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RESEARCH ARTICLE

Homelessness, Discrimination, and Violent Victimization in Los Angeles County

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Introduction: People experiencing homelessness (PEH) are highly vulnerable to discrimination and violence, which impact physical and mental health. The study examines past-month discrimination and violence against PEH in Los Angeles County (LAC).

Methods: A total of 332 PEH in LAC were surveyed about their past-month experiences with discrimination, physical violence, and sexual violence from April−July 2023. Analyses were conducted in 2023.

Results: 31.8% of respondents reported experiencing discrimination daily and 53.9% reported it weekly, whereas rates of *lifetime* discrimination in studies of general populations of minoritized groups range between 13-60%. Nearly half of respondents who reported experiencing discrimination (49.6%) believed that their housing situation was the reason they were targeted. Victimization was also common, with 16.0% of participants experiencing physical violence and 7.5% experiencing sexual violence in the past 30 days. These rates of past-*month* victimization are high when compared to past-*year* physical violence (3.0%) and sexual violence (0.24%) among general populations in major U.S. cities. In multivariate regression analyses, discrimination was associated with being unsheltered in a vehicle ($p<0.05$) or outdoors ($p<0.001$), weekly illicit drug use ($p<0.01$), and psychological distress ($p<0.001$); violent victimization was associated with being sheltered ($p<0.05$) or unsheltered outdoors ($p<0.001$), physical health conditions ($p<0.05$), and psychological distress ($p<0.01$); and sexual victimization was associated with non-male gender ($p<0.05$) and being unsheltered outdoors ($p<0.05$). Discrimination and victimization outcomes were not associated with any race/ethnicity, sexual orientation, or time homeless characteristics.

Conclusions: Study findings highlight the dangers of homelessness in the U.S., particularly for those who are unsheltered outdoors.

INTRODUCTION

Over 653,000 people experience homelessness in the United States (U.S.) nightly.[1] The material hardships of being unhoused, poor health before entering homelessness, and limited access to healthcare increase risk for disease, mental illness, and substance misuse among people experiencing homelessness (PEH).[2] As a result, PEH have dramatically lower life expectancy than their housed counterparts.[3,4]

Responses to homelessness exacerbate these problems. PEH are among industrialized societies' most stigmatized populations, frequently stereotyped as unsanitary, unruly, threatening, irresponsible, and deserving of suffering[5,6] leading to high levels of discrimination.[7−9] Negative perceptions of PEH combine with increased

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vulnerability, exposure to dangerous environments, and engagement in risky behaviors (e.g., substance use, illicit activities) to make them disproportionately likely to be victims of predatory crime.[10−18] A 2014 study of 516 PEH in 5 U.S. cities found that 49% had been victims of violence while experiencing homelessness (compared with 2% of the general population) and that approximately 14% were attacked within the past 30 days.[10] A 2019 analysis that pooled data from 33 studies found that PEH are roughly 11 times more likely than the general population to be assaulted and 12 times more likely to be robbed.[11] Both discrimination and violence adversely impact health through their effects on physiological functioning (e.g., brain activity, neuroendocrine systems, immune response), mental health, and health-related behavior,[12−14] leading to worse health outcomes for PEH who experience them.[16,19]

The intersection of homelessness with other characteristics that are frequently targets of discrimination and violence (memership in a racial, ethnic, sexual, or gender minoirty group) can compound these challenges.[3,9,20−21,23] Mental illness, substance use disorders, and physical disability are highly prevalent among PEH,[2] increasing their risk of discrimination and violence.[24,25] Unsheltered homelessness (compared to residing in shelters or other unstable living situations) also increases risk for these outcomes.[16,26]

This study examines data collected from a sample of 332 PEH residing in Los Angeles County (LAC) who participated in a 2023 mobile-based survey tracking a longitudinal cohort. Most literature on discrimination and violence against PEH uses data collected over ten years ago,[7,9−11,27] does not use validated measures of discrimination and violence[7,8,10,11] and reports information about past-year or lifetime rather than recent experiences.[7−9,11,27] This study's main contributions include its recency (data collected in 2023), its methodology (using validated measures), and its collection of information about recent discrimination and violence. Using these data, the associations of demographic (race/ethnicity, sexual identity/orientation, age) health (mental illness, substance misuse, physical disability), and homelessness (time experiencing homelessness, unsheltered homelessness) characteristics with discrimination and violence against PEH are examined.

