A Portrait of the Unhoused Population of Seattle, WA 2023

September 16, 2025

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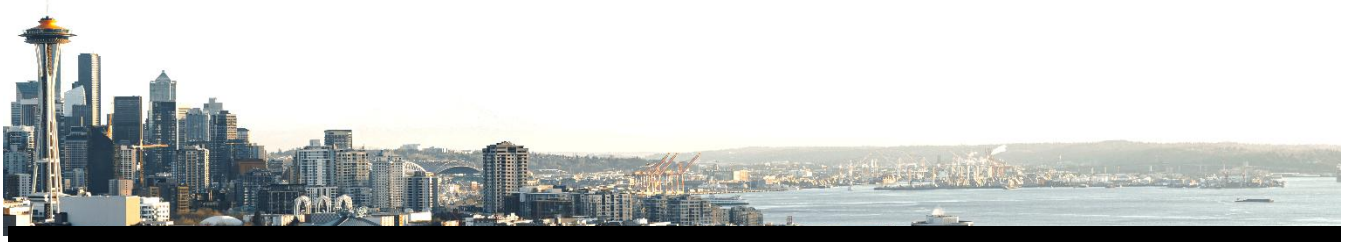
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DEPARTMENT
OF SOCIOLOGY

UNIVERSITY *of* WASHINGTON

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Executive Summary

Introduction

Surveys of people experiencing homelessness traditionally focus on questions related to their housing statuses, often excluding broader topics asked of the general population. As a result, research frequently fails to capture the full humanity and lived experiences of this diverse community. Our *Sound Data* project seeks to address this gap by conducting a survey on a representative sample of unhoused respondents on a variety of subjects about social life and well-being. This report presents the results from our survey collected during Spring 2023 in Seattle, WA.

To launch this study, researchers from the University of Washington (UW) Department of Sociology fielded a multidisciplinary questionnaire in person at local public libraries. This comprehensive survey covered individual demographics, family structures, social support, residential situations, shelter use, employment, health, substance use, religion, politics, languages, and nativity. Importantly, the questionnaire is intended for a general population and closely mirrors that which will be fielded on a survey of housed residents in the future, to facilitate direct comparison.

Results in this report portray Seattle's unhoused people as a complex population, with varied lives, experiences, and perspectives. All of this has important policy implications. For example, this report clarifies the community's demographic composition, allowing service providers to better tailor their support. We highlight patterns in homelessness duration, eviction histories, forced displacement, and resource access. Furthermore, the paper broadens our understanding of employment statuses, complicating common conceptions about earnings and financial situations. We also uncover trends in physical, mental, and behavioral health conditions that might help inform medical care. Lastly, the study provides insight into the diversity of respondents' religious, political, and national backgrounds, all of which could influence the efficacy of interventions designed to reduce inequity and build community.

Methods

We collected the survey data used in this report in Spring 2023. Standard probability sampling procedures for surveys cannot successfully reach a representative sample of people experiencing homelessness. As such, we used respondent-driven-sampling (RDS), which is widely considered the best possible method for identifying and contacting a representative sample of hidden or hard-to-reach populations.

Interviews with respondents were conducted face-to-face in the Ballard and Lake City public library branches, both of which are located in areas with some of the densest unhoused populations in Seattle. Interviewers were undergraduate students at UW, managers were graduate students and faculty, and all survey personnel were trained in sampling and interview procedures, as well as ethical protocols.

This procedure resulted in a final analytic sample of 141 respondents. All results in this report are weighted according to standard RDS procedures so that they generally represent Seattle's unhoused population. The UW Institutional Review Board approved this study.

Key findings

Demographics
At the time of our survey (2023), Seattle's adult unhoused population was largely middle aged, with about half between 26-40 years old. It was predominantly male (69%). People with queer identities (homosexual, asexual, bisexual, other) comprised 17% of this population, matching the proportion queer in the general population of Seattle. While about half identified as White, other racial groups were heavily overrepresented in the unhoused population, including: American Indian/Alaska Native, Black, and Native Hawaiian/Pacific Islanders. Indeed, while 2% of Seattle's general population identified as American Indian/Alaska Native, this group comprised 16% of the unhoused population. Similarly striking, Black individuals comprised 9% of Seattle's general population and 18% of the unhoused population.

Family, social support
Social and family support and responsibilities varied among respondents. Most (67%) were single, unmarried, with no romantic partners. About half had children and a quarter had children under the age of 18. Many had friends or family on who they could rely, but a concerning 34% had no family and 20% no friends on who they could rely for help.

Residential situations
Many in Seattle's unhoused population report histories of unstable living situations and housing insecurity. Most people (55%) had been unhoused for at least one year, with nearly 20% not holding a permanent residence in over five years. During this time, many individuals (32%) had not accessed shelters or other authorized sites (e.g., tent cities), with disproportionately lower usage among younger and Black adults. Doubling-up or couch-surfing was instead common, with 46% of respondents staying with others due to financial difficulties at some point in the past year. Yet these stays were typically short, with most lasting only one to three months. Forced displacement was also widely prevalent, with 76% of people reporting at least one involuntary move (e.g. sweep) during their current spell of homelessness. Nearly one-fifth (18%) had faced over five involuntary moves. Such patterns of displacement also extend beyond the streets, with unhoused respondents recording substantially higher eviction rates than King County's general population.

Safety and fear
Fear for both safety and theft of belongings was common and frequent. 40% of unhoused people worried daily about getting attacked and 38% about having their property stolen. There was little variation of these fears across gender and sexual orientation, which could reflect a universal feeling of high insecurity. However, unlike the general population, younger people experienced substantially more frequent (daily) fear than older people. For example, of those ages 61 and older, 85% worried about property less than monthly compared to 20% of those under 25. Black respondents experienced the least fear, while Asian respondents were the only group to worry more frequently about physical attacks than property theft. People residing in shelters or hotels and unsheltered had more frequent worries (between 55% and 62% daily fears for property theft and personal safety, respectively) than those living in tents and cars/RVs (between 31% and 46% daily fears).

