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THE RELATIONSHIP BETWEEN GENDER VIOLENCE, HOMELESSNESS, AND TRAUMATIC BRAIN INJURY

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Introduction

This assessment provides a direct view into the experiences of individuals who are living without permanent housing and have incurred a traumatic brain injury as a result of gender violence. Results from this assessment can be used as a guide to supplement discussions on the prevalence of traumatic brain injury among survivors of gender violence who are experiencing homelessness as well as inform appropriate service provision for individuals living with these conditions.

According to Wirtz, Poteat, Malik, and Glass (2018), "gender-based violence is an umbrella term for any harm that is perpetrated against a person's will and that results from power inequalities based on gender roles." This umbrella term should also include individuals who identify as transgender and gender nonconforming populations. For the purposes of this report, gender violence includes domestic violence (DV) and intimate partner violence (IPV).

Given the prevalence of traumatic brain injury among individuals experiencing homelessness and survivors of gender violence, it is critical to understand the intersection of these three factors. The literature on TBIs among homeless survivors of gender violence is extremely limited. The goal of this report is to expand on this phenomenon to inform service providers and the community to improve services for survivors as well as to inform prevention programming.

Homelessness

The number of individuals and families experiencing homelessness continues to increase across the United States (US Department of Housing and Urban Development, 2020). The primary causes of homelessness are primarily economical and include loss of a job or extended unemployment, and eviction. These causes are often compounded by other factors such as loss of relationships, physical or mental health issues, and gender violence (Hwang et al., 2008; Mackelprang et al., 2014; Oddy et al., 2012; Topolovec-Vranic, 2014). Additionally, exposure at a young age to physical and sexual abuse, family conflict, poverty, housing instability, and alcohol and drug use increases the odds of experiencing homelessness (Lee et al., 2010; Tyler et al., 2004). Homelessness also occurs disproportionately often after discharge from prisons and jails, treatment facilities,

and foster care, affecting up to one third of the individuals leaving these institutions (Lee et al., 2010; Metraux et al., 2007; Pecora et al., 2006).

Traumatic Brain Injury

The Center for Disease Control and Prevention (2020) defines a traumatic brain injury (TBI) as "a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury." Anyone can incur a TBI, however there are groups within the general population that are higher risk. For example, older adults and children are included in higher risk groups for TBI as they are more susceptible to falling or other forms of accidental injury. Not all head injuries result in a traumatic brain injury and the severity of a TBI can range from mild, moderate, or severe. TBIs are categorized by the degree of change in a person's mental status or consciousness, as a result of an injury to the head. A TBI is classified as mild if a person experiences a change in their mental state or loss of consciousness (LOC) for a short period of time, such as 30 minutes or less, while severe TBIs can result in memory loss after the injury or losses of consciousness extend over a longer period of time. Mild TBIs often do not lead to long term symptoms however, moderate to severe TBIs can affect a person's attention and memory and even lead to lasting health problems such as depression or suicidality (DePrince & Gorgens, 2020). Depending on the severity and length of time of the injury, a person can sustain multiple brain injuries in one incident (e.g., if, in one incident such as a fight, a person is punched or hit in the head multiple times).

TBI and Homelessness

Individuals experiencing homelessness are at disproportionately higher risk for sustaining a TBI when compared to the general population (Hwang et al., 2008; Oddy et al., 2012; Topolovec-Vranic et al., 2012). This is in part because individuals experiencing homelessness are more likely to be victimized by assaults as a result of living outside and exposed. Studies have found that individuals experiencing homelessness have a higher tendency for risk-taking and substance use which also increases the likelihood of experiencing a head injury (Backer & Howard, 2007; Silver & Felix, 1999).

Gender Violence and Traumatic Brain Injury

According to the National Coalition Against Domestic Violence (2020), one in three women reported experiencing physical violence by an intimate partner and one in seven women reported being injured by an intimate partner. However, there is limited evidence about the prevalence of TBI as a result of gender violence. Recently, a small number of U.S. studies found that 90% of women seeking emergency services after fleeing domestic violence reported experiencing a head injury by their partner (DePrince & Gorgens, 2020). In a Colorado-based study, DePrince & Gagnon (2017) interviewed 200 women who submitted reports of domestic violence to police. Results of the study found that one in 10 women reported being hit in the head or losing consciousness during the most recent incident of intimate partner violence. This study looked at one police report per participant, however we cannot conclude that all participants experienced only one TBI. As previously noted, a person can incur multiple head injuries from being repeatedly struck in the head. It is possible, and even likely, that some participants sustained more than one TBI during their reported attack.

