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Victimization, safety, and overdose in homeless shelters: A systematic review and narrative synthesis

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ABSTRACT

The objective of this prospectively registered systematic review was to identify the factors that contribute to sense of safety, victimization, and overdose risk in homeless shelters, as well as groups that are at greater risk of shelter-based victimization. Fifty-five articles were included in the review. Findings demonstrated that fears of violence and other forms of harm were prominent concerns for people experiencing homelessness when accessing shelters. Service users' perceptions of shelter dangerousness were shaped by the service model and environment, interpersonal relationships and interactions in shelter, availability of drugs, and previous living arrangements. 2SLGBTQ+ individuals were identified as being at heightened risk of victimization in shelters. No studies examined rates of shelter-based victimization or tested interventions to improve safety, with the exception of overdose risk. These knowledge gaps hinder the establishment of evidence-based practices for promoting safety and preventing violence in shelter settings.

1. Introduction

Homelessness is a complex social problem that affects approximately 100 million people worldwide (United Nations, 2005). Homeless shelters, which are also known as overnight or emergency shelters, hostels, and crisis accommodations (hereinafter referred to as "shelters"), provide temporary residence to people without housing and are a core component of homeless service systems. Although shelter typologies have not been established, there is considerable variation in shelter designs, models, and operations (Gilderbloom et al., 2013; Spiegler et al., 2022). Shelters are commonly designed as congregate buildings, especially in urban areas, but also exist in other forms, such as motels/hotels, apartments, and smaller houses. Shelters further differ with regard to populations served, program rules, and security features. Additional services may also be offered, such as meal programs, housing assistance, employment and life skills training, and healthcare; auxiliary resources that can make shelters into service hubs for people experiencing homelessness (Dej, 2020; Spiegler et al., 2022).

Most people experiencing homelessness use shelters on any given

night in communities where these services exist (de Sousa et al., 2022; Government of Canada, 2023). However, some individuals encounter barriers or perceive issues that prevent access to shelters, such as limited availability, inaccessibility, rule restrictiveness, safety concerns, and discrimination (Donley and Wright, 2012; Kerman et al., 2019; Wusinich et al., 2019). These barriers can lead people to forego accessing shelters and instead experience homelessness in unsheltered locations, which is associated with poorer mortality and morbidity outcomes (Richards and Kuhn, 2023). Given the harms associated with unsheltered homelessness, it is critical that shelter systems be safe and accessible to those who need to use them.

Rates of victimization are high among the homeless population. It is estimated that between 27 and 52% of people experiencing homelessness have been physically or sexually assaulted in the past year (Fazel et al., 2014). Further, some groups, such as women, youth, and 2SLGBTQ+ individuals, are at heightened risk of sexual violence and abuse in the context of homelessness (Abramovich, 2016; Ecker et al., 2019; Edidin et al., 2012; Kidd et al., 2021; Kushel et al., 2003). Additional factors that may contribute to victimization risk during

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homelessness include mental illness, substance use and intoxication, and cognitive impairment (Ellsworth, 2019; Larney et al., 2009; Mackelprang et al., 2014). The locations where victimization occurs have been minimally examined in the context of homelessness. However, service providers in homeless services report frequent exposure to critical incidents in the workplace, suggesting that these settings may be places where there is heightened risk of victimization that affects multiple stakeholder groups (Kerman et al., 2023).

Substance use problems are another prevalent issue among people experiencing homelessness (Gutwinski et al., 2021). The dynamics between substance use and shelters are complex and varied. Limited access to community locations where drugs can be safely used contributes to drug use and intoxication in shelters (Wallace et al., 2016). Some shelters with low-barrier orientations may permit drug use or intoxication, whereas others disallow and penalize this behaviour (e.g., banning service users; Kerman et al., 2020, 2022a; Pauly et al., 2018). The latter approach may result in secretive or rushed drug use in shelter settings that yield additional harms, including overdose risk (Bardwell et al., 2018a). Drug overdose mortality rates among the homeless population have increased over the past two decades and risen rapidly during the COVID-19 pandemic (Appa et al., 2021; Cawley et al., 2022; Fine et al., 2022; Gomes et al., 2022). Shelter staff report frequently intervening in overdoses in the workplace (Kerman et al., 2022b). Thus, the role of substance use, especially overdose risk, is a key aspect of safety when accessing shelters.

Given the critical role of shelters in addressing unmet basic needs among people experiencing homelessness, it is essential that these services be perceived and experienced as safe by those who access them, as well as the staff who work in these settings. The research on factors that contribute to sense of safety, victimization, and overdose risk in shelters has not been previously synthesized. Further, as the homeless population is highly heterogeneous, safety in shelters may be experienced differently by service users, yielding potentially unique support considerations and needs. This prospectively registered systematic review used a broad conceptual and methodological scope to address this evidence gap. Two research questions were examined: [1] What are the factors associated with violent and non-violent victimization, sense of safety, and overdose in shelters? And [2] What types of individuals are at increased risk of victimization in shelters?

2. Methods

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021; see [Supplementary Table 1](#) for PRISMA, 2020 Checklist) and a protocol was prospectively registered (CRD42022316477; https://www.crd.york.ac.uk/prospetro/display_record.php?RecordID=316477). There was one minor amendment to the review's eligibility criteria and data extraction processes (see online registration revision history for additional details).

Six electronic databases were searched: [1] PsycINFO, [2] MEDLINE, [3] EMBASE, [4] CINAHL, [5] Web of Science, and [6] Scopus. Two sets of keywords were used, with searches being performed at the multi-purpose level: (shelter* or hostel* or "crisis accommodations" or "crisis accommodation" or "emergency accommodation" or "emergency accommodations" or "emergency housing") AND (safe* or unsafe or risk* or violent* or victim* or fight* or overdos* or death* or dead* or harm* or fatal* or mortalit* or hazard* or danger* or threat* or abus* or injur* or assault* or weapon* or mug* or theft or steal* or robb* or thief* or crime* or rape* or punch* or harass*). Homelessness and related keywords were not used in the search terms to facilitate detection of research examining shelters in middle- and low-income countries that are not exclusive to people experiencing homelessness. Searches were performed on June 1, 2022.

Studies were eligible for inclusion if they: [1] involved original data collection; [2] were published in a peer-reviewed journal; [3] were

written in English; [4] were published by May 31, 2022, including advance online publications; [5] examined one or more of the following outcomes in shelter settings: violent victimization, non-violent victimization, overdose, and sense of safety; and [6] examined one or more of the following populations: people experiencing homelessness, shelter staff, and shelter visitors. Studies examining victimization, overdose, and safety between sheltered and unsheltered homeless populations were also eligible, as findings had implications for understanding the role of shelter in these outcomes. No methodological restrictions were placed on study design. Studies examining homeless services that do not provide overnight shelter accommodations and shelters for non-homeless populations were excluded. In addition, survival sex was excluded as a form of victimization given that it may be either exploitation or sexual agency depending on the specific event (Czechowski et al., 2022a).

Study selection began with one research team member (JV) independently screening each article at the title and abstract level. A second research team member (NK) then reviewed the initial screening decisions. The same two research team members then reviewed the full-texts of the potentially relevant articles to determine their eligibility based on the six inclusion criteria. Any disagreements during this stage were resolved via consensus, including discussion with additional research team members (SAK, BO, and VS). Ineligible articles identified during the full-text review are listed in [Supplementary Table 2](#) along with the primary reason for exclusion.

A structured data extraction tool was developed to align with the objectives of the review and domains assessed by the critical appraisal tools (see [Supplementary Table 3](#)). Three articles were initially summarized independently by two research members (NK and JV) after which consensus was established on data extraction processes. One research team member (JV) then extracted the relevant data from the remaining articles. The lead author subsequently reviewed the data extractions and summarizations.