Employment
Overall employment of Seattle's unhoused population was low, with 39% reporting they worked for pay in the last 12 months. Among those who were employed, jobs were often demanding, with approximately one-quarter of recent workers putting in more than 40 hours per week. Furthermore, over 85% of employed respondents reported receiving no workplace benefits besides pay. Despite these poor job conditions, at least one-third of individuals with poorer health or physical difficulties performing daily tasks were still employed. Those who did not work often faced precarious conditions. Of those who did not work, 31% reported this was because they were sick or disabled and 13% because they were caring for children, sick, or elderly people.

Finances and resources
Seattle's unhoused population widely utilized government-supported programs, but they generally used only a few programs and continued to experience substantial hardship in meeting their fundamental health and nutritional needs. A majority of insured individuals, 73%, depend on government plans like Medicaid, Medicare, or military coverage for health care. Despite this, cost remained a significant barrier to care for 55% of those who needed medical services. Furthermore, 90% of respondents reported experiencing food insecurity. For nearly half of the population, this included skipping a meal on a daily basis or most days. 75% of respondents received SNAP, but few received other forms of government benefits.

Health
A substantial portion of Seattle's unhoused residents faced major health challenges. Nearly half (47%) rated their health as fair or poor. Most sleep six hours or less per day (70%), and many of those slept 0–3 hours (27%) daily. Over one third reported trouble with routine mobility tasks (37%). Physical health diagnoses were less frequent, with asthma as the most common condition (27%). Mental health conditions were more common, and over half of respondents (58%) reported at least one diagnosis of depression, anxiety, bipolar, or eating disorders.

Substance use
Substance use was common, but some of the exact patterns are surprising. Smoking tobacco and vaping are common and frequent. Alcohol use was reported by 40% and binge alcohol use by 26% of respondents. Use of illegal drugs was more common, with 60% reporting use of methamphetamine, opiates, and/or cocaine in the last four weeks. Younger respondents were more likely to use methamphetamines and opiates, middle age adults more likely to use some type of cocaine, and older respondents stood out for higher rates of alcohol and binge alcohol use. People who had stayed in shelters also reported higher alcohol and binge alcohol use, while those in tents reported methamphetamine and opiate use, and those sleeping unsheltered outside stood out for opiate use.

Religion and politics
Unhoused people in Seattle are varied in their religiosity and political views, but the overall picture is one of low affiliation with formal institutions. While a majority (56%) were unaffiliated with religious institutions and 73% never attended religious services, a similarly large proportion (73%) reported getting a lot or some guidance from religion in their daily lives. Regarding political affiliation, many respondents reported affiliation with a political party, but the most affiliation was Independent. Very

few voted, with only 25% voting in the 2020 presidential election. Their political opinions on multiple subjects varied from liberal to conservative.

Nativity, citizenship, languages
Seattle's unhoused population had strong ties to the United States through citizenship and English language proficiency. The vast majority of survey respondents were US-born (85%) or citizens (92%). While there were multilingual speakers, only 1% of respondents reported that they cannot speak English at all. 24% spoke some language other than English, but the majority of respondents (90%) only spoke English with their friends.

Acknowledgements

Section 1.
Demographic characteristics
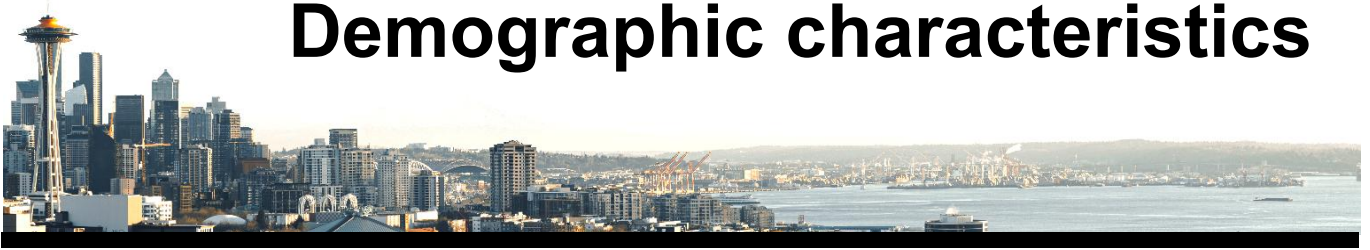
AGE
Middle age adults over-represented, few older people

The majority of respondents (85%) were between 26 and 60 years old, highlighting a concentration of middle-aged adults. Individuals above 61 were notably underrepresented, potentially due to early mortality[1] and/or barriers to survey participation for older adults, such as limited mobility, reduced access to service areas, and lower visibility during outreach efforts.

Figure 1. Age [2]

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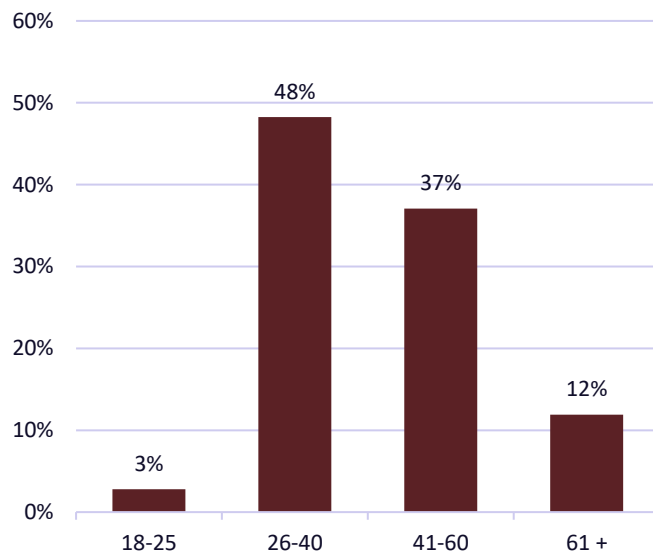
[1] Tanous, Osama, and Amy Hagopian. 2024. "The Locations of Palestine and the U.S. in the Global Map of Homelessness: Part I." *International Journal of Social Determinants of Health and Health Services* 54(4). doi:10.1177/27551938241261051.
[2] Question A1. "How old are you?" (n = 136).