Gender Violence and Homelessness

Existing literature shows that gender violence is highly prevalent among people experiencing homelessness, especially women. The American Civil Liberties Union (2006) (ACLU) reported that approximately 50% of people who are homeless reported domestic violence/intimate partner violence as the primary cause for their loss of permanent housing, and this percentage is likely higher when considering that cases of DV/IPV are underreported. Another ACLU survey found that 57% of the parents who were surveyed reported leaving their permanent housing because of domestic violence, while another from 1990 states “half of all homeless women and children are fleeing abuse” (ACLU, 2006).

Women and children fleeing abusive households are often not financially prepared to acquire their own housing because, in addition to physical violence and control, abusers often control several other aspects of survivors’ lives including finances and social networks. As a result, once they leave their abuser, survivors often have little to no financial means nor people they can turn to. Baker et al (2010) explain that, “many women leaving abusive relationships and almost all women accessing domestic violence victim services are not immediately able to pay the deposit, first and last month's rent, and 100% of the ongoing rent. Thus, many

women victims, without some kind of assistance to obtain permanent housing, may be left to find a temporary solution to their housing needs while hoping for permanent housing in the future.”

Methods

In 2020, graduate students from the University of Denver's School of Professional Psychology, doctoral and graduate students from the School of Social Work, and staff at the Center for Housing and Homelessness Research (CHHR) interviewed 120 people experiencing homelessness. Interviews took place at Homeward Alliance's Murphy Center of Hope in Fort Collins and Marian House in Colorado Springs. Interviewers read structured interview protocols to participants and entered responses into an online survey platform (RedCAP). Interview data provided both quantitative and qualitative information that was then analyzed and is reported in the results section of this report. The following section provides details about participant recruitment and data collection procedures.

Participant Recruitment

Data collection regions were selected based on the prevalence of homelessness across the state of Colorado which are reported in the 2019 Point in Time findings (Metro Denver Homelessness Initiative, 2020). From there, the research team contacted local service providers in the area in search of contact information for the region's Continuum of Care. These organizations then connected our team with The Murphy Center for Hope in Fort Collins and Marian House in Colorado Spring.

Staff from both the Murphy Center and Marian House supported participant recruitment by hanging recruitment flyers in service provision areas as well as encouraged service recipients to visit their organizations on the day of the study. The Institutional Review Board (IRB) at the University of Denver approved all study procedures prior to data collection including required written informed consent from eligible participants before beginning data collection.

The Murphy Center for Hope

The Murphy Center is one of the primary homelessness service providers in Fort Collins. Established in 2009, the Murphy Center provides direct services as well as referrals to their many partner agencies in the area. Services at the Murphy Center include case management, behavioral health services, outerwear, showers and

laundry, connections to housing, along with numerous other services. Interviewers administered the assessment to 59 participants at the Murphy Center.

Marian House

Starting as soup kitchen in the 1970's, Marian House's operations have been run by Catholic Charities since 1994. As the need for meals and supportive services grew, in addition to serving 600 meals a day, Marian House also began providing a range of services from clothing and medical care to food boxes and career development. Interviewers administered the assessment to 61 participants at Marian House.

A Note About COVID-19

In response to the novel coronavirus disease (COVID-19), CHHR paused all data collection as instructed by the University of Denver and the University of Denver Human Subjects Institutional Review Board to prevent the spread of COVID-19. At the time, this study had established two additional data collection sites in Grand Junction, CO and Alamosa, CO. In response to the threat of the pandemic, these sites opted out of the study.

Data Collection Procedures

Interviewers read structured interview protocols to a total of 120 consenting participants and entered responses into an online survey platform (RedCAP). Details about data collection procedures are described in the section below.

Measures

Two standardized measures were used to assess homelessness status and TBI history; the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) and The Ohio State University (OSU) TBI Identification Method.