Critical appraisal was completed to assess the methodological quality of the included studies. Quantitative studies were appraised using the Joanna Briggs Institute (JBI) suite of tools (Moola et al., 2020; Munn et al., 2020), whereas qualitative studies were appraised using the appropriate Critical Appraisal Skills Programme (CASP) checklist (CASP, 2022). Given the multidisciplinary nature of homeless services research and the objectives of the review, the single CASP checklist was selected due to its pragmatic assessment of qualitative research that places less emphasis on positionality than the corresponding JBI tool. Critical appraisals began with two research team members (NK and JV) independently appraising nine articles. These ratings were then reviewed to establish a consistent approach for subsequent appraisals. The remaining studies were then independently assessed by one team member (JV) and subsequently reviewed by the lead author. Disagreements were resolved via consensus.

Quality ratings were generated for each article. Scoring for the CASP qualitative studies checklist followed procedures informed by Butler et al. (2016) and CASP (2022). The first nine items were scored 1 point for "yes" decisions, 0.5 points for "can't tell" decisions, and 0 points for "no" decisions. The tenth item was scored dichotomously ("valuable": 1 point; "limited value": 0 points). A similar scoring system was used for the JBI tools ("yes": 1 point; "unclear": 0.5 points; "no": 0 points). Qualitative and quantitative articles were then appraised as high ($\geq 90\%$), moderate (70–89%), or low quality ($< 70\%$) based on their quality ratings. Qualitative articles with a "no" or "can't tell" on either of the first two checklist items were also categorized as low quality due to the importance of these screening questions (CASP, 2022). Low quality articles were maintained in the review; however, their inclusion in the narrative synthesis was restricted to only confirmatory results (i.e., novel findings from low quality articles are not described given their higher risk of bias).

Narrative synthesis was used to synthesize the findings from the included studies. Using information from the structured data extraction

tool, each article was summarized in tables to facilitate synthesis. Tables were developed for each of the review's research questions, which included the information in [Tables 1 and 2](#), as well as additional data on the relevant domains studied in each article (violent victimization, non-violent victimization, sense of safety, and overdose risk). Using the domain columns as a pivot, the tables were reorganized to analyze the findings in each domain, considering similarities and differences by sample and country income (high or medium). Given the overlap in findings between victimization and safety, these studies were subsequently synthesized together.

3. Results

Fifty-five articles were included in the review ([Fig. 1](#)). Of them, 48 studies examined factors associated with violent and non-violent victimization, sense of safety, and overdose in shelters ([Table 1](#)). Seven other studies principally investigated the types of individuals who are at increased risk of victimization in shelters and the reasons for this ([Table 2](#)). Fifty-one studies examined the perspectives of people experiencing homelessness, whereas shelter staff were the participants in nine studies (six studies had mixed samples). One other study examined a heterogeneous group of key informants that included senior leadership in homeless service organizations. The included studies primarily used qualitative designs ($n = 45$), with fewer quantitative ($n = 9$) and mixed-methods studies ($n = 1$). Most studies were conducted in North America, with 20 from the United States and 16 from Canada. One other study was primarily conducted in Canada, but also included participants from other countries. Twelve studies were conducted in the United Kingdom,

two in Brazil, one in Australia, one in India, one in Italy, and one in Philippines. Thirty-one articles included detailed information on participant race and ethnicity. Of them, only studies from the U.S. had samples of people experiencing homelessness where more than half of participants were non-White ($n = 13$). Analyses and findings by ethnicity and race were exceptionally scarce in the included studies (see [Supplementary Table 4](#) for details). Studies were published from 1993 to 2022, with a large increase in publications during the past decade.

3.1. Critical appraisal

The quality of the included studies was variable; 15 were assessed as being high quality, 24 were moderate quality, and 16 were low quality ([Tables 1 and 2](#)). The CASP and JBI checklist item assessments for each study are presented in [Supplementary Table 5](#).

Almost all high-quality studies had qualitative designs with clear objectives, appropriate recruitment and data collection strategies, robust analyses, and detailed findings with fitting conclusions. One cross-sectional study examining the relationships between social support and health was also appraised as being high quality.

Moderate quality articles included a diverse set of qualitative studies that examined various factors related to experiences of victimization and safety in shelters. Most of these articles did not address the relationship between researchers and participants, with a smaller set of studies not providing adequate details on their approaches to recruitment and data analysis. Two moderate-quality cross-sectional studies examined differences in victimization between people experiencing sheltered and unsheltered homelessness, but there were concerns about

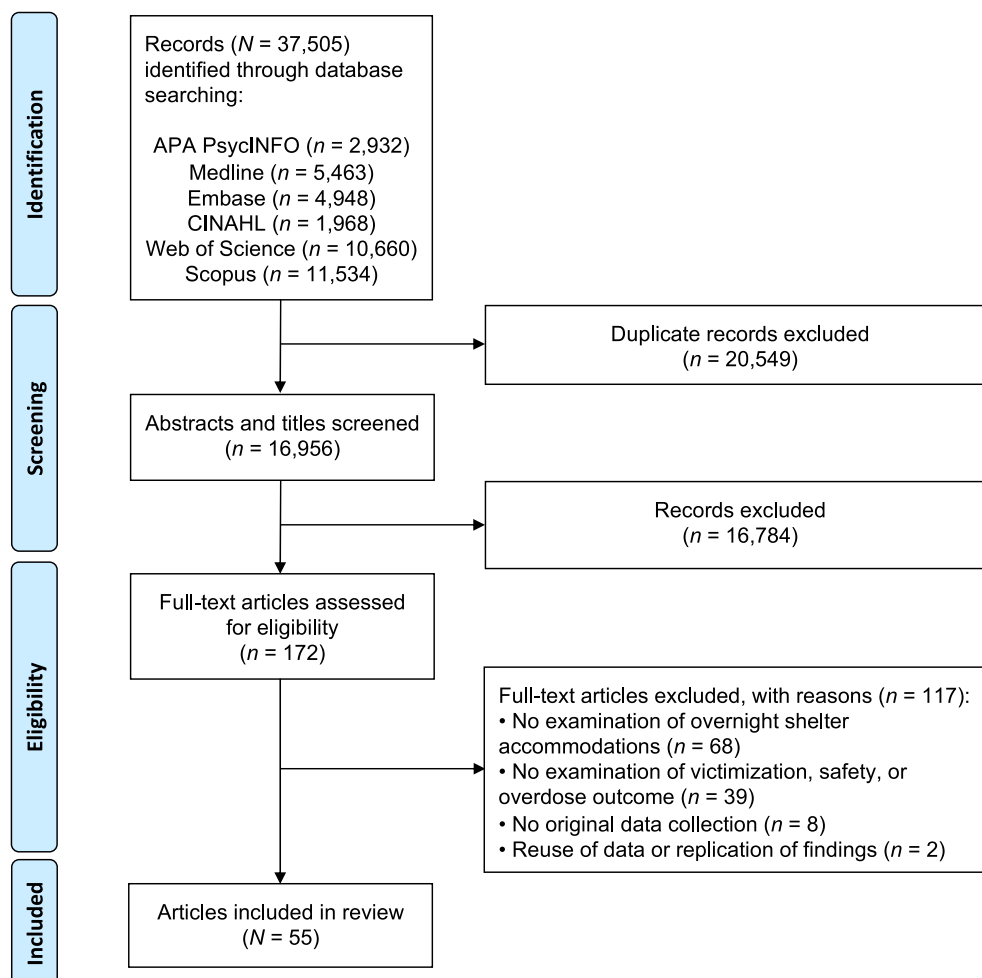


Fig. 1. Flow diagram outlining the selection process for studies included in this review.

Table 1
Articles examining victimization, overdose, and sense of safety in shelter settings ($n = 48$).

