Location, Location, Location: Perceptions of Safety and Security Among Formerly Homeless Persons Transitioned to Permanent Supportive Housing

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ABSTRACT   *Objective:* Low perceived safety and security might have adverse health consequences, especially for chronically homeless individuals who are at high risk of victimization on the street. Permanent supportive housing (PSH) is an effective strategy to address chronic homelessness and improve residents' health and well-being. However, it is unclear how formerly homeless individuals' perceptions of safety and security reflect the objective neighborhood environment in which the PSH is located. This article presents a study of the perceived safety and security of formerly homeless individuals transitioned to PSH in and around Skid Row. *Method:* This mixed-method study examines the perceptions of safety and security of 24 PSH residents living in the Skid Row area of Los Angeles. Subsequent block-based neighborhood observations were conducted informed by these qualitative findings. *Results:* Although participants felt safer relative to when they were homeless, residents living within Skid Row felt less safe than those who lived at the periphery. Participants housed within Skid Row also reported social isolation and exposure to situations reminiscent of past traumatic events. These findings correspond with objective neighborhood environmental differences in which more trash, malodors, and homeless people were observed on the blocks located near the center of Skid Row. *Conclusions:* Homeless individuals might experience an increase in their perceived safety after transitioning into PSH, but these perceptions might be contingent on the neighborhood environment. Future research should investigate how neighborhood characteristics influence perceived safety and whether these perceptions are influenced by the characteristics of the physical surrounding environment and/or past experiences of trauma.

KEYWORDS: chronic homelessness, permanent supportive housing, perceived safety, neighborhood context, neighborhood observation

Housing can serve as a form of protection from victimization for individuals who are homeless. Studies have found that approximately 27% to 54% of homeless individuals have experienced some form of victimization during their lives on the streets (Fischer, 1992; Kushel, Evans, Perry, Robertson, & Moss, 2003; Lee & Schreck, 2005; Wenzel, Koegel, & Gelberg, 2000). Victimization, which can be physical or sexual or other incidents such as being robbed or having personal belongings stolen, might constitute psychologically traumatic experiences for homeless individuals (Kim, Ford, Howard, & Bradford, 2010). Clarke, Williams, Percy, and Kim (1995) found that 74% of their homeless respondents reported experiencing violent traumatic experiences while homeless. These experiences of victimization and trauma might put homeless individuals at high risk of immediate or long-term adverse physical health outcomes, mental illness (e.g., depression and post-traumatic stress disorder), and substance addictions (Fitzpatrick, LaGory, & Ritchey, 1993; Kilpatrick & Acierno, 2003; LaGory, Fitzpatrick, & Ritchey, 2001). Moreover, experiencing victimization on the streets could further exacerbate existing mental health conditions, including depression and post-traumatic stress disorder (Kilpatrick & Acierno, 2003; Sorenson & Golding, 1990).

Studies have suggested that individuals' perceptions regarding safety and security can serve as a buffer to psychological consequences, such as depression following victimization (Fullerton, Ursano, Reeves, Shigemura, & Grieger, 2006; Grieger, Fullerton, Ursano, & Reeves, 2003; Perron, Alexander-Eitzman, Gillespie, & Pollio, 2008). However, considering the daily challenges of meeting subsistence needs (Baggett et al., 2011) and avoiding victimization while living on the streets, homeless individuals lack a sense of control and security over various aspects of their life (e.g., where to sleep, what to eat, and with whom it is safe to interact; Henwood, Hsu, et al., 2013). Compared with individuals with stable housing, homeless individuals were found to have lower perceived safety and security (Mares & Rosenheck, 2004).

From an ecological theory perspective (Bronfenbrenner, 2009), the perception of low levels of safety and security among homeless individuals might be not only the product of their past victimization and traumatic experiences but also the result of the neighborhood environment in which they live. Although not directly focused on homeless populations, studies involving residents living in impoverished neighborhoods have suggested that neighborhood physical and social disorder can also undermine individuals' perceptions of neighborhood safety and increase fear of crime and victimization (Austin, Furr, & Spine, 2002; Austin & Sanders, 2007; Ferraro, 1995; Franklin, Franklin, & Fearn, 2008; LaGrange, Ferraro, & Supancic, 1992; Skogan, 1992).

Neighborhood disorder, including social disorder (e.g., individuals' behaviors in a neighborhood) and physical disorder (e.g., deteriorated buildings, trash, and odors; Ferraro, 1995; LaGrange et al., 1992) might be perceived as signs of the potential for

crime in the neighborhood, which could have a stronger influence on an individual's perceived safety or security than actual experiences of crime (Franklin et al., 2008; Skogan, 1992). Franklin et al. (2008) found that perceptions of neighborhood physical and social disorder (e.g., noise, traffic, and youth gangs) can be the most important factors affecting an individual's fear of crime. Furthermore, Austin et al. (2002) and Austin and Sanders (2007) found that objective neighborhood disorder (e.g., graffiti and noise) can have negative influences on an individual's perceived safety in a local environment. Based on previous literature indicating that neighborhood characteristics might influence local residents' perceived safety, and considering that homeless individuals are likely to reside in extremely impoverished neighborhoods (Rukmana, 2006) where disorder is prevalent, it is arguable that in addition to their past victimization, neighborhood characteristics might also contribute to homeless individuals' low perceived safety and security.