VI-SPDAT

The VI-SPDAT is the homelessness status tool used by the Continuium of Care (COC) directed by the Department of Housing and Urban Development (HUD) to assess homelessness. In our assessment we used the VI-SPDAT to look at history of housing and homelessness, risk behavior,

socialization and daily functioning and wellness. Brown, Cummings, Lyons, Carrión, and Watson (2018) conducted test-retest reliability analysis for the VI-SPDAT and found that Cronbach's alpha equalled less than .7. Overall, analyses indicated results from the test-retest and inter-rater reliability of the VI-SPDAT were inadequate. However, these poor results are not surprising given the transient nature of the population of individuals experiencing homelessness and that each state, city, and community utilize different methods to address homelessness. As a national assessment of homelessness, the VI-SPDAT cannot account for variations of key factors such as service provision and availability, economic or employment opportunities in the area, as well as the cost of housing in a given area. and For the full VI-SPDAT, please refer to **Appendix A**.

Traumatic Brain Injury- OSU

The Ohio State University TBI identification method was used to collect information on participants' history and experiences with traumatic brain injury. Similar to the VI-SPDAT, the OSU is administered to participants through a structured interview process with a data collector. Corrigan and Bogner (2007) found that the OSU's interrater reliability was high. The full OSU questionnaire is in **Appendix B.**

Participants were also asked to provide their sociodemographic characteristics and respond to questions about their social networks. **Table 1** provides examples of all survey sections.

Table 1. Examples of survey questions

Survey Measures	# of Questions	Examples
Basic Information	14 Questions	What is your gender?; What is your sexual orientation?; What is your race?
History of Housing and Homelessness	26 Questions	How long has it been since you lived in permanent stable housing?; How many times have you been homeless in your lifetime?; How old were you the second time you were homeless?
Risks	12 Questions	In the past six months, how many times have you... Received health care at an emergency department/room?; Have you been attacked or beaten up since you've become homeless?
Socialization and Daily Functioning	6 Questions	What, if any, are services that you need or wish you had but are not available to you in the area where you reside?

Wellness	16 Questions	Do you have planned activities, other than just surviving, that make you feel happy and fullled?; Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?; Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?
TBI History	276 Questions	In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck?; Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g., history of abuse, contact sports, military duty)? If so, how many? How old were you? Were you knocked out or did you lose consciousness?
Social Network	24 Questions	Now, please name the ve people who you are closest to and have interacted with or talked to (this could be face-to-face or over email, text, phone, social media etc.) the most in the past three months. How would you best describe your relationship to each person?
Follow-up Questions	7 Questions	What services have you found to be most helpful to address issues related to homelessness? Why have you found these services helpful? What services have you found to be most helpful to address issues related to your brain injury?

Data Analysis

Survey data were entered into REDCap and exported to the Statistical Package for the Social Sciences (SPSS), where they were coded and analyzed. We aggregated participant reported gender into a dichotomous variable (Female or Other, and Male). The number of participants who self-identified as “Other” was too small (n=2) to be considered a group for our analysis, therefore we aggregated all non-male gender categories into one variable to create “Female or Other.”

Results included corresponding quantitative and qualitative data that indicated the number of TBIs each participant incurred as well as the cause of each TBI as reported by each participant. All reports of violently incurred TBIs (e.g., punched in the head, hit by a domestic partner, thrown against a wall) were aggregated into one variable to reflect the totally number of violently incurred TBIs per participant.

Initialy, correlations were conducted to assess the relationship between the number of violenty incurred TBIs across gender groups. Additionally, participants provided information about their age when they first received a TBI and the age of their last incurred TBI. These two variables were also used

to conduct correlations with gender groups, race, and number of violent TBIs. Correlations were also conducted to assess the relationship between race and total number of violent TBIs as well as the number of times an individual experienced homelessness at the time they completed the survey and their total number of violently incurred TBIs.

An independent samples t-test was conducted to assess the difference between gender groups (Female or Other, and Male). Lastly, a binary logistic regression was conducted to further assess the relationship between gender groups and violently incurred head injuries.

Findings

A total of 120 individuals were interviewed for this study. The following is an overview of participant-reported demographics.