Study findings will be highly relevant for understanding the challenges facing PEH. LAC has almost 11 percent of the nation's PEH, and over 20 percent of the population experiencing unsheltered or chronic homelessness.[1] Understanding the recent experiences of discrimination and violence among PEH in LAC can provide key insights into the extent and nature of these phenomena.

METHODS

Study Sample

Data were collected as part of the Periodic Assessment of Trajectories of Housing, Homelessness and Health (PATHS), an ongoing monthly prospective cohort study of LAC PEH. Trained fieldworkers conducted in-person recruitment of PEH from December 2021 to May 2023 while conducting interviews for the Demographic Survey (DS), an annual representative survey of LAC's unsheltered population covering over 500 census tracts.[28] A PATHS recruitment question was administered at the conclusion of the DS, with interested participants providing a phone number or receiving a study card with SMS/QR code enrollment options. Respondents were directed to a secure website with study information, screening questions, and consent procedures. PEH were eligible to participate if they: (1) lived in a homeless shelter or unsheltered setting for at least one night in the past month; (2) resided in LAC; (3) were at least 18 years old; and (4) had access to a smartphone.

After eligibility screening, respondents were invited via text message to answer baseline and monthly 10−20 minute follow-up surveys online. All surveys were available in English and Spanish, and respondents received a $10 electronic gift card upon completion of each survey. Study protocols and procedures were approved by the University of California, Los Angeles IRB.

Surveys covered topics related to demographics, homelessness history, housing status, and health. Measures of discrimination and violent victimization were added to the monthly surveys conducted from April−July 2023. Given the sensitivity of these questions, all respondents had options to choose "prefer not to answer" for these items.

For this analysis, data concerning demographics, homelessness history, and housing status from baseline and first monthly surveys were used, and responses to discrimination and violence questions collected from their most recent monthly survey were used.

Measures

Perceived discrimination was measured using a modified version of the 5-item Everyday Discrimination Scale (EDS), which captures self-reported frequency of routine and subtle discriminatory experiences in everyday situations (i.e., being treated with less courtesy than others, receiving poor service, others acting as if they are not smart, others acting afraid of them, being threatened/harassed).[29] The original EDS asks respondents to rate how often in the past year they experienced different types of unfair treatment and micro-aggressions using a 6-point Likert Scale. Because our survey asked about

past-month experiences, the wording of the question was changed to "in the past 30 days" and employed a 4-point Likert scale (0=Almost every day, 1=At least once a week, 2=A few times a month, 3=Never). Responses were reverse-coded and summed to generate composite scores (range 0−15), with higher values indicating greater perceived discrimination (Cronbach alpha=0.90). As in the original scale, respondents chose from 16 characteristics (e.g., race/ethnicity, gender, housing situations) they believed were the main reasons for discrimination.

Experiences of violence were binary variables collected using questions from the U.S. Bureau of Justice Statistics' *National Crime Victimization Survey (NCVS)*.[30] Respondents were asked if they had been physically hurt or attacked (e.g., had something thrown at them, been punched/slapped/grabbed/kicked, had a weapon used against them) or sexually attacked/abused/harassed/coerced in the past 30 days.

Recent housing status was determined by asking participants where they slept the most in the past 30 days: unsheltered outdoors; unsheltered in a vehicle; sheltered; or not homeless.

Demographic information included age (computed from date of birth), gender (male, female/other/unknown), sexual orientation (heterosexual, lesbian/gay/bisexual/other − LGB+), race/ethnicity (White non-Hispanic, Black non-Hispanic, Latino/Hispanic, another race/multiracial), and duration of homelessness (calculated from last month/year with stable housing − under 12 months ago, 1−4 years ago, 5+ years ago).

