Homelessness in Europe and the United States:
A Comparison of Prevalence and Public Opinion

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Random samples of 250–435 adults were interviewed by telephone in five different nations \((N = 1,546)\): Belgium, Germany, Italy, the UK, and the United States. The interview included questions on respondent attitudes, knowledge, and opinions regarding homelessness; respondents’ own personal experiences with homelessness and homeless people; and demographic characteristics of the respondents. The highest rates for lifetime literal homelessness were found in the UK (7.7%) and United States (6.2%), with the lowest rate in Germany (2.4%), and intermediate rates in Italy (4.0%) and Belgium (3.4%). Less compassionate attitudes toward the homeless were also found on many dimensions in the United States and the UK. Possible explanations of these findings, drawn from various theoretical perspectives, and policy implications are provided.

While the problem of homelessness has now been recognized in most developed nations of the world and research on the topic is growing (see Toro, 2007, and Phillippot et al., 2007), there is a lack of data-based analyses on the possible causes of homelessness. Despite this lack of firm data, there is no shortage of speculation on the likely causal factors by the media, political figures, and others, in the United States, Europe, and other developed nations. One fruitful approach for understanding homelessness involves comparing different developed nations on both homelessness and possible causal factors. Unfortunately, there has been little cross-cultural research done and what has been done is methodologically unsophisticated, making conclusions on the national differences highly questionable (e.g., Daly, 1990; Helvie & Kunstmann, 1999; Toro & Rojansky, 1990). The available literature suggests that the extent of homelessness varies considerably across developed nations, with the United States appearing to be a leader among nations of the developed world and with other nations (e.g., the UK, France, Australia, and Canada) also having serious problems.

Various estimates on the prevalence of homelessness in the United States have been produced over the past 20 years by researchers, government officials, and advocates for the homeless. The definition of homelessness itself varies, with the primary division falling between the “literal” homeless, who reside in shelters, abandoned buildings, or other public spaces, and the more encompassing “precariously housed,” which also includes those “doubled-up” with friends or family. Even within the more widely accepted literally homeless category, prevalence estimates vary widely. During the 1980s, a heated controversy developed on which were the most accurate rates, with more conservative politicians supporting low rates and advocates for the homeless supporting higher rates (Toro & Warren, 1999). The methods used by the U.S. Census in 1990 and again in 2000, despite the expenditure of tremendous resources, are considered to have yielded gross underestimates (Barringer, 1991). In addition to the variation in rates based on the political agenda of the data source, estimates have also varied as a function of the time frame used (i.e., whether point, annual, or lifetime prevalence is...
Homelessness in Europe and the US

estimated). The highest estimates come from recent national telephone surveys that have provided lifetime rates suggesting that as many as 7–8% of U.S. adults have experienced an episode of literal homelessness (Link et al., 1994; Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006). Such telephone surveys produce the highest prevalence estimates by assessing lifetime (vs. point or annual) prevalence and tapping into a wider range of persons having experience with homelessness (e.g., squatters, those sleeping in their cars for a short period of time after losing employment, those staying a few days in a park after being evicted). Studies of the currently homeless appear to identify only the most needy and obvious among the homeless, that is, those using formal services for the homeless or showing up in traditional skid-row areas. Also, because telephone surveys are conducted anonymously, respondents may feel less threatened in divulging their histories of homelessness. Nonetheless, the prevalence estimates from these surveys must be considered as underestimates due to the exclusion of the currently homeless, persons without phones (who are probably at higher risk for homelessness than those with phones), and minors.

This article will report findings from an empirical study using the methods of these latter telephone surveys in representative samples of citizens from four nations in Europe (Germany, Belgium, the UK, and Italy), as well as the United States. In addition to providing a method for obtaining comparable estimates on the prevalence of homelessness across developed nations, the study also provides a detailed profile of the attitudes and knowledge about homelessness among the general public across nations. There is a long tradition in social psychology of research on the development of attitudes and how they are related to actual behavior. Research has suggested that attitudes of individuals predict their intentions to act as well as indirectly their later behaviors (Ajzen, 1991). There has been some support for the similar contention that attitudes and beliefs with regard to the homeless also predict intentions to support particular programs, and possibly behaviors toward the homeless themselves (Lee, Lewis, & Jones, 1992).

Different types and levels of social benefits across nations may be associated with differing national attitudes toward those in need of such benefits. For example, research exploring the development of national values indicates that, overall, citizens of various European nations (including those studied here) place higher value on interpersonal harmony and the welfare of others, whereas Americans value self-interested individualism (Schwartz, 1994; Wegener & Liebig, 1995). A recent study by Murphy-Berman and Berman (1993) compared the United States and Germany on attitudes toward AIDS patients and found that the Germans had more compassionate attitudes. The authors suggested that, because health benefits were available to all Germans through a quality socialized health-care system, German respondents were less concerned with issues of merit and were more likely to view health care as a right due to all citizens, even those with AIDS. Similar
findings have been obtained in an overview of surveys comparing nations on cultural ideology and the relative strength of various social welfare policies. Overall, these surveys support the view that Europeans often share a more collectivist attitude compared to the American individualist tradition, with these differences being linked to stronger social welfare programs in Europe (Coughlin, 1980). These findings are consistent with the large body of theory-driven research on cultural values of individualism and collectivism (e.g., Kim, Triandis, Kagitcibasi, Choi, & Yoon, 1994). Social policies examined in the present study, such as unemployment benefits, aid to families, and public assistance, can be influential structural factors in the prevention of homelessness. It seems likely that a collectivist attitude expressed in support for these policies may generalize to support for more direct measures to aid the homeless.