Participants

Participants interviewed for this study identify as White (63%), Hispanic (9.2%), Multiracial (7.5%), Black or African American (6.7%), American Indian or Alaska Native (6.7%), Asian (1.7%), Native Hawaiian or Other Pacific Islander (0.8%), or unknown (2.5%). Over half of participants identified as male (65%), 31% identified as female, 2% reported other, and 2% did not respond. For the purpose of our analyses, gender was structured into two categories; Female or Other, and Male. Participants reported experiencing an average of 3.26 (*SD* = 3.94) episodes of homelessness in their lifetime. Forty-six percent of the 120 participants reported sleeping most nights in shelters followed by 34% who reported sleeping outdoors most nights. Fourteen percent of participants reported sleeping in other places, 4% reported sleeping in transitional housing, and 2% stay in a safe haven.

When asked if participants had experienced either feeling dazed or a loss of consciousness after suffering a head injury, 34% reported experiencing LOC at least one time.When split by gender, results show 41% of those who self-reported as Female or Other experienced a loss of consciousness compared to 31% of those who self-reported as Male.

The findings of this assessment show that several participants likely have at least one traumatic brain injury. When asked about their health history and loss of consciousness, 60% of participants in the Female or Other category reported at least one head injury with a LOC for more than 30 minutes compared to 42.4% of those who reported as Male. Thirty-two percent of participants in the Female or Other category experienced a TBI with LOC before the age of 15 while 27% of self-reported males experienced LOC before age 15. Lastly, 60% of participants from the Female or Other group reported experiencing more than three injuries in a short period of time compared to 45% of the Male group.

Results

Results of the correlations show a statistically significantly positive relationship between gender and number of violent TBIs. Given our Female or Other variable was the higher coded group, and Male was the lower coded group, these results indicate that our Female or Other group were correlated with a higher number of violently incurred TBIs (r = .29, p = .019). Our race variable was also statistically significantly negative correlated with number of violent TBIs (r = -.36, p = .004). Racial categories included American Indian/Alaskan Native, Black/African American, Latinx, Biracial, Multiracial, White, and Other, with White as the highest coded group. Thus, results of the correlation indiciate that lower coded groups, which all include People of Color and Black and Indigenous People of Color, were correlated with a higher number of violently incurred TBIs. Correlation results also showed a statistically significantly positive correlation between the number of episodes of homelessness experienced by participants and gender (r = .24, p < .001), as well as a statistically significant positive correlation between the number of homeless episodes and number of violently incurred TBIs (r = .34, p < .001).

Those who identified as Female or Other reported an average of 3.38 violent TBIs (SD = 2.26) at the time of data collection while those who self-reported as Male had an average of 2.30 TBIs (SD = 1.40). Results of the independent t-test indicate a statistically significant difference between the average number of incurred violent head injuries and gender (t(32) = 2.112, p = .042).

A binary logistic regression was conducted to assess the relationship between the dichotomous gender variable with Female or Other coded as the higher variable, and the number of violently incurred traumatic brain injuries among participants. Results from the logistic regression revealed a statistically significant odds ratio of 1.42 (p = .03). These results indicate that the odds of experiencing a violently incurred TBI are 1.42 larger for those in the Female or Other than for those in the Male category.

Implications

Our results show a relationship between our dichotomous gender variable and violently incurred traumatic brain injuries. Specifically, participants that self-identified as Female or Other have higher odds of experiencing a violently incurred TBI. These findings provide several implications, especially for homelessness service providers. First, receiving an assessment or diagnosis is the first step to understanding how to live with a life-altering condition. Therefore, in addition to providing a safe place to stay, service providers that primarily serve women and/or gender non-conforming individuals may consider partnering with medical clinics or bringing medical personel onsite to conduct cognitive assessments for clients who reported experiencing a head injurt as a result of a violent attack. Service providers and medical personel could offer referrals for additional needed care for these clients who are receiving services. Providing access to medical clinics can help clients to better understand their injury and how to live with it as well as provide them with support as the process the mentally and physically traumatic event.