SEX AND GENDER
Unhoused population predominantly male

Most respondents were assigned male at birth (70%) and identified as male in the present day (69%). Much fewer identified as female (28%) and gender queer (4%). This male predominance in the gender distribution reflects a trend commonly observed in broader national data on visible homelessness[3]. Current data does not allow us to understand if women are less likely to experience housing instability or if those who experience housing instability are less likely to be homeless and more likely to rely on informal housing arrangements (e.g., "doubling up").

Figure 2. Sex and gender

2a. Sex assigned at birth [4]
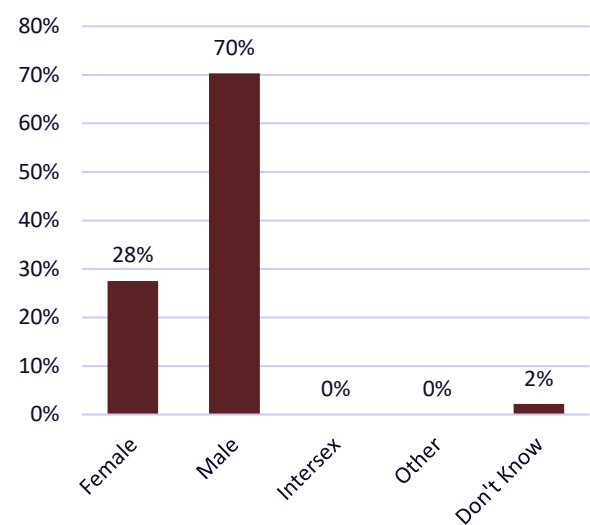
2b. Current gender [5]

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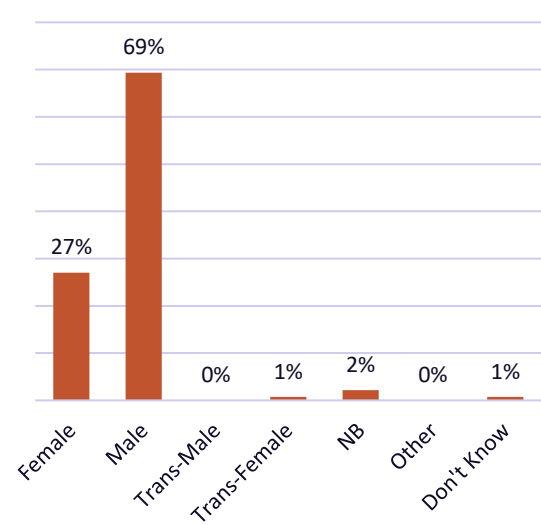
[3] de Sousa, Tanya, and Megan Henry. 2024. *The 2024 Annual Homelessness Assessment Report (AHAR) to Congress*. U.S. Department of Housing and Urban Development. https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf.
[4] Question A3. "What sex were you assigned at birth?" (n = 138).
[5] Question A4. "How would you describe your current gender?" (n = 137).

SEXUALITY
Non-conforming gender and sexuality are similar to general population

A majority of respondents—83%—identified as heterosexual. However, 17% identified as homosexual, bisexual, asexual, other, or "don't know," reflecting a notable presence of queer individuals within the unhoused population. This distribution closely resembles the sexual orientation of the general population in the Seattle area, with approximately 17% of people sharing a queer identity. [6]

While smaller than the heterosexual representation, the LGBTQ+ proportion of the population (17%) remains substantial and underscores the importance of inclusive support that recognizes non-conforming gender and sexuality identities. These individuals often face compounded barriers to housing stability, safety, and service access[7].

Figure 3: Sexual orientation [8]

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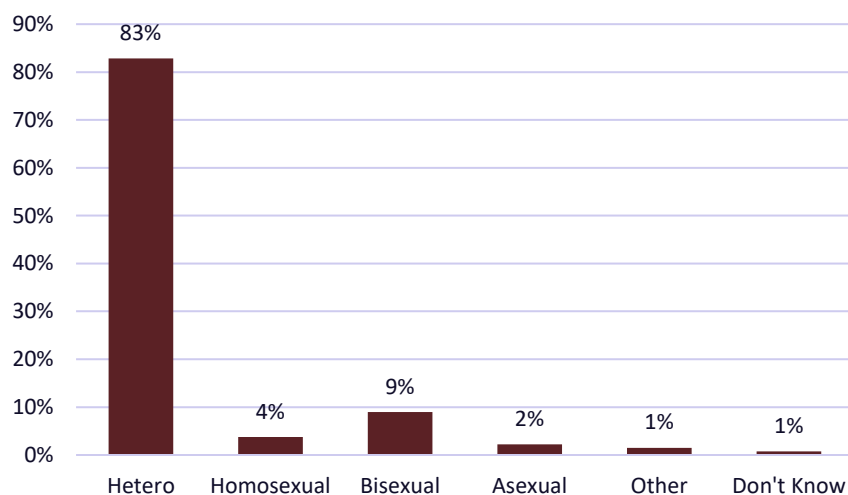
[6] From: Proud and present in the Seattle metro area | Puget Sound Regional Council, Accessed 7-1-2025.
[7] Ecker, John, Tim Aubry, and John Sylvestre. 2019. "A Review of the Literature on LGBTQ Adults Who Experience Homelessness." *Journal of Homosexuality* 66(3):297–323. doi:10.1080/00918369.2017.1413277.
[8] Question A5. "How would you describe your current sexual orientation?" (n = 134).

ETHNICITY
Hispanic people are overrepresented in unhoused population

Nearly one-fifth (17%) of those surveyed identified as Hispanic or Latino/a. This proportion appears notable given Seattle's smaller overall Hispanic/Latino population (8%, per Census American Community Survey estimates for 2023). This suggests an overrepresentation of Latino/a individuals within the local unhoused community.

Among the Hispanic or Latino/a respondents, individuals of Mexican origin made up the largest subgroup, accounting for 50% of the sample. However, the data also highlights the internal diversity within the Latino/a community, with respondents identifying across a range of Spanish-speaking countries. This diversity highlights the importance of culturally responsive outreach and services that recognize the varied backgrounds, dialects, and migration experiences within the Latino/a unhoused population.