Health characteristics included measures chosen from a CDC COVID-19 risk factor screener[31] and mental health, as measured using the Patient Health Questionnaire for Depression and Anxiety (PHQ-4),[32] using clinical cutoffs for levels of psychological distress and then dichotomized as normal/mild or moderate/severe. Current substance use was measured using items from the WHO's Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) concerning frequent (more than weekly) past-30-day use of cannabis, alcohol, other illicit drugs, and non-medical prescription medication use.[33] Physical health measures from baseline assessments, mental health measures from the first monthly follow-up assessments, and current substance use from the most recent survey were used.

Statistical Analysis

Analyses were conducted in late 2023. Descriptive statistics of independent and dependent variables were compiled, and differences in distribution by housing status were measured using Pearson's Chi-square/Fisher's Exact tests for categorical variables and Kruskal−Wallis rank sum tests for continuous variables. Regression analyses were used to assess associations between discrimination and violence and independent variables, fitting ordinary least squares models for the EDS outcome and logistic models for physical and sexual violence outcomes, with demographics, housing status, physical health, mental health, and current substance use as covariates. "Prefer not to answer" responses were treated as missing except for those concerning race/ethnicity, gender, and sexual orientation, where they were grouped with the "other" or non-reference category. Multicollinearity was examined by the variance inflation factor.

Approximately 10% of the sample was missing on at least one study covariate. A multiple imputation by chained equations (MICE) approach was used to generate regression estimates with all participants in the analytic sample, using predictive mean matching to impute covariates derived from continuous measures, multinomial logistical regression for categorical variables, and logistic regression for binary variables.[34,35] Twenty complete data sets were imputed, multivariate regression models were run on each imputed dataset, and model estimates were pooled. Interpretation from regression analyses were mostly similar using non-imputed and imputed datasets, so we report results from imputed datasets. Analyses were performed in Stata/MP version 17.0.

RESULTS

Of 707 respondents enrolled in PATHS, 342 (48.4%) completed at least one monthly survey from April−July 2023. Three individuals who spent most nights in the past month sleeping in an institution or facility and seven respondents who were missing data on all discrimination and violence-related variables were excluded from analyses. To ensure that this would not impact results, the characteristics of these individuals were compared to those of others in the sample. The final analytic sample included 332 respondents.

Table 1 provides an overview of the study sample and outcomes. The sample was approximately half male, mostly Black non-Hispanic or Hispanic, and over three-quarters heterosexual. Participants' mean age was 40.9 (SD 13.2), and most of the sample had experienced homelessness for 1−4 years or 5+ years. Over one-third had a physical health condition, over half reported moderate/severe psychological distress, and many reported weekly cannabis and/or illicit drug use. Approximately one-third of the sample (34.0%) spent most of the previous month unsheltered outdoors, 29.2% were unsheltered in a vehicle, 16.0% were sheltered, and 19.6% were not homeless for the majority of the previous month.

Table 1. Distribution of Demographics, Health Status, and Experiences of Discrimination and Violence (*N*=332)