Second, disseminating information such as these findings can help to enhance service providers' understanding of the needs of those who have experienced a head injury as a result of gender violence. As previously mentioned, individuals who flee their permanent housing due to violence often do not have the financial means to live on their own nor afford medical expenses. An injury to the brain can potentially cause cognitive impairments such as memory loss which creates a challenge for individuals who are trying to acquire housing and means to financial stability. Service provision for women and gender non-comforming individuals who have experienced a head injury can be improved simply by improving staff knowledge about these conditions. For example, staff who understand that memory loss is a side effect of a brain injury could improve case management services by offering clients strategies for managing their condition. This can include simple service adjustments such as providing clients with pen and paper to manage document their appointments they may otherwise forget or to help with preparing their personal information for these appointments.

Lastly, these results indicate the need to further explore the relationship between individuals who identify as gender non-comforming, are living without permanent housing, and have a violently incurred TBI.

Given that our sample of individuals who selected “Other” was too small to analyze as it’s own group, future research on this topic should consider the experiences of those who’s gender identities are outside the male-female binary, are homeless, and the relationship between those demographics with the likelihood of incurring a violent TBI. This information would not only lead to a deeper understanding of those experiences but also provide further implications to improve service provision for those individuals.

In conclusion, additional research is required to better understand the intersections of gender, living unhoused, and exposure to violent brain injuries. Expanding on existing literature and building new evidence can greatly improve efforts to support those who live with these experiences. Additionally, advocates and service providers can utilize future evidence as a guide to develop prevention programs and strategies that aim to address these issues.

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Appendices

Appendix A: Questions Used from the Vulnerability Index Service Prioritization Decision Assistance Tool

History of Housing and Homelessness

1. Where do you sleep most frequently?
   - □ Shelters
   - □ Transitional Housing
   - □ Safe Haven
   - □ Outdoors
   - □ Other (specify):
   - □ Refused

2. How long has it been since you lived in permanent stable housing?
- □ Years:
- □ Refused

3. How many times have you been homeless in your lifetime?
- □ Number of times:
- □ Refused

4. How old were you the first time you were homeless? (asked up until the twentieth time)
- □ Age:
- □ Refused

Risks

5. In the past six months, how many times have you...

- □ Received health care at an emergency department/room?
- □ Taken an ambulance to a hospital?
- □ Been hospitalized as an inpatient?
- □ Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
- □ Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
- □ Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

Risk of Harm (Yes, No, Refused)

6. Have you been attacked or beaten up since you've become homeless?
7. Have you threatened to or tried to harm yourself or anyone else in the last year?

Legal Issues (Yes, No, Refused)

8. Do you have any legal stuff going on right 0w that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?

Risk of Exploitation (Yes, No, Refused)

9. Does anybody force or trick you to do things that you don’t want to do? (Yes, No, Refused)

10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't k0w, share a needle, or anything like that? (Yes, No, Refused)

Socialization and Daily Functioning (Yes, No, Refused)

Money Management

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?
12. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

Meaningful Daily Activity

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

Self-care

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

Social Relationships

15. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?

Wellness (Yes, No, Refused)

Physical Heath

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?
20. When you are sick or 0t feeling well, do you avoid getting help?
21. Are you currently pregnant? (Yes, No, N/A, Refused)

Substance Use

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

Mental Health

24. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying, because of…?
    a. A mental health issue or concern?
    b. A past head injury?
    c. A learning disability, developmental disability, or other impairment?
25. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

Medications

26. Are there any medications that a doctor said you should be taking that, for whatever reason, you aren’t taking?

27. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

Abuse and Trauma

28. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?

Appendix B: Ohio State University TBI Identification Method (modified for CO)

Step 1

Ask questions 1-5 below.
Record the cause of each reported injury to the right of this box in "Step 1 Continued"

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

   ☐ No ☐ Yes—Record cause in chart to right

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

   ☐ No ☐ Yes—Record cause in chart to right

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

   ☐ No ☐ Yes—Record cause in chart to right

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

   ☐ No ☐ Yes—Record cause in chart to right

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat– or training –related incidents

   ☐ No ☐ Yes—Record cause in chart to right

Interviewer instruction:
If the individual has been exposed to repeated injuries such as through DV or football etc. those incidences should be recorded in Step 3, see step 3

Step 2

For each reported injury ask the following questions
Record answers in Step 2 Continued below
(Additional space on back if needed)

Where you knocked out or did you lose consciousness (LOC)?