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Brothers et al. (2022)	To evaluate a safe supply and managed alcohol program in a COVID-19 isolation shelter hotel	Retrospective case series	Halifax, Canada	77	Homeless people	No overdoses occurred in the shelter hotel during 1059 person-days	Moderate
Czechowski et al. (2022b)	To examine the factors in residential transitions of people experiencing homelessness	Qualitative study using semi-structured interviews	Ottawa, Toronto, Vancouver, Canada	64	Homeless adults	Availability of drugs in shelter was a perceived pathway to violence during intoxication Observing violence, thefts, and gunshots in and around shelters led to safety concerns	High
Lew et al. (2022)	To evaluate the impact of an integrated safer use space and safer supply program on non-fatal overdoses in a shelter for men	Program evaluation case study	Hamilton, Canada	N/A	Homeless men	Rate of non-fatal overdoses in shelter significantly decreased from 0.93 per 100 nights prior to a COVID-19 outbreak (pre-intervention) to 0.17 per 100 nights during the intervention No fatal overdoses occurred in shelter pre-intervention or during the intervention	Low
Padgett et al. (2022)	To examine the experiences of living in a shelter hotel among formerly unsheltered homeless adults	Qualitative study using in-depth interviews	Large northeastern city, United States	13	Formerly unsheltered homeless adults	Shelter hotel and the freedom to lock a room door provided safety from the violence of life on the streets and subways Private rooms and physical distancing yielded safety from SARS-CoV-2 transmission	High
Ellis and Laughlin (2021)	To examine the everyday experiences of homeless youth in a shelter during an era of austerity	Qualitative study using focus groups	Northern city in England, United Kingdom	20	Homeless youth aged 16–21 years	Being granted access to the shelter provided relief and an opportunity to focus on the future without a fear of violence and unsheltered homelessness	Moderate
Leonardi and Stefani (2021)	To examine the impact of the COVID-19 pandemic on services for homeless people	Qualitative case study using in-depth interviews and observations	Turin, Italy	28	Direct service workers and social service managers ($n = 15$), and social workers ($n = 13$)	Shelters were perceived to be “dangerous places” during the pandemic due to SARS-CoV-2 transmission risk ^a Shelter policies that required service users move to a new shelter after 30 nights contributed to the health safety risks ^a	Low
Redline et al. (2021)	To investigate sleep disturbances among sheltered and unsheltered transition aged homeless youth	Cross-sectional study using self-report measures	Los Angeles, United States	103	Transition aged homeless youth	Unsheltered youth rated their sleep environment as significantly more unsafe than sheltered youth No significant differences were found in sleep disturbances between sheltered and unsheltered youth	Moderate
Giles (2020)	To examine the living conditions of homeless families living in shelter motels	Qualitative study using informal and formal interviews, participant observation, and life histories	Toronto, Canada	5	Homeless mothers	Lack of security cameras and dead bolts at the shelter motel yielded safety concerns ^a The shelter motel was not perceived as a safe environment for children due to nearby exposure of drugs, fighting, and sex workers	Low
Pope et al. (2020)	To explore the trauma experiences of older men experiencing chronic homelessness	Qualitative study using semi-structured interviews and field notes	Midwest metropolitan city, United States	18	Homeless older men	Mistreatment and lack of understanding from service providers was one way in which homelessness was experienced as traumatic Shelters were experienced as “dangerous” due to threats	Moderate

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Table 1 (continued)

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Thompson et al. (2020)	To examine barriers to shelter use among homeless families	Qualitative study using semi-structured interviews	Tarrant County, United States	24	Homeless families	of physical harm and theft, which led to hypervigilant states A “revolving door of strangers,” including the presence of known sex offenders and people who engaged in violent and inappropriate behaviours around children, in shelter was a safety concern Lack of privacy in congregate settings was experienced as a safety issue Thefts were a common safety issue in night shelters Lockers provided minimal protection due to these being often broken ^a	High
Verma and Srivastava (2020)	To investigate the living conditions of night shelters (<i>baseras</i>) in Delhi	Qualitative study using structured interviews	Delhi, India	93	People who use shelters (<i>n</i> = 72) and shelter staff (i. e., caretakers; <i>n</i> = 21)	Violent victimization was not significantly associated with sleep disturbances ^a	Low
Agrawal et al. (2019)	To examine the association between violence and sleep disturbances among homeless adults	Cross-sectional study using self-report measures	Dallas, United States	194	Homeless adults	Threats of violence, theft, and substance use were the primary reasons for avoiding shelters Safe havens were perceived as safer options than traditional shelter models Low-barrier shelters are environments where people who use drugs are prevalent, which yielded risk of exploitation due to theft of money and drugs Overdose risk in shelter settings was linked to prohibitive policies around drug use, unsanitary conditions in designated drug use spaces, and service users’ histories of exploitation Shelter-based injection room was a “safer use zone” that reduced overdose harms; environment facilitated use with others and collective responsibility to respond to overdoses, and staff check-ins facilitated a sense of safety due to the nonjudgmental environment	Low
Wusinich et al. (2019)	To examine the barriers that unsheltered homeless adults encounter in accessing housing and shelter services	Qualitative study using in-depth interviews	New York City, United States	43	Unsheltered homeless adults	Peer workers were perceived as trustworthy and had lesser power imbalances, which provided a sense of safety in the event of an overdose	High
Bardwell et al. (2018a)	To examine the impacts of social, structural, and physical environments on spatial negotiation for homeless people who use drugs in emergency shelters	Qualitative study using interviews and ethnographic observation	Vancouver, Canada	24	Homeless people who used drugs	Lack of privacy, noisiness, and intrusiveness of staff and other shelter residents breached personal boundaries Some parents kept to themselves in shelter for safety-related reasons Parents used shelter rooms as safe play areas for their children Exposure to shelter-based violence undermined sense of safety	High
Bardwell et al. (2018b)	To examine the role of peer workers in shelter-based overdose prevention programs	Qualitative study using semi-structured interviews and ethnographic observation	Vancouver, Canada	24	Homeless people who use drugs		Moderate
Sylvestre et al. (2018a)	To explore the pathways into and perceived consequences of homelessness among families living in emergency family shelters	Qualitative study using semi-structured interviews	Ottawa, Canada	18	Homeless families		High
Sylvestre et al. (2018b)	To understand the environments in which currently homeless and precariously housed people	Qualitative study using semi-structured interviews	Toronto, Ottawa, and Vancouver, Canada	64	Homeless and vulnerably housed adults		High

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Table 1 (continued)

