Journal of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 81, No. 4,

doi:10.1093/jurban/jth143

Homeless People's Trust and Interactions With Police and Paramedics

Tanya L. Zakrison, Paul A. Hamel, and Stephen W. Hwang

ABSTRACT *Although the health impact of patients' trust in physicians has been well documented, less is known about the possible health effects of trust in police or paramedics. Homeless people frequently interact with police officers and paramedics, and these experiences may affect their health and future willingness to seek emergency assistance. We examined homeless people's self-reported interactions with police and paramedics in Toronto, Canada, and their level of trust in these emergency service providers. In a sample of 160 shelter users, 61% had interacted with police in the last 12 months, and 37% had interacted with paramedics (*P=*.0001). The proportion of subjects who expressed willingness to call police in an emergency was significantly lower than those willing to call paramedics in an emergency (69% vs. 92%,* P=*.0001). On a Likert scale ranging from a minimum of 0 to a maximum of 5, trust levels were lower in police than in paramedics (median level 3 vs. 5,* P=*.0001). Among shelter users, 9% (95% confidence interval [CI], 5% to 14%) reported an assault by a police officer in the last year, and 0% (95% CI, 0% to 4%) reported an assault by a paramedic. These findings showed that homeless people have much lower levels of trust in police than paramedics. Reports of negative interactions with police are not uncommon, and homeless people's perceptions of the police may pose a barrier to seeking emergency assistance. Further research is needed for objective characterization of homeless people's interactions with police officers and the potential health implications of low levels of trust in the police.*

KEYWORDS *Emergency medical technicians, Homeless persons, Police, Trust.*

INTRODUCTION

Police officers and paramedics have a highly visible presence in the urban environment. As the first responders in emergency situations, they play a vital role in safeguarding the health and safety of city dwellers. However, the effectiveness of these services may be compromised by factors such as delayed response times or frankly negative relationships with certain groups. Low levels of trust in the police are particularly widespread among urban youths and people living in high-crime urban neighborhoods.[1,2] Research has consistently shown that individuals evaluate the police primarily on the basis of how fairly they perceive the police treat the public.[3] Negative personal experiences can therefore lead to a loss of trust in the police and reluctance to seek emergency aid, even in urgent situations.

Drs. Zakrison and Hamel are with the Faculty of Medicine, University of Toronto; Dr. Hwang is with the Inner City Health Research Unit, St. Michael's Hospital and the Department of Medicine, University of Toronto.

Correspondence: Stephen W. Hwang, MD, MPH, Inner City Health Research Unit, St. Michael's Hospital, 30 Bond Street, Toronto, Ontario, M5B 1W8, Canada. (E-mail: hwangs@smh.toronto.on.ca)

A large body of literature has examined the conceptual frameworks and empiric data related to trust and health. This work has focused almost exclusively on patients' trust in physicians, insurers, medical institutions, and the medical profession.[4–7] In this context and more generally, trust may be defined as "the optimistic acceptance of a vulnerable situation in which the truster believes the trustee will care for the truster's interests."[4] Thus, trust depends on the extent to which a vulnerable individual has a positive "forward-looking evaluation of an ongoing relationship" with another entity that is in a position of greater power.[4] These concepts are clearly relevant to an individual's relationships with police officers or paramedics.

In the medical context, trust has significant health implications. Trust in physicians is associated with greater adherence to treatment recommendations and improvement in self-reported health,[4] and trust in the medical profession is correlated with patients' desire to seek care.[5] Trust in police or paramedics is also likely to have health consequences, although this has been less well studied. The most likely adverse health consequence of lack of trust in police or paramedics would be a tendency to avoid or delay seeking assistance from these sources, even when urgently needed. Among injection drug users in San Francisco who had witnessed a heroin overdose, the most commonly cited reason for not calling 911 for an unconscious overdose victim was fear of the police.[8] A similar study of heroin users in Sydney, Australia, found that 24% of subjects had been present at an overdose, but had stopped or delayed seeking help specifically because of fear of police involvement; 5% of all overdoses in this study resulted in death.[9]

