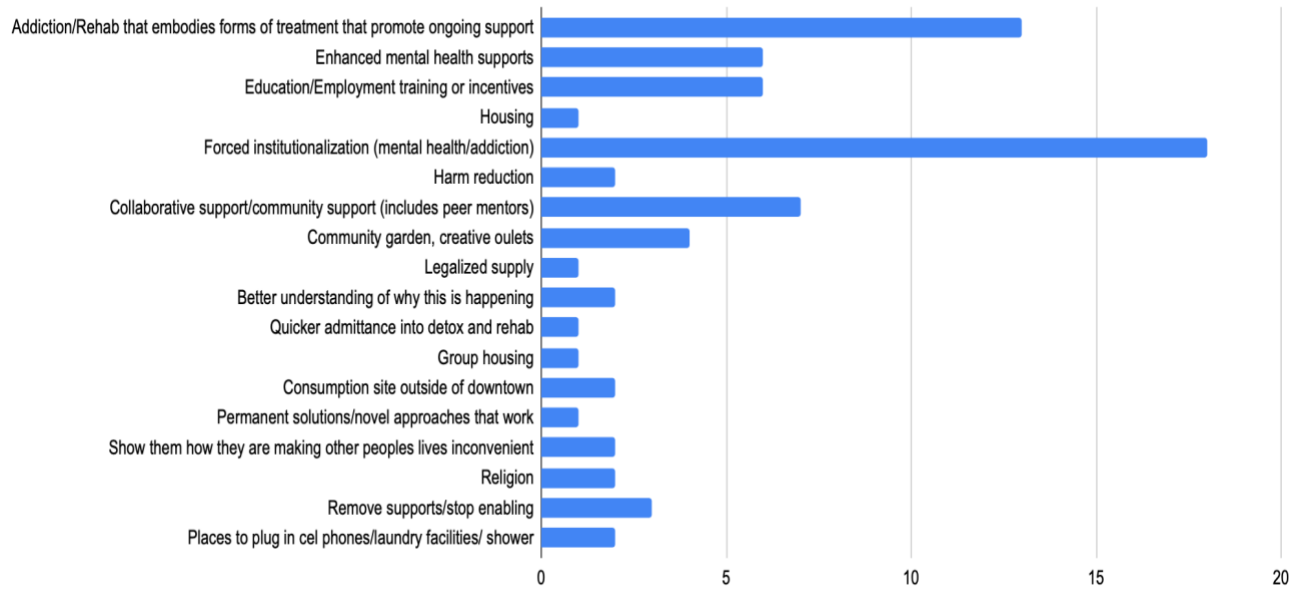

Figure 7. A list of alternate services respondents would like to see in order to support the homeless population.

Three main barriers were identified when respondents were asked what they believe is the most significant barrier to homeless individuals being able to access services (Figure 8). The largest barrier identified was the availability of services, accounting for 38% of respondent data. The second largest barrier identified is personal motivation, contributing to 35% of the data. The third largest barrier identified, discrimination, accounts for 13% of the data. The remaining data pertains to single respondent answers such as stable home, lack of address, transportation and addiction. Two respondents believe the homeless population in Trail faces no barriers. Comments shared in the open-ended answer box included the following statements, "...personal and intergenerational trauma and stress. How can people access support when they are in a constant state of stress. They are just in survival mode. There needs to be community navigators and supports that work alongside those experiencing homelessness to be their prefrontal cortex.", "...each individual's greatest barrier is going to be slightly different based on the cause of their situation", "Lack of services entirely", "Burned bridges. Often they do not use great social skills so that scares people who provide services.", "Hopelessness", and "Maslow's Hierarchy of

Needs."

