

## **The Role of Race and Mental Illness Diagnosis on Stigmatization of Homeless Individuals**

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### **Abstract**

Homelessness in the United States is a persistent problem that can have serious implications on the well-being of homeless individuals. The present study focused on the role of race and mental illness diagnosis on the stigmatization of homeless individuals, specifically looking at the outcomes of the Attribution Questionnaire. This questionnaire assessed the aspects of social distance, blame, dangerousness, concern, and willingness to help of 215 participants varying in ages across adulthood. The study was a self-paced online form that used six experimental vignettes. The results indicated that there were no significant interactions of race x diagnosis on stigmatization. Additionally, race had no significant main effects, suggesting it was not a significant factor for stigmatization of homeless individuals. However, there were some significant main effects of diagnosis. Findings might suggest that future work in reducing mental illness stigma and increasing education could help decrease stigmatization of the homeless population.

*Keywords:* Homelessness, Stigmatization, Race, Mental Illness, Diagnosis, Attribution Questionnaire

### **The Role of Race and Mental Illness Diagnosis on Stigmatization of Homeless Individuals**

Homelessness in the United States and the struggle to give individuals adequate housing is a persistent problem. Before the Covid -19 pandemic, the number of homeless individuals was on the rise with 568,000 individuals experiencing homelessness in 2019, an increase of 15,000 from the previous year(Frost, 2020). With the current Covid-19 pandemic, we can only predict that those numbers have continued to increase. In the United States, 2.4% of homeless individuals die each year (Stasha, 2020). We know that the general population often tries to distance itself from the stigmatized population, more specifically the homeless population. Homeless individuals face greater stigma and social isolation and often are removed from public parks and other locations because the general public does not want them too close. The problems caused by stigmatization, such as social distancing, can affect the homeless population in terms of resources that they have available such as sanitation centers, employment, and social support. Often the homeless population lacks resources and is exposed to the elements which can increase their mortality, as well as the chance of being malnourished, having parasitic infestations, periodontal disease, degenerative joint diseases, venereal diseases, cirrhosis, and hepatitis-related to intravenous (IV) drug abuse. Public attitudes toward homeless individuals can influence policies and the services provided to this population. The attitudes displayed through the stigma of homeless individuals can have an impact on both physical and psychological health and willingness to access services. The impact of these stigmas has shown to have serious implications on the well-being of homeless individuals. The present study examined factors that could predict levels of stigmatization expressed towards homeless individuals.

### **Literature review**

Research on the stigma of mental illness, homelessness, and race highlights its harmful effects on health and social integration. P. W. Corrigan et al. (2009) examined public stigma, focusing on stereotypes like causal attribution (blaming individuals for their condition) and dangerousness (perceiving them as threatening). Using vignette-based experiments, the study found that people with psychiatric disorders, especially those with drug addiction, faced greater

stigma than those with physical disabilities, laying the foundation for understanding how schizophrenia and substance use disorders contribute to homelessness stigma.

While P. Corrigan et al. (2003) explored mental illness stigma, it did not examine health outcomes. In contrast, Weisz and Quinn (2018) demonstrated that homelessness stigma leads to psychological distress, poor health, and social avoidance. Among 175 volunteers at a homeless event, those experiencing or anticipating stigma reported worse physical and mental health and greater reluctance to seek services. Participants of color faced even higher distress and service avoidance, highlighting the compounded impact of race and homelessness stigma.

Building on this, Markowitz and Syverson (2021) investigated race and gender intersections in stigma. They found that black homeless individuals were perceived as more dangerous than white counterparts, though no significant differences in social distance emerged. However, the study's reliance on college-aged participants, who may have been more tolerant than the general population, was a limitation. The present study addresses this by including a broader, more diverse sample.

Similarly, Gattis and Larson (2016) linked racial stigma and discrimination to heightened depression among 89 black adolescents and young adults experiencing homelessness. Using social and minority stress models, the study highlighted how marginalized groups face greater psychological distress due to limited societal support. Though constrained by a small sample, it reinforced the role of racial stigma in homelessness experiences.