Such unsafe and insecure perceptions might lead to adverse health and mental health consequences (Bennett et al., 2007; Theall, Sterk, & Elifson, 2009; Wandersman & Nation, 1998). Current trends to end homelessness through permanent supportive housing (PSH; U.S. Interagency Council on Homelessness, 2010) can provide a physical environment that prevents homeless individuals from victimization on the streets and potentially protect them from neighborhood disorder, but it is not clear whether PSH and its surrounding neighborhood environment might affect perceptions of safety and security, given the high rates of past trauma and victimization experienced during homelessness.

Permanent Supportive Housing and Perceived Safety and Security

Housing that is integrated with continuous and comprehensive support services and has no limits regarding length of stay is the essence of PSH. This course of action has been recognized as an effective strategy to address chronic homelessness by the federal government (U.S. Interagency Council on Homelessness, 2010). PSH has been credited with reducing the number of chronically homeless adults by 25% from 2006 to 2013 (Solari, Cortes, Henry, Matthews, & Morris, 2014). Research also has shown that individuals who transition from homelessness to PSH, as opposed to transitional living situations, experience greater *ontological security*, or a sense of safety and control over their lives (Padgett, 2007). Even the *expectation* of transitioning from homelessness to PSH can generate increased ontological security, with homeless adults expecting their lives to be more predictable, safer, and under their control (Henwood, Hsu, et al., 2013).

Although homeless individuals sometimes have the opportunity to choose their PSH location, the options are usually limited. Location options for PSH are constrained by rental subsidy regulations, the not-in-my-backyard phenomenon, rising costs of housing, and limited availability of affordable housing (Kresky-Wolff, Larson, O'Brien, & McGraw, 2010; Limon, Routt, & Morgan, 2008; O'Hara, 2007;

Spinola-Schwartz, 2010; H. Smith, personal communication, July, 2011). Given such constraints, research has shown that PSH is more likely to be located in areas characterized by neighborhood deprivation, which could negatively influence perceptions of safety and security (Sampson, Raudenbush, & Earls, 1997; Wong & Stanhope, 2009). Compared with living on the streets, homeless individuals' actual safety could be improved by having a safe physical space (e.g., housing units or housing buildings) in which to stay. However, it is possible that despite an increased sense of ontological security (Padgett, 2007) and actual safety, adults who have transitioned from homelessness to PSH might continue to feel unsafe or insecure in their neighborhood if the surrounding environment features signs of disorder. Furthermore, it is also likely that PSH residents' self-perceived neighborhood safety could be limited if the surrounding environment reminds them of past victimization or traumatic experiences. Therefore, even if rates of victimization decrease through access to PSH, without a neighborhood context that fosters a sense of safety and security, it is possible that safety concerns among PSH recipients might persist.

Persistent concerns for personal safety can contribute to the limited community integration found among PSH tenants (Tsai, Mares, & Rosenheck, 2012; Yanos, Stefancic, & Tsemberis, 2012) and result in social isolation and limited engagement in physical activities (Bennett et al., 2007; Centers for Disease Control and Prevention, 1999). Therefore, perceptions of safety and security can potentially undermine housing stability and negatively affect mental and physical health outcomes (Cacioppo & Cacioppo, 2014; Cacioppo & Hawkley, 2003; Hawkley & Cacioppo, 2010; Wong, Hadley, Culhane, Poulin, & Davis, 2006).

Currently, scarce literature is available on perceptions of neighborhood safety and security among formerly homeless individuals after transitioning into PSH. Further, research has yet to address how neighborhood characteristics might affect the perceived safety and security of formerly homeless adults who live in PSH. Gaining a more nuanced understanding of PSH recipients' perceived safety and security, and determining whether these perceptions are contingent on the neighborhood context, are important considerations when attempting to promote community integration and improve the health of residents.

To investigate the potential influence of neighborhood contexts on PSH residents' perceived safety and security, this study used an explanatory sequential mixed-method approach (Cresswell & Plano Clark, 2011) to qualitatively capture perceptions of safety and security and measure neighborhood characteristics. Notably, explanatory sequential design typically refers to collecting qualitative data to help explain results derived from quantitative methods (Cresswell & Plano Clark, 2011). However, in this study, we first used qualitative methods to investigate perceptions of safety, and after finding differences based on clustering of residential

location, we collected field-based observational data using a quantitative approach. Specific research questions included the following:

- What are PSH residents' perceptions of safety after transitioning from homelessness to housing?
- Do perceptions of safety differ based on location?
- Does a relationship exist between objective environment characteristics and PSH residents' perceptions of safety?