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Wallace et al. (2018)	live, and how these environments affect their health To examine the issues arising from substance use in shelters, organizational responses to substance use, and the implementation of harm reduction within shelters	Qualitative study using focus groups	Victoria, Canada	49	Homeless adults ($n = 23$), shelter staff ($n = 13$), and harm reduction workers ($n = 13$)	Shared rooms with limited privacy yielded stress Policies that prohibit substance use onsite at shelters increased risk of concealed use and overdose Lack of safe spaces for substance use and incomplete implementation of harm reduction mandates led to staff being “first responders” on overdose, with mental health consequences	Moderate
Poon et al. (2017)	To examine suicide risk factors and means among homeless adults in a shelter	Qualitative study using interviews	Palo Alto, United States	20	Homeless adults	55% of participants identified substance use and intentional overdose as the method of suicide that was most common and easily accessible; 10% identified engagement in violence with suicidal intentions as a suicide method Safety concerns and the stress of living in a shelter were perceived to contribute to suicidality	High
Rogers (2017)	To examine how shelter staff and volunteers establish moral identities and class boundaries	Qualitative study using semi-structured interviews and observation	Sunnyside County (pseudonym), United States	14	Shelter staff ($n = 7$) and shelter volunteers ($n = 7$)	Shelter staff felt unsafe in the shelter because they perceived people experiencing homelessness as “dirty, dangerous, and immoral” ^a	Low
Salsi et al. (2017)	To understand how personal factors and available resources affect occupational engagement and performance patterns among homeless women	Mixed-method study using questionnaires, a time-use schedule, and semi-structured interviews	Montreal, Canada	21	Homeless women	The shelter provided a sense of safety and security for women with interpersonal trauma histories Shelter staff could be a stabilizing force and offered empowerment, but high turnover often compromised these relationships	High
Young and Manion (2017)	To evaluate the effectiveness of a temporary warming shelter at reducing rates of morbidity and mortality for homeless people with concurrent disorders	Qualitative study using interviews and focus groups	Inuvik, Canada	16	Shelter residents ($n = 9$) and key stakeholders (i.e., staff, volunteers, board and founding members; $n = 7$)	Service users experienced the shelter as safe because it offered a place to store belongings and “not freezing to death” Violence was a prominent concern, though this occurred “occasionally” during the shelter’s operations High turnover among staff exacerbated violence because issues were not addressed consistently ^a	Low
Biscotto et al. (2016)	To understand the life experiences of homeless women	Qualitative study using interviews and a social phenomenology framework	Minas Gerais, Brazil	10	Homeless women	Shelter-based violence prevention measures are different for women (e.g., unlike men in the same shelter, women are not searched for weapon and drug possession) The shelter offered refuge from the adversities of living on the streets, particularly physical and sexual abuse	Moderate
Ha et al. (2015)	To explore barriers and facilitators to shelter use among homeless young adults	Qualitative study using focus groups	Houston, United States	49	Homeless young adults	Unsanitary conditions contributed to a perception of shelters being unsafe, especially for pregnant youth	High

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Table 1 (continued)

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Maassen et al. (2013)	To investigate the experiences of homeless adolescents living in crisis accommodations	Phenomenological qualitative study using semi-structured interviews	Perth, Australia	8	Homeless adolescents aged 16–19 years	Some adolescents felt threatened and intimidated by other service users, yielded a constant sense of hypervigilance Mental health instability of other service users was perceived as a threat to physical safety Confronting and fighting other service users who were perceived to be threats was used to maintain safety and avoid criminal activity coercion	Moderate
Neale and Stevenson (2013)	To identify the spatial needs of homeless adults who use drugs and the extent to which shelters and hostels are meeting those needs	Qualitative study using semi-structured interviews	Six cities and towns in southern England	40	Homeless adults who use drugs	Lack of privacy in shelters led to quicker drug use to avoid detection, which increased risk of overdose Abstinence from drug use was challenging when surrounded by drugs and other people who use drugs in shelters Shelters were perceived as unsafe and frightening due to their prevalence of violence, bullying, theft, drug dealing, sexual harassment, and intimidation	Moderate
Carinhanha and Penna (2012)	To understand the experiences of violence among female adolescents living in shelters	Qualitative study using semi-structured interviews	Rio de Janeiro, Brazil	11	Homeless female adolescents	Violence in the shelter was experienced in the forms of violent relationships between residents and staff Staff were disrespectful towards residents by being discriminatory, aggressive, and ignorant	Moderate
Holt et al. (2012)	To explore the living experiences of chronically homeless older men in shelters	Phenomenological qualitative study using semi-structured interviews	West Midlands, United Kingdom	10	Chronically homeless older men	Sense of well-being in the shelter was shaped by how older men managed danger and threats related to material safety, self-identity, and autonomy Other service users could be a source of threats to physical safety	Moderate
Nettleton et al. (2012)	To examine the sleeping practices of homeless adults who use drugs in shelters and hostels	Qualitative study using semi-structured interviews	Six cities and towns in southern England	40	Homeless adults who use drugs	The presence of drug selling, violence, and overdose in shelters yielded perceived vulnerability during the nighttime that undermined sleep Fear of robbery, abuse, and intimidation led to shelters being perceived as unsafe	Low
Stevenson and Neale (2012)	To explore romantic relationships among homeless adults who use drugs staying in shelters	Qualitative study using semi-structured interviews	Six cities and towns in south central England	40	Homeless adults who use drugs	Romantic partners could yield a sense of stability, especially for women, in the context of insecure and threatening shelter environments Romantic relationships formed in the shelter could become unstable, violent, and exploitative	High
Martinez (2010)	To examine the factors in why homeless youth decide to use shelters or stay on the streets	Qualitative study using focus groups	Metro Manila, Philippines	37	Homeless youth aged 11–18 years	The realization that living on the street was not safe was often a factor in youth deciding to access shelter Concerns about conflict in shelter were a deterrent from accessing them and a factor	Moderate

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Table 1 (continued)

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Briggs et al. (2009)	To investigate the risks of injection drug use in the context of unstable housing	Qualitative study using in-depth interviews	Bristol and London, United Kingdom	45	Homeless adults who inject drugs	in returning to living on the street Shelters could be used as a “safe haven” from street-based drug use that offered opportunities to access harm reduction supports and opioid substitution treatment Shelters were settings where drugs were prevalent and posed drug use-related risks due to bullying, theft, and money debts	Moderate
Hwang et al. (2009)	To examine the association between social support and health outcomes among homeless adults	Cross-sectional study using questionnaires	Toronto, Canada	544	Homeless adults	Physical assault in the past year was not significantly associated with current shelter stays	High
Lincoln et al. (2009a)	To examine the development and implementation of a safe haven shelter	Program description and evaluation, with inclusion of qualitative interviews	Boston, United States	18	Chronically homeless adults with serious mental illness and substance use problems	Having one’s own bedroom with a lock and key facilitated a sense of safety Service users were involved in treatment planning to maintain safety in the shelter ^a Floors of the shelter were separately for men and women for safety purposes ^a	Low
Lincoln et al. (2009b)	To understand why chronically homeless people who were historically refused or denied services accessed a safe haven shelter	Qualitative study using in-depth interviews	Boston, United States	16	Chronically homeless adults with serious mental illness and substance use problems	Congregate shelters were described as crowded and unsafe, with considerable fighting The safe haven shelter was accessed because it had a private bedroom and a door with a lock The safe haven shelter served as respite from the adversities of street life	High
Daiski (2007)	To examine the perspectives of homeless adults on their health and healthcare needs	Qualitative study using semi-structured interviews	Canada	24	Homeless men and women	Violence was perceived as “rampant” in shelters, which yielded perpetual fear about staying in these settings Experiences of shelter-based violence could lead people to live on the streets for safety-related reasons	Moderate
Shier et al. (2007)	To identify the perceived conditions for optimal shelter service delivery	Qualitative study using semi-structured interviews	North America and the United Kingdom, with oversampling in Calgary, Canada	50	Experts on homelessness services, or urban planning and design	Loitering near shelter entrances, especially by intoxicated individuals, was a perceived source of intimidation and service access barrier Spatial separation of people who are intoxicated and those who are not can be beneficial given the vulnerabilities of both of these service user groups	Moderate
Armaline (2005)	To investigate the negotiation of rules and social control in a shelter for youth	Qualitative study using informal and semi-structured interviews, and participant observation	Connecticut, United States	34	Homeless adolescents ($n = 26$) and shelter staff ($n = 8$)	Shelter policy was highly structured to facilitate safety (“lock ‘em down ... to keep ‘em safe”) and visitation from friends and unapproved phone calls aware not permitted; effectiveness of the approach was not discussed, though resistance to shelter rules was observed ^a	Low
Wright et al. (2005)	To explore relationships between living accommodations, and heroin use and overdose	Qualitative study using semi-structured interviews	United Kingdom	27	Homeless men and women	Shelters were perceived to have differential effects on heroin overdose risk; they were viewed as settings for increased drug use, as well as	Low