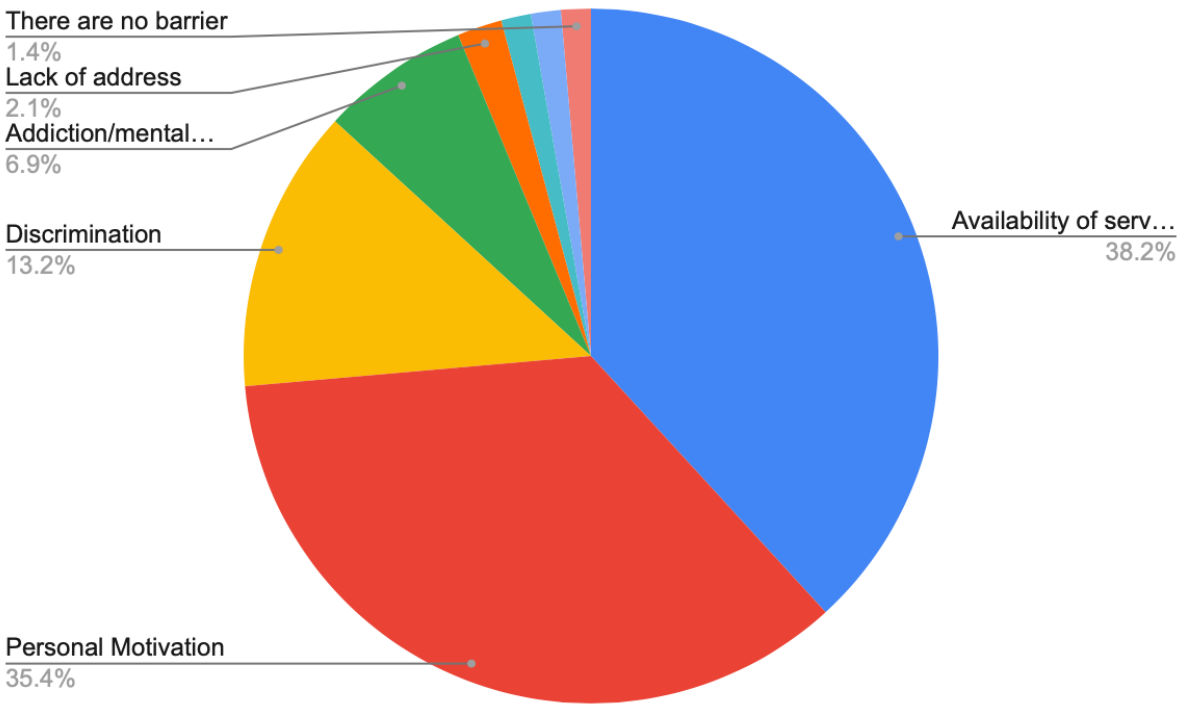

Figure 8. Pie chart results for what respondents believe is the greatest barrier to homeless individuals being able to access services.

Out of the 144 respondents, 37% indicated that, if presented with the chance to have workshops or classes about helping the homeless population, they would not attend (Figure 9). The rest of the results were evenly distributed among those definitely attending information sessions and those interested in attending such classes.