Figure 4. Hispanic ethnicity

4a. Hispanic ethnicity [9]
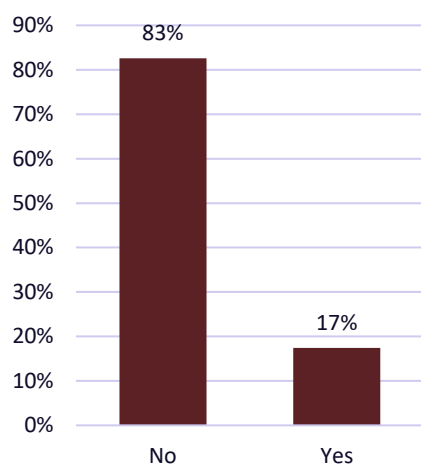
4b. Ethnic origin (for Hispanic respondents) [10]

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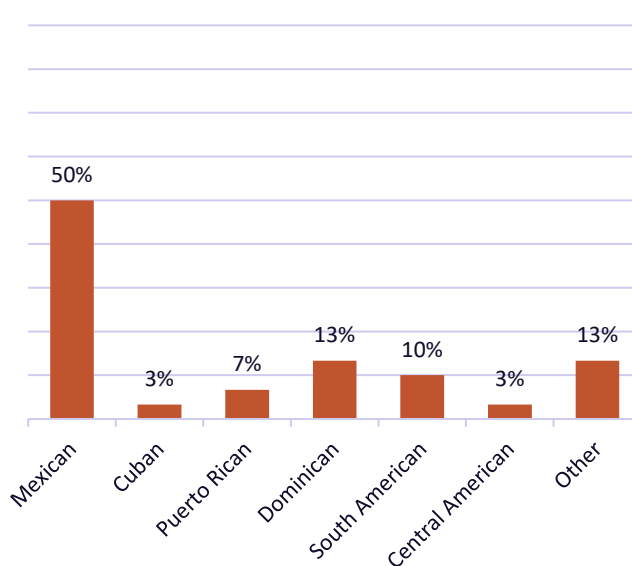
[9] Question A6. "Do you consider yourself Hispanic or Latino/a?" (n = 132).
[10] Question A7. "Which of the following groups do you identify with most closely?" (n = 130).

RACE
Black and Alaska Native/American Indian people are overrepresented in unhoused population

White individuals comprised the largest racial group (49%) among those surveyed. However, they were underrepresented compared to Seattle's general population, in which 72% of residents identify as White. In stark contrast, Black or African American individuals accounted for 18% of the unhoused sample—double their 9% representation in the city overall. Similarly, American Indian or Alaska Natives made up 16% of the unhoused population, a striking overrepresentation compared to their 2% share of the general population.

Figure 5. Race [11] [12]

When asked to select a single racial or ethnic group that best represents them, 33% of respondents identified as Black, making it the largest self-identified group in this category. American Indian or Alaska Native and Hispanic community members each accounted for 13% of the sample, followed closely by White individuals at 10%. With this measure, Black and American Indian/Alaska Native people were even more over-represented in the unhoused population.

When asked how strangers typically perceive their race or ethnicity, 43% of respondents selected White—the most commonly reported category—followed by Black at 19%. Notably, only 8% said they are perceived as American Indian or Alaska Native, a significant decrease compared to the 13% who self-identified with that group in earlier questions.

Figure 6. Race/ethnicity- self identified vs external perceived [13]
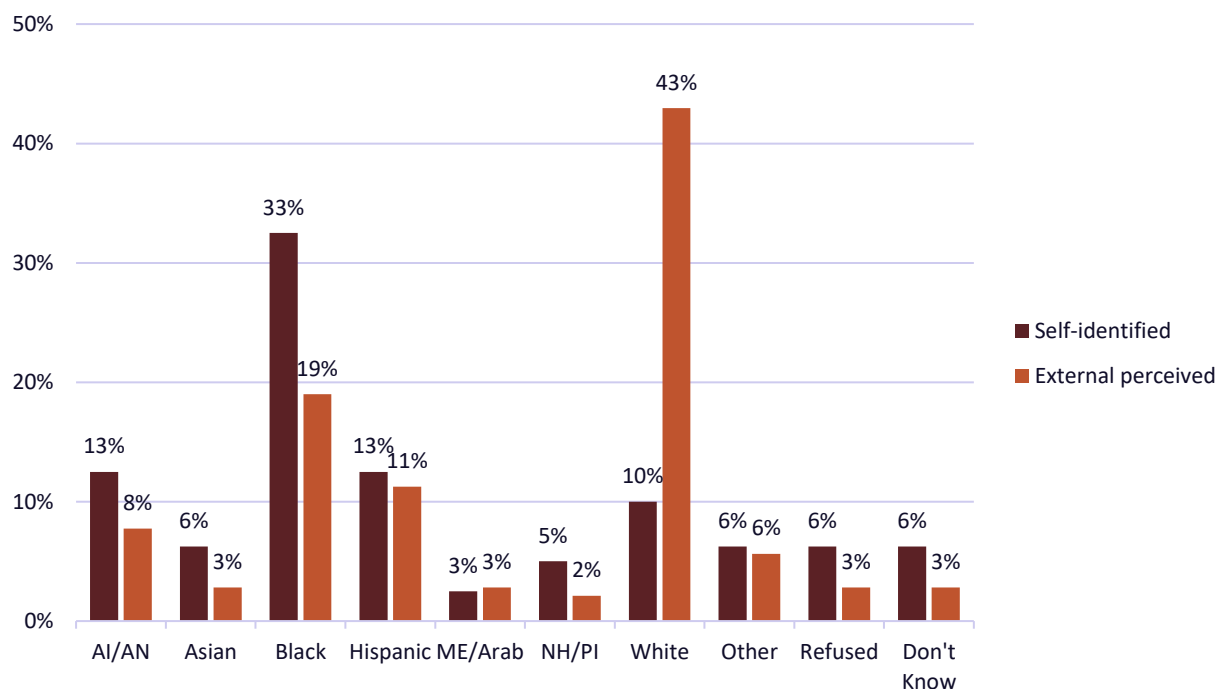
[13] Questions A15. "If you had to choose just one racial or ethnic group, which of these groups would you say best represents you? (Please choose just one.)" (n = 80). A16. "What race or ethnicity do strangers usually think you are? (Please choose just one.)" (n = 142).