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Table 1 (continued)

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Bridgman (2001)	To describe the development and operations of a specialized shelter for chronically homeless women	Qualitative case study using observations	Toronto, Canada	N/A	Chronically homeless women who have unmet needs from social and health services	drug use within groups that protected against fatal overdoses due to the presence of others The shelter was designed to promote safety within it, but women did not necessarily feel safe outside in the community ^a Lockers were provided to allow women to safely store their possessions, even when not at the shelter ^a	Low
DeForge et al. (2001)	To explore experiences of homelessness among school-aged children	Phenomenological qualitative study using group and individual interviews	Southeast metropolitan city, United States	14	School-aged homeless children	Fighting with other children in shelter was a manifestation of distress and form of self-defence Stolen belongings and lack of privacy, especially in bathing areas and washrooms, led to children feeling unsafe in shelter One child felt safer in shelter because they had left an abusive home	Moderate
Huang and Menke (2001)	To examine the stressors and coping behaviours of homeless children staying in shelters	Secondary analysis of qualitative data using structured interviews	Franklin County, United States	30	School-aged homeless children	17% of homeless children reported situations involving or having the potential for violence as a stressor 24% of homeless children engaged in aggression-based forms of coping (i.e., screaming and fighting)	Moderate
Riley et al. (2001)	To examine the effects of homelessness on physical and psychological health	Clinical audit project using a structured questionnaire	Leicestershire, United Kingdom	36	Homeless families	Shared hostel facilities, such as kitchens, bathrooms, and laundry facilities, that were often unsafe yielded high stress Lack of security was a safety concern ^a Families expressed dissatisfaction with the lack of safe places for their children to play inside and outside the shelter	Low
Nyamathi et al. (2000)	To compare differences in health, behaviour, victimization, and service use between homeless women in sheltered and unsheltered settings	Cross-sectional study using a survey	Los Angeles, United States	1051	Homeless women	Unsheltered homelessness was associated with significantly higher likelihood of physical assault and robbery than sheltered homelessness Sexual assault rates did not significantly differ between sheltered and unsheltered homeless women	Moderate
Seymour et al. (2000)	To investigate causes of and factors in drug use deaths among homeless people staying in shelters	Retrospective study using police, toxicology, and post-mortem reports	Glasgow, United Kingdom	61	Homeless people who use drugs	80.3% of the 61 overdose deaths among homeless people from 1990 to 1999 occurred in a shelter room Overdose fatalities involving heroin were most common, with the majority of these also involving at least one benzodiazepine A minority of overdose fatalities followed recent releases from prison (15%) and rehabilitation treatment (3%)	Moderate
Styron et al. (2000)	To examine the experiences of formerly homeless mothers before and after leaving the shelter system	Qualitative study using open-ended interviews	New York City, United States	24	Formerly homeless mothers	Majority of formerly homeless mothers reported feeling safe and having comfortable accommodations in shelter Shelter rules were a common	Moderate

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Table 1 (continued)

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Elias and Inui (1993)	To explore the daily experiences of chronically homeless older men in a shelter setting	Qualitative study using semi-structured interviews	Seattle, United States	35	Chronically homeless older men	complaint, but also understood as necessary for safety Concerns about negative interpersonal influences on children while in shelter were also noted Shelters offered temporary safety and respite from street-based violence, particularly for older men with alcohol use problems	Moderate
Hodnicki and Horner (1993)	To explore the caring experiences of homeless mothers in shelter	Qualitative study using semi-structured open-ended interviews	Southeastern city, United States	6	Homeless mothers	Shelters were experienced as unfamiliar environments that yielded concerns among mothers for their children's safety Some mothers bonded through guarding behaviours, which involved taking turns watching each other's children ^a	Low

^a Novel finding from low-quality study that is not discussed in the narrative synthesis.

measurement of the condition. Two moderate-quality retrospective case series examined shelter-based overdoses, but did not report sufficient information on participants' backgrounds or the study sites.

Low quality articles included 12 qualitative studies, most of which presented findings on sense of safety in shelters as part of a broader research focus. These articles typically provided limited details about data analysis and procedures used to enhance rigor, did not address the relationship between researchers and participants, and had possible issues with recruitment or data collection methods. Other low-quality articles included case series with insufficient reporting of participant and site characteristics, and cross-sectional studies that used potentially unreliable measures and did not address key confounding factors.

3.2. Victimization and sense of safety in shelters

Forty-three studies included findings on shelter-based victimization and perceived safety in shelters. However, as shown in Table 1, the findings were often not the primary areas of investigation in these studies. Thus, the extent to which the 43 studies generated evidence on shelter-based victimization and safety in shelters was variable and occasionally limited. The five contributory factors to victimization and sense of safety in shelters are presented narratively here. The findings on sense of safety are also summarized in Table 3.

Shelter-based violence. The most consistently identified contributing factor to safety in shelters was perceptions and exposure to violence. Findings from 10 qualitative studies demonstrated that concerns about violence in shelters led to perceptions among people experiencing homelessness that these settings were unsafe (Czechowski et al., 2022b; Daiski, 2007; Huang and Menke, 2001; Maassen et al., 2013; Martinez, 2010; Neale and Stevenson, 2013; Nettleton et al., 2012; Pope et al., 2020; Sylvestre et al., 2018b; Wusinich et al., 2019). Fears of shelter-based violence yielded hypervigilance, impaired sleep, and shelter avoidance (Daiski, 2007; Maassen et al., 2013; Martinez, 2010; Nettleton et al., 2012; Pope et al., 2020; Wusinich et al., 2019).

Eight studies explored contributory factors in shelter-based violence. Three of these qualitatively examined the role of fighting among children and adolescents staying in shelters. Fighting was identified as an aggression-based coping strategy and a way to maintain safety, avoid coercion into criminal activity, and protect oneself (DeForge et al., 2001; Huang and Menke, 2001; Maassen et al., 2013). Other perceived factors in shelter-based violence included: suicidality among service users, which led to intentional engagement in violence (Poon et al., 2017); the

congregate structure of some shelter models where fighting was more prevalent (Lincoln et al., 2009b); and drug availability in shelters that yielded risks of violence due to intoxication (Czechowski et al., 2022b).

Two cross-sectional studies had differing findings on the relationship between violence and type of homelessness. A study of homeless adults in Toronto, Canada, found that physical assault in the past year was not associated with currently staying in a shelter (Hwang et al., 2009). In contrast, an earlier U.S. study of women experiencing homelessness in Los Angeles found that sheltered homelessness was associated with a reduced likelihood of experiencing assault and robbery than unsheltered homelessness, after controlling for duration of homelessness (Nyamathi et al., 2000). Likelihood of sexual assault did not differ in relation to type of homelessness. The locations where violence occurred were not measured in either study.

Theft and robbery. Seven studies found service users' concerns of theft and robbery contributed to their perceptions that shelters were unsafe (Czechowski et al., 2022b; DeForge et al., 2001; Neale and Stevenson, 2013; Nettleton et al., 2012; Pope et al., 2020; Verma and Srivastava, 2020; Wusinich et al., 2019). Two other qualitative studies highlighted that the high prevalence of drugs in shelter environments, such as in low-barrier programs, yielded non-violent victimization risks, such as theft, bullying, and money debts (Bardwell et al., 2018a; Briggs et al., 2009).