Characteristic	Total (*N*=332)	Unsheltered- Outdoors (*N*=113)	Unsheltered- Vehicle (*N*=97)	Sheltered (*N*=53)	Not homeless (*N*=65)	*p*-Value[a]
Demographics						
Age (years), mean (SD)	40.9 (13.2)	39.0 (11.9)	43.6 (13.0)	40.3 (14.7)	40.7 (13.8)	0.088
Race/ethnicity						0.17
White (NH)	94 (28.3)	34 (30.1)	30 (30.9)	14 (26.4)	16 (24.6)	
Black/African American (NH)	87 (26.2)	27 (23.9)	22 (22.7)	19 (35.8)	18 (27.7)	
Any Hispanic/Latino	102 (30.7)	36 (31.9)	35 (36.1)	9 (17.0)	22 (33.8)	
Other/multiracial	34 (10.2)	6 (5.3)	9 (9.3)	9 (17.0)	8 (12.3)	
Sex						0.059
Male	162 (48.8)	66 (58.4)	47 (48.5)	21 (39.6)	27 (41.5)	
Female/other/unknown	168 (50.6)	42 (37.2)	50 (51.5)	31 (58.5)	37 (56.9)	
Sexual orientation						0.054
Heterosexual	254 (76.5)	80 (70.8)	85 (87.6)	37 (69.8)	48 (73.8)	
LGB+	59 (17.8)	23 (20.4)	11 (11.3)	15 (28.3)	10 (15.4)	
Years homeless (at baseline)						0.19
Less than 1 year	55 (16.6)	15 (13.3)	14 (14.4)	8 (15.1)	17 (26.2)	
1–4 years	140 (42.2)	45 (39.8)	41 (42.3)	24 (45.3)	28 (43.1)	
5 years or more	134 (40.4)	52 (46.0)	42 (43.3)	21 (39.6)	18 (27.7)	
Health status						
Past diagnosis of a physical health condition	124 (37.3)	37 (32.7)	38 (39.2)	21 (39.6)	26 (40.0)	0.69
Moderate/severe psychological distress	175 (52.7)	63 (55.8)	48 (49.5)	31 (58.5)	32 (49.2)	0.56
Weekly marijuana use, past month	80 (24.1)	25 (22.1)	21 (21.6)	16 (30.2)	18 (27.7)	0.56
Weekly illicit drug use, past month	72 (21.7)	28 (24.8)	23 (23.7)	8 (15.1)	13 (20.0)	0.48
Weekly alcohol abuse, past month	29 (8.7)	10 (8.8)	6 (6.2)	6 (11.3)	7 (10.8)	0.68
Discrimination and violence						
Everyday discrimination scale,[b] mean (SD)	5.5 (4.8)	6.8 (4.9)	5.2 (5.0)	5.3 (4.5)	3.5 (3.5)	**<0.001**
Experienced physical violence, past month	53 (16.0)	28 (24.8)	10 (10.3)	11 (20.8)	4 (6.2)	**0.001**
Experienced sexual violence, past month	25 (7.5)	14 (12.4)	6 (6.2)	3 (5.7)	2 (3.1)	0.11

Notes: SD=standard deviation; NH=non-Hispanic; LGB+=Lesbian, gay, bisexual, or other sexual orientation.
N (%) shown unless otherwise noted. Percentages may not add to 100 due to missing/"prefer not to answer" responses. Boldface indicates statistical significance ($p<0.001$).
4 respondents are missing on most often housing status in the past month.
[a]*p*-values calculated from Kruskal–Wallis rank sum test for continuous variables and Pearson's chi-square tests or Fisher's exact test for categorical variables.
[b]Possible Everyday Discrimination Scale score range from 0–15, with higher values indicating greater perceived discrimination.

Under 5% (2.4%) of participants completed the survey in Spanish. Compared to all PEH in LAC (see Appendix Table 1), the sample was slightly younger and slightly more female.

Figures 1 and 2 show the means and distribution of past-month EDS scores and discrimination experiences among the study population. The mean EDS score was 5.5 (SD=4.8), with 38.1% of respondents reporting that they were treated with less courtesy than others, 34.9% reporting that they receive poorer service than others, 37.3% reporting that people act as if they are not smart, 25.9% reporting people act afraid of them, and 26.9% reporting that they were threatened or harassed at least weekly in the past month. Overall, 31.8% of respondents reported at least one form of discrimination every day and 53.9% reported at least one form weekly. Nearly half of the respondents who reported experiencing discrimination (49.6%) believed that their housing situation was the reason they were targets of discrimination, while other frequently reported reasons included race or ethnicity/nationality (39.5%) and financial situation (37.6%). Among respondents who reported experiencing discrimination because of housing status, the majority (84.4%) indicated another reason for being discriminated against, most commonly their financial situation (63.3%), racial identity (39.1%), or physical appearance (33.6%).

Table 2 shows results of multivariate regression models examining demographic, housing, and health characteristics associated with discrimination experiences using multiple imputation. Living unsheltered in a vehicle (beta=1.85, 95% CI 0.41–3.29, $p<0.05$), and