Method

Setting

The original study was conducted in Skid Row, an area of downtown Los Angeles, California with one of the largest populations of homeless individuals in the United States (Solari et al., 2014). Skid Row is a 50-square-block area with a high concentration of homeless individuals, PSH programs, and service providers (Los Angeles Homeless Services Authority, 2011, 2012). Many of the small single-room occupancy hotel buildings that were developed for transient workers in the early part of the 20th century have been refurbished and are being used for single-site PSH (Burt, Wilkins, & Mauch, 2011; Los Angeles Chamber of Commerce, 2012). A high concentration of PSH exists in and around the Skid Row area, including various neighborhoods and especially those at the borders of the 50-square-block region.

Design

This study used a modified version of an explanatory sequential design (Cresswell & Plano Clark, 2011). Rather than using qualitative methods to help explain quantitative findings, qualitative data were collected and analyzed first, and in turn, those results informed a subsequent quantitative component intended to elucidate the qualitative findings. The qualitative data for this study were retrieved from a previous longitudinal pilot study focused on understanding the experiences and health outcomes of chronically homeless individuals transitioning to PSH conducted between May 2012 and January 2013. In the original study (Henwood, Rhoades, Hsu, Couture, Rice, & Wenzel, 2015), both quantitative and qualitative data were collected from participants during semi-structured interviews conducted at two time points: (a) immediately before the participant moved into PSH, and (b) approximately 3 months after being housed. In the current study, we focused on the post-housing, follow-up qualitative data. Initial qualitative analysis suggested that although most participants experienced improved safety after receiving an apartment, participants differed in terms of their perceptions of

safety in their surrounding neighborhood. We used geographic information system mapping to identify the residential location of participants who expressed feeling unsafe versus safe in their immediate neighborhood environment. The group that reported feeling unsafe consisted of individuals clustered in Skid Row, whereas the group that reported feeling safe consisted exclusively of participants living near the borders of the Skid Row area (see Figure 1). To discover differences in these areas, investigators conducted block-based observations based on each participant's home location. Two trained raters collected quantitative data capturing physical neighborhood characteristics through systematic, block-based neighborhood observations. These observations were used to investigate and record neighborhood characteristics (e.g., land use, traffic conditions, noise, trash, and smell) of the areas near where study participants had been housed. Quantitative

Figure 1. PSH Locations *Note.* The five black pins represent permanent supportive housing in Skid Row, the three grey pins indicate permanent supportive housing located outside of Skid Row, and the black line represents the boundary of the Skid Row area.

findings comparing tenants living in Skid Row versus near the perimeter were then compared with our initial qualitative findings. Both the quantitative and qualitative component of this study are described in more detail below.

Qualitative Component

Sampling and recruitment. Using a criterion sampling strategy (Patton, 2002), individuals who met the predetermined criterion of the original research (i.e., experiencing homelessness at baseline but soon transitioning into PSH) were identified and recruited. All recruited participants met the federal definition of chronic homelessness (Solari et al., 2014). The PSH program included in this study had adopted the Housing First model, which provides housing to eligible homeless individuals without requiring recipients to demonstrate adherence to treatment or abstinence from substances before receiving housing (Pearson, Locke, Montgomery, & Buron, 2007). All housing configurations were single-site housing (Burt et al., 2011) located in or close to the downtown Skid Row area (see Figure 1). Housing assignment was based on PSH unit availability. Services coupled with housing were provided both on-site (e.g., case management or support groups) and off-site through collaborative organizations (e.g., medical and mental health services).

As described elsewhere (Henwood et al., 2015), the original pilot study involved collaboration with a major PSH provider in the Skid Row area to facilitate the recruitment process. To maximize external validity of the pilot study, the only additional eligibility criteria for participation included that individuals had to be at least 21 years old, had accepted but not yet moved into housing, and could complete a one-on-one interview in English. Written consent was collected before baseline interviews.

Data collection. The current study was based on the follow-up qualitative interview data collected 3 months after participants were housed. The interviews were conducted to understand residents' perceived safety and security perceptions of neighborhood conditions. Housing locations for all of the 25 participants were collected from the PSH provider when scheduling the follow-up interview. Interviews with 25 participants were conducted in the tenants' apartments. However, one participant's interview was inaudible and was excluded from this study, yielding an analytic sample of 24 participants.

Qualitative data were collected via semi-structured interviews. Each interview took approximately 60 to 90 minutes, and all interviews were audio recorded and transcribed. In the original study, a wide range of participant information was collected, including changes in social networks, service use, daily activities after being housed, perceptions of the housing and neighborhood conditions, and future plans after being housed. Examples of interview questions include, "How has it been like since you've moved in?" "What major ways do you think your life has

changed now that you're housed?" "What are your thoughts about the building and the neighborhood?" and "What services have you used since you moved into your own place?" Participants were encouraged to discuss any positive or negative changes, including perceived safety and security associated with PSH since moving into their housing units. The institutional review board of a large private university in the Western United States approved the protocols for protecting human subjects for this study. Participants were paid $30 for each interview completed.