FAMILY: RELATIONSHIP STATUS
Lack of partnered relationships

The majority of respondents (67%) reported being single. Only 14% identified as currently in a relationship, either with a romantic partner or spouse.

Figure 7. Marital status[14]
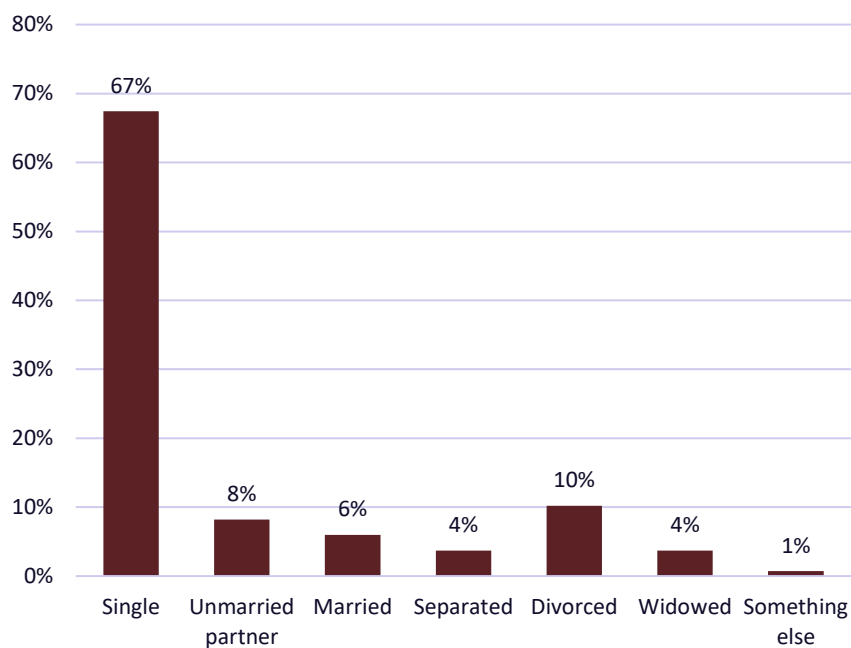
[14] Question A8. "What is your current marital or relationship status?" (n = 146).

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FAMILY: CHILDREN
Many respondents do not have children, many do have minor (dependent) children

When asked about the number of children they have, including biological and legally adopted, about half of the respondents reported zero. One-third have over two children, with 4% listing five or more.

Over one-quarter (28%) of respondents have at least one living child under the age of 18. Our data do not indicate whether these minor children are in foster care, living with others, or also unhoused under the care of the respondent. Regardless, a substantial proportion of this population may be responsible for raising minors, thus adding to existing challenges.

Figure 8. Children

8a. Number of children [15]
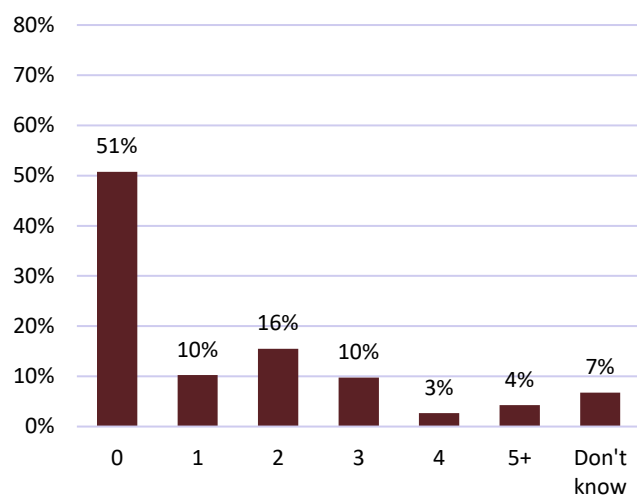
8b. Any children under 18 years old

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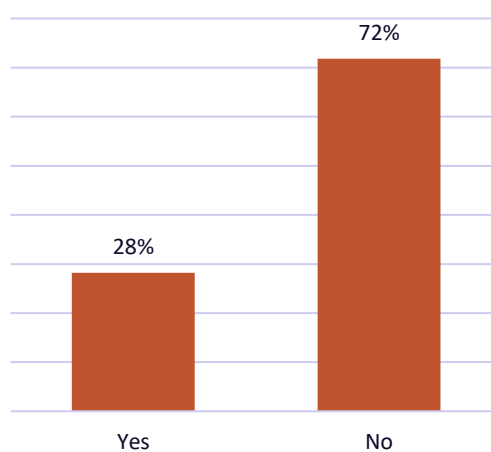
[15] Question A56. "How many of these children are still alive today? If you are not sure, give us your best guess." (n = 134).

SOCIAL SUPPORT
Variation: a substantial number of people have no close family or friends they can rely on

When asked about how many family members they felt close to (excluding spouses, partners, and children), more than half of the respondents reported having at least one close connection. A small number of participants indicated strong relationships with more than ten extended family members. However, 34% of respondents stated that they had no close family members they could rely on for emotional or practical support.

Similarly, most respondents (80%) reported having at least one close friend, while 20% reported none.

This suggests that a majority of individuals possessed some level of social support from their friendships and extended family networks.

