

Modeling Victimization and Depression in Homeless Persons with Severe Mental Illness

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Background

- Homeless persons are victims of violent and non-violent crime at higher rates than housed populations (Fitzpatrick, La Gory, and Ritchey 1993; Kushel et al. 2003; Lee 2005).
- 22% of homeless adults included in the 1996 National Survey of Homeless Assistance Providers had been physically assaulted and 7% reported a history of sexual assault (Burt, 2001).

Background

- Variability in the impact of victimization among persons in the general population suggests the presence of factors that buffer or mediate the psychological consequences of victimization.
- Fullerton and colleagues (2006), found a negative correlation between perceived safety and depression among disaster workers.

Background

- In a study of mental health responses to sniper attacks in the Washington DC area, hospital staff reporting low levels of perceived safety exhibited higher depression scores (Grieger et al. 2003).
- No studies examining the association between perceptions of safety and psychiatric symptoms among the homeless population.

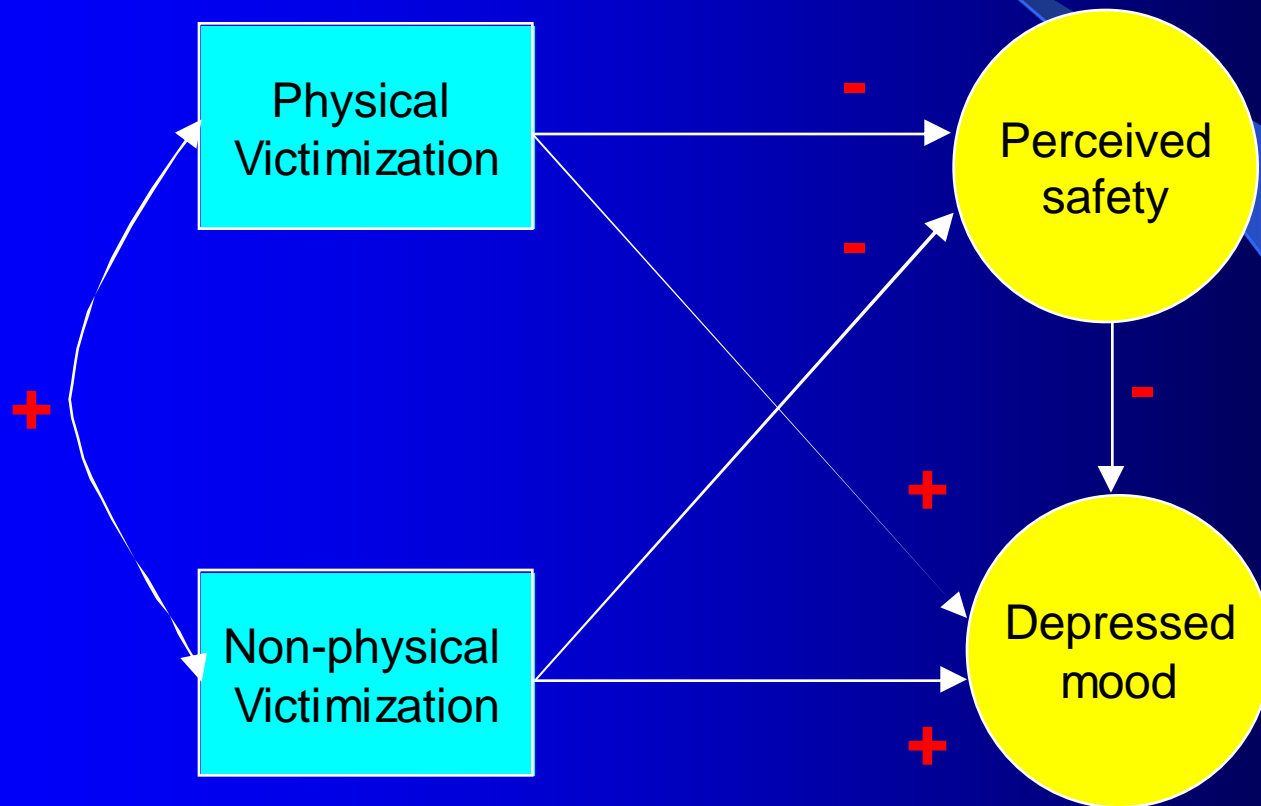
Research Questions

- What is the influence of physical and non-physical victimization on mental health functioning among homeless persons?
- Is the relationship mediated by perceptions of safety?
- Are these relationships stable over time?

