

## **Psychological Research on Homelessness in Western Europe: A Review from 1970 to 2001**

**Pierre Philippot,\* Catherine Lecocq, Fanny Sempoux, Hilde Nachtergaele, and Benoit Galand**

*Catholic University of Louvain, Louvain-la-Neuve, Belgium*

*The rapidly growing, but still small, research literature on homelessness in Europe has often been provided by non-academics, using qualitative methods, and has been published in sources that are not widely available. This article summarizes definitions employed, observed prevalence, the socio-demographic characteristics, and the physical and mental health status of the homeless in Western Europe. Research pertaining to the causes of homelessness and the societal response to the problem are also reviewed, and the ethical and methodological questions raised by European researchers are debated. A critical analysis of the largely descriptive European research is provided, and some noteworthy exceptions are described. We also discuss a number of promising theoretical models, including those that focus on learned helplessness, social strain, and social stress.*

This article reviews the research on homelessness in Western Europe between 1970 and 2001. Systematic research on this topic has just started to develop in the past decade in Europe. Sufficient work has now accumulated to warrant a critical synthesis. Beyond being interesting in its own right, a review of European research offers an interesting comparison to research conducted in the United States (for a review of the North American literature, see Toro et al., 2007). Indeed, the cultural, socio-economic, and welfare policy constraints differ, sometimes to a great extent, between Europe and the United States (Cohen, 1995). One can thus

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\*Correspondence concerning this article should be addressed to Pierre Philippot, Department of Psychology, University of Louvain, Place Cardinal Mercier, 10 B-1348, Louvain-la-Neuve, Belgium [e-mail: pierre.philippot@psp.ucl.ac.be].

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wonder whether European researchers have approached the phenomenon from a different perspective from North American researchers, and whether the resulting pictures of homelessness are comparable.

The review is structured around three main sections. The first describes the type of studies conducted, analyzing the general methodological trends in homelessness research in Europe. The second section reviews findings of this research organized around specific themes. Finally, the third section proposes a critical analysis of homelessness research in Europe and makes recommendations for future research. The aim of this contribution is to offer an overview of the literature on homelessness in Western Europe and to compare North American and European data every time relevant comparable data are available.

### **Research on Homelessness in Europe: Methodological Approaches**

This section first describes the procedure used to identify the literature on homelessness research in Europe. Then, the characteristics of the publications identified are exposed, and special attention is paid to the methods of research reported.

To identify the literature concerning homelessness in Europe, we first decided on inclusion criteria: To be included, a study had to address psychological, social, or health-related issues involving homelessness in (Eastern and/or Western) Europe. Then, we searched different databases (PsychInfo and Medline)<sup>1</sup> with the keywords “homeless” along with “Europe” or any specific European country. Based on the references identified in this search, we did further searches, using the authors’ names as keywords. We also analyzed the reference section of each target publication we could find and searched for relevant references quoted. Finally, we contacted the European Federation of Services for Homeless Persons (FEANTSA), a European alliance of researchers and practitioners committed to working with the homeless, and identified their publications and references to other publications known to FEANTSA. We identified 172 publications with this method (the full reference list can be obtained from the authors). This number seemed rather small, given the large time period considered and the importance of the topic.

To describe this literature, we rated each publication on a series of dimensions (Philippot & Galand, 2003). First, we examined the publication source. The literature has been published mostly in scientific journals and reviews (72%), with other material found in unpublished reports (16%) and books (12%). Compared to other areas of the literature in psychology, the proportion of reports and books is quite

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<sup>1</sup> It should be noted that these databases are mainly focused on publications in English, which could have introduced a sampling bias against reports in other languages.

high. Most of this research has been conducted in the UK (42%) and in France (17%), with a few publications concerning the whole European Community or multiple European countries (3.5%). The number of contributions from countries other than the UK and France seems very modest. It is surprising, for instance, to observe that Germany seems to have contributed very little to this literature (5%) and that no publication could be found for Italy (these two countries being among the four largest in Europe, along with France and the UK). The production of publications in some countries seems to be largely determined by one or two prolific research teams, such as Munoz and Vasquez in Spain and Marpsat and Firdion who account for most of the French studies. Finally, very few studies have been found for Eastern countries (3 for Russia and 1 for Romania—all focused on homeless youth). The low numbers from most European nations might be partially due to the fact that we did not have access to publications in languages other than English, Dutch, and French. It might also be that homelessness is a more recent social concern in these countries. Given the country distribution of our sample, we restricted the scope of our review to Western Europe.

The year of publication was also examined. There were few publications on homelessness in Europe before 1996 (only 23% found over the 26-year period since 1970), with most of the publications (77%) produced in the 8 years since 1996.