Figure 9. Numbers of close family members or friends[16]

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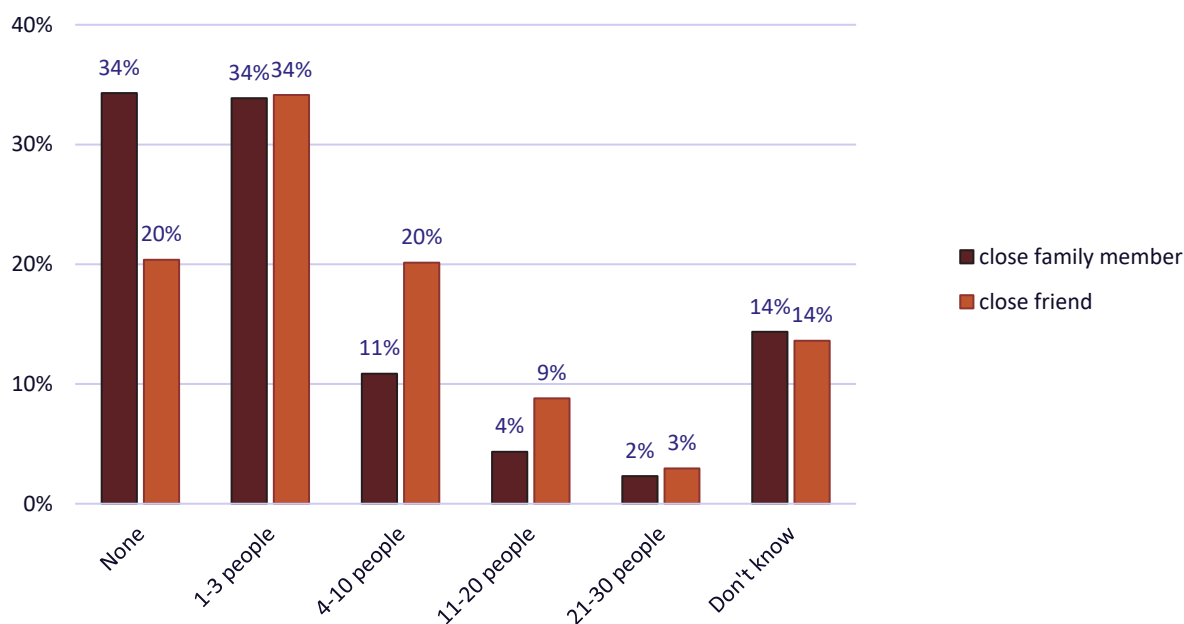
[16] Questions A64. "Thinking about family members other than a spouse or partner and children, but including extended family like cousins or aunts and uncles, about how many of these family members would you say you have a close relationship with? "; A65. "About how many close friends would you say you have?" (n = 138).

The survey also asked whether respondents had relatives or close friends *living nearby*. As shown in Figure 10, respondents are more likely to have nearby friends than relatives. Around 40% reported at least one relative living within a 30-minute distance, compared to 57% having at least one close friend within this range. An equally substantial proportion (45%) reported no relatives living within 60 minutes, while 38% of respondents had no close friends within this distance. Thus, approximately half of the respondents have some access to *nearby* social support.

Figure 10. Social support- relatives and close friends living nearby[17]
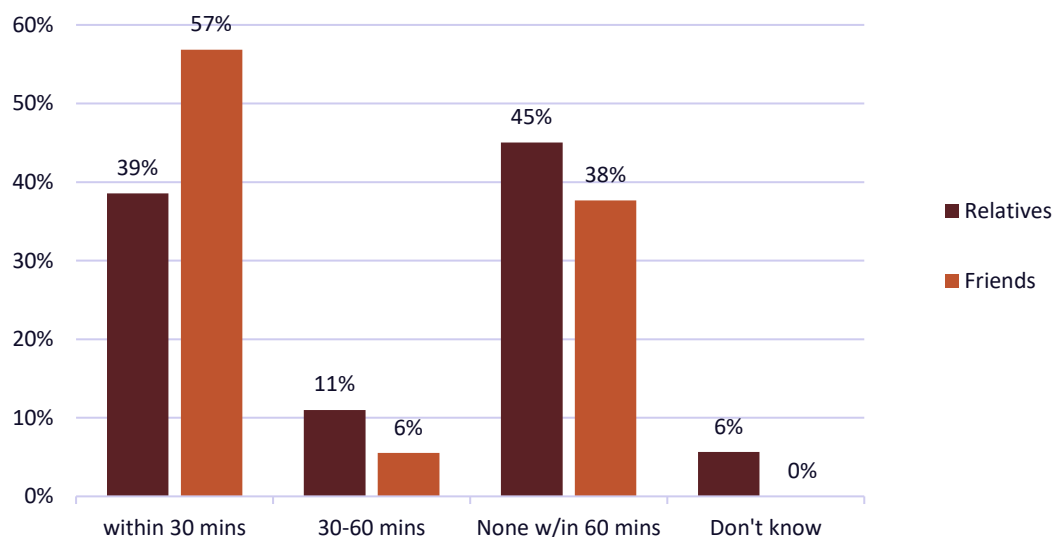
[17] Questions A75. "Besides people living with you, do you have any relatives living within a less than 30 minute journey from where you live?"; A76. "Besides people living with you, do you have any relatives living within a 30-60 minute journey from where you live?"; A77. "Besides people living with you, do you have any close friends living within a less than 30 minute journey from where you live?"; A78. "Besides people living with you, do you have any close friends living within a 30-60 minute journey from where you live?" (n = 141)

Section 2.

Residential Situations

LENGTH OF HOMELESSNESS
Chronic homelessness appears common, especially for older adults and some racial groups.