Homeless people, like injection drug users, are a vulnerable and marginalized urban population at high risk of morbidity and mortality.[10] Homelessness is a growing problem in Canada: In Toronto, Canada's largest city, the nightly count of people sleeping in homeless shelters doubled over the last decade.[11] Currently, more than 30,000 individuals use shelters in Toronto each year.[11] Homeless people suffer from high rates of physical and mental illness[12,13] and are therefore likely to use paramedic services at higher-than-average rates. Homeless people also interact frequently with police. In both Canada and the United States, homeless people have high arrest rates, and although some arrests involve serious charges, homeless people are often charged with minor offenses such as petty theft or entry into vacant buildings.[14–19] Some interactions with police may also be related to prohibitions against loitering, camping, and panhandling.[20]

The manner in which police and paramedics treat homeless people is therefore an important issue. In addition to affecting homeless people's trust and willingness to seek assistance, these interactions can also have a direct impact on their physical well-being. News accounts have described incidents in which police officers in various Canadian[21–24] and US cities[25–29] reportedly used unjustified and excessive force against homeless people. In some of these cases, the fact that the individual was homeless appeared to be a factor contributing to their victimization. However, it is unknown if these reports reflect rare and extreme cases, or if they are symptomatic of a larger underlying problem.

We therefore conducted this study to assess homeless people's trust and interactions with emergency service providers in Toronto, which has a single police force and a unified emergency paramedic service. We studied experiences with both police and paramedics to provide comparative data on homeless people's relationships with these service providers.

METHODS

Study Population and Recruitment Strategy

We interviewed a systematic sample of 160 persons at 18 of the largest shelters and drop-in centers for homeless single adults and youths in Toronto, Canada, in 2001. Interviewers approached every 10th person in sleeping quarters or common areas. If an individual declined to participate, the next consecutive individual was approached. Individuals were excluded if they were sleeping, frankly psychotic, or severely intoxicated. Individuals were also excluded if they could not communicate fluently in English. A convenience sample of 40 street dwellers was obtained by approaching individuals at outdoor sites where homeless people congregate. Subjects were told the study examined "homeless people's perceptions of emergency services." Participants gave informed consent and received two public transportation tokens. To ensure confidentiality, participants were not required to give their full name. The Research Ethics Board of St. Michael's Hospital approved this study.

Survey Interviews

In a face-to-face interview, we obtained information on demographic characteristics and duration of homelessness. Subjects were asked whether they had interacted with paramedics in Toronto during the past 12 months and, if so, the number of interactions during that time. Subjects were asked to state how many of the interactions were "good overall" and to describe what happened during the best interaction. They were then asked to state how many of the interactions were "bad overall" and to describe what happened during the worst interaction. Descriptions of these interactions were recorded. What constituted a "good" or "bad" interaction was intentionally left undefined to avoid prompting subjects to describe specific types of events. Subjects could report both good and bad interactions in the last 12 months. Subjects were asked to rate their trust in paramedics in Toronto on a Likert scale of 0 to 5, where 0 was defined as "no trust at all" and 5 was defined as "absolute trust." They were then asked: "In an emergency, would you call the paramedics?" An identically worded series of questions was then asked about interactions with police in Toronto.

In an effort to avoid biasing subjects or prompting them to report assaults, the issue of assaults was not mentioned until the final section of the interview. Subjects were asked if they had been assaulted during the past 12 months, with assault defined as a "sudden, violent physical attack." If an assault was reported, the identity of the alleged assailant was determined. Finally, subjects were asked if they had ever been assaulted by paramedics in Toronto, and if they had ever been assaulted by the police in Toronto. The dates of reported assaults were obtained.

Our definition of a reported assault by police in the last 12 months was a specified set of internally consistent responses to six survey questions. The responses were (in order of their occurrence in the survey) as follows: (1) a report of interaction with police in the past 12 months, (2) a report of at least one bad interaction, (3) a description of the "worst" interaction that was consistent with our definition of an assault, (4) a report of having been assaulted in the past 12 months, (5) a report of having ever been assaulted by police, and (6) a report that such an assault had occurred within the past 12 months. The definition of a reported assault by paramedics in the last 12 months used the same criteria. In subjects meeting these criteria for a reported assault by police in the last 12 months, descriptions of the interactions were examined for meaningful patterns. This exploratory effort did not employ formal qualitative analysis.