The journal publications were coded on a series of dimensions (including who had done and funded the study, and the methodological characteristics). Most of the research had been done by university researchers (44%) and people working in shelters, advocacy, or other service agencies (40%). A small proportion was done by employees of European states or the European Union (14%) or by joint teams of state employees and university researchers (9%). Studies were financed primarily by government funds (69%), but surprisingly not from the large funding agencies (only 8%) that usually provide basic research grants in Europe. This suggests that homelessness research in Europe is mostly a matter of applied research oriented toward providing policy makers with data and suggestions for public policies. In comparison, more funding for research on homelessness in the United States comes from the traditional research grant sources, such as the National Institutes of Health (Fitzpatrick & Christian, 2006).

The journal publications reporting empirical data were coded according to whether they used qualitative, quantitative, or content analyses of their data. Fifty-two studies of the 90 codable publications (58%) used exclusively quantitative analyses, 24 (27%) used exclusively qualitative analyses, while 14 studies (15%) used both. Surprisingly, several publications also used content analysis ( $n = 37$ ; 41%). Seventy publications reported using a specific sample. The size of the samples ranged from 12 to 1,581, with a mean of 301, and a median of 319. It thus appears that most published empirical studies used rather large samples of

homeless people, as is often the case in the United States (Toro, 1998). Of the 108 papers that we could code for this variable, only 21 (19%) reported the use of a control or comparison group of non-homeless persons. In a codable subsample of 91 studies, only 7 papers (8%) used standardized testing (i.e., a published testing instrument), but 20 (22%) used questionnaires, 39 (43%) interviews designed for the purpose of the research, and 5 (5%) observations.

In summary, if one considers the period 1970–1999, little research has been conducted on homelessness in Europe, but the trend is changing and the number of publications is increasing exponentially. Most of the studies originate from the UK or France. Few have used controlled comparisons or standardized measures. Finally, much of this research has been published in reports or books that are not easily accessible.

### **Themes Investigated and Specific Findings**

Although articles on homelessness research in Europe tend to be general and descriptive, several themes emerge, the most frequent being mental health. In the following sections, we will present these themes in a logical order, starting with the definition of homelessness, then detailing the characteristics of homeless people, moving to the causes of, and social responses to homelessness. Finally, ethical and methodological concerns will be examined.

#### *Definition of Homelessness*

Defining homelessness is not a trivial matter (see Toro et al., 2007). Three types of definitions of homelessness are often encountered in European research. On the one hand, FEANTSA has proposed an operational definition of homelessness: “A person who is incapable of acceding to, and maintaining an adequate personal dwelling through his/her own means, or incapable of maintaining a dwelling without the aid of Social Services” (Avramov, 1995). Many publications refer to this definition. This is especially true for research funded by European Community agencies. Despite its popularity, this definition is rather vague and subjective for research purposes (e.g., what is an “adequate” personal dwelling?). It also provides no time boundaries (for how long should one be incapable of maintaining an adequate dwelling to qualify as homeless?).

Some researchers, especially those who directly collect data on homeless samples, have used what they call the “literal definition of homelessness.” This definition is derived from the operational definition in the Stuart B. McKinney Homeless Assistance Act (1987; see Toro et al., 2007; Vázquez et al., 2003). Other publications tackle the issue of the definition of homelessness from a theoretical perspective. Rather than attempting to identify the necessary and sufficient characteristics

for the inclusion in, or exclusion from, the homeless category, this approach proposes a continuum existing among the many shades of social exclusion, homelessness being at the end of the continuum. For instance, Marpsat (1999b) notes the presence of a group that had housing in her survey of people using services for the homeless. An attempt to operationalize that continuum has been made by Benveniste (1996) who proposes three gradients of exclusion from housing in order of level of precariousness. First there are people living outside or in very non-normative structures; they are literally on the street, they sleep in their cars, in parks, in abandoned buildings, or in squats. Second, there are people in communal structures, such as shelters or single-room occupancy hotels. The third category concerns situations in private housing: People stay doubled up with parents or friends, often in overcrowded or unsanitary housing. Scott (1993) has identified three types of classification of homeless people: a temporal classification (chronically, episodically or transiently homeless), a geographical classification according to the location of the homeless individual (street, shelter, etc.) and a typological classification, taking into account the characteristics of the individuals (mentally ill, homeless families, etc.). These dimensions are not independent of one another and all involve a common underlying social precariousness and exclusion.

In sum, many definitions of homelessness can be found in European studies. These definitions are often not very precise and difficult to compare to North American definitions, such as the one promoted by Toro in this special issue.

### *The Prevalence of Homelessness*

Several studies have attempted to estimate the prevalence of homelessness in Europe. In 1995, Avramov, for FEANTSA, estimated from various national reports that the prevalence of homelessness in Europe (then including 12 nations and 350 million inhabitants) was, on an average day, 1.1 million persons (who were relying on charities or public services for the homeless). During a year, 18 million were likely to be homeless or to be confronted with very severe housing difficulties.