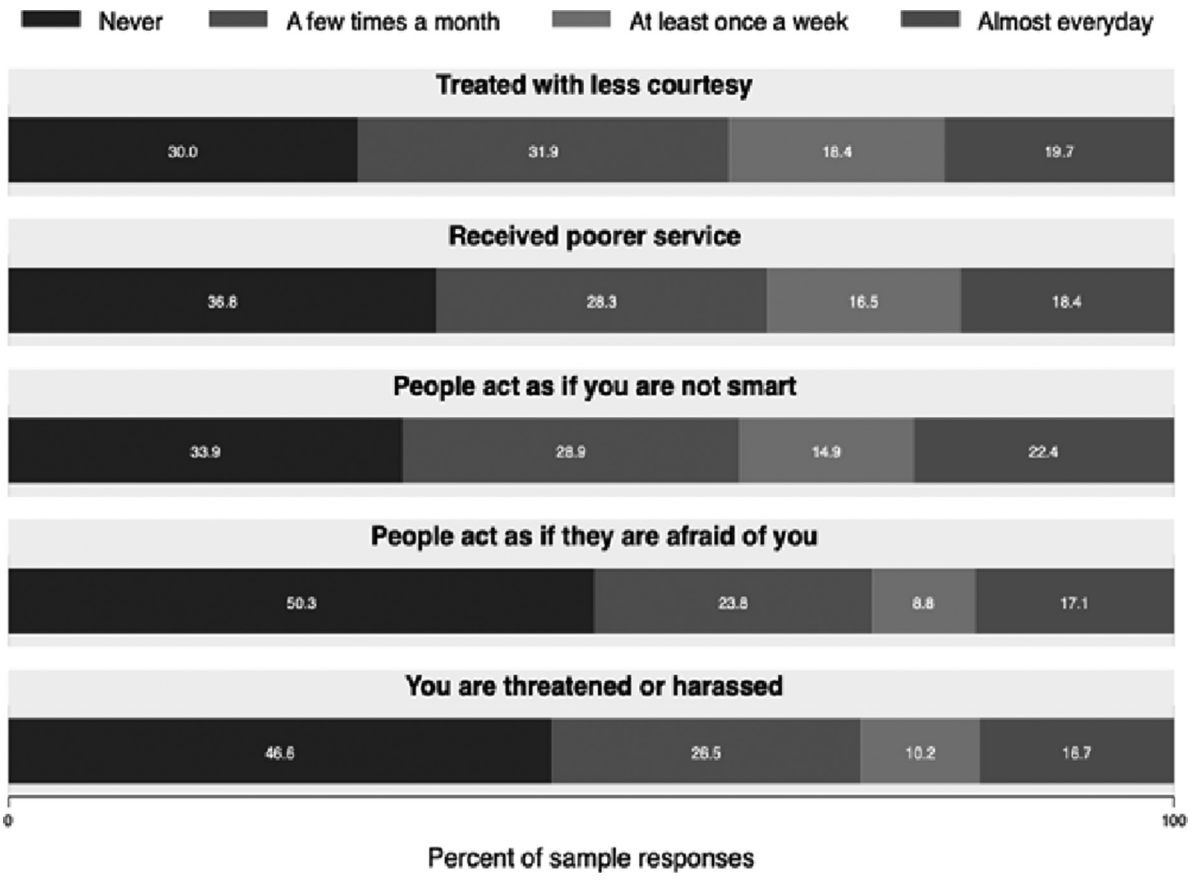

Figure 1. Frequency of routine discriminatory experiences reported in Everyday Discrimination Scale.

unsheltered outdoors (beta=2.87, 95% CI 1.46–4.28, $p<0.001$), weekly illicit drug use (beta=1.71, 95% CI 0.46–2.97, $p<0.01$), and moderate/severe psychological distress at baseline (beta=2.05, 95% CI 1.04–3.05, $p<0.001$) were associated with higher EDS scores. No demographic factors were significantly associated with discrimination experience.

Table 2 shows the results of multivariate regression models concerning past-month physical violence using multiple imputation. Approximately one-sixth of the sample (16.0%) reported experiencing physical violence in the past month. Being sheltered (aOR=3.88, 95% CI 1.08–13.97, $p<0.05$), unsheltered outdoors (aOR=5.60, 95% CI 1.75–17.90), having a physical health condition at baseline (aOR=2.06, 95% CI 1.02–4.19, $p<0.05$), and experiencing moderate/severe psychological distress (aOR=3.51, 95% CI 1.64–7.49, $p<0.01$) was associated with increased odds of experiencing physical violence.