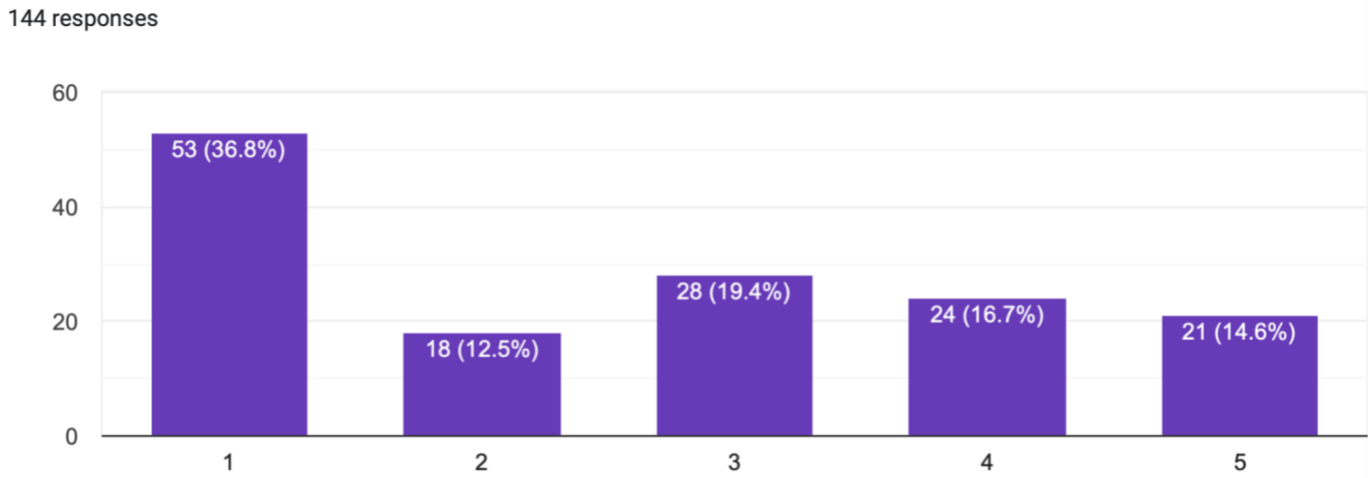

Figure 9. Results on respondents' answers regarding if they would be interested in attending workshops or classes based on helping the homeless population. 1= Not at all where 5= I would definitely go.

Discussion

This study aimed to identify perceptions held by residents of the Greater Trail area toward the homeless population. La Nina Shelter and the Trail homeless population have been the focus of community judgement, most specifically, since late 2022. In October of 2022, La Nina Shelter was notified that their permit to operate in the downtown Trail area had expired, and the shelter needed to find a new location. During municipal conversations regarding possible new locations for the shelter, the community voiced considerable opposition to the relocation of the shelter within the downtown area. Previous research indicates that homeless individuals experience greater barriers when shelter facilities are not in the same vicinity as services which are usually located downtown (Dashora et al., 2018). Survey results indicate that most respondents understand that availability and accessibility of services are barriers for homeless

individuals, yet the prominent voices within the community resist a shelter location that mitigates this barrier. Additionally, the majority of survey respondents support services for the homeless population strictly located outside of the downtown area. Contrary to this statistic, other questions in the survey show that the homeless population has support for inclusive employment programs and education opportunities, both of which, if implemented, is most effectively administered in the downtown area where training facilities are located. Other responses that indicate support for homeless services within the downtown area include; collaboration with community members and a community garden.

The majority of respondents indicated that they had noticed a substantial increase in the homeless population of Trail over the past five years. Changes in rural communities, especially smaller rural communities, can be quite noticeable. In an area which is essentially five blocks by three blocks, having one alley acting as the shelter's backyard is a striking visual for the general public. Although there has been an increase in the homeless population in Trail, housed community drug users and transient populations frequenting the area where the homeless population gather, contribute to the perception of an even greater homeless population in Trail. Additionally, housed drug users and transient individuals may not be aware of the expectations of the shelter and may not be connected to the community, which increases the prevalence of negative behaviours that subsequently become a direct reflection of the homeless population of Trail.

With a noticeable increase in the homeless population, community members have become more aware of homeless individuals during trips to the downtown area. Respondents' answers were generally grouped into two heuristics when describing homeless individuals. Overall negative heuristics made up 61% of responses, with 18% of responses utilising what the

research team categorised as contentious language. Types of wording categorised as contentious include; untrustworthy, rude, scary, criminals, bums, aggressive, hostile, intimidating, dangerous, angry, thieves, dirty, violent, and threatening. Such word choices can be indicative of people experiencing fear. Interestingly, fear experienced by the general public was also listed as a barrier for homeless individuals, suggesting that fear towards the homeless population is a significant factor in the lack of community support. The remaining 39% of responses were categorised as less negative heuristics, with 7% explicitly indicating positive personal attributes of homeless individuals. With an overall 60:40 ratio between highly negative and less negative to positive heuristics, there is not an overwhelmingly negative perception of the homeless population in Trail. Forty percent of responses demonstrate understanding, compassion, and the ability to see homeless individuals as valuable human members of society. However, it is interesting to note that with 60% negative and 40% less negative opinions, discrimination was the 3rd most frequently identified barrier for homeless individuals. Within the responses that identified discrimination as a barrier, all but three came from respondents who described homeless individuals with less negative connotations. Those who described homeless individuals with more negative connotations were 30% more likely to identify personal motivation as the greatest barrier.