French demographers have used more methodologically sound means to estimate the prevalence of homelessness. For instance, Marpsat (1999c) estimated that the number of people in Paris, using services for the homeless on an average day is roughly 45 for 10,000 housed people. In Spain, if one includes people living in sub-standard housing conditions, Munoz and Vázquez (1999) suggested a rate of 70 homeless (or precariously housed) individuals per 10,000 inhabitants in a given year. In Belgium, Rea (2001) estimated from shelter reports that there were approximately 12 homeless persons per 10,000 housed people in Brussels, but this figure excludes people not using homeless services, such as those sleeping in the

streets or in squats. A similar point prevalence figure (13 per 10,000) was reported for The Netherlands (Slegers, 2000).

### *Basic Characteristics of Homeless Europeans*

Much, if not most, of the research in Europe has attempted to describe the homeless population. Munoz and Vázquez (1999) in Spain observed that the homeless are predominantly men (79%), have an average age of 40 years (with the most numerous group aged between 31 and 45 years), and have very low educational attainment (primary school level, which is obligatory in Spain). Most are unemployed, live alone (95% unmarried), and remain in a homeless state for many years. Comparing the evolution between 1975 and 1995, Munoz and Vázquez (1999) observed no changes in the socio-demographic characteristics of the homeless, with the exception of the increase in the rate of divorce (divorce was illegal in Spain until 1981).

This picture was largely confirmed in France by Marpsat and Firdion (1996; Firdion & Marpsat, 2007) in a sample of 561 users of shelters and soup kitchens in Paris. These authors further observed that the separation from family at an early age was often present in the life history of homeless people and constituted a psychological and social risk factor. They found that 10% had lost their fathers before the age of 16 years, another 10% had lost their mothers by the same time. At 16 years of age, more than a quarter of them were living neither with their mother nor their father. Similar observations were made in a Belgian sample (Philippot & Galand, 2003).

This general picture is also confirmed in a preliminary research report comparing homelessness in five European cities (Leonori et al., 2000), as well as in an official French report summarizing several French studies on homelessness (Cellard, Clanché, Firdion, Hucher & Marpsat, 1996). This latter report also identifies four groups of people seeking help in homeless facilities: (a) women who have lost their house for family reasons (family breakdown), (b) socially “disaffiliated” youth (foster home placement, parental divorce), (c) socially excluded men over 35 years of age (unemployed, without professional qualification, separated, migrants), and (d) socially assisted men over 45 years of age (homeless for more than 5 years, with social welfare or charities as their only financial resources).

Marpsat (1999c) compared the socio-demographic characteristics of homeless people in Paris and in the United States. She concluded that, although the social problem of homelessness seems to be less acute in France than in the United States, the analysis of the structural causes of homelessness, as well as of the personal characteristics of the homeless reveals many points of similarity.

Although homeless people throughout Western countries share many common socio-demographic characteristics that generally include the stigma of social exclusion, it should be stressed that they cannot be considered as a distinct social

category (Marpsat & Firdion, 1998). They share a social proximity with other people living in conditions of poverty and economic insecurity but who are not homeless (Cohen, 1995; Philippot & Galand, 2003). The homeless include a diversity of individuals with regard to their background and behaviors.

### *Homeless Children and Youth*

Homelessness in young people is particularly worrisome (Van Der Ploeg, 1989). It seems to be most prevalent in the UK (Ainley, 1991; Evans, 1996) where this problem has mostly been discussed in books. Surprisingly, we found only one formal research report on homeless children (vs. youth) in the UK: Vostanis, Cumella, Briscoe and Oyeboode (1996) surveyed the psychosocial characteristic of 50 children aged between 2 and 15 years, from 19 families living in a hostel for the homeless in Birmingham. Fathers were present in only two of these families. Since becoming homeless, children from nine families had stopped attending school. An overwhelming portion of these children presented maladaptive behaviors on the Child Behavior Checklist (10% of the children were in the borderline range, while 90% were in the clinical and psychiatric range). Children's maladaptive behaviors were predicted by maternal anxiety and social dysfunction. This general picture has been confirmed with older children (Commander, Davis, McCabe, & Stanyer, 2002). These authors also reported an over-representation of males among homeless youth, a past history of institutional childcare, greater involvement with the police and drugs, as well as worse physical and mental health than a comparison sample of domiciled teenagers. Other articles have directly addressed the question of mental health in homeless youth. Craig and Hodson (1998) reported antecedents of negative childhood experiences such as lack of affection in homeless children with mental disorders as compared to domiciled children with mental disorders. Klee and Reid (1998a, 1998b) and Hammersley (1996) reported frequent use of drugs in homeless youth, in part as a self-medicated way of coping with stressful situations. It should be noted that mental disorders in homeless children tend to be pervasive, as noted by Craig and Hodson (2000).