Shelter environment and policies. Sixteen studies examined various facets of shelter environments and policies in relation to sense of safety (Biscotto et al., 2016; DeForge et al., 2001; Ha et al., 2015; Lincoln et al., 2009a, 2009b; Neale and Stevenson, 2013; Padgett et al., 2022; Poon et al., 2017; Redline et al., 2021; Riley et al., 2001; Shier et al., 2007; Styron et al., 2000; Sylvestre et al., 2018a, 2018b; Thompson et al., 2020; Wusinich et al., 2019). Four of these studies found that lack of privacy undermined sense of safety for service users (DeForge et al., 2001; Sylvestre et al., 2018a, 2018b; Thompson et al., 2020). Privacy concerns were pronounced among families experiencing homelessness, including children. Relatedly, three studies compared service users' perceptions of safe haven shelters with more traditional congregate models (Lincoln et al., 2009a, 2009b; Wusinich et al., 2019). Safe haven shelters are smaller, low-barrier programs with community mental health support linkages for people with serious mental illness who have been unable to exit unsheltered homelessness (U.S. Department of Housing and Urban Development, 1997). These studies highlighted how safe haven shelters offered private bedrooms with lockable doors that yielded a greater sense of safety than traditional, congregate shelters.

Table 2Articles examining individuals at increased risk of victimization in shelter settings ($n = 7$).

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
England (2022)	To examine how homeless service settings affect the physical and emotional safety of transgender people experiencing homelessness	Qualitative study using semi-structured interviews	Wales, United Kingdom	28	Homeless transgender people	Transgender people experienced verbal and physical abuse from cis men in the shelter Shelter staff normalized violence from cis men by encouraging trans people to modify how they presented themselves in common spaces Trans people were relocated within the shelter or to a different shelter in response to conflict and violence, which communicated that transphobic behaviour would be unchallenged	Moderate
Garratt and Flaherty (2021)	To use a life-course perspective to understand the risk factors associated with homelessness among people with autism	Qualitative study using life history interviews and life mapping	Oxford, United Kingdom	5	Currently or formerly homeless people with autism or autistic traits	Homeless people on the autism spectrum were vulnerable to “mate crime,” which involved exploitation and abuse by individuals considered to be friends Interpersonal conflict and rule infractions were also common in shelter settings, particularly ones with shared accommodations, due to behavioural expectations, noise, and privacy invasions	High
Bardwell (2019)	To explore how social, structural, and physical environments produce vulnerability and risks for homeless LGBTQ2S adults	Qualitative study using semi-structured interviews	London, Canada	17	LGBTQ2S homeless adults	LGBTQ2S adults experienced stigma, discrimination, and verbal violence based on their gender and sexuality in the shelter The shelter environment was described as hostile and dangerous, leading to experiences of invisibility and shelter avoidance Shelter staff made assumptions about gender and sexuality, and were unwilling to make accommodations, leading to potential risk of being outed to other service users	Moderate
Abramovich (2017)	To explore the experiences of LGBTQ2S homeless youth in shelters	Critical action qualitative study using interviews, focus groups, observations, and document analysis	Toronto, Canada	33	LGBTQ2S homeless youth ($n = 11$), direct service shelter staff ($n = 14$), and shelter management staff ($n = 8$)	Homophobia and transphobia are normalized in the shelter system, resulting in daily verbal abuse and frequent physical violence LGBTQ2S youth experienced the shelter system as dangerous due to widespread discrimination that is seldom addressed, leading them to feel safer on the streets Shelters perpetuated marginalization of LGBTQ2S youth by enforcing binary gender policies (e.g., separate male and female living spaces/bathrooms) Shelter staff alluded to taking inaction on homophobia and transphobia because they were overworked and stressed	Moderate
Coolhart and Brown (2017)	To explore the experiences of LGBTQ homeless youth in shelters	Grounded theory qualitative study using semi-structured interviews	Northeast midsize city, United States	16	LGBTQ youth with a history of homelessness ($n = 7$) and service providers working with LGBTQ youth ($n = 9$)	LGBTQ youth experienced mistreatment by both shelter staff and other service users due to their gender identity, which led to their feeling unsafe and hesitation in accessing shelters LGBTQ youth experienced distress due to binary gender	High

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Table 2 (continued)

Article	Study Objective	Study Design	Region, Country	Sample Size	Sample	Key Findings	Critical Appraisal
Begun and Kattari (2016)	To examine the relationship between visual conformity and homelessness experiences among transgender and gender-nonconforming individuals	Cross-sectional study using a national survey	United States and two of its territories	721	Transgender and gender-nonconforming individuals with a history of homelessness due to their gender identity	segregation in the shelter Responses to conflict involved further segregation of LGBTQ youth to their own private spaces away from other service users and did not address the source of problems 51.4% of participants had been harassed, 24.7% had been physically assaulted, and 21.7% had been sexually assaulted at a shelter 44.2% had left a shelter due to lack of safety 39.0% had presented to shelter as the wrong gender to feel safe Less visually conforming individuals were more likely to experience harassment and physical assault in shelter than visually conforming/passing individuals	Low
Attenborough and Watson (1997)	To examine sexual behaviour among homeless men staying in a shelter	Qualitative study using semi-structured interviews	London, United Kingdom	20	Shelter staff	Female staff were described as having to “run the gauntlet” of sexual harassment ^a	Low

^a Finding limited to a low-quality study and is not discussed in the narrative synthesis.

Similarly, private rooms with lockable doors contributed to more positive perceptions of safety in shelter hotels developed during the COVID-19 pandemic (Padgett et al., 2022). For families experiencing homelessness, safe cooking facilities and onsite play areas for children were key needs linked to safety perceptions (Riley et al., 2001; Styron et al., 2000; Sylvestre et al., 2018a).

Other aspects of the shelter environment that contributed to unsafe perceptions included unsanitary conditions; loitering near shelter entrances, especially intoxicated individuals; and the presence of drug use and selling, which could undermine sleep and threatened sobriety (Ha et al., 2015; Neale and Stevenson, 2013; Shier et al., 2007; Wusinich et al., 2019). A qualitative study of formerly homeless mothers found that shelter rules were a common complaint, but also understood as necessary for safety (Styron et al., 2000). Another study from Brazil discussed how women were not screened for weapons and drug possession upon shelter entry, a process that was different than programs for men and a source of concern for some participants (Biscotto et al., 2016). Lastly, a cross-sectional study of sheltered and unsheltered youth found that those residing in shelters rated their sleep as safer; however, there were no differences in sleep disturbances between the two groups (Redline et al., 2021).

Interpersonal relationships and influences in shelter. Shelter staff played key roles in service users' experiences of safety and perceptions of shelter-based victimization. Shelter staff could have bidirectional impacts on safety, with some working relationships being experienced as a stabilizing force and source of empowerment (Salsi et al., 2017), whereas others were perceived to be intrusive and breached personal boundaries (Sylvestre et al., 2018a). People who used drugs perceived shelter staff in peer roles to be more trustworthy and safer due to lesser power imbalances and social safety derived from shared experience (Bardwell et al., 2018b). High occupational turnover rates could also undermine the sense of safety that service users derived from their relationships with staff (Salsi et al., 2017).

Two studies examined service users' experiences of victimization in relation to shelter staff. One qualitative study from Brazil found that homeless youth described “violent relationships” with shelter staff who were perceived to be aggressive, disrespectful, and negligent (Carinhonha and Penna, 2012). A similar narrative was present in a U.S. qualitative study of older men experiencing homelessness who reported

frequent mistreatment by shelter staff due to perceived blaming, inflexibility in rule enforcement, and lack of empathy (Pope et al., 2020). It was not clear how prevalent these experiences of victimization by staff were in either study.

Perceptions of other shelter users and visitors also contributed to safety. Four studies of families experiencing homelessness found that parents were concerned about negative interpersonal influences on their children, which was heightened when other service users were engaged in illegal or inappropriate behaviours around children or had known histories of sexual violence (Giles, 2020; Hodnicki and Horner, 1993; Styron et al., 2000; Thompson et al., 2020). Concerns about the mental health status of other service users was also perceived to be a potential threat to physical safety among youth and older adults (Holt et al., 2012; Maassen et al., 2013). Residing with romantic partners was perceived to protect against the insecurity and dangerousness of shelter environments among people who use drugs, particularly women; however, these same relationships could be violent and exploitative (Stevenson and Neale, 2012).