Table 2 shows the results of multivariate regression models concerning past-month sexual violence using multiple imputation. Approximately one out of every 14 respondents (7.5%) reported experiencing past-month sexual violence. Female/other/unknown gender was associated with an increased risk of sexual violence (aOR=3.14, 95% CI 1.17–8.48, $p<0.05$). Being unsheltered outdoors (aOR=5.42, 95% CI 1.09–27.09, $p<0.05$) was associated with increased adjusted odds of sexual victimization compared to those who were no longer homeless.

DISCUSSION

Consistent with previous research, this study found high levels of discrimination[7–9] and violence[10,11] against PEH. In this sample, 53.9% of PEH reported experiencing at least one form of discrimination weekly and 31.8% reported experiencing one form of discrimination daily in the past month, whereas rates of *lifetime* interpersonal discrimination in the general U.S. population are 19-52% for Blacks,[36] 11-37% for Latinos,[37] 35% for Asians,[38] 10-39% for Native Americans,[39] 21-42% for women,[40] and 15-58% for LGBTQ+ adults.[41] Nearly half of respondents indicated that they believed their housing situation, above all else, was the main reason they were targets of discrimination.

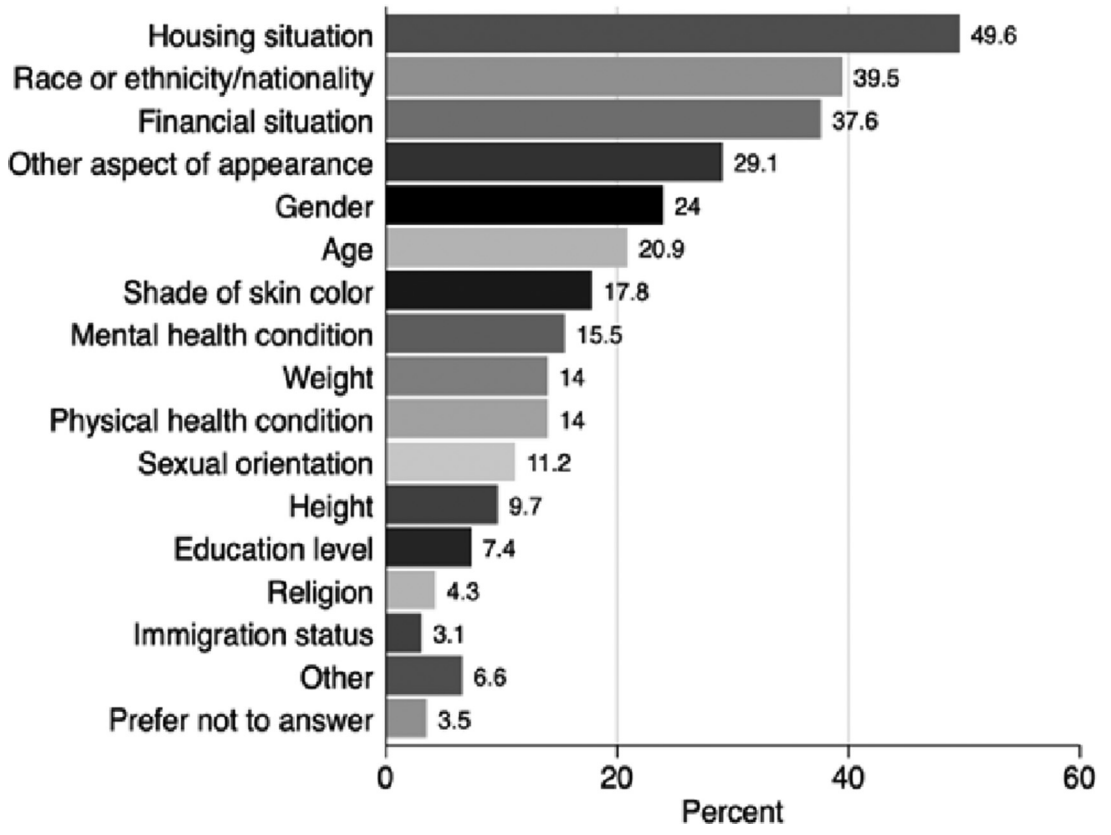

Figure 2. Frequency of reasons for discriminatory experiences reported by respondents who experienced discrimination.