In a well-controlled study on homeless youth in Paris, Marpsat, Firdion and Meron (2000) interviewed 461 youth, between 16 and 24 years of age, in shelters, day care centers, and facilities for young people in social distress. This sample of young people in precarious situations—not necessarily homeless according to the literal definition of homelessness—were compared to a comparison sample of young people of the Paris region, matched for age and gender. Young people in precarious situations came from poorer families than controls, and they were three times more likely to be born abroad. They also presented complex geographical migration, due to the origin of their family. More than half of them had dropped out of school (vs. 10% in controls). The proportion of males exceeded that of females, especially in the older age group, which was also characterized by more

frequent foreign origin and past history of being in a foster home. Many young people in precarious situations had early family breakdown. Almost all of them had brothers and sisters and two thirds still maintained contact. Contact with the parents, however, tended to be very irregular.

In sum, both French and British studies show that homelessness imposes a heavy toll on young people, in terms of social precariousness and mental health. Like adults, homeless teenagers are predominantly men. They very often present a complex life story in terms of migration or institutionalization.

### *Homeless Women*

Although most homeless people are men, a significant minority are women, and their characteristics seem to differ from those of men. A high prevalence of psychiatric morbidity among women was reported by Marriott, Harvey, and Bonner (1997). Substance abuse and anxiety disorders were past problems in many cases and appear to have preceded the onset of homelessness. Similarly, 69% reported sexual or physical violence in their marriage or relationship *prior* to the onset of homelessness. The fact that homeless women were victims of violence and abuse is confirmed by other studies that also observed very poor social support in this population (Vostanis, Grattan, Cumella, & Winchester, 1997; Vostanis, Tischler, Cumella, & Bellerby, 2001).

In a detailed report on women and homelessness in Belgium, DeDecker (2000) showed that socio-economic analyses fail to confirm the belief that social exclusion and poverty disproportionately affect women. Since 1990, he reports an increase in the total number of the poor, including both men and women, but a diminution in the number of homeless women. The more fragile socio-economic condition of poor women seems to be counter-balanced by a favorable bias in term of social amenities, especially for single mothers. However, women seem to stay longer in homeless shelters, probably as a result of difficulties in accessing regular housing in a tight market. As compared to homeless men, these women are young (60% of entrants under the age of 40 years) and are mostly accompanied by at least one child. While only 10% of the homeless men are married, 40% of the women in this Belgian sample were. Their education level was very low (75% of them did not go beyond the state-required 9 years of education). The main reason they provide for why they are homeless is relationship problems (with their partner, 24%, with their parents, 9%). This is in sharp contrast with reasons provided by men (among whom only 5% reported relationship problems as the main reason for their homeless condition). Another gender difference is that the rate of relapse into homelessness was quite low for women (10% vs. 54% for men).

These observations were confirmed in an analysis of women's risk for homelessness in Europe and the United States by Marpsat (1999a). In most Western countries, women appear to be at a lower risk for homelessness. For instance,



in 1995, the percentage of women among people using food or shelter services across France varied between 17% and 28%. Many women were accompanied by children (37% in Paris). They tend not to sleep in the street or in emergency services, but rather to use long-term accommodations. For instance, in Paris, 67% of the homeless women had spent at least five nights in the same long-stay accommodation, compared to 29% of men. As in Belgium, they gave family breakdown (relationship problems) as the main reason for their homeless condition. Firdion and Marpsat (2007) offer a series of explanations for the fact that fewer women appear to experience homelessness than men.

### *Physical Health*

Some studies have addressed the physical health of the homeless (e.g., Daly, 1990; Vázquez, Munoz, Crespo, Guisado, & Dennis, 2003). In a detailed cross-national study, Vázquez and co-workers (2003) have compared the 12-month prevalence of physical diseases among homeless adults in Madrid (Spain) and Washington, DC. In both samples, more than half of the health problems were related to the respiratory system, and more than 70% of the homeless had developed an illness during the last year. The rates of hepatitis and yellow jaundice were significantly higher in Spain, while the rates of sexual diseases and respiratory problems were higher in the United States. These differences, however, should be interpreted cautiously as the prevalence of homelessness is lower in Spain than in the United States and health care is universally accessible and free in Spain, but not in the United States. However, as noted by many authors (e.g. Greifenhagen & Fichter, 1997; Power & Hunter, 2001; Vázquez et al., 2003), homeless people tend to pay little attention to their physical health and not use the free health services to which they might have access.

In sum, there are very few published studies on the health status of homeless people. Although very general, available data suggest that it is very poor.

### *Mental Health*

Many studies on homeless people have focused on their mental health status. While there is no doubt that the prevalence of mental disorders is higher among the homeless than the general population (Sims & Victor, 1999), a twofold question needs to be addressed: (1) What are the most prevalent mental disorders in homeless people, as compared to the general population, and (2) are mental disorders present before the onset of homelessness, or are they the consequence of it?