Previous living arrangements. Perceived safety in shelter was shaped by the context in which people experiencing homelessness entered these services. Most notably, shelters that were used as a refuge from the dangers of living on the streets due to violence or extreme temperatures led to perceptions of shelters being the safer option (Biscotto et al., 2016; Briggs et al., 2009; Elias and Inui, 1993; Ellis and Laughlin, 2021; Martinez, 2010; Padgett et al., 2022; Young and Manion, 2017). This finding was present in studies from both high- and middle-income countries. Similarly, two other studies found that abusive home environments and interpersonal trauma histories could lead women and children to perceive shelters to be safer and more secure than their previous living arrangements (DeForge et al., 2001; Salsi et al., 2017).

3.3. Shelter-based overdose

Nine studies examined factors associated with overdose in shelters. Three qualitative studies focused on the role of shelter policies and physical environments in overdose risk. Prohibitive policies on substance use and lack of privacy were linked to concealed and rushed drug use that increased overdose risk (Bardwell et al., 2018a; Neale and

Table 3

Contributing factors to sense of safety in shelters.

Positive Impacts	<ul style="list-style-type: none"> - Private bedrooms with lockable doors - Safe cooking facilities and play areas for children^a - Dangerous previous living arrangements
Variable Impacts	<ul style="list-style-type: none"> - Shelter staff - Romantic relationships - Shelter rules
Negative Impacts	<ul style="list-style-type: none"> - Shelter-based violence - Theft and robbery - Lack of privacy - Unsanitary conditions - Loitering at shelter entrances - Drug use and selling in shelter - Perceived mental health problems among other service users - Poor interpersonal influences on children^a

^a Finding relevant only to families experiencing homelessness.

Stevenson, 2013; Wallace et al., 2018). Further, harm reduction mandates that were not fully implemented in shelters yielded risks to staff who functioned as “first responders” to overdoses, resulting in potential trauma exposure (Wallace et al., 2018). In shelters with designated drug use spaces, unsanitary conditions could also lead service users to use alone or in non-designated areas, where overdose risk was greater (Bardwell et al., 2018a). An earlier, retrospective study of overdose fatalities in shelters in Glasgow, Scotland, found that 80.3% of deaths occurred in shelter rooms (Seymour et al., 2000). Relatedly, the inexpensiveness and accessibility of drugs contributed to overdose being perceived as the most common method of suicide in shelters (Poon et al., 2017).

The roles of other service users and shelter staff were also described in relation to shelter-based overdose risk. A sense of community among people who use drugs was perceived to be a protective factor, as it increased the likelihood that people would be available to intervene in an overdose, whereas past experiences of exploitation or repeated requests for drugs could lead to use alone and greater risk (Bardwell et al., 2018a). Increased likelihood of overdose intervention when using drugs with other service users was also identified in another study (Wright et al., 2005). Service users identified peer workers as providing a greater sense of safety in the event of overdose due to their trustworthiness and caring attitudes (Bardwell et al., 2018b).

Two recent studies examined the role of shelter-based safer supply programs, with accompanying harm reduction services, in overdose risk. A retrospective case series of a safer supply and managed alcohol program implemented in a COVID-19 isolation shelter hotel for people experiencing homelessness found that no overdoses occurred during 1059 person-days (Brothers et al., 2022). A program evaluation case study of an integrated safer supply and drug use space in a shelter setting, which was appraised as low quality, also reported no fatal overdoses during the 26 days of program operation (Lew et al., 2022).

3.4. Individuals and groups at-risk of victimization

Seven studies examined populations at increased risk of victimization in shelters, five of which focused on 2SLGBTQ+ individuals (Abramovich, 2017; Bardwell, 2019; Begun and Kattari, 2016; Coolhart and Brown, 2017; England, 2022). The four qualitative studies that were moderate or high quality identified 2SLGBTQ+ service users as being subjected to physical assault, verbal abuse, and discrimination based on their gender identity and sexual orientation in shelter settings (Abramovich, 2017; Bardwell, 2019; Coolhart and Brown, 2017; England, 2022). Staff responses to homophobia and transphobia that involved inaction or relocation of 2SLGBTQ+ service users led to further marginalization (Abramovich, 2017; Coolhart and Brown, 2017; England, 2022). Three studies described how safety concerns and fears of victimization yielded hesitation or avoidance in accessing shelters, and perceptions that staying on the street would be safer (Abramovich,

2017; Bardwell, 2019; Coolhart and Brown, 2017). A low-quality, cross-sectional study also found high rates of self-reported shelter-based violence and shelter departure due to safety concerns among transgender and gender-diverse individuals (Begun and Kattari, 2016).

One qualitative study found that shelter settings presented risks for people with Autism Spectrum Disorder or autistic traits (Garratt and Flaherty, 2021). These included vulnerability to exploitation and abuse by other service users who were perceived to be friends, as well as environmental issues (e.g., shared accommodations, noise, privacy invasions) that increased interpersonal conflict risk.

4. Discussion

The findings from this systematic review demonstrate that fears of violence and other forms of harm, including non-violent victimization and overdose risk, are prominent concerns for people experiencing homelessness when accessing shelters. Service users' perceptions of shelter dangerousness are shaped by the service model and environment, interpersonal relationships and interactions in shelter, availability of drugs, and previous living arrangements. Because qualitative research forms much of the evidence base, it is unknown whether these perceived factors contribute to differences in rates of shelter-based violent and non-violent victimization. For example, congregate shelter models were identified as service settings where fighting was viewed to be more common; however, no comparative research has been conducted on rates of violence by shelter model. Similarly, it is unknown how these factors interact with each other. Although substance use is more permitted, and thus more prevalent, in low-barrier shelters with harm reduction orientations, different approaches to preventing violence may be used in these models that affect incidence rates. Thus, the review findings underscore the importance of addressing shelter-based victimization, so that people experiencing homelessness perceive these services to be safer and are more likely to access them when needed. Yet, there is also an urgent need for more research on evidence-based policies and practices for promoting safety in shelters. Although crisis intervention is an essential training requirement for service providers working with people experiencing homelessness (Olivet et al., 2010), there is no known research on the effectiveness of these training programs in shelter settings. Violence prevention approaches in healthcare settings may have some transferability to shelter contexts. For example, simple interpersonal interventions aimed at improving relationships between clinicians and patients have been effective in reducing the frequency of conflict on psychiatric inpatient units and could be adapted for shelter settings (Bowers et al., 2015). At the policy level, the establishment of public-facing data dashboards to monitor critical incidents, including violence and overdoses, in shelters is recommended for enhancing accountability and advancing service safety. Developing these at a regional level would also enable evaluation of differences in shelter-based critical incident rates between communities, permitting a shift toward the identification of person-centred, evidence-based practices for preventing violence and overdose.

Interventional research to address shelter-based victimization was a notable omission in this review. As the findings are consistent with views that are widely accepted in the human services sector, the normalization of violence in shelters may be a barrier to change. Further, inadequate funding for the homeless service sector may perpetuate shelter-based violence by restricting agencies' capacity to implement prevention strategies and address ontological security needs of service users. Violence then becomes a survival skill used by some people experiencing homelessness in response to unstable and threatening surroundings. This was evident in our review in studies that examined the function of fighting among children and youth experiencing homelessness (DeForge et al., 2001; Huang and Menke, 2001; Maassen et al., 2013). Addressing structural stigma in the form of sectoral underfunding is key to reducing systemic discrimination against people experiencing homelessness and developing sufficiently resourced interventions for improving safety in

shelters.