- If yes, how long?
- Were you dazed or did you have a gap in your memory from the injury?
- How old were you?

Record answers in Step 2 Continued below

Step 3

Ask the following questions to identify a history of multiple TBIs
Record answers in Step 3
(Additional space on back if needed)

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

- If yes, what was the typical or usual effect – where you knocked out (Loss of Consciousness – LOC)?
- If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these injuries began? Ended?

Step 1 Continued...	Step 2						
	Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
Cause	No LOC	<30 min	30 min-24 hrs.	>23 hrs.	Yes	No	

How many injuries total have you had in your lifetime? _____

Step 3	Typical Effect		Most Severe Effect				Age	
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC <30 min	LOC 30 min-24 hrs.	LOC >24 hrs.	Began	Ended

Appendix C: Open-ended Responses

Question	Participant Responses
1. What services have you found to be most helpful to address issues related to homelessness? Why have you found these services helpful?	• Food resources • The shelter services provide food and housing • Neighbor to Neighbor, it gives homeless people a way to get themselves back into housing. • The Murphy Center. They are helpful because they are willing to help you. • Being able to have a shower. It helps to have good hygiene in order to get a job. • Clothing services, food programs, employment. Helps me be fulfilled, and it's something to do (applying for jobs). Puts something on my schedule. • Food stamps: can't waste the money. Medicaid: just in case you get hurt. • Murphy Center because it helps with bus tickets and offers warming, laundry and mail. • Rescue Mission, Salvation Army, Summit stone CSU • Other than this place and Fort Collins rescue mission, I haven't had a whole lot of luck or help in any services. I have lost 4 jobs in the last week because I have lost bus passes. Nobody has been able to help me resolve issues with unemployment. I have had to do everything on my own. I come here to shower, go over there to sleep. • Case worker to find housing • This place because you get food, showers, laundry, bus tickets, gear. Have a base. • SNAP • Homeward Alliance. • Therapist, Rescue Mission, mental health help • Shelters, human services, Murphy Center, food bank • Murphy Center, their resources are amazing and they actually care. • The Denver Rescue Mission because they help me with clothes, food, and spirituality. • Shelter, able to get a shower • Homeless gear because they provide clothes or supplies you may need. • Food Stamps and Hands Up helped get clothes. • Summit Stone services, it helps me deal with my mental health issues. • Homeless Alliance, Neighbor to Neighbor (rent and utilities/ housing help), Hand Up Program (clothing, boots, work attire), Two on One (United Way, help with resources for housing and jobs), Northern Colorado Health Network/ NCAP (HIV, food, substance use, mental health services). Helpful because it made everything else line up. They help people who want the services. • Homeward Alliance, because they manage my section 8.

- This agency. Sister Alice had a good idea about unifying services. They have unified services.
- The Murphy Center, Catholic Charities, Human Resources (food, stamp card), the work force, it does not matter if you are homeless, they will help you.
- Medicaid, food stamps, Murphy Center
- Murphy Center, friendly and informative
- VOA, Summit Stone, and The Mission provides therapy and helps out by telling you where to look and what resources are available
- Murphy Center because they have different counselors that guide me and work programs as well.
- Outreach Program in Fort Collins because they help me get my yearly bus pass and gym membership.
- Murphy Center because I can take showers and stay warm and drink coffee/ get food
- Rescue Mission, Salvation Army, Summitstone CSU
- Murphy Center because they offer a variety of resources. Especially helpful is computer resources, clothing, showering. These resources are helpful because all these beneficial resources are in one place.
- Outreach
- Homeward Alliance, lots of the secretaries know me by name, and Murphy Center.
- Murphy Center helped me get a job and resources
- Shelters because they save our lives and it's freezing outside
- Shelters in general for housing
- Health, physical and mental. Salud because they have great access to health district and to quit smoking.
- People who give us showers Shelters are definitely helpful. The most help we have experienced are the ones that are welcoming of sexual orientation.
- Murphy Center because it gives back to everyone
- Homeward Alliance because people are real here

2. What services have you found to be most helpful to address issues related to your brain injury? Why have you found these services to be helpful?