Analysis

A case summary matrix (Miles, Huberman, & Saldaña, 2013) was developed to help sort and analyze qualitative data derived from transcripts, interviewer feedback, and observations. Matrix columns documented themes, and rows represented cases (each participant was assigned a case number). Using the case summary matrix, we used a case study approach in which we conducted analyses within and across cases (Stake, 1995). Guided by our research questions, content and thematic analyses were used to systematically code transcribed data, which enabled us to identify themes related to participants' perceived safety and security in housing and the surrounding neighborhood (Boyatzis, 1998; Krippendorff, 1980; Weber, 1991; Weller & Romney, 1988).

Transcripts were independently coded and compared by two team members to achieve findings that were consensually validated (Padgett, 2007). In the original study, each participant's PSH address was collected for the purpose of conducting follow-up interviews, so we were able to connect participants' perceptions regarding safety and security with their housing locations. After plotting each participant's housing location on Google Maps and by referencing the developed case summary matrix, we were able to visualize the identified perceived safety and security themes by housing location. After noting differences regarding perceived safety between residents housed in Skid Row versus around Skid Row (e.g., feeling safe in housing but not in the neighborhood vs. feeling safe in both housing and the neighborhood), we added a subsequent quantitative component to the study.

Quantitative Component

To investigate potential objective differences in the neighborhood environment between residents housed in the heart of Skid Row versus around Skid Row, block-based neighborhood observations using the Neighborhood Observational Checklist (Zenk, Schulz, House, Benjamin, & Kannan, 2005) were conducted on and adjacent to the blocks where the PSH buildings were located. This measurement was developed to systematically capture the physical and social environments of

a neighborhood, such as land use, neighborhood cleanliness, sidewalk and street conditions, and building conditions (example item: Is there graffiti on the block face?). This checklist has been used in previous research focusing on neighborhood context and health behaviors (Kwarteng, Schulz, Mentz, Zenk, & Opperman, 2014), and prior research (Zenk et al., 2007) has found good reliability (68% of the items had moderate to perfect interrater reliability; 95% had moderate to perfect test-retest reliability). We also reviewed the Neighborhood Observational Checklist with research experts who have expertise in homelessness and are familiar with the Skid Row area to ensure the face validity of the instrument.

Given that the target population in this study was formerly chronically homeless individuals and that some participants expressed resentment and safety concerns regarding the prevalence of homelessness in the qualitative analysis, we decided to document the number of homeless individuals observed on each block. To avoid over counting homeless individuals in our observations, a more conservative definition was used in that only individuals sleeping or sitting on sidewalks with materials that appeared to be their belongings (e.g., carts with blankets or tents) were counted as homeless.

Consistent with research that adopted the Neighborhood Observational Checklist (Kwarteng et al., 2014), the unit of analysis in the neighborhood observation process was a census block (i.e., areas limited by visible boundaries, such as streets, and invisible features, such as city limits; U.S. Census Bureau, 2012). By including the blocks where PSH was located and adjacent blocks, we collected data on the immediate neighborhood environment surrounding PSH recipients. In the current study, 52 blocks were identified and included. Block observations were conducted at different times and days of the week. Each block was visited twice to ensure that variations of neighborhood characteristics were captured. Two raters worked independently and completed the checklist while on foot, with the exception of four blocks that were observed by driving slowly around the block during the first visit because of heavy rain. Raters compared their results immediately after completing observations for each block. Discrepancies were addressed by revisiting the blocks in question. Raters also took notes on characteristics or events not covered in the checklist.

Analysis

Regarding neighborhood observation data, descriptive analyses were first conducted to investigate characteristics of neighborhoods where PSH was located. Chi square and t tests were then conducted to compare neighborhood characteristics for residents housed in the heart of Skid Row versus those housed near the outer borders of Skid Row. Any differences were considered in the context of varying perceptions of safety between the two groups.

Results

Table 1 reports the demographic information of the study participants. Of the 24 participants, 67% were male, 71% were African American, their mean age was around 50 years (*SD* = 6.9), 50% had completed high school, and 80% were unemployed. More than 90% of the participants reported spending most of the nights during the previous 3 months in their housing unit, with only two participants reporting either staying mostly at shelters or in the home of a friend or family member. Before being housed, more than 54% had experienced some type of victimization, such as being robbed, threatened, or injured with a weapon.

Qualitative Findings

Common perceptions of safety and security across participants. In this study, nearly all participants reported feeling safer and more secure after obtaining housing. This increased sense of safety corresponds to the concept of ontological security (i.e., having more control over their lives) proposed by Padgett (2007). This sense of having more control over their lives also helped promote participants' confidence in terms of not experiencing victimization as much as when living on the streets. For example, many participants stated that PSH provided a secure place for them to store their belongings, which reduced their risk of being robbed or having their belongings stolen. The following quotes from three participants were typical of those who reported feeling more secure after being housed.

Table 1
Participant Demographics (N = 24)

Demographics	% or *M* (*SD*)
Age	50.12 (6.90)
Male	66.7
Ethnicity	
African American	70.8
Caucasian	0.0
Hispanic	20.8
Other or mixed race	8.3
At least high school or GED	50.0
Employed during previous 3 months	20.8
Spent most nights in PSH unit during previous 3 months	95.8
Experienced victimization in the past 30 days	54.2

Note. PSH = permanent supportive housing.