In sum, stigma related to homelessness, mental illness, and race profoundly affects psychological and physical health, social integration, and resource access. The present study expands on this research by examining how mental illness and race interact to shape stigma, offering a more nuanced understanding of its impact on homeless individuals

### **Current Study**

Building on the research by P. W. Corrigan et al. (2009), Markowitz and Syverson (2021), and Weisz and Quinn (2018) the current study aimed to explore how race and mental illness diagnosis impact the stigmatization of homeless individuals. The research specifically focused on

mental illness, distinguishing between individuals with schizophrenia and those with substance use disorders, and examined how these factors interact with race in shaping stigma. Previous studies suggest that public stigma varies across mental health conditions and that race plays a crucial role in determining the intensity of stigma. Based on these findings, the present study hypothesized that race would significantly influence social distance, perceived danger, blameworthiness, and emotional responses (concern and help) toward homeless individuals. Specifically, it was predicted that black homeless individuals would experience greater social distance, be perceived as more dangerous and more blameworthy, and receive less concern and help compared to their white counterparts. Additionally, it was anticipated that individuals with substance use disorders would face higher levels of social distance, dangerousness, and blame, while individuals with schizophrenia would receive more concern and help. Lastly, the study predicted that race and mental illness diagnosis would interact to influence all aspects of stigmatization.

### ***Hypotheses***

#### **Effect of Race on Stigmatization.**

1. Black homeless individuals will experience greater social distance.
2. Black homeless individuals will be perceived as more dangerous.
3. Black homeless individuals will be perceived as more blameworthy.
4. Black homeless individuals will receive less concern and help compared to white homeless individuals.

#### **Effect of Mental Illness Diagnosis on Stigmatization.**

1. Individuals with substance use disorders will face higher levels of social distance.
2. Individuals with substance use disorders will be perceived as more dangerous.
3. Individuals with substance use disorders will be perceived as more blameworthy.

4. Individuals with schizophrenia will receive more concern and help.
5. Interaction Between Race and Mental Illness Diagnosis

### **Race and mental illness diagnosis interaction.**

1. Race and mental Illness diagnosis will interact to influence all aspects of stigmatization, including social distance, perceived danger, blameworthiness, concern, and willingness to help.

## **Method**

### **Participants**

The sample for this study consisted of 215 participants, primarily college-aged students in the United States, with ages ranging from 18 to 79 ( $M = 35.08$ ,  $SD = 16.33$ ). The sample was 44.7% White, 13% Hispanic, 33% Black, 4.2% Asian American, 3.3% Biracial, and 1.9% other ethnicities. The sample identified politically as 52.6% Liberal, 37.1% Moderate, and 10.3% Conservative. The sample was broken down into 1.9% living in a rural community, 58.6% living in the suburbs, 12.1% living in a small town, and 27.4% living in a large metropolitan city. Finally, the distribution of gender was as follows: 29.3% male, 68.8% female, and 1.9% other responses. **Table 1.** provides a summary of the demographic characteristics of the sample.

**Table 1**

Demographic Information of Participants

Demographic	Percentage
<b>Age (<math>M = 35.08</math>, <math>SD = 16.33</math>) -</b>	
<b>Ethnicity</b>	
White	44.7%
Hispanic	13%
Black	33%

Demographic	Percentage
Asian American	4.2%
Biracial	3.3%
Other Ethnicities	1.9%
<b>Political Affiliation</b>	
Liberal	52.6%
Moderate	37.1%
Conservative	10.3%
<b>Location</b>	
Rural Community	1.9%
Suburbs	58.6%
Small Town	12.1%
Large Metropolitan City	27.4%
<b>Gender</b>	
Male	29.3%
Female	68.8%
Other Responses	1.9%

**Note:** Percentages may not sum to 100 due to rounding.

## Measures

This study used multiple questionnaires to examine the effects and interactions of race and mental illness on stigmatization toward homeless individuals. Participants were assigned to one of six experimental conditions using vignettes adapted from Markowitz and Syverson (2021), manipulating race and mental illness. **Table 2.** presents the vignettes used in this study.