Method

Participants

Participating households were randomly selected from national telephone number databases in all five nations. In the United States, lists of telephone numbers were purchased from Survey Sampling, Inc., and the calling process used was based on the random digit dialing methods originally developed by Waksberg (1978). The randomly generated telephone numbers represented all households in the United States, including persons with unlisted telephone numbers. Approximately 4.5% of U.S. households were not included in the present sample because they did not have a telephone, with an additional 0.5–2.0% being excluded because they had only a mobile phone (telephone communication, Survey Sampling, Inc., May 20, 2002).

In Germany, two waves of interviews were completed based on telephone numbers that were randomly selected from a CD-ROM published by Deutsche Telekom (the German equivalent of the White Pages). Although only 3.6% of German households do not have a telephone, estimates are that 10–20% more Germans (including those with only a mobile phone) may not choose to be listed in the telephone book (Federal Bureau of Statistics, 2002; telephone communication, Deutsche Telekom media relations, June 19, 2002).

Telephone numbers in Italy were generated in a similar fashion to those in Germany, using a CD-ROM published by the Pagine Bianche Family (edition 2002). An estimated 4.9% of Italian households were not included in the sample because they did not have a telephone, with an additional 8.3% being excluded because they had only a mobile phone (ISTAT, 2001). Although we were unable to locate precise information, we believe that the percentage of unlisted phone numbers in Italy is similar to that observed in the most other European nations (about 10% of fixed phones).
In the UK, an initial wave of interviews was generated from the national telephone directory (as in Germany and Italy). In a second wave, we were able to use random digit-dialed telephone numbers purchased from Survey Sampling, Inc. (because, as in the United States, there is a fairly high rate of households with unlisted phone numbers). Approximately 1% of British households were not included in the second wave because they did not have a telephone, with an additional 7% being excluded because they had only a mobile phone (OfTEL, February 2003). In the first wave, an additional 25% were excluded because they were not listed in the directory (Thomas & Purdon, 2003).

In Belgium, two waves of interviews both were generated from the national telephone directory (InfoBel, 1999, 2003) as in Germany and Italy. An estimated 16% of Belgian households were not included in the sample because they did not have a fixed telephone (Institut National de Statistiques, 2004). Although we were unable to locate precise estimates, we believe that the percentage of unlisted phone numbers in Belgium is similar to that observed in the other European nations (about 10% of fixed phones).

Across all five nations, an adult within each household was randomly selected using a variation of Frey’s (1989) method, as used in other recent surveys on homelessness (Link et al., 1994, 1995; Tompsett et al., 2006; Toro & McDonell, 1992). Based on this method, the interviewer asked to speak to the household member 18 years or older who had the most recent birthday, thereby giving each adult member of the household an equal chance of being selected. The anonymity of the respondents was maintained in all interviews. During the course of data collection, the distribution of households sampled was evaluated with respect to population density by state/region, and geographic imbalances were corrected to assure that the final sample was nationally representative. The total sample of 1,546 respondents included 435 from throughout the United States, 323 from the French-speaking (southern) part of Belgium, 288 from throughout the UK (including England, Scotland, Wales, and Northern Ireland), 250 from Germany (both the eastern and western parts), and 250 from throughout Italy.

**Measure**

The survey used was adapted from those developed by Toro and McDonell (1992) and Link et al. (1994, 1995). A total of 63 items common across all five nations were used here. These items were designed to assess respondents’ attitudes, knowledge, and opinions regarding homelessness and related policy, their personal experiences with homelessness and homeless people, as well as some demographic characteristics of respondents. Respondents’ personal experiences with homelessness were assessed by querying whether they had ever considered themselves homeless or in another precarious housing situation, following up with items directed at ascertaining the age at which they experienced homelessness, the
duration of the episode of homelessness, and whether they were literally homeless (slept in a shelter, in a park) or “precariously housed” (slept at a friend’s house because they had no other place to go). Most of the items addressing respondents’ attitudes toward homelessness used 4-point Likert scales (e.g., “How much does a shortage of affordable housing contribute to homelessness?” 1 = a lot, 2 = some, 3 = a little, 4 = not at all). An even number of response choices was used to prevent neutral responses. Many items were reverse coded to avoid response bias. Key opinion items provided responses from 1 to 3 or 1 to 4, and were re-coded so that higher scores indicated greater support (e.g., How serious do you think the problem of homelessness is inside the major city nearest your home? 1 = Not at all serious, 2 = not too serious, 3 = fairly serious, 4 = very serious). Continuous measures addressing knowledge of characteristics of the homeless were also included, asking the respondent to estimate the percentage of the homeless sharing a given characteristic (e.g., “How many homeless people out of 100 are male?”). Test-retest reliability assessed by Toro and McDonell (1992) based on a longer form of the survey, indicated over 80% reliability for most of the items included in the current study. The only exceptions were the following: The belief that homelessness was getting worse, staying the same or improving (63%); and respondent estimates about the percentages of homeless people who were currently married (75%), had children (73%), had a criminal record (65%), and had drug problems (69%). Findings involving these items should, perhaps, be interpreted with some caution. The survey instrument was translated into French, German, and Italian and then back-translated in each language to improve the accuracy of translation.