Statistical Analyses

Separate analyses were conducted for shelter users and street dwellers because of differences in sampling methods. The sample size of 160 homeless shelter users was selected to provide a 95% confidence interval (CI) of 5% for key events occurring at a rate of 10%–20%. Confidence intervals were not calculated for responses by street dwellers because this group was selected by convenience sampling. Comparative data on the demographic characteristics of the general population of Toronto were obtained from Statistics Canada.

The binomial test was used to compare dichotomous response items regarding police and paramedics. The difference in trust in police compared to paramedics was examined using the Wilcoxon signed ranks test. Differences in level of trust in police among various subgroups of homeless subjects were examined using the Mann-Whitney or Kruskal-Wallis test, as appropriate. Logistic regression analyses were used to identify predictors of self-reported assault by the police or by anyone in the last 12 months. Significant predictors were selected using backward selection.

RESULTS

Characteristics of subjects and their reported interactions with paramedics and police are shown in the Table. Results are shown separately for the shelter-using and street-dwelling samples. Shelter users had a mean age of 35.5 years, 73% were male, and 45% were non-white. By comparison, the general population of Toronto has a median age of 36.9 years and is 48% male and 43% non-white. Among homeless shelter users, interaction within the last 12 months was more common with police than paramedics (61% vs. 37%, $P=.0001$). The proportion of homeless shelter users who expressed willingness to call police in an emergency was significantly lower than those willing to call paramedics in an emergency (69% vs. 92%, $P=.0001$).

Among 160 homeless shelter users, 15 (9%; 95% CI, 5% to 14%) reported experiencing an assault by a police officer in Toronto in the last 12 months. The frequency of such reports by street dwellers was 8%. No shelter user (0%; 95% CI, 0% to 4%) or street dweller reported an assault by a paramedic in the last 12 months. A remarkably large proportion of homeless shelter users (36%) and street dwellers (50%) reported having been assaulted by police at some point in the past.

In the shelter sample, age was a significant predictor of self-reported assault by police in the last 12 months ($P=.01$). Such reports were made by 26% of the shelter users younger than 20 years, 11% of those 20 to 39 years of age, and 2% of those 40 years of age and older. Sex, race, and duration of the current episode of homelessness were not significantly associated with report of assault by police. Among shelter users, age, sex, race, and duration of homelessness were not associated with the likelihood of report of any assault in the last 12 months.

Homeless shelter users had lower levels of trust in police than in paramedics (median level of trust = 3 vs. 5, respectively, $P=.0001$) (Fig. 1). Not surprisingly, individuals who reported ever having been assaulted by police tended to have much lower levels of trust in police than individuals who did not report any such past experience (median level of trust = 1 vs. 3, respectively, $P=.0001$) (Fig. 2). To examine attitudes in a subset of subjects with limited personal experience with the police, we focused on the 59 shelter users who stated they had never been assaulted by police and who reported no interaction with police in the last year. Even in this subgroup, trust levels in police were significantly lower than trust in paramedics

TABLE. Characteristics of subjects and their reported interactions with paramedics and police in Toronto