### *Table 2*

Vignettes Used in the Study

Condition	Race	Mental Illness	Character Description
Condition 1: Black character/No mental illness	Black	No mental illness	Male homeless individual with same life story
Condition 2: Black character/Substance use disorder	Black	Substance use disorder	Male homeless individual with same life story
Condition 3: Black character/Schizophrenia	Black	Schizophrenia	Male homeless individual with same life story
Condition 4: White character/No mental illness	White	No mental illness	Male homeless individual with same life story
Condition 5: White character/Substance use disorder	White	Substance use disorder	Male homeless individual with same life story
Condition 6: White character/Schizophrenia	White	Schizophrenia	Male homeless individual with same life story

**Note:** All vignettes used the same life story for the male homeless individual, with only race and mental illness varying across conditions.

### *Attribution Questionnaire*

The Attribution Questionnaire (P. Corrigan et al., 2003) assessed stigmatization aspects like social distance, blame, perceived dangerousness, emotional response, and willingness to help.

### *Memory Check*

A Memory Check assessed participants' recall of story details, specifically the race and mental illness of the character.

### *Demographic Questionnaire*

Demographics questionnaire that asked participants about their age, ethnicity, residence, political affiliation, and familiarity with homelessness.



## Results

### Descriptive Statistics

#### Main Effect of Diagnosis on Social Distance Stigma

Figure 1 shows the effect of mental illness diagnosis on social distance stigma. The mean stigma scores for each diagnosis are as follows: No Diagnosis: 2.58 (SD = 1.12), Schizophrenia: 3.4 (SD = 1.21), Substance Use Disorder: 3.24 (SD = 1.26)

The results indicate that individuals with schizophrenia ( $M = 3.4$ ) and substance use disorder ( $M = 3.24$ ) experience higher levels of social distance stigma compared to those with no diagnosis ( $M = 2.58$ ). However, these differences were not statistically significant.

## Discussion

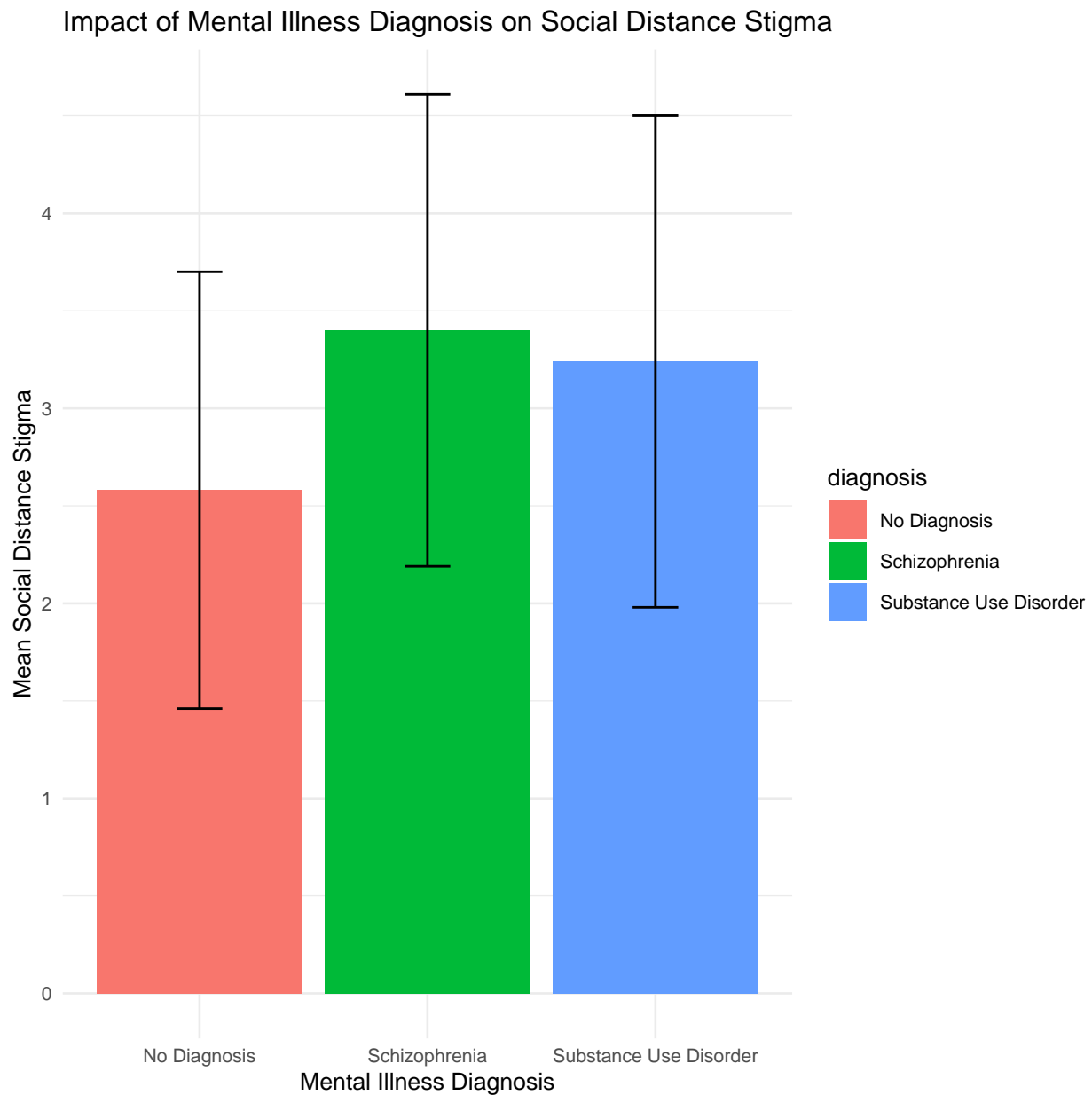
This study examined the role of race and mental illness diagnosis in the stigmatization of homeless individuals, using the Attribution Questionnaire to measure social distance, blame, dangerousness, concern, and willingness to help. We hypothesized that race would significantly impact all aspects of stigmatization, with Black homeless individuals receiving more negative perceptions. However, none of these predictions were supported, as race did not significantly affect the levels of stigmatization. These findings align with some previous studies but contradict others, particularly regarding perceived dangerousness, where Black individuals were not viewed as more dangerous than White individuals.