Certain themes emerged when exploring public opinion of the causes of homelessness in the survey. Respondents listed addiction as the most frequently considered cause of homelessness. Previous research shows that individuals often experience homelessness and addiction concurrently, however, generally, only 33% of homeless individuals are experiencing addiction (Mosel, 2023). Additionally, in a 2007 study, Peressini interviewed homeless individuals, reporting that only 20% of homeless individuals attributed an addiction to becoming

homeless, while the percentage of homeless individuals experiencing addiction increased with the amount of time they spent unhoused. Since the date of the Peressini study, the rate of opioid addiction in Canada has increased to a point such that British Columbia declared opioid addiction a public health emergency in 2016. Within Trail, the majority of homeless individuals accessing La Nina Shelter are experiencing active addiction. Whether this is a cause or a symptom of homelessness will vary for each individual. Overall, the impact of addiction on homelessness should not affect the location nor the extent of services available to individuals experiencing homelessness, except to increase the variety of services in a way that offers support for the added complexity of addiction.

Inflation was the second most frequently cited cause of homelessness. Inflation has increased in the past few years, with 40% of Canadians indicating that they are concerned about being able to maintain rent or mortgage payments (Habitat for Humanity, 2022). Additionally, media coverage has increased awareness of recent inflation rates. The extensive media coverage on the topic and the respondent's personal experience may have influenced responses in this category.

Mental health was the third most frequently mentioned cause of homelessness. This category was reinforced over responses to other survey questions throughout the study. As an effective means of supporting those experiencing homelessness, increased mental health resources, more effective mental health resources, and even institutionalisation were suggested by respondents. However, less than 50% of responses suggested that mental health organisations are responsible for managing homelessness, even though research shows that mental illness is more prevalent in homeless individuals than in those housed (Perry & Craig, 2015; Peressini, 2007). The top choice for managing homelessness was detox or rehabilitation centres for

addiction. This suggests the public does not differentiate between mental health dysfunction and addiction. The other most frequently mentioned organisations that should be responsible for managing the homeless situation in Trail were La Nina Shelter, the City of Trail, the federal government, and BC Housing. It is interesting that La Nina Shelter is frequently indicated as responsible for managing the homeless situation, as these responses show that the community understands the value of the shelter and the work it does.

The institutions least frequently mentioned as responsible for managing homelessness were churches, physicians, Interior Health, and the education sector. A few responses within the survey indicated that homeless individuals need religion and that churches should be responsible for managing homelessness. Previous research shows that people with religious affiliation feel that the homeless should be housed and clothed through the church but that homelessness directly results from personal choice (Dhanani, 2009). Religious affiliation has been shown to indicate negative perceptions of homeless individuals, further creating stigma and barriers (Dhanani, 2009). There are currently 17 churches listed as in operation within the Greater Trail area, suggesting many community members affiliated with various religions.

It is widely known that the Canadian healthcare system is experiencing a physician shortage. The effects of these shortages are amplified in rural areas where walk-in clinics and urgent care centres are not as accessible as in urban areas. The infrequent rate that respondents indicated physicians and the health authority should be responsible for managing homelessness may indicate that the public considers the complexity of care required for homeless individuals an additional stress on the healthcare system. Homeless individuals as patients may present with comorbidities and additional complexities such as addiction or mental illness. The opioid crisis was declared, and still is, a public health emergency since 2016 (Government of BC, 2016).