Attitude items were combined to form four scales, based on prior factor structures identified in U.S. samples using the same items (Tompsett et al., 2006; Toro & McDonell, 1982). The four scales assessed general compassion and support for the rights of the homeless (compassion/rights, \(N_i = 8, \alpha = .61\) for total sample, .52 in Italy, .53 in Belgium, .62 in the United States, .69 in Germany, and .71 in the UK), perceptions of the homeless as safe and trustworthy (trustworthy, \(N_i = 10, \alpha = .73\) for total sample, .72 in Italy, .64 in Belgium, .75 in the United States, .72 in Germany, and .78 in the UK), viewing economic factors as the primary causes and best approaches to alleviating homelessness (economic factors, \(N_i = 4, \alpha = .66\) for total sample, .58 in Italy, .48 in Belgium, .63 in the United States, .74 in Germany, and .63 in the UK), and viewing personal failings of the homeless themselves as the primary causes of homelessness and the best target for attempts to alleviate homelessness (personal failings, \(N_i = 3, \alpha = .64\) for total sample, .53 in Italy, .57 in Belgium, .52 in the United States, .76 in Germany, and .57 in the UK).\(^1\) Items were weighted equally and averaged within each scale, producing a composite score in the same metric as the original items (1–4).

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\(^1\) Estimates of internal consistency for the four scales were sometimes low in particular nations, especially for the two scales having only 3–4 items (i.e., Personal Failings and Economic Factors). The
All interviews were conducted anonymously by interviewers fluent in the nation’s language. Interviewers were mostly undergraduate students in psychology or related fields. Calls were placed at varying times throughout the day, with most taking place in the evening between 5:00 and 9:00 p.m. Once respondents were contacted, they were asked to take part in an anonymous survey on housing that generally lasted 20–30 minutes. After a respondent had the opportunity to pose questions regarding the study and consent was obtained, the interview was administered in its entirety. Interviews were conducted in Germany from May 1999 to May 2002 (most, \(N = 192\), done July 2001 to May 2002); in Belgium from May 1999 to March 2003 (most, \(N = 235\), done June 2001 to March 2003); in the UK, from July 1999 to August 2003 (most, \(N = 195\), done July 1999 to August 2000); in Italy, from April 2002 to September 2002; and, in the United States, from January to December 2001.\(^2\)

The response rate, the percentage of persons reached by phone who agreed to complete an interview, was 13% for the United States, 17% for Germany, 19% for Italy, 27% for the UK, and 29% for Belgium. The rates at which a number dialed yielded a connection with a person varied by the method of number selection, as Survey sampling screens out disconnected telephone numbers while telephone books do not. While these response rates may appear low, they are similar to those obtained by pollsters calling respondents at random in recent years (Tuckel &...)

\(^2\)In three of the nations (Belgium, Germany, and the UK), data were collected over a long time span, including an initial wave of data collection (in 1999–2000) and a later wave (in 2001–03). The initial wave served as a “trial run” for this multinational study, which was later expanded. Sets of 28 chi-squares and ANOVAs were used to compare the initial and later waves in each of these three nations on various key variables, including the four attitude scales. While there were a number of significant (\(p < .05\)) differences in our large samples (4 for the UK, 10 for Germany, and 11 for Belgium), the pattern of differences was not consistent across nations nor within each nation. In the UK, the later wave of respondents, compared to the initial wave, saw the homeless as more socially isolated, but less likely to be clinically depressed. In Germany, the later wave was less likely to want to limit the public rights of homeless people and viewed homelessness as less likely due to the personal failings of the homeless, while also reporting seeing more homeless people and being panhandled more often. In Belgium, the later wave had lower scores on Compassion/Rights and Trustworthy scales, but higher scores on the Economic Factors scale and saw homelessness as a more serious problem in the nearest city. Despite these differences, which may reflect particular media coverage in each nation or random sampling fluctuations, we decided to retain all surveys from both the initial and later waves for the main data analyses. In a similar set of 28 tests, we compared those interviewed in the US prior to September 11, 2001 (the date of the terrorist attacks in New York and Washington; \(N = 250\)) to those interviewed afterwards (\(N = 185\)). Only one test was significant (\(p < .05\)), an outcome that clearly fails to beat chance expectations. (Note that all of the surveys from the initial wave in Europe came before September 11 and nearly all of those in the later wave came afterwards.
There is some research that suggests that higher response rates obtained through persistent call-backs and other incentives may not significantly impact results as compared with less time-intensive administrations of the same survey (Langer, 2003). In fact, a national study conducted on Americans’ opinions on homelessness found no significant differences in responses between initial responders and those responding after repeated call-backs (Link et al., 1994, 1995).

**Results and Discussion**

**Prevalence**

Prevalence findings are presented in Table 1. Results indicated the highest lifetime prevalence of literal homelessness in the UK and the United States, with the lowest rate in Germany, and intermediate rates in Belgium and Italy. A similar pattern of differences was observed when precarious housing was included as a form of homelessness, with the notable exception that Italy and Belgium both showed nearly as much total homelessness as the United States and the UK. Pairwise chi-square tests showed significantly lower rates of both literal and overall homelessness in Germany as compared to the UK and the United States. Germany also showed a significantly lower rate of overall homelessness as compared to Italy, and Belgium showed a significantly lower rate of literal homelessness as compared to the UK.