- Doctors or emergency rooms. They are helpful because they know more than I do.
- Chiropractor
- Summit Stones program mental health program. It helps to talk with my therapist. When things get rough sometimes it is good to talk.
- Physician and Summit Stone, they provide tools to help cope with injury.
- N/A smoked pot
- Murphy Center
- Medical doctor, therapist, mental health help
- Disabled resources helped with bus pass
- Colorado Medicaid because they pay for medical help
- Medical services. There is a lot of stuff all over this area that have been helpful but it is important when people help themselves.

- A hot meal twice a day and a restroom because it is the basis for getting started
- Doctor Eban, provided services since 2002
- My doctor because she is really helpful and addresses the problem
- The Crisis Center and the 24-hour hotline. Because when I'm scared or emotional they help me get back to where I need to be and get my life back on track.
- MCR
- Summit Stone
- School helped in the past, student services, education aid
- Crisis Center in town that helps people who have been through trauma (accessed through safe house shelter). Helpful because they have helped when I had medical problems and needed a safe place to stay.
- Emergency room
- Salud and doctors are helpful
- Getting referred to Dr. Bryan for TBI and mental health

3. What services do you wish would be available for you to deal with issues around housing and homelessness? Why?

- Unemployment services
- A quiet room for people to be as long as they could keep themselves at a certain noise level
- Sliding-scale fee for housing. Helpful because it would make it more affordable.
- Animal day care because my main problem is that I want to get off of the street and work however, I do not have anyone that I trust to watch my dog so I am unable to work.
- Program to help get into affordable housing, because I need a place to be and have something to look forward to so I can keep going and sustaining. Also, would want to have somebody to talk to about homelessness who can talk to me in a positive way.
- Besides shelter, I wish there was an actual home/apartment for me.
- Housing
- Translator and advocate
- Everyone wants money. In order to get money I need a job. I can't get a job because I can't get bus tickets. It turns into a landslide of problems from one simple thing.
- Accessible housing
- Somewhere safe to live and a job, I had a job and got hurt
- More laundry services in order to clean my own clothes
- Medical diagnoses
- A safe place of congregation. During the winter we have warming centers, but during the summer it is not that. Most of us have head trauma from substance abuse or drugs. A safe place to come to is what I want.
- Sober living homes for women
- Food pantries
- Help with housing especially a deposit

4. What services do you wish would be available for you to deal with issues around traumatic brain injury? Why?

- Budgeting and banking services along with better casework for people with stress and anxiety issues and can offer more one on one support.
- Peer counseling groups to discuss a variety of reasons why the situation is the way it is and come to understand your situation better by sharing with others
- Heart therapy, music therapy and dance therapy
- Native American Services
- Brain Injury Alliance because they understand what is going on and would be able to give me answers
- Access to a chiropractor
- More mobile medical services
- Diagnosis and medical help to prove I am not faking it
- People to talk to in order to find out what is going on
- Extra resources
- Somewhere to live
- I'd just like the right doctor, the right nurses, the right people and places to know what it's going to take to get better. Be able to think better, stronger again. I want back what they took from me.
- More affordable resources
- CAT scan, diagnosis
- Medical assistance
- Talk therapy so there is someone to talk to that will care about my situation and not just see me as a number
- Support groups because it is helpful to get advice from people who have the same experiences
- More knowledge on TBI
- Therapy for exercising the brain to cope with anger, autism, relaxing the brain, and helping with repetitive thoughts
- Rehabilitation programs that can help me with my memory
- Services to help me deal with my panic attacks other than my therapist. So that I can have help with understanding and dealing with my issues.
- People need to be more aware because I get confused and lost all the time and I don't recognize anything in that state of mind. People need to be more mindful and realize it is not always due to a substance.

5. What other services are missing for you, considering your situation?

- Hygiene services and housing
- Psychology services related to disability
- An all-day shelter
- Art space
- Counseling
- Storage, huge problem to carry all your stuff and there is a risk of getting it stolen if you leave
- Help getting into rehab
- Financial loan program
- How to blend in or socialize in order to not stick out
- Creative aspects
- Access to bathrooms and proper sanitation

- Doctors
- Resources to relax the brain through music or relaxing sounds
- Safety and legal help
- Career/ job services
- More help for homeless seniors
- How to defense yourself and keep your resources safe
- Transportation and employment services