Characteristic	Homeless shelter user group (N = 160), n (%)	Street dweller group (N = 40), n (%)
Age, mean ± SD	35.5 ± 12.8	37.1 ± 10.5
Sex		
Male	117 (73)	29 (73)
Female	43 (27)	11 (28)
Race		
White	88 (55)	25 (63)
Black	36 (23)	6 (15)
Aboriginal	11 (7)	7 (18)
Other	25 (15)	2 (5)
Duration of current episode of homelessness		
Less than 6 months	72 (45)	12 (30)
6 to 12 months	45 (28)	10 (25)
More than 12 months	40 (25)	16 (40)
No response	3 (2)	2 (5)
Interaction with paramedics in last 12 months		
Any interaction	59 (37)	17 (43)
Number of interactions (median and interquartile range)*	2 (1–5)	2 (1–4.5)
At least one interaction rated good*	53 (90)	15 (88)
At least one interaction rated bad*	14 (24)	4 (24)
Would call paramedics in an emergency		
Yes	147 (92)	34 (85)
No	8 (5)	4 (10)
Undecided	5 (3)	2 (5)
Interaction with police in last 12 months		
Any interaction	97 (61)	32 (80)
Number of interactions (median and interquartile range)*	3 (1–8)	5 (2–19)
At least one interaction rated good*	58 (60)	19 (59)
At least one interaction rated bad*	63 (65)	23 (72)
Would call police in an emergency		
Yes	111 (69)	20 (50)
No	34 (21)	17 (43)
Undecided	15 (9)	3 (8)
Reported assault by anyone in last 12 months†	58 (36)	20 (50)
Reported assault by paramedics in last 12 months†	0 (0)	0 (0)
Reported assault by paramedics ever in the past†	1 (1)	0 (0)
Reported assault by police in last 12 months†	15 (9)	3 (8)
Reported assault by police ever in the past†	57 (36)	20 (50)

*Among subjects reporting any interaction in the last 12 months. Subjects could report both good and bad interactions in the last 12 months.

†See text for definitions.

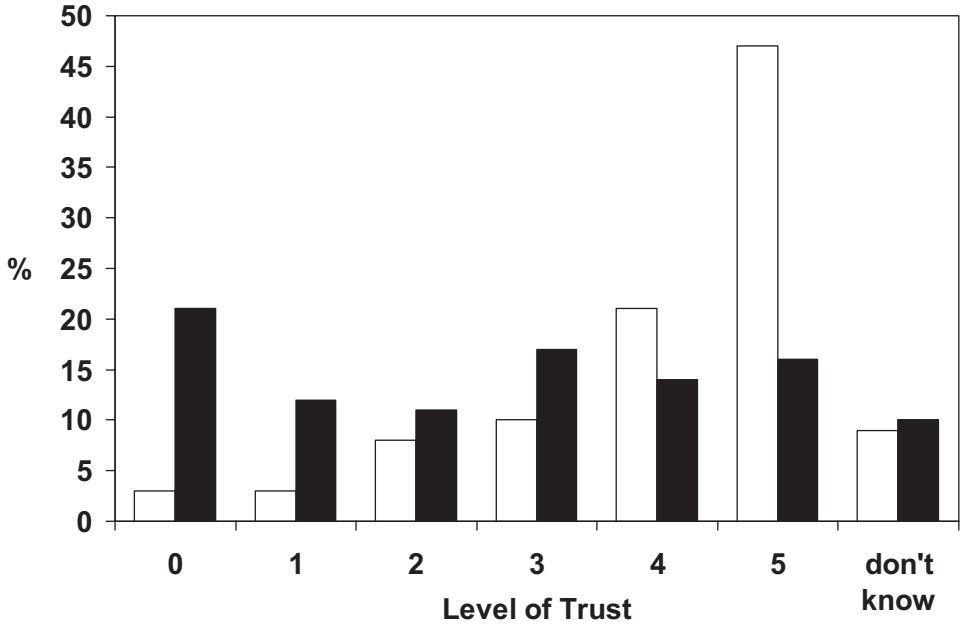

FIGURE 1. Homeless service-users' (N = 160) level of trust in paramedics (white bars, median level of trust = 5) and police (black bars, median level of trust = 3). Highest possible level of trust is 5. P = 0.0001 for the difference in trust.