The high U.S. rate for lifetime literal homelessness was expected and similar to national rates obtained using the same methods in the 1990s (Link et al., 1994; Tompsett et al., 2006). Less expected was the high rate obtained in the UK.

| Table 1. Sample Characteristics and Observed Prevalence of Homelessness by Nation |
|----------------------------------|--------|--------|--------|--------|--------|
|                                  | US     | Belgium| UK     | Germany| Italy  |
| Population                       | 280.6  | 10.3   | 60.1   | 83.3   | 58.0   |
| Sample                           | 435    | 323b   | 288    | 5/99   | 250c   |
|                                  | 12/01  | 6/03   | 8/03   | 5/02   | 9/02   |
| Prevalence Lifetime              |        |        |        |        |        |
| Overall                         | 12.9%  | 9.6%   | 13.9%  | 5.6%   | 10.5%  |
| Lifetime                         | 6.2%   | 3.4%   | 7.7%   | 2.4%   | 4.0%   |
|χ²(4)                             |        |        |        |        | 12.34* |
| Note: Total N = 1,546 across all five nations. |
| aTotal population in millions of people (mid-year 2002 estimates). |
| bSample includes only the French-speaking (southern) half of the nation (including Brussels). |
| cSample includes eastern and western portions of the nation (nationally representative sample). |
| dLifetime total prevalence: Literal homelessness plus precarious housing (e.g., doubled-up with family or friends). |
| eLifetime prevalence of literal homelessness. |
| *p < .05 *
The United States and UK share a great deal in terms of cultural, social, legal, economic, and political factors, which could account for the similarity in terms of rates of homelessness. In addition, a change in the wording of the prevalence question may have produced an underestimate of the prevalence of homelessness in the United States, such that the U.S. rate may in fact be higher than that of the UK. To encourage responding and avoiding some of the stigma associated with translations of the word “homeless,” European surveys initially asked the respondent if they had “ever been in a difficult situation, such as . . . ,” giving several examples corresponding to literal homelessness or precarious housing. By comparison, the U.S. question asked simply “has there ever been a time when you were homeless yourself” (this same wording having also been used in prior surveys in the United States; Link et al., 1994, 1995; Tompsett et al., 2006). Both the U.S. and European versions of the survey used the same follow-up questions for respondents who answered the initial question in the affirmative (and so the rate for “literal homelessness” may be more comparable). It is notable that even with the less encompassing wording, the United States still produced higher prevalence estimates than Belgium, Germany, and Italy. However, it is possible that, had the U.S. survey used the same wording of the initial prevalence question, a higher rate would have been found in the United States.

The low rates of both literal and overall homelessness obtained in Germany (at least as compared to the United States and the UK) also deserve comment. It has been observed that Germany has one of the most comprehensive social welfare systems in the world (Helvie & Kunstmann, 1999; Toro & Rojansky, 1990). Benefits present in Germany, but absent in the United States and the UK, include a guaranteed minimum income, more generous unemployment benefits, and more rigorous tenants’ rights. During the period of data collection for this study, Germany spent more on social spending than any of the other four nations studied here (26% of its gross domestic product, compared to 25% for Italy and Belgium, 21% for the UK, and 15% for the United States; OECD, 2002). Such benefits could well prevent many episodes of homelessness and precarious housing among Germans. Another factor that may contribute to greater homelessness in the United States as compared to Germany (Toro & Rojansky, 1990) concerns the history of immigration that has led to the existence of large numbers of persons from various minority groups (including the very early immigration of African Americans who are at high risk for homelessness in the United States; Ahmed & Toro, 2004). Frequent influxes of new ethnic groups, along with the associated racial conflict and discrimination, could lead to housing dislocations and, ultimately, homelessness. While all of the countries in the study, including Germany, have significant immigrant populations, variations in the services available to non-citizens may also account for the degree to which immigration might prompt homelessness within each country.

Another set of possible factors that could explain the pattern obtained on the prevalence of homelessness across nations follows from Marxist theories (Marx,
1976), those involving collectivism versus individualism (e.g., Reykowski, 1994), and those concerned with relative deprivation (Olson, Herman, & Zanna, 1985). The more collectivist attitude of the Germans has been linked with support for stronger social welfare programs (Coughlin, 1980). Capitalism, left unregulated, can easily lead to a wide income discrepancy between the richest and the poorest citizens. One indicator of the extent to which capitalism is emphasized in a nation is the Gini coefficient (the higher the Gini, the greater the income disparity in the nation). The United States has traditionally had the highest Gini coefficient among major developed nations (41.0; CIA, 2003), with the UK second among the nations included in the present study (36.8) and Germany much lower (30.0; Belgium and Italy also have low Gini coefficients, 28.7 and 27.3, respectively). Furthermore, the United States has shown a steady growth in its Gini coefficient since the 1980s (U.S. Bureau of the Census, 1998), the same period in which homelessness has come to be seen as a major social issue in the United States (Buck, Toro, & Ramos, 2004). Having a wide discrepancy between the rich and poor could produce more homelessness in a number of ways. Housing may be less affordable for low-income individuals when higher earners drive the market. As the gap between rich and poor widens, the rich may be increasingly unconcerned with eliminating homelessness and related social problems like poverty and may become more likely to blame the homeless for their own plight. Consistent with this notion is the common finding of an inverse relationship between wealth and charitable giving and that the wealthy are more likely to support conservative candidates and policies (Gardyn, 2003). Furthermore, consistent with notions of relative deprivation, the psychological conditions for the poor and homeless may be exacerbated by the knowledge that so many others have it so much better. The modern media, available to the homeless as well as the rich, could enhance the negative psychological impact of being homeless. Learned helplessness may ensue with dire consequences for exiting poverty and/or homelessness (Goodman, Saxe, & Harvey, 1991).