Although several studies found that previously living on the streets contributed to perceptions of shelters being safer, research on violent victimization differences between people experiencing sheltered and unsheltered homelessness was limited and yielded mixed findings. The varying findings may be the result of sample and geographic differences. Nevertheless, this is an underdeveloped area of research. As rates of unsheltered homelessness have increased in some countries during the COVID-19 pandemic due to concerns about SARS-CoV-2 transmission in shelters (de Sousa et al., 2022; Government of Canada, 2023; Huggett et al., 2021; Roederer et al., 2021), it is imperative to consider the shelter-based safety needs of those experiencing unsheltered homelessness. Increasing safety and accessibility of shelter systems is key to reducing the greater health and criminalization harms associated with unsheltered homelessness (Herring et al., 2020; Richards and Kuhn, 2023; Robinson, 2019). Expansion of shelter hotels is one promising approach given service users' more positive perceptions of safety in these models (Padgett et al., 2022). The increased use of shelter hotels during the COVID-19 pandemic also highlights the acceptability of this model for service users, including those who were previously unsheltered (Colburn et al., 2022; Padgett et al., 2022; Robinson et al., 2022). Subsequent conversion of shelter hotels into permanent supportive housing could be used to further enhance ontological security among people experiencing homelessness (Padgett, 2007; Petering et al., 2021). Given the overlap between factors that shape sense of safety in shelter and housing settings (Hsu et al., 2016; Marshall et al., 2022; Padgett, 2007; Sylvestre et al., 2018b), the continued development of high-quality affordable housing in safe neighbourhoods aligns with the security needs of people experiencing homelessness and is a critical upstream strategy for reducing shelter-based victimization.

The evidence on at-risk groups in shelter settings is narrow in scope, though research clearly demonstrates that 2SLGBTQ+ populations are at heightened risk of victimization. In addition to their risk of violence from other service users, staff inaction in response to homophobia and transphobia also further victimizes 2SLGBTQ+ individuals. Accordingly, there is a need for shelters to be inclusive, safe, and affirming spaces, where staff are trained on how to prevent and equitably intervene in homophobic and transphobic violence, especially in youth shelters where 2SLGBTQ+ individuals are overrepresented (Abramovich, 2016; Ecker, 2016). Further, dedicated housing programs for 2SLGBTQ+ individuals are key to reducing shelter-based victimization, increasing sense of safety, and facilitating exits from homelessness (Abramovich and Kimura, 2021).

Beyond 2SLGBTQ+ service users, there were evidence gaps with regard to other potential at-risk populations in shelters. Although one small qualitative study provided preliminary evidence that adults with Autism Spectrum Disorder are vulnerable to interpersonal victimization, other neurodevelopmental conditions have yet to be examined. However, risk of abuse and exploitation among homeless people with intellectual disabilities has been identified in non-shelter-specific contexts, suggesting that this could be a problem in shelters as well (Lougheed and Farrell, 2013; McKenzie et al., 2019). Similarly, no research has been conducted on shelter-based violence rates among older adults, despite their high rates of victimization in the context of homelessness more broadly (Ellsworth, 2019; Tong et al., 2021). Accordingly, future research is needed on shelter-based victimization with these groups.

Overdose risk is a serious safety issue in shelter settings. This review found that shelter policies and environments were perceived to affect overdose risk, with prohibitive policies on substance use and lack of privacy being key contributors. Overdose risk was also the sole outcome in this review where interventions had been evaluated, with two studies examining the effectiveness of safer supply programs, with additional harm reduction supports, in preventing overdoses (Brothers et al., 2022; Lew et al., 2022). Despite quality differences between the two studies, both found that there were no fatal overdoses during the duration of the interventions. These findings underscore the importance of establishing

a continuum of shelter-based harm reduction supports in the context of the ongoing overdose crisis. Yet, it is also important to recognize that drug availability in shelters was a source of victimization due to theft and robbery, and a safety threat for some service users. Accordingly, shelter systems must be designed to accommodate conflicting safety needs among service users. Having dedicated shelter agencies and programs where substance use is permitted can be balanced with having substance-free shelter spaces elsewhere. The regional quantity of low-barrier shelter spaces should align with regional estimates on the number of people who use substances in the homeless population, as measured by point-in-time counts, for example. Ensuring that there are also policies and mechanisms in place to enable service users who have been banned from shelters for substance use to access beds elsewhere is key to upholding the right to shelter and safety within homeless service systems.

The perspectives of shelter staff on safety, violence, and overdose in the workplace were notably underrepresented in the review. Of the nine articles that included a shelter staff perspective, six were appraised as being low quality. Findings from the other studies highlighted that staff encountered key barriers when intervening in critical incidents, such as high workloads, insufficient training, and emotional burden (Abramovich, 2017; Wallace et al., 2018). These findings are consistent with a broader evidence base on the occupational challenges encountered by service providers working with people experiencing homelessness, which can have a toll on the workforce, including their sense of safety in the workplace (Kerman et al., 2022b, 2023; Lemieux-Cumberlege et al., 2023). These sectoral and occupational problems increase risk of employee turnover, which can ultimately undermine relational safety among service users (Voronov et al., 2023). Accordingly, it is critical that shelter staff have the resources, training, and capacity to promote safety, intervene on critical incidents, and have access to debriefing support and supervision as needed. The development of evidence-based sectoral core competencies for shelter staff is also recommended.

There are several limitations to this systematic review. First, sense of safety was not operationally defined. The reason for this was to flexibly understand how safety is being studied and experienced in shelter contexts. Although the review has succeeded in advancing this objective, it is possible that other research on safety-related factors and issues in shelters were omitted. Second, grey literature was excluded from this review due to resource constraints that dictated the prioritization of peer-reviewed academic literature. Nevertheless, further insights into shelter-based victimization, overdose, and safety may be gleaned from grey literature and should be used to inform future research on these issues. Third, given the review's broad methodological scope, there were not well-matching quality appraisal tools for the study designs of some articles. This may have contributed to overly conservative quality ratings, especially for articles reporting on program evaluations. The retention of low-quality articles in the review and their limited inclusion in the narrative synthesis was intended to partially mitigate this issue. Fourth, willingness to participate in research differs within and across shelter systems. Because of this, the review may have been more inclusive of shelters with greater openness to research, yielding a potential bias toward perceptions of victimization and overdose in these services. Fifth, only English language articles were eligible for the review. This may have led to European studies outside of the U.K. being omitted. Further investigation of shelter models in non-English regions is warranted.

5. Conclusion

Shelters are a core component of homeless service systems. Yet, findings from this review demonstrate that these service settings can be perceived as dangerous by people experiencing homelessness due to their risk of violent and non-violent victimization, and overdose. These threats can yield additional health harms and service avoidance. Despite concerns about violent and non-violent victimization being common

among people experiencing homelessness and evidence of groups at heightened risk of shelter-based violence (e.g., 2SLGBTQ+ service users), no studies in this review examined rates of shelter-based victimization or tested interventions to improve safety in shelters, with the exception of overdose risk. These critical knowledge gaps prevent the establishment of evidence-based practices for promoting safety and preventing violence. Future research is needed on shelter model augmentations to concurrently improve safety and service accessibility; inform the development of sectoral core competencies for shelter staff; and identify other subpopulations at-risk of shelter-based violence. Further expansion of harm reduction supports in shelters, including onsite overdose prevention sites, is also recommended for mitigating overdose risks. Finally, it is important to recognize that the function of shelters is to meet unmet basic needs and not to prevent homelessness. Accordingly, efforts to improve safety in shelters need to be balanced with investments in housing and supports necessary for preventing and reducing homelessness.

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Conflicts of interest

None declared.

Ethics approval

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Appendix A. Supplementary data

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