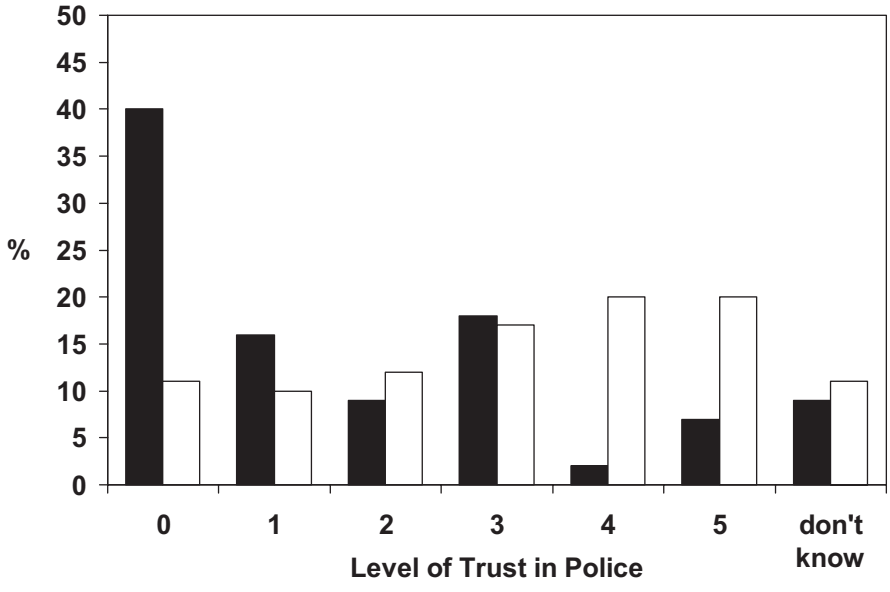

FIGURE 2. Homeless service-users' level of trust in police. Black bars represent individuals who reported any experience of assault by police in the past (N = 57, median level of trust = 1) and white bars, those who reported no such history (N = 103, median level of trust = 3). P = 0.0001 for the difference in trust.

(median level of trust = 3 vs. 4, respectively, $P = .01$). Among all shelter users, age, sex, race, and duration of the current episode of homelessness were not significantly associated with level of trust in police in bivariate analyses.

Overall findings in street dwellers were similar to those in shelter users. Street-dwelling subjects were more likely than shelter users to have interacted with police at least once in the last 12 months (80% vs. 61%, respectively). The difference in street dwellers' trust in police compared to paramedics was large (median level of trust = 1 vs. 4, respectively).

Of the 18 subjects in the entire study who reported an assault by police in the last 12 months, 56% were male, and their age ranged from 15 to 44 years (mean 27 years). Review of these individuals' comments showed that 4 assaults reportedly occurred during the process of an arrest, and 8 reportedly occurred after an arrest. Two individuals stated that after being arrested by police they were taken to "Cherry Beach" (an isolated area of industrial land near downtown Toronto) and assaulted. A third individual claimed that after he was arrested, officers threatened to take him to Cherry Beach, but subsequently assaulted him at a different location.

DISCUSSION

In this study, homeless people in Toronto expressed significantly less trust in police than in paramedics. A low level of trust in police was seen among homeless people of all ages and races and was particularly common among homeless people with a history of contact with the police. These findings were not entirely unexpected: Paramedics have a clearly defined helping role, whereas the police serve a more complex function in society that can result in significant conflict.

Previous studies have shown that minority group members and urban youths tend to have low levels of trust in the police.[1–3] Further research is needed to assess the possible health consequences of lack of trust in police, paramedics, or other emergency service providers among disadvantaged urban populations. Such effects could plausibly occur at the individual level, through chronic mental stress or delay in seeking needed assistance, or at the neighborhood level, through a decline in social capital.[30]

A disturbing finding in our study was that almost 1 in 10 homeless individuals reported experiencing an assault by a police officer in the last 12 months. Obviously, the accuracy of homeless people's self-reports of assaults is a pivotal concern. It is conceivable that some of these reports were fabricated, or that the actual events involved police officers' use of justified and proportionate force in the course of an arrest. However, anecdotal evidence from cities in Canada[21–24] and the United States[25–29] demonstrated that homeless people's allegations of assault by police are not inherently implausible. Our finding is also consistent with the results of a 1992 health survey in which 10% of 458 homeless people in Toronto reported having been assaulted by a police officer in the last year.[31]

It is interesting to note that three subjects in our study reported that assaults after police arrest were associated with a specific site in Toronto known as Cherry Beach. In 1996, a homeless man accused police of taking him to this location after his arrest and beating him there.[22] The alleged victim filed a civil suit against police officers that was settled out of court in 2003 for an undisclosed sum.[23,24] It is unlikely that the publicity surrounding this case prompted our subjects to mention this specific site because our interviews were conducted 5 years after the attack allegedly occurred and 1 year before the civil suit came to trial and was

ultimately settled. This raises the question of why three different study subjects would mention the same location as a place where assaults took place after police arrests.