Among those who reported having been literally homeless ($N = 76$ across the nations), 24% reported a total lifetime history of homelessness of less than a month, with 45% reporting between a month and a year and only 20% reporting having been homeless for over a year. This distribution on the time spent being homeless was similar across countries, and reflects a less chronically homeless group than that typically found in studies of currently homeless adults. For example, studies done in U.S. cities have often found that over half of currently homeless adults have experienced more than a year of total lifetime homelessness (e.g., Toro et al., 1999; Zlotnick, Robertson, & Lahiff, 1999), as compared to only 17% found in this sample (15% among the 27 U.S. respondents reporting literal homelessness). As noted earlier, the inclusion of less extreme and perhaps less needy persons through telephone surveys helps to explain why the telephone survey method used here yields the highest prevalence estimates for homelessness.
Public Opinion

Before differences between nations were examined, five multivariate analyses of variance (MANOVAs) were conducted to determine if previous personal experience with homelessness predicted attitudes and opinions regarding homelessness. To maximize available N, all respondents across all countries who indicated they had ever been precariously housed (including all literal homelessness, total \( N = 167 \)) were contrasted with all respondents who did not report such experience \( (N = 1,463) \). The following dependent variables were considered in each of these MANOVAs: (1) the four composite attitude scales; (2) key opinion items including whether federal spending should be increased, seriousness of the problem at the city and national level, whether homelessness is improving, frequency of exposure to panhandlers and homeless, and frequency of talking about homelessness with family or friends; (3) estimates of basic personal demographics of percent male, percent married, and percent with children; (4) estimates of social characteristics of percent on public assistance, percent with regular contact with family members, and percent with a criminal record; (5) mental health estimates including percent mentally ill, percent with clinical depression, percent alcoholic, and percent abusing drugs. Only those contrasts found significant at the multivariate level were examined at the univariate level. Table 2 presents findings for previous experience with homelessness as a predictor of public opinion. Respondents who had been previously homeless endorsed significantly higher scores on compassion/rights and economic factors. They also considered homelessness a more serious problem in the nearest city, reported seeing panhandlers and homeless people more frequently, and talked about homelessness more often. While effect sizes \( (R^2) \) tended to be very small (Cohen, 1988), these significant differences indicated that personal experience with homelessness led respondents to be more aware of homelessness and more sympathetic in general toward the currently homeless.

Due to significant differences between previously homeless and never homeless respondents, all previously homeless respondents were excluded from analyses comparing nations on public opinion. The same five MANOVA groupings described above were analyzed using nation as the independent variable, and significant contrasts found at the multivariate level were then analyzed in separate univariate analyses of variance (ANOVAs). Post hoc Student Newman–Keuls tests identified significant contrasts between specific nations. Results of national analyses of public opinion are presented in Table 3. Many of the national differences reflected what could be considered as less compassionate attitudes in the United States and UK, particularly compared with Italy and Germany. On compassion/public rights, Italy, Germany and Belgium all endorsed higher levels than the UK, and Italy was significantly higher than the United States. Italy also endorsed the highest scores on economic factors, with the United States also being significantly lower than Belgium. German respondents reported higher levels of
Table 2. Mean Differences Between Ever and Never Precariously Housed

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Never Precariously Housed</th>
<th>Ever Precariously Housed</th>
<th>F</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude Scales</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compassion/rights</td>
<td>2.79</td>
<td>3.02</td>
<td>25.12 (1,1534)**</td>
<td>.016</td>
</tr>
<tr>
<td>Economic factors</td>
<td>2.94</td>
<td>3.16</td>
<td>14.83 (1,1522)**</td>
<td>.010</td>
</tr>
<tr>
<td>General Opinion Items</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriousness of homelessness in nearest city</td>
<td>2.99</td>
<td>3.25</td>
<td>13.34 (1,1483)**</td>
<td>.009</td>
</tr>
<tr>
<td>Frequency of seeing panhandler</td>
<td>2.63</td>
<td>2.94</td>
<td>9.471 (1,1523)**</td>
<td>.006</td>
</tr>
<tr>
<td>Frequency of seeing homeless</td>
<td>2.21</td>
<td>2.56</td>
<td>17.64 (1,1481)**</td>
<td>.012</td>
</tr>
<tr>
<td>Frequency talks about homeless</td>
<td>2.38</td>
<td>2.77</td>
<td>28.18 (1,1516)**</td>
<td>.018</td>
</tr>
</tbody>
</table>

\(^{a}\text{MANOVA } F = 3.442 (4,1508), p < .01.\)
\(^{b}\text{MANOVA } F = 2.966, (7,1264), p < .01.\)
\(*p < .05, \quad **p < .01, \quad ***p < .001.\)

trustworthy than all other countries. The strongest national effects found were for personal failings ($R^2 = .126$), with the U.S. respondents endorsing the highest levels, followed by the UK, followed by Belgium, with Italy and Germany reporting the lowest levels. Respondents in the United States and the UK were also more likely to see the average homeless person as having a criminal record and being a drug abuser and were less likely to talk with family and friends about homelessness. In a few instances, however, the respondents from the UK were significantly more compassionate than those from the United States. For example, those from the UK were less likely to believe that personal failings were important causes of homelessness, were more likely to support increased federal spending to help the homeless, and were less likely to see the homeless as being alcoholic.

Other significant differences suggested different contexts of homelessness and/or the behavior of homeless people across the nations. For example, although respondents in the United States and the UK often appeared less compassionate, they still saw homelessness as a serious problem both in the city nearest them (at least when compared to the Italians) and in the nation as a whole (for the U.S. sample vs. those from Italy and Germany). These may simply be accurate reflections of the higher rates of homelessness in the United States and UK. Respondents in the UK and the United States also reported relatively less experience with being panhandled. It seems likely that policies against panhandling and the public congregation of homeless people may be stricter in the United States and the UK, as compared to the other nations in the present study (see NLCHP, 2002, on the growing strictness of such laws in the United States). Respondents in the United States estimated that the homeless were more likely to have children, less likely to be male, and more likely to have regular contact with relatives. These perceptions are consistent with estimates in the United States that homeless families (mostly mothers with young children) comprise 14–43% of the overall homeless population...
Table 3. National Mean Differences on Attitudes and Opinions, Excluding Formerly Homeless/Precariously Housed