Considering the complexity of concurrent issues such as addiction and homelessness, it would seem fitting that the healthcare system addresses both these issues and the increasing cases of acute mental illness as presented in the media.

The education sector was an unexpected institution indicated as responsible for managing homelessness by a few respondents. Regarding higher education, Selkirk College and Selkirk Innovates strongly support decreasing stigma, discrimination, and barriers for homeless individuals. Additionally, Selkirk Innovates is involved in research on housing insecurity and novel housing initiatives throughout the area. Selkirk College currently contributes to the body of knowledge regarding housing insecurity in the Kootenay area on a regular basis, and it is unknown how respondents attribute direct management of homelessness to the college. One potential explanation is that the Trail campus of Selkirk College is located downtown, in close proximity to the current location of La Nina Shelter. It may be possible that community members see the homeless population in the area near the college and attribute negative behaviours to the institution.

Interestingly, institutionalisation was among the prevalent responses in the survey, acting as a strong indicator of who should be managing homelessness in Trail and what respondents consider an effective means of support for homeless populations. This idea was mentioned in relation to criminality, addiction, and mental illness and reflects previous research showing public opinion favouring punitive solutions toward homeless populations (McGinty & Barry, 2020). The BC Mental Health Act states that a person cannot be admitted to a facility if the individual can not be cared for appropriately in the facility (Province of British Columbia, 2023). In the case of homeless individuals experiencing addiction with mental illness, the addiction should be managed first, which negates admittance into a mental health facility. Furthermore,

research shows that the risk of homelessness increases following deinstitutionalisation (Peressini, 2007; Government of Canada, 2021; Garcia-Grossman et al., 2022).

Survey results reflected an understanding that individuals require wrap-around support and that the general public does not feel the current policies, procedures, and services are working. Responses further indicate that the general public feels the current addiction rehabilitation methods and mental illness supports leave individuals to fend for themselves after attending a hospital or mental health/addiction facility. Respondent's answers show that the community understands active addiction and mental illness often present as ongoing, long-term illnesses. As well, survey respondents demonstrated an understanding of the fact that individuals experiencing addiction and mental illness cannot successfully reintegrate into housing and employment without the establishment of healthy patterns through mentorship and continued education. In fact, many respondents identified inclusive, low-barrier housing and transitional housing as wrap-around supports aiming to increase positive outcomes for individuals upon release from mental health/addiction treatment. Overall, community opinion reflected a sense of compassion through holistic support suggestions such as community collaboration, peer mentorship, community garden, creative outlets, and a desire to better understand contributing circumstances to homelessness. Contrary to the majority opinion, a few respondents expressed that all supports should be removed as they create an enabling victimology for homeless individuals. Additionally, these responses included that there should be punitive actions to show the homeless population how they affect the general public's experience when downtown. These specific responses speak to the perception of a few individuals; that people experiencing homelessness cannot exhibit accountability and responsibility and potentially identify frustration with being exposed to the homeless population in Trail.

It was also found that a portion of the general public still believes that individuals experiencing homelessness are “shipped” to rural areas. It was suggested by a few respondents that urban centres will transport homeless individuals to rural towns under the assumption that housing is more affordable and accessible. Additionally, registered comments indicated that most of Trail's homeless population has no community or family connection to the area. These ideas are misinformed and inaccurate.

The overall general impression from survey results is that people believe the homeless population should be helped but do not want it to affect the general population. This exemplifies cognitive dissonance theory, a completely normal phenomenon within society where individuals experience an inconsistency between their actions and beliefs. In this case, the action is the discomfort experienced by the general public when they are exposed to the homeless population. The contrary belief is that most of the general public in Trail believes the homeless population needs increased support in various ways. These ideas are demonstrated in the survey findings, such as the public not expecting the health authority to manage homelessness when stable housing is directly related as a social determinant of health. Many people used less negative terms to talk about individuals experiencing homelessness but attributed their circumstances to be self-inflicted. Attempts at solutions from higher-level governments are not being implemented promptly. Provincial government initiatives are primarily focused on urban centres and are slow to be executed. This leaves municipal government and local organisations, namely the City of Trail and La Nina Shelter, responsible for increasing pressure on the provincial government and BC Housing to create novel housing solutions and increased access to addiction and mental health treatment, specifically programs that embody wrap-around care. Survey results give a general impression that strategies must be implemented promptly and clearly.