All studies conducted in Western Europe confirm that the prevalence of mental disorders is, indeed, very high among the homeless (with rates of 58–100% obtained). This high prevalence seems to be quite similar in all Western countries. However, important differences can be observed for the prevalence of

specific disorders. Such differences are likely to be accounted for by sampling and measurement differences. One of the most striking features of this research is the high prevalence of substance abuse and dependence, especially of alcohol. These figures are especially high in Germany, which is also the European country with the largest alcohol consumption per capita in Western Europe. Some studies investigated whether substance abuse or dependence preceded or followed the onset of homelessness (Fichter et al., 1996; Greifenhagen & Fichter, 1997; Muñoz, Koegel, Vázquez, Sanz, & Burnam, 2002; Muñoz, Vázquez, Koegel, Sanz, & Burman, 1998). Every study reports that an overwhelming majority of homeless people suffering from substance abuse or dependency was already facing this problem *before* the onset of homelessness. For instance, Munoz et al. (2002) report that 80% of their alcoholic homeless sample was suffering from alcoholism before becoming homeless. The same observation is reported for two-thirds of the alcoholics in the Munich sample of Fichter et al. (1996).

Another striking feature across the European studies is the high prevalence of depression and anxiety disorders, especially general anxiety disorder.<sup>2</sup> A third striking feature is the low prevalence of some disorders. With the exception of studies by Priest (1971) and Greifenhagen and Fichter(1997),<sup>3</sup> the prevalence of schizophrenia is quite low, as is the prevalence of antisocial personality (although it has been assessed in only a few studies). The low prevalence of schizophrenia and antisocial personality observed in West European studies diverges from what is observed in North American samples. Indeed, some European studies have compared their results with those obtained using comparable methodologies in the United States (Fichter1996; Muñoz et al., 2002). While alcohol problems were more common in a German sample as compared to a North American sample (Los Angeles), the rate of schizophrenia and antisocial personality was lower in the German and Spanish samples. Cultural and alcohol cost differences may explain the former finding, while differences in social welfare and national health systems may account for the latter.

Another aspect of mental health that has been investigated is the use and abuse of illegal drugs in the homeless population. The prevalence of this problem seems high in many European countries. Fountain, Howes, and Strang (2003) have estimated that 68% of the homeless population in London requires services for a drug problem (as a comparison, 97% required services for an alcohol problem). Several studies report that homeless drug users tend to be younger and more marginalized than nonusers (Coumans & Spreen, 2003; Lempens, Van de Mheen,

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<sup>2</sup> The differences in results among the different studies conducted by Fichter and collaborators are striking, especially given that the sampling procedure and measure instruments were similar, and that all these studies were conducted in Munich. Unfortunately, these authors do not provide an explanation for these differences.

<sup>3</sup> It is to be noted that this latter study only concerns homeless women. Other studies have suggested that the prevalence of psychotic disorder might be more important in homeless women than in homeless men (O'Driscoll, Marshall, & Reed, 1990).

& Barendregt, 2003). The use of drugs has been related to violent and disorderly behavior (Hammersley & Pearl, 1997). Together with the loss of contact with childhood caretakers, it constitutes a major risk factor for homelessness among psychotic patients (Odell & Commander, 2000).

A set of studies has compared the profiles of homeless versus domiciled patients in community psychiatric services. Results are consistent across several European countries: homeless patients present multiple and more severe problems, they are more likely to be young males, unemployed, from ethnic minorities, and suffering from substance abuse (Abdul, Stansfeld, & Wykes, 1998; Commander & Odell, 2001; Nordentoft et al., 1997). They more often receive inadequate referrals (Abdul et al., 1998), compulsory treatment, or no treatment after the first consultation (Nordentoft et al., 1997).

*Mental disorders: Antecedents or consequences of homelessness?* Given the diversity in the forms of homelessness depicted in the preceding sections, one certainly cannot conclude that in every case, mental illness precedes the onset of homelessness, or—even less so—that mental illness is the cause of homelessness. Still, the observation that in a majority of cases, mental health problems seem to precede the onset of homelessness raises questions. Indeed, in the field of psychiatric epidemiology, it is now well documented that in the general population, less favorable social and economic conditions lead to an increase in psychopathology, a phenomenon known as the social causation hypothesis (Dohrenwend et al., 1992). More specifically, this model states that individuals who enjoy a more favorable social situation benefit from more personal resources (such as self-esteem or social support) that buffer against the occurrence of mental illness (Brown & Harris, 1984; Wheaton, 1980). This has been very well documented for depression and anxiety disorders (Lorant et al., 2003), and it seems to be the case for alcoholism as well (Weich, Lewis, & Jenkins, 2001). The only exception appears to be psychotic disorders that seem to follow the social selection model (Brown & Harris, 1984; Kessler, Foster, Saunders, & Stang, 1995; Reijneveld & Schene, 1998), that is, deterioration in mental health leads to less favorable social and economic conditions.