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>US</th>
<th>Germ.</th>
<th>Belg.</th>
<th>UK</th>
<th>Italy</th>
<th>$F$</th>
<th>$R^2$</th>
<th>Post Hoc Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude Scales$^a$</td>
<td></td>
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<tr>
<td>Compassion/rights</td>
<td>2.74</td>
<td>2.84</td>
<td>2.82</td>
<td>2.70</td>
<td>2.90</td>
<td>5.62 (4,1364)***</td>
<td>.016</td>
<td>I,G,B &gt; UK; I &gt; US</td>
</tr>
<tr>
<td>Trustworthy</td>
<td>2.68</td>
<td>2.89</td>
<td>2.75</td>
<td>2.79</td>
<td>2.78</td>
<td>9.15 (4,1346)***</td>
<td>.026</td>
<td>G &gt; I,B,UK,US</td>
</tr>
<tr>
<td>Economic factors</td>
<td>2.82</td>
<td>2.91</td>
<td>2.99</td>
<td>2.94</td>
<td>3.11</td>
<td>6.56 (4,1355)***</td>
<td>.019</td>
<td>I &gt; B,UK,G,US; B &gt; US</td>
</tr>
<tr>
<td>Personal failings</td>
<td>3.16</td>
<td>2.51</td>
<td>2.83</td>
<td>2.95</td>
<td>2.59</td>
<td>48.54 (4,1352)***</td>
<td>.126</td>
<td>US &gt; UK &gt; B &gt; I,G</td>
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<tr>
<td>General Opinion Items$^b$</td>
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<tr>
<td>Seriousness of homelessness</td>
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<tr>
<td>(1 = not at all serious, 3 = very serious)</td>
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<tr>
<td>in nearest city</td>
<td>3.15</td>
<td>3.07</td>
<td>2.99</td>
<td>3.03</td>
<td>2.60</td>
<td>16.28 (4,1317)***</td>
<td>.047</td>
<td>US,G,UK,B &gt; I</td>
</tr>
<tr>
<td>nationwide</td>
<td>3.51</td>
<td>3.17</td>
<td>3.40</td>
<td>3.20</td>
<td>3.28</td>
<td>12.84 (4,1328)***</td>
<td>.037</td>
<td>US,B &gt; I,UK,G</td>
</tr>
<tr>
<td>Homelessness improving</td>
<td>1.64</td>
<td>1.32</td>
<td>1.40</td>
<td>1.63</td>
<td>1.89</td>
<td>22.20 (4,1307)***</td>
<td>.064</td>
<td>I &gt; US,UK &gt; B,G</td>
</tr>
<tr>
<td>(1 = getting worse, 2 = staying the same, 3 = improving)</td>
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<tr>
<td>Increase federal spending</td>
<td>2.46</td>
<td>2.53</td>
<td>2.81</td>
<td>2.74</td>
<td>2.51</td>
<td>19.91 (4,1293)***</td>
<td>.058</td>
<td>B,UK &gt; G,I,U</td>
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<tr>
<td>(1 = decrease, 2 = stay the same, 3 = increase)</td>
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</tr>
<tr>
<td>Frequency of seeing panhandler</td>
<td>2.23</td>
<td>2.45</td>
<td>3.11</td>
<td>2.43</td>
<td>3.11</td>
<td>35.06 (4,1354)***</td>
<td>.094</td>
<td>B,I &gt; G,UK,US</td>
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<tr>
<td>(1 = never, 4 = 10+ per week)</td>
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</tr>
<tr>
<td>Frequency of seeing homeless</td>
<td>2.02</td>
<td>2.37</td>
<td>2.22</td>
<td>2.25</td>
<td>2.30</td>
<td>5.30 (4,1316)***</td>
<td>.016</td>
<td>G,I,UK,B &gt; US</td>
</tr>
<tr>
<td>(1 = none, 4 = 10+ per week)</td>
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<tr>
<td>Frequency talks about homeless</td>
<td>2.32</td>
<td>2.29</td>
<td>2.48</td>
<td>2.25</td>
<td>2.58</td>
<td>6.27 (4,1347)***</td>
<td>.018</td>
<td>I,B &gt; US,G,UK</td>
</tr>
<tr>
<td>(1 = never, 4 = often)</td>
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<tr>
<td>Personal characteristics$^c$</td>
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<td></td>
</tr>
<tr>
<td>Percent homeless who are male</td>
<td>64.53</td>
<td>72.46</td>
<td>65.65</td>
<td>69.13</td>
<td>66.81</td>
<td>14.53 (4,1444)***</td>
<td>.039</td>
<td>G &gt; UK &gt; B,US; G &gt; I</td>
</tr>
<tr>
<td>Currently married</td>
<td>30.32</td>
<td>28.96</td>
<td>24.90</td>
<td>31.58</td>
<td>34.13</td>
<td>8.88 (4,1410)***</td>
<td>.025</td>
<td>I &gt; US,G,B; I,UK &gt; B</td>
</tr>
<tr>
<td>Have children</td>
<td>50.71</td>
<td>36.18</td>
<td>29.58</td>
<td>37.51</td>
<td>34.46</td>
<td>43.88 (4,1414)***</td>
<td>.110</td>
<td>US &gt; UK,G&gt;I</td>
</tr>
</tbody>
</table>

(continued)
Table 3. Continued.