Victimization was also common in this sample, with 16.0% of participants experiencing physical violence and 7.5% experiencing sexual violence in the past month. These rates of past-*month* victimization are particularly high when compared to past-*year* physical violence (3.0%) and sexual violence (0.24%) prevalence among general populations in major U.S. cities.[42]

Several associations between individual characteristics, discrimination and violence outcomes were notable. Among the general population, older age, racial/ethnic minority status, sexual minority status, and being female/other/unknown sex all increase the risk of discrimination and victimization.[3,22,36–42] While there were no significant relationships between demographics (age, race/ethnicity, sex, sexual orientation) and experiencing discrimination in this sample, several attributes directly related to health and functioning—moderate/severe psychological distress, weekly illicit drug use were. These findings support the conclusions of other research showing that most anti-homeless stigma does not differ significantly by race or gender.[5] This could be because homelessness is so marginalizing that many racial and gender disparities observed among general populations are less pronounced among PEH,[43,44] or because stigma against PEH tends to focus on beliefs about PEH's substance use and behavior, rather than preconceived notions about other aspects of PEH's identity.[6] Findings also underscore how negative beliefs about individuals with severe mental illness and substance use disorders[45,46] may intersect with and exacerbate anti-homeless stigma and behavior. Many stereotypes about behavioral health disorders (e.g., erratic behavior, dangerousness) are also commonly held assumptions about PEH, and the overlap of these beliefs may be mutually reinforcing, compounding the stigma and discrimination experienced by PEH with behavioral health disorders. Consequently, strategies developed to counter stigma against mental illness and substance use disorders[47] may be effective in reducing discrimination against PEH as well. The utility of these interventions for PEH discrimination and violence reduction should be explored in future research.

Individuals who had past diagnoses of physical health conditions, psychological distress, and were living either in sheltered spaces or unsheltered outdoors had elevated risk for physical violence, while being unsheltered outdoors and non-male sex increased risk for sexual violence. This is not surprising given that the perceived

Table 2. Results from Multivariate Regression Models Examining Demographic, Housing, and Health Characteristics

Characteristic	Everyday Discrimination[a] B (95% CI)	Physical Violence[b] aOR (95% CI)	Sexual Violence[b] aOR (95% CI)
Age (years)	−0.03 (-0.07; 0.01)	**0.97 (0.94; 1.00)***	**0.94 (0.90; 0.99)***
Race (RG=White, NH)			
Black/African American, NH	0.75 (-0.65; 2.14)	0.51 (0.19; 1.37)	0.69 (0.18; 2.64)
Any Hispanic/Latino	−0.20 (-1.52; 1.11)	0.89 (0.39; 2.04)	0.99 (0.31; 3.16)
Other/multiracial/unknown	1.53 (-0.09; 3.15)	0.62 (0.19; 1.99)	0.87 (0.19; 4.08)
Sex (RG=Male)			
Female/other/unknown	−0.62 (-1.64; 0.41)	0.98 (0.50; 1.92)	**3.14 (1.17; 8.48)***
Sexual orientation (RG=Heterosexual)			
LGB+/unknown	0.88 (-0.30; 2.06)	0.93 (0.43; 1.99)	1.75 (0.67; 4.58)
Years homeless (RG=Less than 1 year)			
1–4 years	−0.72 (-2.15; 0.71)	0.75 (0.28; 2.00)	2.30 (0.47; 11.39)
5+ years	0.20 (-1.30; 1.70)	1.13 (0.42; 3.01)	2.53 (0.49; 13.09)
Housing status (most often)[c] (RG=Not homeless)			
Sheltered	1.39 (-0.27; 3.04)	**3.88 (1.08; 13.97)***	1.74 (0.26; 11.69)
Unsheltered-vehicle	**1.85 (0.41; 3.29)***	1.77 (0.50; 6.29)	2.68 (0.48; 15.04)
Unsheltered-outdoors	**2.87 (1.46; 4.28)*****	**5.60 (1.75; 17.90)****	**5.42 (1.09; 27.09)***
Weekly alcohol abuse[c]	0.35 (-1.46; 2.17)	1.85 (0.64; 5.36)	1.23 (0.22; 6.81)
Weekly illicit drug use[c]	**1.71 (0.46; 2.97)****	1.43 (0.67; 3.07)	1.38 (0.49; 3.92)
Weekly marijuana use[c]	0.16 (-1.08; 1.40)	1.31 (0.61; 2.80)	0.80 (0.25; 2.56)
Past diagnosis of a physical health condition (at baseline)	0.69 (-0.37; 1.74)	**2.06 (1.02; 4.19)***	2.07 (0.79; 5.41)
Moderate/severe psychological distress (at month 1)	**2.05 (1.04; 3.05)*****	**3.51 (1.64; 7.49)****	0.76 (0.30; 1.95)
N	330.00	326.00	326.00