[Housing] means safety, the security. . . . You don't have to be worried about leaving your stuff in your locker and then when you come back, nothing will be there.

I'm in a place that I can consider mine that I don't have to worry about . . . who's going to sit beside me or sleep beside me or who's just going to randomly walk up to me . . . that I have my own space. . . . I kind of have a safe zone, besides the comfort of being able to lay on or sit on something other than the concrete, and my privacy of just what I want to do . . . not having to . . . worry about how I'm going to survive the day or night.

I have a place to store my stuff. . . . It's tough on the street. . . . I got my stuff stolen . . . not even a shelter [is safe].

Consistent with previous literature (Austin et al., 2002), physical conditions of PSH also contributed to participants' elevated perception of safety and security. PSH buildings served as a "safe haven" for formerly homeless individuals because PSH offered independent living arrangements, security warning signs on the walls, security cameras, locked entrances, and fences. Most participants expressed feeling safe and being protected because they knew individuals not affiliated with PSH would be screened before entering the buildings. "Having a door to lock" also provided PSH residents with the option to stay in their units to reduce conflicts with other tenants. PSH also allowed tenants to have the power to select the individuals they preferred to interact with and grant entrance to their units, which also increased their perceived safety and security. However, although most participants experienced overall increases in perceived safety and security, these feelings were limited to their housing. The following quotes from three participants illustrate the common feeling of safety and control housing can provide among PSH residents.

I like the building. The building is safe . . . all the cameras, wires and that . . . the gate is always locked.

They screen people, you know. I know all the people in the building. I know [staff member name], I know the lady next to mine. . . . Not everyone can get into the building. It's good they do that [screening people].

I can always lock [the door]. . . . It's quiet here, and I feel safe here. . . . I can be in my own place, shut my door, and not have to be bothered.

Perceived safety in neighborhoods based on housing location. The qualitative data suggested that although most participants reported an increase in perceived safety after receiving PSH, some expressed safety concerns about the surrounding neigh-

borhood, whereas others expressed no such concerns. After mapping each participant's PSH location on Google Maps, nuances in perceived safety and security corresponded to places of residence, whether in or around Skid Row. Figure 1 shows the housing locations of the participants. The black solid line shows the boundary of Skid Row established in *Jones v. City of Los Angeles* (2006). Although this Skid Row boundary might be somewhat contrived, for the consistency and clarity of this study this boundary was used to formulate two distinct neighborhoods groups: PSH located within in Skid Row, and PSH located outside of Skid Row. These neighborhood groups were used to compare perceived safety and neighborhood characteristics. Individuals who expressed feeling safe in their housing but not in the surrounding neighborhood were mainly from PSH programs in the Skid Row area (black pins), whereas individuals who expressed feeling safe and liking the neighborhood were mainly from housing around Skid Row (grey pins). One participant housed in Skid Row stated,

> This area is fucked up . . . always have been. I've been [here] *for a long time, this is not what I wanted. . . . I'm like homeless again* [when I go out].

Another respondent also housed in Skid Row said,

> It's in a rundown part of town. . . . I mean, it's fine once you get past the entrance door, but going and coming is just the uncomfortable part.

In contrast, two participants housed away from Skid Row shared the following comments:

> Oh, I love the building and the neighborhood. . . . It's clean . . . no drug dealer trying to sell you stuff . . . I not worry about being mugged here.

> Because [the building] is in like a secluded area . . . It's not on Skid Row and, you know, it's a lot of, you know, working people around and, you know, not too much drugs and activity going on . . . no homeless people everywhere, no tents, no people lying on the sidewalks. . . . I can go out at night, you know.

These differences in perceived neighborhood safety and security could be attributed to neighborhood physical and social characteristics. Perceived social and physical disorder in the neighborhood environment might also trigger PSH residents' recall of past victimization and traumatic experiences. Individuals housed outside of Skid Row expressed less perceived social disorder (e.g., noise and illegal activities) and physical disorder (e.g., dust, trash, and negative street and block conditions) in the areas surrounding their PSH, which they reported made them feel safer in their neighborhood. For example, consistent with Austin et al. (2002), some study participants who lived away from the center of Skid Row expressed

appreciation for the peace and quiet of their neighborhoods, which favorably affected their feelings of safety and security.

Compared with participants housed outside of Skid Row, individuals housed in Skid Row expressed concerns regarding both physical and social disorder in their neighborhoods. These concerns not only influenced their perceived safety in their neighborhood, but also reminded them of their past traumatic experiences. For example, participants housed in Skid Row expressed hearing noises, including loud arguments and yelling, that reminded them of their past experiences of homelessness. Individuals housed in Skid Row also expressed concerns regarding illegal activities (e.g., drug or sex trade) and substance use in their neighborhoods, which made them feel unsafe walking or engaging in activities in the neighborhood. In contrast, individuals housed outside of Skid Row evaluated their neighborhood as being a safe area and "not Skid Row" in terms of illegal activities. Finally, neighborhood physical disorder, including unsanitary conditions, smells, and trash also made individuals housed in Skid Row feel unsafe outside of their PSH buildings. Some participants even expressed resentment about their assigned housing being located in Skid Row because it was the same area where they often experienced homelessness and victimization.