Conclusion

Researchers reviewed the literature regarding who is experiencing homelessness, some of the most common causes of homelessness, the barriers that the homeless population faces, and various perceptions toward homeless individuals. This study aimed to examine how the Greater Trail area perceives the homeless population and determined that there are both negative and positive perceptions of the homeless population, with a significant skew toward negative perceptions. In tandem with the negative perceptions held by the community, homeless individuals face greater barriers. As a result, the research demonstrates the need to reduce these harmful perceptions in order to reduce barriers. Furthermore, as a result of this research, it was identified that homeless individuals in the Greater Trail area require more accessible services and support programs. According to our survey, the general public understands that individuals suffering from addiction or mental illness cannot successfully reintegrate into society without ongoing support. However, there have been few actions taken to support these individuals further. This is an issue that needs to be addressed.

Limitations identified within the study include the response rate and potential for bias. Researchers could have displayed bias when coding open-ended questions. This is due to the study being qualitatively based. Researchers relied on their interpretations of the data when coding. It would have been wise to select possible bin categories before distributing our survey to limit this potential bias. Additionally, researchers could have induced a social desirability bias in our survey respondents. This type of bias is the tendency of respondents to answer questions in a manner that will be viewed favourably by others, in this case, the researchers themselves. However, researchers tried to avoid such errors by asking open-ended questions, ensuring the anonymity of survey answers, and leaving respondents to complete the survey in privacy.

Accessing community members was an additional limitation of the survey. Response rates were satisfactory, though an increased response rate could have created a more accurate profile of community perceptions. An increased response rate may have shown the data to be further skewed towards positive or negative perceptions, particular services desired, or responsibility in the management of the homeless population.

Going forward, the research team identified multiple opportunities for further research regarding rural homelessness. Rural homelessness is experienced differently than homelessness in urban settings. The varied geography and smaller populations of rural communities present unique challenges. Further research on how barriers differ in rural communities may help inform policy and programs specific to rural areas. It was also found that there is extremely limited research on the experience of rural homeless individuals. Specifically, research is needed to establish how homeless individuals view their treatment by society, what they would like in regard to services and programs, and what they feel is needed to secure housing and employment. By creating an understanding of the experiences of the broader homeless populations in rural areas, programs that address their needs and support engagement can be developed in a way that these individuals are receptive to. Novel studies that can help to define best practices in supporting individuals with concurrent mental illness and addiction while homeless are also required to address the complexities seen in many rural communities.

Recommendations for the City of Trail, La Nina Shelter, and BC Housing can be envisioned from our research. Public education initiatives are vital in reducing negative perceptions toward the homeless population in Trail. Residents lack information about the services and support systems within the area and the current barriers that homeless individuals are experiencing. Additionally, community members are misinformed about government and

healthcare policies regarding mandatory addiction and mental illness treatment. Such public education initiatives may be undertaken collaboratively with various combinations of the city council, La Nina Shelter, BC Housing, and Selkirk College. Selkirk College and Trail Community Action Team are encouraged to continue community programming and act as facilitators for community conversations focused on homelessness.

The City of Trail and La Nina Shelter have an opportunity to counteract the fear expressed in the survey responses. Jointly, these organisations may consider developing programs that allow the homeless population to interact with the community in a way that builds positive relationships. Simple activities such as community clean-up days led by La Nina Shelter or creating a community garden managed by the homeless population can potentially decrease negative perceptions within the community.