Most people (55%) report sleeping unhoused for at least one year, with nearly 20% not holding a permanent residence for over five years.
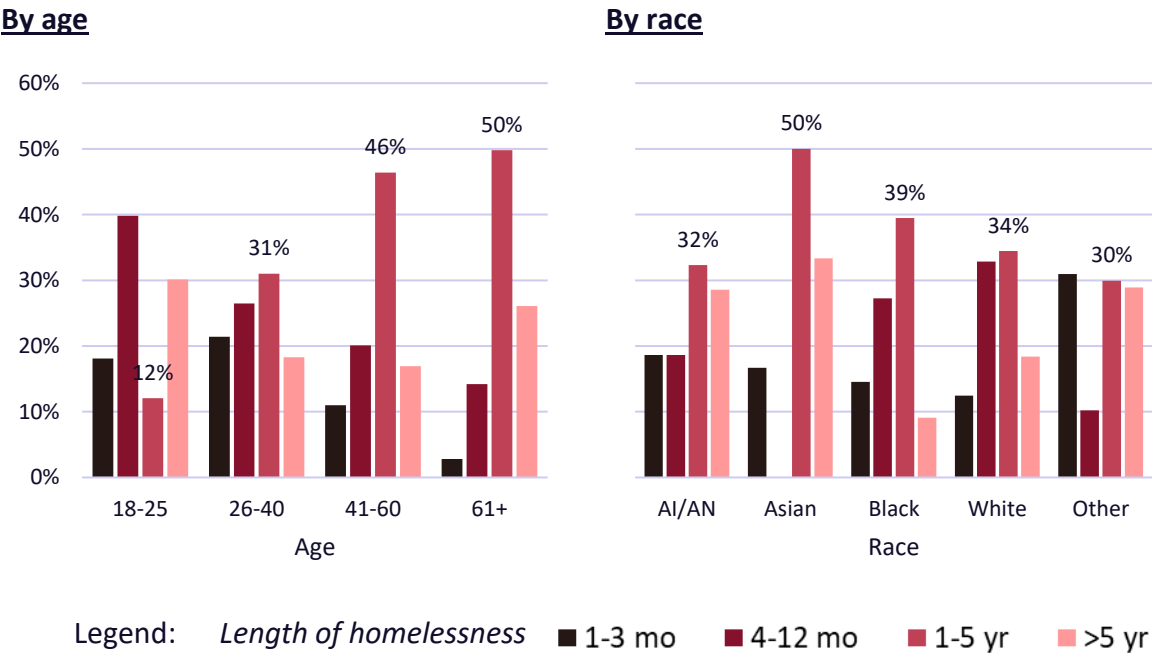
Figure 11. Current Length of Homelessness [18]

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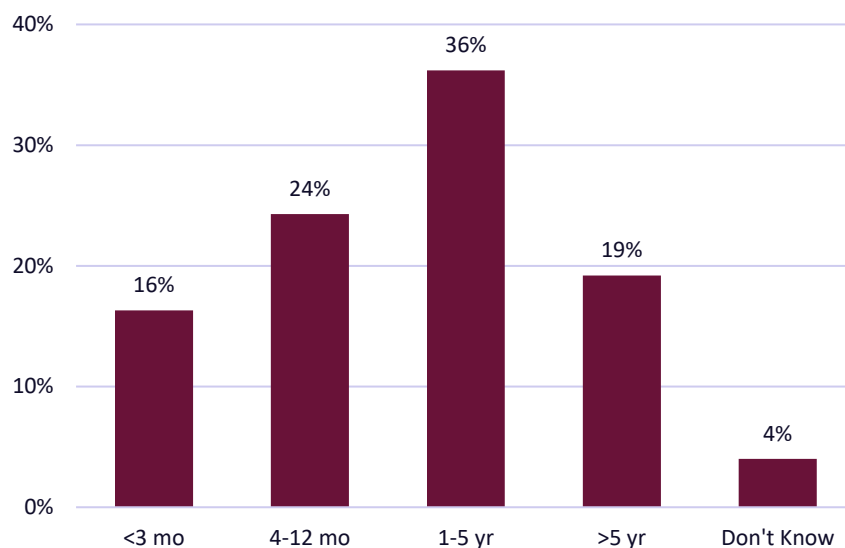
[18] Question E3. "How long have you been living in a tent, car, RV, shelter, hotel, or outdoors?" (n = 126).

Prolonged homelessness disproportionately affects the oldest adults (61+), with 76% unhoused for at least one year (Figure 12).

Asian and American Indian/Alaskan Native individuals also demonstrate high levels of chronic homelessness compared to other racial groups (83% and 61%, respectively). This compounds the disproportionate number of American Indian/Alaska Native people who are experiencing homelessness in the first place (as shown in Figure 5).

Figure 12. Length of Homelessness by Age and Race[19]

By age

By race

Legend: *Length of homelessness* ■ 1-3 mo ■ 4-12 mo ■ 1-5 yr ■ >5 yr

[19] Questions E3. See above footnote.

FORCED DISPLACEMENT (SWEEPS)
Forced displacement is common and related to length of homelessness and race.

During their current spell of homelessness, most people (72%) had been forcibly moved at least once, with 18% reporting over five moves.

People who had slept unhoused from one to five years or longer disproportionately recorded at least five moves (28% and 19%, respectively) (Figure 13b). This high frequency of displacement reflects patterns in other US cities.[20]

Figure 13. Forced Moves [21]

13a. Number of forced moves
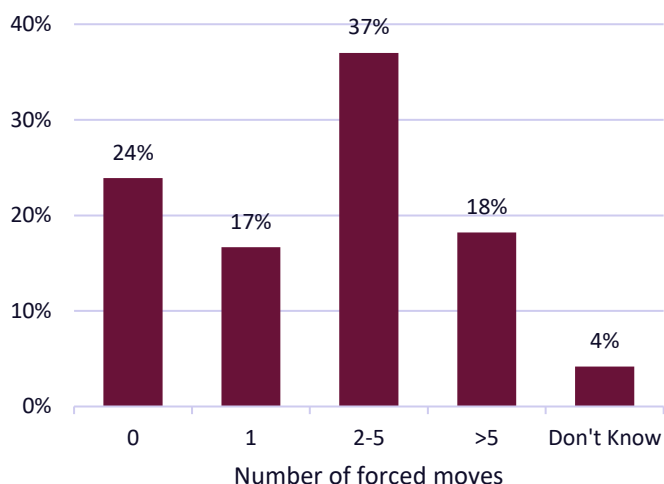
13b. By length of homelessness