Certain considerations have an impact on the generalizability of this study. The race of our study population was about 55% white and 45% black, Aboriginal, or other, which accurately reflected the racial composition of the adult homeless population of Toronto.[13] In many US cities, however, a much larger proportion of homeless persons belong to racial minorities.[32] Because non-white race is correlated with lower trust in police,[2,3] a similar study of homeless people in a US city might find substantially lower levels of trust in police. In addition, the relationship between police and racial and ethnic minorities may vary substantially between countries and from city to city within a single country.

This study had certain limitations. The exclusion of persons who did not speak English may affect estimates of level of trust because non-English speakers (particularly those belonging to racial minorities) may have less trust in the police. However, 98% of homeless people in Toronto are able to communicate in English.[18] Our study did not include efforts to objectively confirm subject's reports of assaults or the health consequences of alleged assaults. We did not formally assess subjects' substance use or mental health. When subjects were asked whether they would call police or paramedics in an emergency, we did not describe the type of circumstances that might prompt such a call; in future studies, this question may be better posed by providing specific scenarios. Finally, we did not use formal qualitative analysis in this exploratory study. Future investigations should consider employing these methods in addition to attempting to characterize interactions between homeless people and police officers objectively.

In conclusion, our study documents that homeless people in Toronto have a much lower level of trust in police than in paramedics, and about 9% reported having been assaulted by police in the last 12 months. Homeless people's perceptions of the police may pose a barrier that prevents them from seeking needed care in an emergency. Our findings also highlight the need for independent investigation of homeless people's reports of victimization by police. Further research in this area of urban health is clearly needed.

ACKNOWLEDGEMENT

Dr. Hwang is the recipient of a New Investigator Award from the Canadian Institutes of Health Research. The Inner City Health Research Unit is supported in part by a grant from the Ontario Ministry of Health and Long-Term Care. The results and conclusions are those of the authors, and no official endorsement by these organizations is intended or should be inferred. Preliminary results of this study were presented at the Second International Conference of the International Society for Equity in Health, Toronto, Ontario, June 2002, and at the 26th Annual Meeting of the Society of General Internal Medicine, Vancouver, British Columbia, May 2003.

REFERENCES

1. Stoutland SE. The multiple dimensions of trust in resident/police relations in Boston. *J Res Crime Delinquency*. 2001;38:226–256.
2. Fine M, Freudenberg N, Payne Y. "Anything can happen with police around": Urban youth evaluate strategies of surveillance in public places. *J Soc Issues*. 2003;59:141–158.