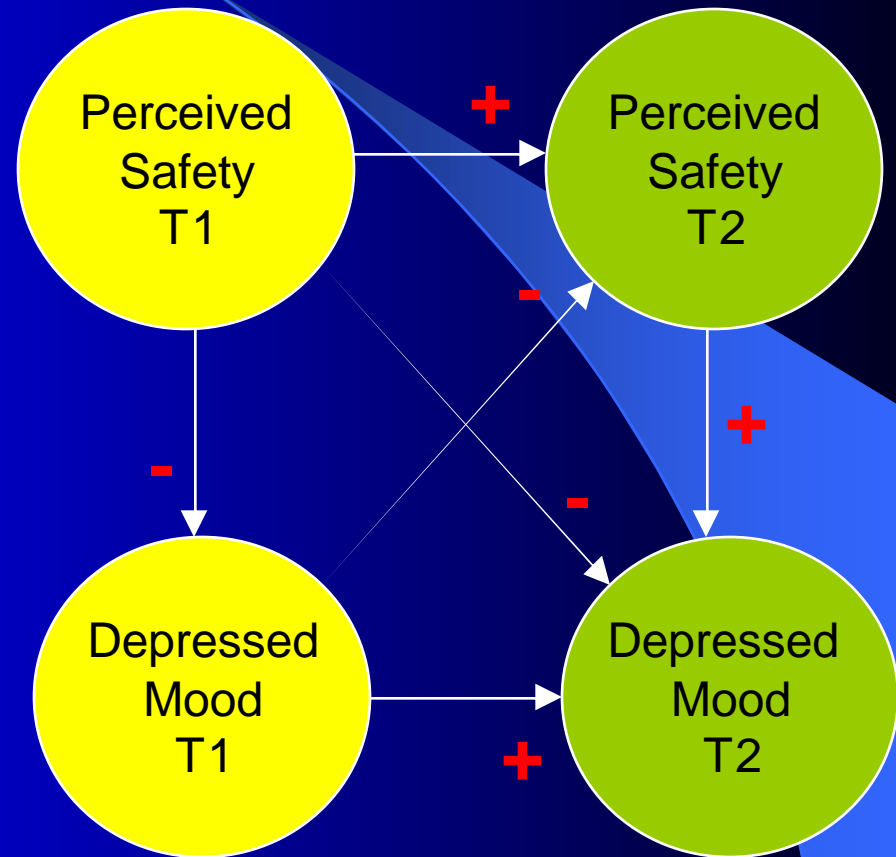
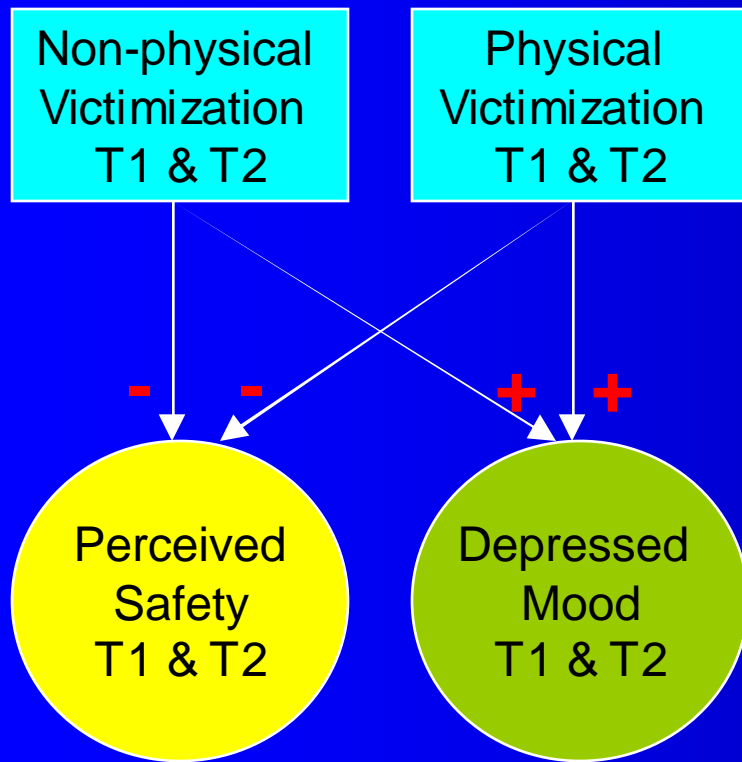
Survey and Sample

- ACCESS program public data file
- 18-site, 5-year project intended to improve individual functioning, quality of life, and housing outcomes for homeless persons with serious mental illness (Rosenheck et al. 2002).
- Baseline data (n = 9,643) and one-year follow up (n = 5,182)

Hypotheses - Baseline



Hypotheses - Longitudinal



Measurement

- Types of victimization experienced during the past two months

Nonphysical (yes/no)

- * theft of property (28.0%)
- * threats with a weapon (16.2%)

Physical (yes/no)

- * robbery by force (10.4%)
- * physical assault (14.9%)
- * sexual assault (4.8%)