Given these observations in the general population, it is striking to see that the temporal relationship between the outbreak of mental disorder and the onset of homelessness follows the social selection hypothesis. This suggests that this relation might not be linear across the entire continuum that goes from social wealth to deprivation. It could be that, at the end of the social deprivation continuum, that is, social exclusion, the relationship between economic conditions and psychopathology is reversed. People confronted with very precarious social conditions are in a very fragile psychological situation due to social and economic stressors together with the lack of social support (Munoz & Vázquez, 1999). Under such conditions, the addition of mental difficulties can further constrain the individual such that their entire psychological system could collapse, leading to social dysfunction and eventually to homelessness.

### *The Causes of Homelessness*

Most European authors suggest that homelessness results from a complex interaction among several factors (Avramov, 1995; Leonori et al., 2000; Muñoz & Vázquez, 1999). These factors include socioeconomic factors, such as housing policy, unemployment, social welfare policy, and immigration; as well as personal vulnerability factors, such as the loss of social support and breakdown of social networks, physical and mental illness, addiction and loneliness, and severe or cumulated life events. Munoz and Vázquez (1999) emphasize that homeless people have often encountered an extraordinary number of important stressful events in their lifetimes (9 to 10 on average), such as loss of employment, divorce, injury, accident, incarceration, and separation from familiar social environments. In a study conducted in Madrid (Munoz & Vázquez 1999), most of these life events occurred before or during the onset of homelessness, supporting the notion that a high rate of life events might constitute a vulnerability factor for homelessness, rather than simply being the consequence of living on the streets. Toro et al. (1999) and others in the United States have also noted high levels of stress in the lives of homeless people.

Some researchers have directly asked homeless people about the antecedents of their situation. Women and homeless youth report relationship problems (with the partner or the family) as the most important reasons for their condition (e.g., De Decker, 2000; Vázquez et al., 1999). In contrast, men are more likely to report unemployment, eviction, and financial problems (e.g., Vázquez et al., 1999). Homeless people also report many breakdowns of relationships in their lives, be it the separation or loss of parents, frequent moves, or foster care placement (Almudever, 2002; Marpsat, Firdion, & Meron, 2000; Vázquez et al., 1999).

### *The Social Response to Homelessness*

A significant part of the literature in Europe has been devoted to the responses provided by society to the problem of homelessness. These publications often consist of qualitative analyses and rely on indirect data, such as activity reports of facilities for the homeless. Many different types and levels of responses have been investigated. They most often consist of the description, and sometimes the evaluation, of an intervention or rehabilitation program. Other publications discuss the response of public services to homelessness at a very general level. Finally, a small subsample of publications reports on the validation of instruments designed to assess attitudes about homeless people.

Many publications report an analysis of the housing market for the poor in different countries and emphasize adequate and sufficient social housing as a primary means to prevent homelessness (e.g., Avramov, 1995; De Decker & Hardouin-Steyaert, 1998, 1999; Rea, 2001; Vázquez et al., 1999; Weller & Weller,

1986). Many publications also present the type of services offered in a given country (e.g., Muñoz & Vázquez, 1999; Rea, 2001; Vázquez et al., 1999) or in the European Union in general (e.g., Avramov, 1995). In all countries, these services originate from both public and private initiatives, although private initiatives, mainly religious ones, seem to be most prevalent in certain countries such as Spain (Vázquez et al., 1999). The main focus of most services targeted at the homeless is primary assistance in emergency situations. Many authors criticize the insufficient networking and coordination among the different services (e.g., Avramov, 1995; Rea, 2001; Vázquez et al., 1999). Often, homeless people seem to travel from one service to another, during their entire history of social exclusion, as well as in a single day—for instance, they are forced to leave the night shelter in the morning, they then go to a soup kitchen in another part of town, and then may spend part of the afternoon in a day center that closes in the early evening hours, and have to wait for the opening of the night shelter, hoping they can get in.

Many authors conclude that comprehensive rehabilitation programs should be designed, integrating the different facets and services needed for the rehabilitation of the very fragile and heterogeneous homeless population (e.g., Rea, 2001; Vázquez et al., 1999). Further, it is suggested that these programs should be implemented with a proactive attitude, actively seeking to reach the target population that often experiences a state of learned helplessness and has abandoned personal initiative (e.g., Philippot & Galand, 2003; Vázquez et al., 1999).