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>US</th>
<th>Germ.</th>
<th>Belg.</th>
<th>UK</th>
<th>Italy</th>
<th>F</th>
<th>R²</th>
<th>Post-Hoc Tests</th>
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</thead>
<tbody>
<tr>
<td>Social characteristics&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Percent homeless with regular family contact</td>
<td>35.50</td>
<td>18.32</td>
<td>21.43</td>
<td>31.93</td>
<td>21.40</td>
<td>42.61 (4, 1397)&lt;sup&gt;***&lt;/sup&gt;</td>
<td>.109</td>
<td>US &gt; UK &gt; B,I,G</td>
</tr>
<tr>
<td>Receiving public assistance</td>
<td>48.57</td>
<td>66.99</td>
<td>43.52</td>
<td>52.64</td>
<td>31.76</td>
<td>59.93 (4, 1392)&lt;sup&gt;***&lt;/sup&gt;</td>
<td>.147</td>
<td>G &gt; UK,US &gt; B &gt; I</td>
</tr>
<tr>
<td>With a criminal record</td>
<td>42.52</td>
<td>37.96</td>
<td>29.75</td>
<td>38.96</td>
<td>31.80</td>
<td>16.52 (4, 1377)&lt;sup&gt;***&lt;/sup&gt;</td>
<td>.046</td>
<td>US,UK &gt; I,B; US &gt; G &gt; I,B</td>
</tr>
<tr>
<td>Mental health&lt;sup&gt;e&lt;/sup&gt;</td>
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</tr>
<tr>
<td>Percent homeless who are mentally ill</td>
<td>36.96</td>
<td>48.49</td>
<td>13.19</td>
<td>29.39</td>
<td>33.00</td>
<td>96.96 (4, 1410)&lt;sup&gt;***&lt;/sup&gt;</td>
<td>.216</td>
<td>G &gt; US &gt; I &gt; UK &gt; B</td>
</tr>
<tr>
<td>Depressed</td>
<td>56.01</td>
<td>47.91</td>
<td>47.13</td>
<td>39.93</td>
<td>49.33</td>
<td>14.86 (4, 1418)&lt;sup&gt;***&lt;/sup&gt;</td>
<td>.040</td>
<td>US &gt; I,G,B &gt; UK</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>52.20</td>
<td>68.75</td>
<td>51.55</td>
<td>45.96</td>
<td>47.56</td>
<td>38.92 (4, 1439)&lt;sup&gt;***&lt;/sup&gt;</td>
<td>.098</td>
<td>G &gt; US,B &gt; I,UK</td>
</tr>
<tr>
<td>Substance abusing</td>
<td>50.22</td>
<td>48.90</td>
<td>34.88</td>
<td>45.04</td>
<td>32.15</td>
<td>35.19 (4, 1416)&lt;sup&gt;***&lt;/sup&gt;</td>
<td>.090</td>
<td>US &gt; UK &gt; B,I; US,G &gt; B,I</td>
</tr>
</tbody>
</table>

Note. MANOVAs were used as a conservative screen. All presented findings are significant at both the multivariate and univariate levels. To simplify presentation, nonsignificant findings are not included. Post hoc Newman–Keuls tests were conducted only for variables significant at both levels (a “<” sign indicates a significant post hoc difference).

<sup>a</sup>MANOVA $F = 13.72$ (16, 4104), $p < .001$.
<sup>b</sup>MANOVA $F = 16.60$ (28, 4029), $p < .001$.
<sup>c</sup>MANOVA $F = 23.30$ (12, 3654), $p < .001$.
<sup>d</sup>MANOVA $F = 40.06$ (12, 3479), $p < .001$.
<sup>e</sup>MANOVA $F = 47.31$ (16, 4180), $p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$. 
and that homeless families represent the fastest growing segment of the homeless population (Burt et al., 2001; Shinn & Weitzman, 1996). Homeless families are still quite rare in most European nations (see Toro, 2007). Germans reported the highest incidence of mental illness among the homeless. Although there are few studies available on the actual rates of mental illness among Germany’s homeless, it is possible that, in the presence of stronger state-based welfare systems preventing homelessness, those who fall through the cracks and become homeless may be more likely to be mentally ill than in countries where there is greater overall risk of becoming homeless.

Although there clearly appear to be national differences in public perceptions on homelessness, it would be misleading to conclude that there is a lack of concern about the social problem of homelessness among respondents, even in the United States and UK. For example, a clear majority of respondents in all five nations would pay more taxes to address the problem (69.8–86.8%), a finding similar to what has been observed in a series of earlier public opinion surveys in the United States (Link et al., 1994; Tompsett et al., 2006).

**Limitations and Policy Implications**

The present study has a number of limitations. Although the overall sample is large ($N = 1,546$), the samples available in each nation are, arguably, rather small, especially for estimating the prevalence of homelessness. Due to the difficult logistics in implementing surveys across so many nations, it took a full 4 years to collect all the data represented in this report (from 1999 through 2003). Because some nations were largely sampled early in this 4-year period (e.g., the UK sample, mostly from 1999 to 2000) and others later (e.g., the Italian sample, all from 2002), it is possible that changes in media coverage or other factors may have confounded the true national differences on the prevalence of and public opinion on homelessness. However, at least with regard to public opinion, it has been suggested that public views change rather slowly and are not overly responsive to public events (Behr & Iyengar, 1985; Rokeach & Ball-Rokeach, 1989). Consistent with this view, a recent study on homelessness in the United States found little change from the early 1990s to the early 2000s in both prevalence estimates and public opinion (Tompsett et al., 2006). Another limitation is that five represents only a limited number of nations. Even among developed nations, many have not been studied (perhaps, most notably, Japan, Australia, Canada, Spain, and other nations of both western and eastern Europe). While the anonymous nature of the telephone survey methods might have encouraged some respondents to be more candid about their histories of homelessness as well as their attitudes about homeless people, the data remain entirely based on self-report in a brief telephone encounter. Finally, the study’s data are merely suggestive of possible causes of homelessness. Firm causal inferences certainly cannot be drawn by associating the
prevalence rates from this limited array of nations with various general national characteristics.