> [Skid Row has] *always been a bad street, all the dope dealers there. At night they beat up people and rob them and all that stuff. I've been robbed before . . . and I don't go out at all no more. I'm safe at home. I stay safe, stay off the street.*

Two other participants housed in Skid Row shared these comments:

> *This place is deserted . . . the garbage*, [people] *peeing at the corner . . . all the homeless people there. . . . I like to stay at my unit. . . . I don't want no trouble.*

> *I can hear people fighting . . . you know, like yelling from here. . . . I thank God for all these* [being housed], *so I don't have to deal with those* [conflicts on the streets].

These differences in perceived neighborhood safety based on participants' housing locations might also have had an influence on PSH residents' daily activities and social interactions. Given that participants were homeless in Skid Row before receiving PSH, they were familiar with neighborhood conditions in Skid Row. With a physical safe space (i.e., housing) available, many individuals housed in Skid Row described preferring to spend more time in their housing units than outdoors because of safety concerns. Some participants also discussed how the prevalent physical and social neighborhood disorder in Skid Row might prevent their social network members, including relatives and friends, from visiting them at their new homes. In contrast, their counterparts who lived outside of Skid Row

did not express concerns about the neighborhood hindering social visits. One participant housed in the Skid Row area stated:

> *I have been homeless too long. . . . All the things in Skid Row . . . I'm not going nowhere, I am staying here* [in my apartment] *for as much time as I want.*

Another individual said, *"I'm a recovering addict, and the neighborhood is part of my past experience that haunts me."* A third participant housed in Skid Row stated,

> *I have family that wants to come over, but it's just the area is just, you know? It's ugly. . . . My family won't come down there. My brother won't come down there. My sister won't dare bring my nieces down there.*

The perceived neighborhood differences (in Skid Row vs. outside of Skid Row) among participants in this study were supported with physical and social neighborhood environmental data collected through neighborhood observations.

Quantitative Findings

Using neighborhood observation data, we were able to explore and compare the neighborhood characteristics of the housing located in and outside of Skid Row. Table 2 displays the characteristics of the Skid Row blocks compared with non-Skid Row blocks.

In terms of land use, the two neighborhood groups were found to be similar in terms of residential, commercial, industry or warehouse, and park use. However, Skid Row blocks were found to have a high concentration of institutions (e.g., medical care facility) but fewer parking lots and vacant space (vacant lot, vacant residential building, or vacant nonresidential building). Skid Row blocks primarily featured low-rise apartments (six stories or less), whereas the PSH complexes outside of Skid Row has a greater diversity of building structures.

The residential buildings in both neighborhood groups were found to be of good to excellent condition and most were equipped with security measures. However, as compared with Skid Row blocks, blocks outside of Skid Row were observed to have more commercial buildings in good condition. Skid Row blocks had more potholes and sidewalk cracks compared with blocks outside of Skid Row. Both neighborhoods had accessible bus routes.

A comparison of neighborhood cleanliness in the two block groups showed important similarities and differences. Graffiti was widely observed throughout most blocks, which was unsurprising considering that both block groups are located in the downtown Los Angeles area. However, whereas only 12.5% of blocks outside of Skid Row had piles of garbage, 65% of the Skid Row blocks had piles of garbage. Moreover, 80% of the Skid Row blocks were observed to have at least

Table 2

Comparison of PSH Neighborhood Block Characteristics by Vicinity to Skid Row

	Outside Skid Row	In Skid Row	
	(n = 32)	(n = 20)	
	n (%)	n (%)	χ^2 (df) or t[a]
Land use			
Residential	20 (62.5)	13 (65.0)	0.00 (1)
Commercial	24 (75.0)	16 (80.0)	—
Industrial or warehouse	21 (65.6)	7 (35.0)	4.64 (1)*
Park use	2 (6.3)	1 (5.0)	—
Institutions	19 (59.4)	18 (90.0)	—*
Parking lot	21 (65.6)	3 (15.0)	—**
Vacant space	7 (21.9)	1 (5.0)	—
Building condition			
Residential (at least good)[b]	17 (85.0)	8 (61.5)	—
Residential with security[b]	17 (85.0)	11 (84.6)	—
Commercial (at least good)[c]	23 (95.8)	8 (50)	—**
Block-face condition			
Good sidewalk condition	32 (100.0)	6 (30.0)	—**
Bus stop	16 (50.0)	9 (45.0)	0.12 (1)
Graffiti	30 (93.8)	20 (100.0)	
Piles of garbage	4 (12.5)	13 (65.0)	—**
At least moderate garbage observed	1 (3)	16 (0.8)	—**
Offensive odor	2 (6.25)	11 (55.0)	—**
Watched by individuals			
Verbally or physically harassed	0 (0)	4 (20.0)	—*
Number of homeless individuals[d]	0.84 (1.53)	12.70 (10.06)	6.48**