A few publications describe such comprehensive programs. Rodriguez-Gonzales, Jouron-Gonzales, and Fernandez-Aguirre (1999) report on a rehabilitation program for the mentally ill homeless in Spain. This program, targeted at homeless people with severe and chronic psychiatric disorders, was designed to help them recover a set of personal skills and abilities necessary for living as independently as possible in the community environment, to support and to strengthen their links with the existing social and health services, and to prepare and support their progressive social reinsertion. A qualitative evaluation of the project by the authors concluded that homeless people who were involved benefited in terms of personal autonomy and appropriate and regular use of mental health services. However, the project's goal of facilitating social reinsertion seemed limited. Other similarly integrated programs have been described in the UK (e.g., Power & Attenborough, 2003; Tischler, Cumella, Bellerby, & Vostanis, 2000).

Several other publications describe mental health programs designed for homeless people (Becker & Kuntsmann, 2001; Bhugra, Bhamra, & Taylor, 1997; Brandt, 2001; Halldin, Ekloef, Lundberg, & Has, 2001; Merson, 1996). These publications often report descriptive statistics of the homeless mentally ill patients and compare them to domiciled patients. They confirm the higher prevalence of alcohol and drug problems in the homeless patients. Some publications have examined the effectiveness of the programs. One study reported efficacy in terms of bringing people to a more settled existence (Power & Attenborough, 2003), while others

have failed to observe any effect on psychiatric admission rates for those in a specially designed mental health community program for the homeless (Commander, Odell, & Sashidharan, 1997a; Nordentoft et al., 1997).

### *Ethical and Methodological Issues*

Some researchers have been sensitive to the impact of research participation on homeless people. From the preceding sections of this article, it is obvious that many homeless people are psychologically vulnerable, having experienced many stressful life events and having few personal and social resources. Conducting interviews with them is likely to expose them to past or present painful experiences they might prefer not to consider. Thus, there is the possibility that participating in research might constitute a victimizing experience for some homeless people. Firdion, Marpsat, and Bozon (1995) have published a sensitive essay on whether it is legitimate to conduct surveys with the homeless. These authors defend the notion that, given special ethical caution when working with homeless people, such research is based on a two-fold legitimacy. On the one hand, this research has a *scientific legitimacy*: identifying the processes that culminate in homelessness can raise public awareness on homelessness and, looking beyond the logic of emergency action, can help focus attention on prevention strategies. Further, housing is a fundamental element in the construction of personal and social identity and defining a research topic in relation to housing is therefore justified. There is also a *humanistic legitimacy*: A respectful survey interview can enhance the respondents' self-esteem by its careful attention to what they have to say. Participation may also help the homeless to see themselves as members of a broader community. From their field experience, Firdion and collaborators (1995) report that designing a survey on the homeless requires (a) a special consideration of the particularities of that population in order not to disrupt their already difficult life, (b) extensive training of the interviewers, and (c) continuous practical and emotional supervision of the interviewers.

Another ethical question is whether social and mental health workers can actively seek homeless people and offer them help, even if they do not express any desire for assistance or even refuse it. Noirot, Descarpentries, and Mercuel (2000) note that 67% of the homeless people who refuse help actually suffer from a mental disorder. Brandt (1996) argues that it is ethically acceptable to actively seek out mentally ill homeless people who would not have come to psychiatric treatment on their own, and that it should actually be a responsibility of psychiatric practice.

At the methodological level, most if not all authors point out various limitations of their own research on homelessness. The limitations most often mentioned involve the selection of the participants and the reliability and validity of the research instruments. Because the definition of homelessness and its conceptualization are

often unsophisticated, and they vary from study to study, it is thus difficult to make generalizations and predictions. Further, authors frequently assume that the homeless population is homogenous, raising the danger of over-generalization and stereotyping. The samples are often constituted on the basis of convenience: Random selection rarely occurs, reducing the generalizability of findings to the greater homeless population. Regarding research instruments, they vary enormously from study to study, and they rarely tend to be designed specifically for the homeless population.

### **A Critical Analysis of the Literature and Recommendations**

In our view, the research conducted in Europe suffers from two major weaknesses: The methods used are often very weak, and studies are mostly descriptive and atheoretical. To conclude this contribution, we would like to suggest possible paths to develop the theoretical underpinnings and relevance of homelessness research and to propose minimal methodological guidelines.

The atheoretical nature of present homelessness research in Europe might be partly excused by the fact that this field is new to scientific investigation and that the phenomenon seems to be particularly difficult to define. One important theoretical issue, and the only one to have been tackled until now, is the question of social causation or selection in homelessness. Are the health and psychological characteristics of the homeless an antecedent cause of their condition of housing deprivation, or are these characteristics the consequence of homelessness itself? As developed above, a theoretical model exists in psychiatric epidemiology on the general question of the relationship between socioeconomic status and mental health (e.g., Dohrenwend et al., 1992). This theoretical corpus could be fruitfully applied to homelessness research. It could even be extended beyond mental health to other characteristics of the homeless. For instance, loneliness could be an antecedent or a consequence of the homeless condition.