Notes: B=Beta coefficient; aOR=adjusted Odds Ratios; CI=Confidence Intervals; RG=reference group. Boldface indicates statistical significance.
*$p<0.05$.
**$p<0.01$.
***$p<0.001$.
[a]Results from multivariate ordinary least squares regression models.
[b]Results from multivariate logistic regression models.
[c]In the past 30 days.

weakness and vincibility of non-males and individuals with physical and mental health conditions increases their risk for victimization,[25,48–50] as does residing in high-risk environments such as streets, encampments, or homeless shelters.[11] Study findings also support prior research indicating that women experiencing homelessness are at elevated risk for sexual victimization than their male counterparts.[27] Further research utilizing data from a larger sample is needed to determine the degree to which the intersection of multiple identities (e.g., gender and race) may increase victimization risk.

Notably, respondents who reported staying in shelters were also at significantly elevated risk of physical violence, so it is critical to enhance security and provide trauma-informed services to help PEH cope with the aftermath of violence in these settings.[51] These findings also underscore the critical importance of ensuring that PEH—particularly those with health problems and mental health conditions—receive housing quickly. Investing appropriate resources in making Housing First—an evidence-based approach that prioritizes giving PEH immediate housing placements and supports[52]—more widely available can potentially help mitigate the high levels of violence against PEH. Findings also highlight the need to integrate services that are tailored to the needs of survivors of violence into Housing First programs.[53]

Limitations

Limitations of this study should be noted. The study design was cross-sectional, so we could only test associations between discrimination/violence and PEH characteristics, not causation. It is possible that discrimination, stigma, and violence could be drivers of homelessness or observed mental health and substance use conditions, as has been suggested elsewhere.[9] The study sample was limited to PEH who had mobile phones. It should be noted that rates of mobile phone ownership are high (94%) among PEH in LAC, that PEH have similar levels of smartphone ownership to the general population, and that smartphones can be used to collect longitudinal data from

PEH.[54] The survey was only available in English and Spanish, so it does not include perspectives of individuals who do not speak these languages. Because PEH often lack privacy, it is possible that some respondents were reluctant to disclose sensitive information, leading to underreporting of discrimination and violence. The analytic sample was restricted to participants who responded to the monthly survey within a three-month span, with a response rate of approximately 50%. Study efforts to increase retention included outreach to participants who did not complete monthly surveys recently to obtain updated contact information. Though the response rate may be relatively low compared to other studies of the general population, the analytic sample was relatively comparable to our overall monthly sample and the population of PEH in Los Angeles (see Appendix). The study's strengths—its large sample, its recency, its collection of past-month (rather than past-year or lifetime) data, its use of validated discrimination and victimization scales that have not been used in many previous studies with PEH, and its use of anonymous online survey technology that could facilitate more honest responses than interviewer-mediated surveys—compensate for some of these limitations.

CONCLUSIONS

Overall, study findings highlight how in addition to the hardships of homelessness, many PEH—particularly those spending their nights outdoors—suffer from discrimination and violence at an alarmingly high rate. Beyond their immediate harms, discrimination and violence against PEH can have long-lasting effects, exacerbating what are already very poor health outcomes.[12–14,16,19] Addressing and mitigating the impacts of discrimination and violence will be critical in order to enhance the health and well-being of this extremely vulnerable population.

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CREDIT AUTHOR STATEMENT

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SUPPLEMENTAL MATERIAL

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