[a] Fisher's exact test was used with cells with fewer than five observations. Therefore, test statistics are not available.
[b] Sample size for this variable is 20 for blocks outside of Skid Row and 13 for Skid Row blocks (based on the number of residential land use blocks identified).
[c] Sample size for this variable is 24 for blocks outside of Skid Row and 16 for Skid Row blocks (based on the number of commercial land use blocks identified).
[d] Figures represent M (SD).
* $p < .05$, ** $p < .001$.

moderate to heavy garbage as compared with only 3% of blocks outside of Skid Row with the same level of garbage. Further, the PSH in Skid Row seemed to be more enmeshed in an environment with pervasive odors, whereas the PSH outside of Skid Row was in an odor-free environment.

Finally, the mean number of homeless individuals observed on Skid Row blocks was 12.70 (SD = 10.06), whereas blocks outside of Skid Row had a much lower mean of 0.84 (SD = 1.53). Throughout the neighborhood observation process, most people in the neighborhoods paid little or no attention to the raters. However, when conducting neighborhood observations on blocks located in Skid Row, the raters were often approached to purchase illegal materials (e.g., merchandise and drugs), yelled at, and harassed in a relatively nonthreatening way, potentially highlighting some of the common experiences that residents face on a daily basis.

Discussion

Consistent with previous research (Padgett, 2007), the findings from this study suggest that individuals experience an increase in their perceived safety and security after transitioning into PSH, but such perceptions might be contingent on the neighborhood environment. Also consistent with previous research focusing on neighborhood characteristics and residents' perceived safety (Austin et al., 2002; Austin & Sanders, 2007; Ferraro, 1995; Franklin et al., 2008), the differences we observed in neighborhood physical and social disorder matched differences reported by PSH residents' in this study regarding their perceptions of safety and security. For example, observed high-quality conditions of the residential buildings, especially those with prevalent security measures, helped promote perceived safety and security among all PSH residents. However, PSH tenants located in Skid Row felt safe at home but not in their neighborhood. In our study, all housing locations were either in or around Skid Row, but even with just a few blocks of separation, PSH residents expressed different perceptions of safety and security, and we observed dramatic differences in neighborhood characteristics. These differences suggest that important variations can exist even within neighborhoods such as Skid Row that have a high concentration of poverty and homelessness (Los Angeles Homeless Services Authority, 2011).

Access to housing for homeless adults can clearly provide a platform for recovery by protecting against victimization and adverse weather conditions experienced when living on the streets (Fitzpatrick et al., 1993; Roy, Crocker, Nicholls, Latimer, & Ayllon, 2014). For homeless adults, having housing can also influence their long-term plans, including attaining a secure job, becoming sober, or finding a serious partner (Henwood et al., 2014). The neighborhood context of PSH and how that context might be related to feelings of safety and security have received minimal attention in the literature (Henwood, Cabassa, Craig, & Padgett, 2013). Our study suggests that as compared with participants housed outside of Skid Row, residents in specific locations in Skid Row are more likely to decrease their outdoor and social activities and spend more time in their housing units because they do not feel safe in their neighborhood. Such feelings of insecurity

and a lack of safe surroundings might be influenced on their experiences of being homeless in the neighborhoods. Consequently, the safety measures included in PSH coupled with the unsafe atmosphere of surrounding areas could prevent people from outside the neighborhoods from visiting PSH residents, which could further reduce their social interaction and support from peers and family members. These findings regarding the observed neighborhood contexts correspond with findings of previous studies (Ross, 1993; Zeldin & Topitzes, 2002), suggesting that neighborhood disorder can undermine perceived safety and security, further preventing neighborhood residents from integrating into the community and increasing their risk of social isolation. Social isolation and engaging in fewer outdoor activities are associated with poor outcomes for physical health (e.g., obesity) and mental health (e.g., depression; Cacioppo & Cacioppo, 2014; Cacioppo & Hawkley, 2003; Hawkley & Cacioppo, 2010). Therefore, given the significant health disparities that PSH residents experience, the potential for social isolation is an important consideration that must be taken into account when locating PSH programs (Weinstein, Henwood, Matejkowski, & Santana, 2011).

Although concentrating PSH in areas such as Skid Row can make services readily accessible, existing neighborhood deprivation and decreased perceptions of safety and security can ultimately undermine recovery. Housing homeless individuals in areas with high concentrations of illicit drug sales and criminal activities or in areas where they experienced homelessness or victimization might not only make these individuals feel unsafe and insecure but also hinder their recovery from substance addiction or mental illness (Satcher, Okafor, & Dill, 2012; Schroeder et al., 2001). A scatter-site housing approach, compared with single-site housing predominantly used in Skid Row (Burt et al., 2011; Kresky-Wolff et al., 2010; Tsemberis, 2010), could provide tenants with more options in terms of neighborhood locations, but would be likely to be restricted to impoverished areas. Nevertheless, our study suggests that even in impoverished areas, tenants are discerning about the physical environment and, if given the opportunity, can choose housing most conducive to their recovery.