Many models from social psychology could also be used to develop a theoretical ground for homeless research. For instance, classical theories such as self-efficacy and learned helplessness (Bandura, 1997) are particularly relevant as potential explanations of the maintenance of homeless. Also, recent theories pertaining to the construction of identity and self-concept (Conway & Pleydell-Pearce, 2000) seem relevant. Indeed, the research reviewed shows that many homeless people have been confronted with multiple past experiences of trauma. Such experiences are likely determinants of aspects of the self-concept and might thus explain some psychological characteristics of homeless individuals.

Regarding methodological guidelines, we would like to stress five points: Careful definition of homelessness, consideration of subgroups in the homeless population, inclusion of comparison groups, integrating chronology of events in the design, and combining qualitative and quantitative approaches. Similar

recommendations can also be found in the North American literature (Robertson & Toro, 1999; Toro, 1998).

Regarding the definition of homelessness, the inclusion and exclusion criteria used in any given study should be explicitly described, as well as the procedures of recruitment. In particular, the location (e.g., the streets, a night shelter, a soup kitchen) where potentially homeless individuals have been approached should be detailed, as well as the population targeted by that location. Further, researchers should mention the part of the sample that corresponds to the literal definition of homelessness derived from the McKinney Act.

Considering subgroups in the homeless population, a minimal requirement should be that the portion of the sample corresponding to the literal definition of homelessness should be analyzed separately. Ideally, the impact of gender, age, and national origin should be considered. These three factors may mark different types of, and pathways to, homelessness.

To allow for proper interpretation of the results, appropriate comparison groups should be included in research designs. At the least, data from the general population should be provided as a comparison for the data collected in the homeless population. Ideally, a sample of people with a home but living in precarious social conditions (e.g., people in a state of long-term unemployment or regularly using food or other assistance programs) should be included in the research design.

Fourth, data collection should be designed to determine whether a given phenomenon appeared before, during, or after the onset of homelessness. Indeed, in the research that has been conducted until now, it is generally impossible to determine whether a characteristic of homeless people was present before they were homeless, or appeared after the onset of homelessness. Such data would shed some light on the social causation versus consequence debate.

Finally, Marpsat (1999b) has asserted that combining quantitative and qualitative research methods is particularly beneficial for the study of homelessness. With such a conjoint approach, the limitation of one method is counterbalanced by the advantage of the other. For instance, with standardized quantitative methods, some questions or wording might not be—or be wrongly—understood by homeless participants. This potential risk may be alleviated by a qualitative approach to the same question; indeed, a qualitative approach would ensure that a correct picture has been taken, even if the approach lacks the statistical power and rigor of the quantitative method.

In conclusion, psychosocial research on homelessness is just starting to develop in Europe, and is still in many cases descriptive and poorly controlled at the methodological level. It might be heading toward a bright future if more attention is devoted to found this research on firm theoretical and methodological grounds. This will only be possible if European funding agencies support capable researchers in this endeavor.



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PIERRE PHILPOT is Professor of Clinical Psychology at the Catholic University of Louvain at Louvain-la-Neuve, Belgium where he is also the Director of the Emotional Disorders Clinic. His research interests include emotion regulation and anxiety, as well as the mental health and well being of homeless people. He is chief editor of the “Revue Francophone de Clinique Comportementale et Cognitive” and he is on the editorial board of many scientific clinical and social psychology journals. He recently completed a three-year federally funded project involving a variety of studies on homelessness in Belgium, which estimated the prevalence of homelessness in the nation, media portrayals of homelessness, attitude and opinion of social workers toward homeless people, and the needs of homeless people.

CATHERINE LECOQC is a research assistant in the Department of Psychology, Unit on Educational and Developmental Psychology, at the Catholic University of Louvain at Louvain-la-Neuve. Her research interests include the attitudes and representations of the general public and of various service providers toward homeless people and psychological determinants of violence in school.

FANNY SEMPOUX is an instructor in a school of social work. She was a research assistant in the Department of Psychology, Unit on Clinical Psychology, Emotion,

Cognition and Health, at the Catholic University of Louvain at Louvain-la-Neuve. Her research interests include the representations of homeless people as reflected in the media. She helped to coordinate the collection of literature for this review.

HILDE NACHTERGAEL is a clinical psychologist working in the psychiatric ward of a public hospital. She was a research assistant in the Department of Psychology, Unit on Clinical Psychology, Emotion, Cognition and Health, at the Catholic University of Louvain at Louvain-la-Neuve. Her research interests include the attitudes of the general public and of various service providers toward homeless people. She helped to coordinate the collection of literature for this review.

BENOIT GALAND is a lecturer in Psychology at the Catholic University of Louvain and a researcher in a think-tank promoting social justice. His main research interests involve youth violence, school adjustment, and motivational processes. He is specializing in multivariate modeling of psycho-social issues. He is also organizing training workshops for educators, teachers, and social workers. He collaborated with Pierre Philippot on a three-year federally-funded project involving a variety of studies on homelessness in Belgium.