Despite the limitations, the presentation of data such as those obtained in this study could help to influence some persons (especially in the United States and the UK) to reconsider whether the policies they advocate are the most desirable. If we in the United States (and the UK) truly wish to reduce homelessness, we should, perhaps, seriously consider adopting policies more like those seen in the other European nations (especially Germany). These policies include a guaranteed minimum income, socialized health care, more rigorous tenants’ rights, and other social welfare benefits. Similarly, Europeans may wish to take care to avoid adopting too many of the socially conservative policies that have, perhaps, led to the high rates of homelessness in the United States and the UK. In recent years, there has been a steady stream of social debate in Europe on such policies, with some advocating more adoption of such policies in Europe and others pointing to the possible dire implications if they are implemented (Federal Task Force on Homelessness, 2001; Lutz, 2000). Our data would seem to support the worries of those concerned about adopting a more capitalistic and less socialistic set of policies.

It is important to note that the United States and the UK showed both more homelessness and less compassion toward the homeless in many respects, when compared to the other European nations. These findings support the notion that public opinion can have a significant impact (or at least reflects) actual public policy (Monroe, 1983; Page & Shapiro, 1989). If public opinion in the United States and the UK could be influenced in a positive direction, perhaps policy (and, ultimately, the prevalence of homelessness) could be changed as well. Or, perhaps, if policies could be changed, public opinion (and homelessness) would, eventually, be affected.

References


PAUL A. TORO is Professor of Psychology at Wayne State University in Detroit. He was President of the Society for Community Research and Action (Division 27, Community Psychology, of the American Psychological Association) in 2003-04. He and his Research Group on Homelessness and Poverty have conducted a wide range of studies on homelessness over the past two decades, including studies on homeless adults, families, and youth. His studies have compared homeless to matched housed samples, evaluated interventions, provided careful assessment of mental disorders and substance abuse, tested social psychological theories,
collected data across nations, analyzed media and professional coverage, and followed large homeless samples in longitudinal designs. For additional details on this research, see http://sun.science.wayne.edu/~ptoro/.

CAROLYN J. TOMPSETT is a doctoral student in clinical-community psychology at Wayne State University in Detroit. She spent a pre-doctoral year at the Technical University of Berlin, and recently completed her Master’s thesis comparing homelessness in the United States and Germany. She helped coordinate much of the multi-national data collection reported in this study. She has interests in the development of delinquent behavior and other problems in adolescence, and in cross-cultural research.

SYLVIE LOMBARDO is an Assistant Professor of Psychology at Oakland University, located near Detroit. Trained as a community and clinical psychologist, she is a native of Belgium and has interests in cross-cultural comparisons, understanding the development of risky sexual behavior and other deviant behaviors, and preventive and treatment-oriented school-based mental health interventions. She has served on the Executive Committee of the Council of Program Directors in Community Research and Action and is active in the field of community psychology. She helped design this study’s initial data collection efforts in Europe.

PIERRE PHILPPOT is Professor of Clinical Psychology at the 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.

HILDE NACHTERGAEL is a research assistant in the Department of Psychology, Unit on Clinical Psychology, Emotion, Cognition and Health, at the 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. She coordinated this study’s second wave of data collection in Belgium.

BENOIT GALAND is a post-doctoral research fellow in the Unit of Educational and Developmental Psychology of the Department of Psychology, University of Louvain at Louvain-la-Neuve. His Ph.D. dissertation addressed the determinants of violence in school, including a large representative sample survey in Belgium.
His main research interests involve motivation, learning, and youth violence. He is specializing in multivariate modeling of psycho-social issues. He is also organizing training workshops for educators, teachers, and social workers.

NATASCHA SCHLIENZ recently completed her diploma in clinical psychology at the Free University of Berlin. She coordinated the second wave of data collection in Germany and wrote her thesis examining demographic predictors of attitudes towards the homeless.

NADINE STAMMEL recently completed her diploma in clinical psychology at the Free University of Berlin. She is fluent in Italian, coordinated data collection in Italy, and completed her Master’s thesis comparing Italian and German attitudes regarding homelessness.

YANELIA YABAR is currently a postdoctoral fellow at the University of Canterbury in Christchurch (New Zealand). She is a native of France and completed her Ph.D. at the Catholic University of Louvain (Belgium). Her main research interests focus on emotions in interpersonal and intergroup relationships and she is also interested in cross-cultural comparisons. She coordinated the initial wave of data collection in Belgium for the study reported here.

MARC BLUME currently works for a major telecommunications company in Bern, Switzerland and his main interests are in human-computer interaction. Born in Germany, he studied organizational and educational psychology at the University of Freiburg and Wayne State University in Detroit. During his studies in Detroit and Germany, he conducted both qualitative and quantitative research in community psychology, with an emphasis on understanding the problem of homelessness. He coordinated the initial wave of data collection in Germany.

LINDA MACKAY is a lecturer in Social Policy at the University of Paisley, a Tutor in Social Policy at the University of Glasgow, and an Associate Lecturer in Social Sciences with the Open University. She is a native of Scotland and is interested in ideologies, particularly those emphasizing cultural homogeneity, and how these may disadvantage specific groups. She has researched in the areas of political ideologies, Teaching and Learning and Family Policy. She coordinated the initial wave of data collection in the UK.

KATE HARVEY completed a Master’s degree in Research Methods in Psychology at University College London in 2001. She currently works on a National Health Service research project investigating patients’ views of the results of their own mental health assessments. She coordinated the second wave of data collection in the UK.