The City of Trail has an independent opportunity to support the vulnerable homeless population and downtown business owners simultaneously. Revitalising the downtown area could mitigate fearful attitudes while increasing traffic. The City of Trail should be responsible for ensuring buildings are maintained, renovated, and used for either retail or low-barrier housing. Tax incentives encouraging both new businesses and low-barrier housing, removing pay parking, and encouraging business hours on weekends are ways to improve the downtown experience for all. Additionally, such initiatives will support small business owners and help ensure individuals stay housed as costs rise. By revitalising the downtown area and encouraging more residents to visit businesses, foot traffic will increase, which in turn may decrease the feeling of vulnerability downtown visitors experience.

The results of this survey offer many opportunities for understanding the community attitudes towards the homeless population in Trail. As La Nina Shelter works with BC Housing, we hope that our survey can inform and guide not just a new shelter location but ways in which community support can be fostered. Community support is vital to the success of shelter relocation and is necessary for the homeless population to transition back into stable housing successfully.

Appendix A

Survey Questions

1. Do you live in the Greater Trail area, which includes Fruitvale, Montrose, Trail, Warfield, and Rossland?

Yes/No

2. Do you currently own a business in the downtown Trail area?

Yes/No

3. Have you experienced any of the following situations in the past five years? Select all that apply.

    - Stayed with friends for an extended period of time out of necessity
    - Experienced homelessness
    - Lived in your car
    - I have not experienced any homelessness
    - I was without stable housing more than five years ago

4. To what extent have you noticed the homeless population increase over the past five years?

5. Likert Scale (0=I have not noticed any increases in the homeless population - 5=I have noticed a substantial increase in the homeless population).

5. What do you think are the top 3 major causes of homelessness?

    Open-ended.

6. What three words would you use to describe homeless individuals?

    Open-ended

7. What are, in your opinion, the most effective means of support for the homeless population? Pick the top 3 from the drop-down menu.
    - Access to appropriate clothing
    - Access to food banks
    - Access to hygiene facilities (shower/washrooms)
    - Access to overnight shelter

- Low-barrier housing where financial and employment requirements for entry are limited or minimal.
- Community education about homelessness
- Easy access to healthcare
- Harm reduction & substance use support
- Increased availability of transportation
- Inclusive employment programs that support people who are experiencing addiction and mental health issues
- Mental health support
- Other: _____

8. Please indicate your agreement with the following statements.

Strongly agree to disagree strongly: (all will be Likert scales 1-5)

- I would be in favour of a clothing bank
- I would be in favour of a food bank
- I would be in favour of access to hygiene facilities (shower/washrooms)
- I would be in favour of access to overnight shelter
- I would be in favour of low-barrier housing where financial and employment requirements for entry are limited or minimal.
- I would be in favour of community education about homelessness
- I would be in favour of a community outreach clinic
- I would be in favour of a safe injection and overdose prevention site
- I would be in favour of access to transportation
- I would be in favour of employment programs
- I would be in favour of increased access to mental health services
- Other: _____

9. Who do you think is responsible for managing and helping the homeless population in the Greater Trail area? Select all that apply.
    - BC Housing
    - Church groups
    - Detox/rehabilitation centers
    - Family members
    - Federal government
    - Homeless shelters and other supportive services
    - Law enforcement
    - Local government (Trail City Council)
    - Physicians
    - Social workers

- Other: _____
-

10. In your opinion, what percentage of homeless people are in their situation due to personal life choices?

M/c (0% - 24%, 25-49%, 50-74%, 75-100%)

11. What do you think is the greatest barrier to homeless individuals accessing services?
    - Availability of services
    - Discrimination
    - Personal motivation
    - Transportation
    - Other: _____

12. How likely are you to attend workshops or classes based on helping the homeless population? (Likert scale)

    1- not interested at all to 5 - I would definitely go

13. Is there anything else you would like to tell us? Open-ended.

Appendix B

Distributed Poster

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