3. Tyler TR. Public trust and confidence in legal authorities: what do majority and minority group members want from the law and legal institutions? *Behav Sci Law*. 2001;19: 215–235.
4. Hall MA, Dugan E, Zheng B, Misra AK. Trust in physicians and medical institutions: what is it, can it be measured, and does it matter? *Milbank Q*. 2001;79:613–639.
5. Balkrishnan R, Dugan E, Camacho FT, Hall MA. Trust and satisfaction with physicians, insurers, and the medical profession. *Med Care*. 2003;41:1058–1064.
6. Ahern MM, Hendryx MS. Social capital and trust in providers. *Soc Sci Med*. 2003; 57:1195–1203.
7. Boulware LE, Cooper LA, Ratner LE, LaVeist RT, Powe NR. Race and trust in the health care system. *Public Health Rep*. 2003;118:358–365.
8. Davidson PJ, Ochoa KC, Hahn JA, Evans JL, Moss AR. Witnessing heroin-related overdoses: the experiences of young injectors in San Francisco. *Addiction*. 2002;97:1511–1516.
9. Darke S, Ross J, Hall W. Overdose among heroin users in Sydney, Australia: II. Responses to overdose. *Addiction*. 1996;91:413–417.
10. Hwang SW. Mortality among men using homeless shelters in Toronto, Ontario. *JAMA*. 2000;283:2152–2157.
11. Hwang SW. Homelessness and health. *CMAJ*. 2001;164:229–33.
12. Padgett DK, Struening EL, Andrews H, Pittman J. Predictors of emergency room use by homeless adults in New York City: the influence of predisposing, enabling and need factors. *Soc Sci Med*. 1995;41:547–556.
13. Goering P, Tolomiczenko G, Sheldon T, Boydell K, Wasylenki D. Characteristics of persons who are homeless for the first time. Psychiatr Serv 2002;53:1472–1474.
14. Gelberg L, Linn LS, Leake BD. Mental health, alcohol and drug use, and criminal history among homeless adults. *Am J Psychiatry*. 1988;145:191–196.
15. Fischer PJ. Criminal activity among the homeless: a study of arrests in Baltimore. *Hosp Community Psychiatry*. 1988;39:46–51.
16. Martell DA, Rosner R, Harmon RB. Base-rate estimates of criminal behavior by homeless mentally ill persons in New York City. *Psychiatr Serv*. 1995;46:596–601.
17. Desai RA, Lam J, Rosenheck RA. Childhood risk factors for criminal justice involvement in a sample of homeless people with serious mental illness. *J Nerv Ment Dis*. 2000; 188:324–332.
18. Tolomiczenko G, Goering P. Gender differences in legal involvement among homeless shelter users. *Int J Law Psychiatry*. 2001;24:583–593.
19. Benda BB, Rodell DE, Rodell L. Crime among homeless military veterans who abuse substances. *Psychiatr Rehabil J*. 2003;26:332–345.
20. Graser D. Panhandling for change in Canadian law. *J Law Soc Policy*. 2000;15:45–91.
21. Kalogerakis G. Cop's trial starts in Lizotte death: vagrant's beating in 1999 caused uproar. *Montreal Gazette*. April 29, 2002;sect A:A3.
22. Duncanson J, Welsh M. Eight Metro officers suspended as assault probed. *Toronto Star*. August 28, 1996;sect A:A1.
23. Pron N, Deverell J. Kerr claims victory in beating case. *Toronto Star*. January 25, 2003; sect A:A23.
24. DiManno R. Police payoff to Kerr speaks for itself. *Toronto Star*. January 25, 2003; sect A:A01.
25. Cooper M. Squeegee man gives account of shooting by police officer. *New York Times*. June 19, 1998;sect B:1.
26. Chen DW. Amtrak police officer indicted in assault case at Penn Station. *New York Times*. July 16, 1998;sect B:2.
27. Newton J. Shooting broke LAPD's rules, inspector finds; report: police commission official's conclusion about the death of a homeless women could intensify the conflict between Chief Bernard Parks and the civilian board. *Los Angeles Times*. February 12, 2000;sect A:1.
28. Castaneda R. One officer guilty, one acquitted in Prince George's dog attack. *Washington Post*. August 16, 2001;sect A:A01.

29. Berry S. Ex-officers face jail in assault; LAPD: the two plead no contest in an attack on a homeless man. Critics say plea deal too lenient. *Los Angeles Times*. August 2, 2002;sect California Metro, part 2:4.
30. Kawachi I, Berkman LF. Social cohesion, social capital, and health. In: Berkman LF, Kawachi I, eds. *Social Epidemiology*. New York, NY: Oxford University Press; 2000. 174–190.
31. Crowe C, Hardill K. Nursing research and political change: the street health report. *Can Nurse*. 1993;89:21–24.
32. *Homelessness: Programs and the People They Serve. Findings of the National Survey of Homeless Assistance Providers and Clients*. Washington, DC: Interagency Council on the Homeless; 1999.