Regarding mental illness, we predicted that substance use disorders would result in higher social distance, dangerousness, and blame, while schizophrenia would lead to more concern and help. While there was no significant effect for help and concern, individuals with schizophrenia were perceived as more dangerous and socially distant, contrary to prior research. Substance use disorder diagnosis was associated with higher levels of blame, suggesting a stronger stigmatization of this group.

Regarding interactions between race and mental illness, we predicted that Black homeless individuals with substance use disorders would receive the highest levels of stigma. However, no significant interaction was found. These results suggest that mental illness diagnosis plays a

**Figure 1**

*Effect of Mental Illness Diagnosis on Social Distance Stigma.*



*Note.* The plot shows mean social distance stigma scores by diagnosis, with error bars representing standard deviation.

larger role in stigmatization than race.

The study had limitations, including an online format that may have influenced responses due to social pressure, and a sample largely composed of college-aged students and liberals, which could affect the generalizability of the findings. Future research should include a more diverse sample and consider factors such as desirability and response truthfulness.

### References

- Corrigan, P. W., Kuwabara, S. A., & O'Shaughnessy, J. (2009). The Public Stigma of Mental Illness and Drug Addiction: Findings from a Stratified Random Sample. *Journal of Social Work*, 9(2), 139–147. <https://doi.org/10.1177/1468017308101818>
- Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An Attribution Model of Public Discrimination Towards Persons with Mental Illness. *Journal of Health and Social Behavior*, 44(2), 162. <https://doi.org/10.2307/1519806>
- Frost, R. (2020). *Homelessness Was on the Rise, Even before the Pandemic* | Joint Center for Housing Studies.
- Gattis, M. N., & Larson, A. (2016). Perceived racial, sexual identity, and homeless status-related discrimination among Black adolescents and young adults experiencing homelessness: Relations with depressive symptoms and suicidality. *American Journal of Orthopsychiatry*, 86(1), 79–90. <https://doi.org/10.1037/ort0000096>
- Markowitz, F. E., & Syverson, J. (2021). Race, Gender, and Homelessness Stigma: Effects of Perceived Blameworthiness and Dangerousness. *Deviant Behavior*, 42(7), 919–931. <https://doi.org/10.1080/01639625.2019.1706140>
- Weisz, C., & Quinn, D. M. (2018). Stigmatized identities, psychological distress, and physical health: Intersections of homelessness and race. *Stigma and Health*, 3(3), 229–240. <https://doi.org/10.1037/sah0000093>