Measurement

- Depressed mood: items derived from the DIS and Psychiatric Epidemiology Research Interview
 - Past month occurrence
 - Alcohol and drug induced exclusion
- Perceived safety: 5 items from Lehman Quality of Life interview reflecting personal safety

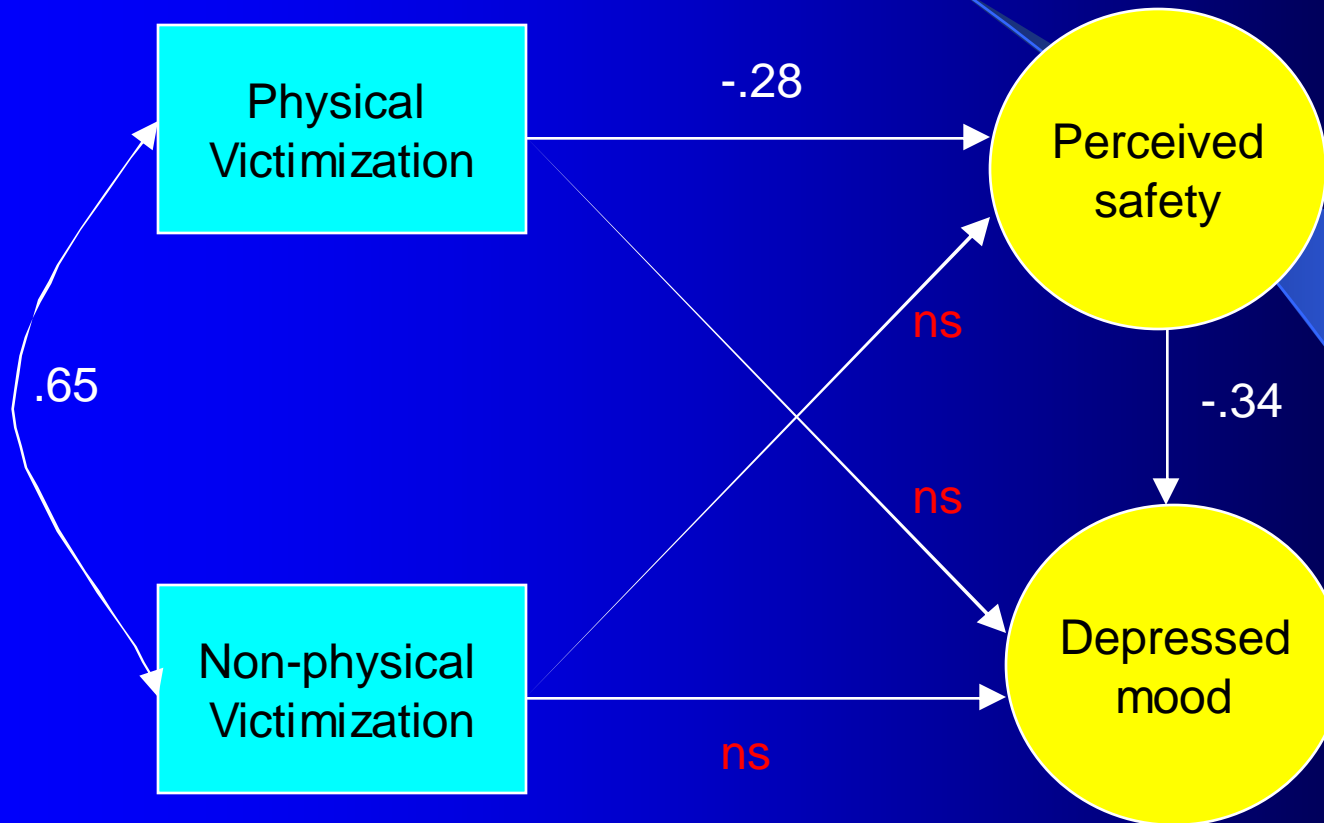
Analysis

- Structural Equation Modeling (SEM)
- Weighted Least Squares (WLS) estimation

Four step procedure

1. Analysis of measurement models – depressed mood and perceived safety
2. Analysis of baseline model
3. Analysis of longitudinal model
4. Multiple sample comparison