For PSH developed in areas with a high concentration of social and physical disorder, services integrated with the housing programs should focus on helping tenants better navigate and address their histories of victimization, traumatic experiences, and perceived safety concerns in the neighborhood. The collective efficacy model (Sampson & Raudenbush, 1999; Sampson et al., 1997) posits that the foundation of collective self-efficacy is formed by community integration and the willingness to intervene with observed neighborhood disorder. As such, collective self-efficacy can further serve as an informal social control to reduce neighborhood disorder (e.g., actual crimes). Considering that individuals who transitioned from homelessness to PSH maintained some social ties with peers

who were still homeless (Henwood et al., 2015), PSH should incorporate services that can help residents and community members develop collective self-efficacy to address neighborhood disorder and increase actual community safety and security.

Strengths and Limitations

Although involving only 24 participants and restricted to a single area, this research is the first to our knowledge that considered perceived safety and security among chronically homeless individuals who transitioned to PSH. This study is also the first to use neighborhood observations to understand the objective neighborhood characteristics surrounding PSH and demonstrate potential objective neighborhood characteristics that could explain differences in PSH residents' perceptions of safety and security. The major limitation is that this study was conducted in a small 50-square-block area where homelessness and poverty are highly concentrated. In addition, the majority of PSH provided in Skid Row is single-site congregated housing, which might differ substantively from the housing configurations adopted by PSH providers in other areas (Burt et al., 2011). Therefore, the generalizability of the findings is limited. However, as mentioned, studies have suggested that supportive housing is likely to be limited to impoverished areas, as a result of a lack of affordable housing and the not-in-my-backyard phenomenon (O'Hara, 2007; Spinola-Schwartz, 2010; H. Smith, personal communication, July 2011; Henwood, Cabassa, et al., 2013). With 9 million individuals in the United States living in neighborhoods characterized by extreme poverty (Kneebone, Nadeau, & Berube, 2011), and because homeless individuals are more likely to congregate in impoverished areas (Rukmana, 2006) in which neighborhood disorder is prevalent, Skid Row may be unique in its high concentration of homelessness and services but not unique in terms of disorder in neighborhoods characterized by extreme poverty. Furthermore, given that the qualitative data were obtained from a pilot study (Henwood, Hsu, et al., 2013), the intention of this research was not to generalize the findings to other areas with PSH, but rather to highlight the importance of how the neighborhood environment, even within a few blocks, can influence PSH residents' perceptions of safety.

Other limitations of this study include the small sample size, focus on one location, and the time sequence regarding perceived safety and security data collected versus the implementation of neighborhood observation. We cannot be certain whether individuals' perceptions of safety and security were specifically due to the observed neighborhood characteristics. However, based on our experiences conducting research in the Skid Row area and our intensive collaboration with local housing, shelter, and service providers, we judged the physical environment of Skid Row to be stable during the study period. Future studies can build on this foundation and further validate these findings by using quantitative data to in-

vestigate PSH physical housing and neighborhood influences on residents' perceived safety and security, as well as other health indicators and behaviors such as social isolation, physical activities, and substance use.

Conclusion

Housing is considered a human right (Thiele, 2002). Freeman (2002) also argued that the government has a contract with its citizens to provide adequate housing. However, homelessness remains a public issue because of the lack of affordable housing, especially for individuals and families experiencing poverty. Recent efforts and resources devoted to expanding PSH to one of the most vulnerable populations—chronically homeless individuals—has partially fulfilled this contract between the government and its population. However, ending homelessness through PSH should not be the responsibility of impoverished communities. PSH in general can help promote safety and security among chronically homeless individuals, thus potentially providing them with a foundation to move forward. Nevertheless, as Hopper (2012) argued, current housing provisions serve as a form of social control, that is, an attempt to remove visible homeless individuals on the streets from the larger society. If the ultimate goal is to end chronic homelessness, providing housing in a neighborhood in which residents' safety concerns force them to isolate themselves and eschew reintegrating into their neighborhood, might not be the optimal strategy to address their needs and promote their quality of life or health.

Housing providers and policy makers who promote the current trend of using PSH to address homelessness need to consider location when developing programs or assigning housing units to chronically homeless individuals. Expanding the provision of affordable housing in a variety of neighborhoods is critical to increasing options for PSH locations for chronically homeless individuals, but this expansion cannot be achieved by a single party. PSH providers, service providers, community stakeholders, and local governments should collaborate to address the not-in-my-backyard issue and develop housing solutions to address homelessness. The 100,000 Homes Campaign (Kanis, McCannon, Craig, & Mergl, 2012) provided a successful model of developing collective efforts among local governments, local business partners, and housing providers to house chronically homeless individuals as quickly as possible in a variety of communities.

Last, to increase PSH residents' perceived safety and security, support services integrated with PSH housing programs should help residents cope with their safety concerns in their neighborhoods and their experiences of victimization and trauma during homelessness. PSH housing programs should also offer services that help individuals to integrate into the community and to develop collective efficacy among PSH residents and other community members to reduce and prevent neighborhood disorder.

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