Baseline Model



Subgroup Comparisons

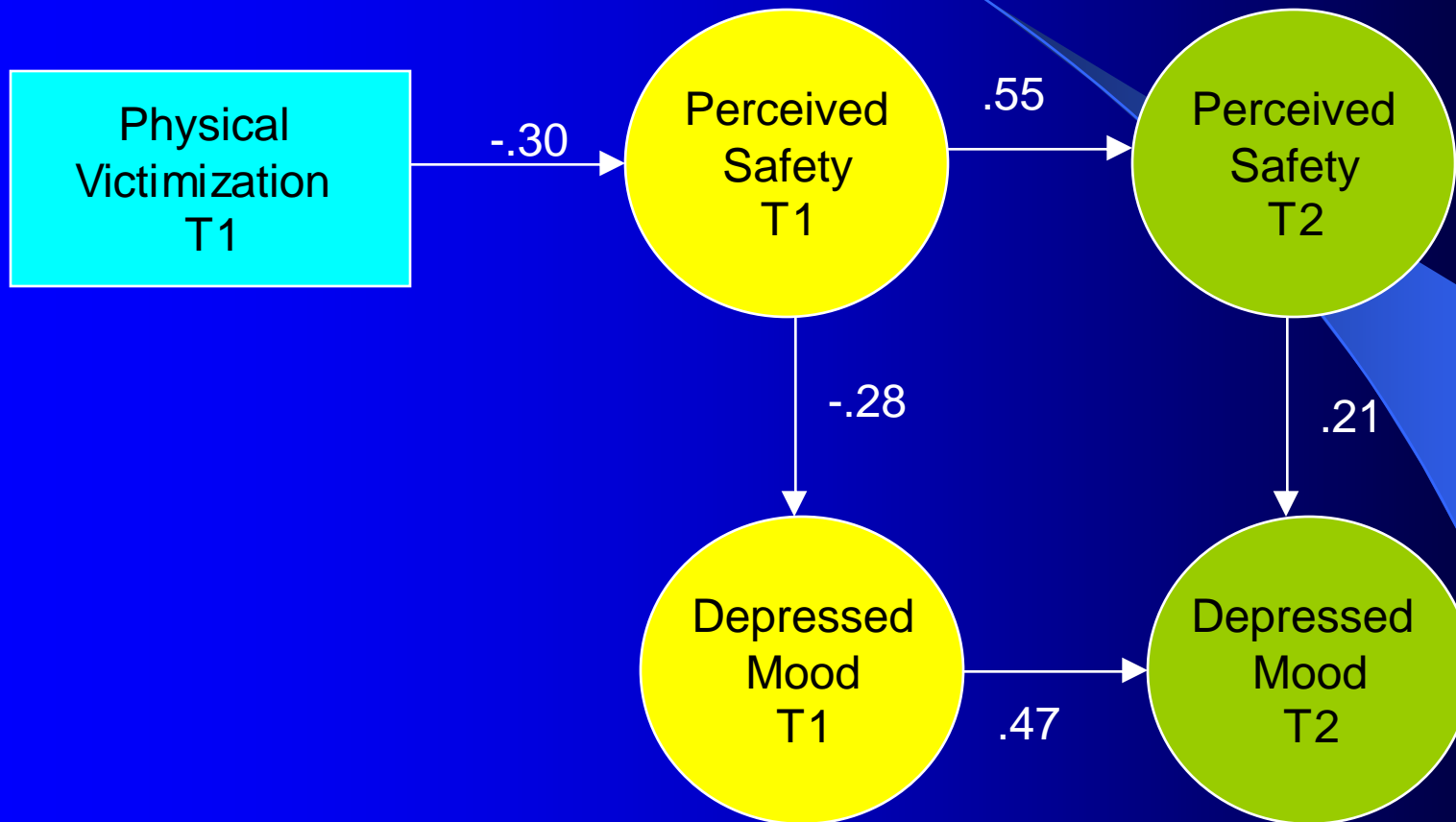
Groups

- Age (median split)
- Gender
- Time homeless
(<6 mos., ≥ 6 mos.)
- Substance use
- Psychotic disorder

Outcomes

- All effects in expected direction
- Gender differences
 - Effect of victimization on perceptions of safety and depressive symptoms greater for women than men

Longitudinal Model - Trimmed



REVISITING HYPOTHESES

BASELINE HYPOTHESIS

- Victimization not associated with depressed mood
 - Homelessness as depressing/stressful*
- For physical victimization, perceived safety mediates depressed mood
 - Able to buffer against individual event*
- In homelessness, maybe nonphysical victimization is not intense enough to cause depressed mood

REVISITING HYPOTHESES

LONGITUDINAL HYPOTHESES

- Perceived safety has immediate impact on depressed mood, but over time individual increasingly likely to have depressed mood
- Possible explanation #1: Revictimization
 - Continued risk for events*
- Possible explanation #2: Homelessness is depressing

DISCUSSION

- Homelessness as a complex phenomena, with multiple events impacting on mood
 - Comorbidities
 - Housing status
 - Social support

LIMITATIONS

- Depressed mood vs depression
- Limited model:
 - No comorbidities
 - No measure of severity of victimization
- Treatment sample, rather than population sample
- Next steps: More complex models