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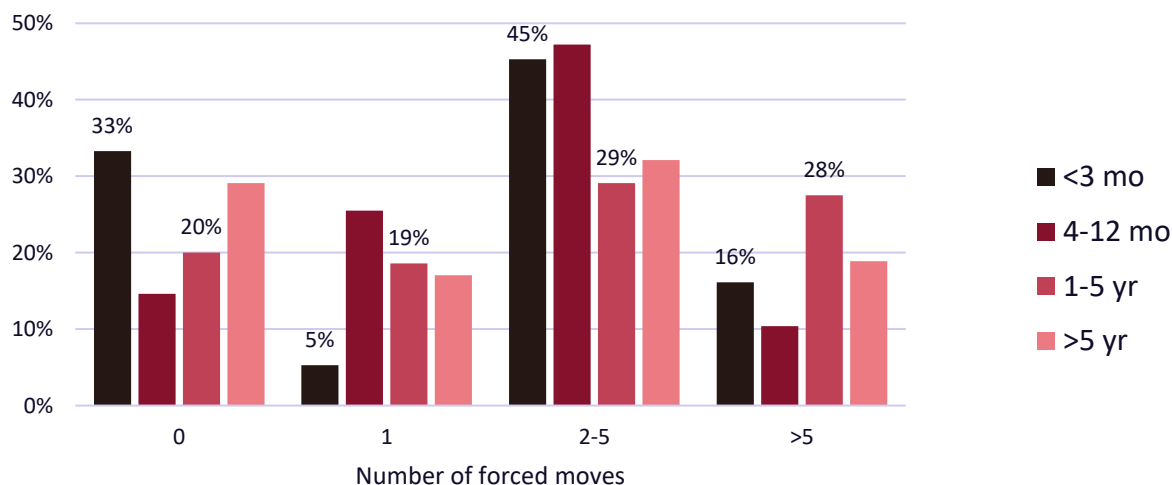
[20] Darrah-Okike, Jennifer, Sarah Soakai, Susan Nakaoka, Tai Dunson-Strane, and Karen Umemoto. 2018. "'It Was Like I Lost Everything': The Harmful Impacts of Homeless-Targeted Policies." *Housing Policy Debate* 28(4):635–51. doi:10.1080/10511482.2018.1424723.; Herring, Chris, Dilara Yarbrough, and Lisa Marie Alatorre. 2020. "Pervasive Penality: How the Criminalization of Poverty Perpetuates Homelessness." *Social Problems* 67(1):131–49. doi:10.1093/socpro/spz004.
[21] Question E4. "Since the last time you lived in a fixed residence, how many times have you been forced to move involuntarily to another place?" (n = 121).

Older adults (46 to 60 and over 60) were most likely to report no forced moves (27% and 39%), despite spending more time unhoused (Figure 14a).

There are substantial racial differences in number of forced moves. A high percentage of Black individuals had *not* involuntarily relocated (41%) even once. Approximately 80% of Asian and White people had been displaced at least once, while an astounding 38% of American Indians/Alaskan Natives reported being moved over five times (Figure 14b).

Figure 14. Number of Forced Moves by Age and Race [22]

14a. By age
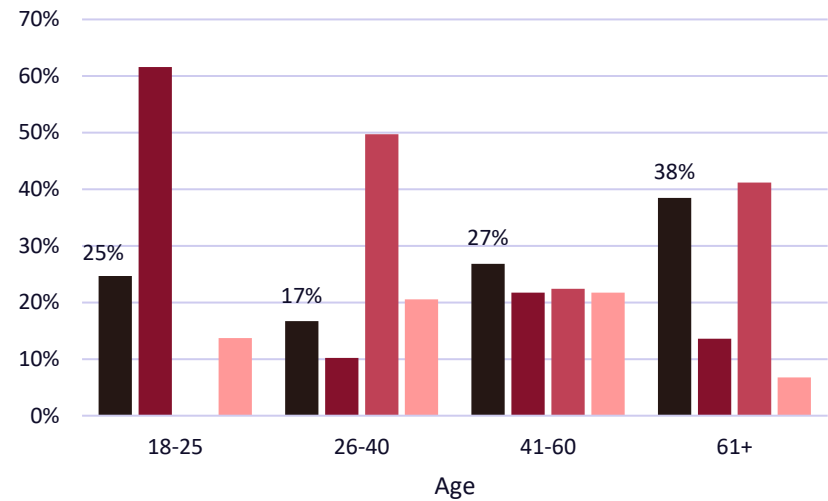
14b. By race
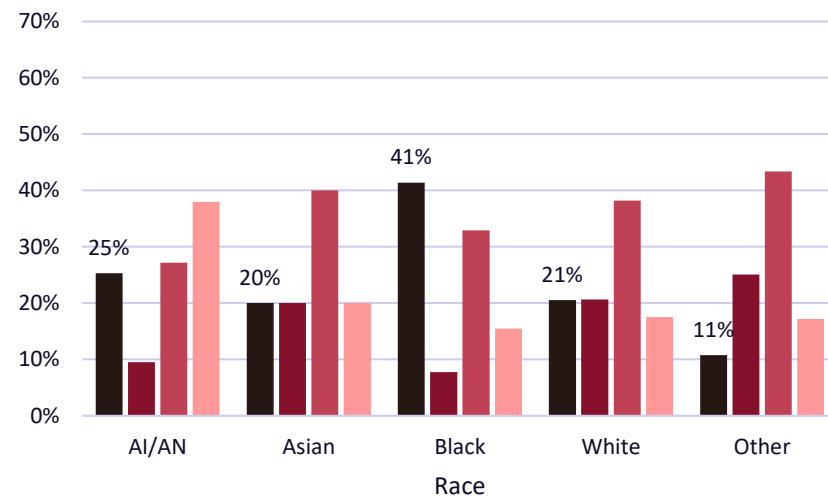
Legend: *Number of forced moves* ■ 0 ■ 1 ■ 2-5 ■ >5

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[22] Questions E4. See above footnote.

USE OF SHELTERS AND AUTHORIZED SITES
Many people have not accessed shelters or authorized sites, especially younger and Black adults.

Over half of respondents had slept in a shelter or authorized encampment at least once during their current spell of homelessness. But about one-third (32%) had not (Figure 15a). However, usage reflects time spent unhoused. 71% of people unhoused for over five years record a stay (Figure 15b). Older adults also disproportionately report usage. Every Asian respondent had accessed a site, while American Indians and Alaskan Natives also disproportionately used them (72%). In contrast, Black individuals were less likely to stay at shelters or authorized encampments (53%).

Figure 15. Use of Shelters or Authorized Sites [23]

15a. Slept in shelter or authorized encampment

15b. By length of homelessness [24]

Length of time homeless

15c. By age [25]

Age
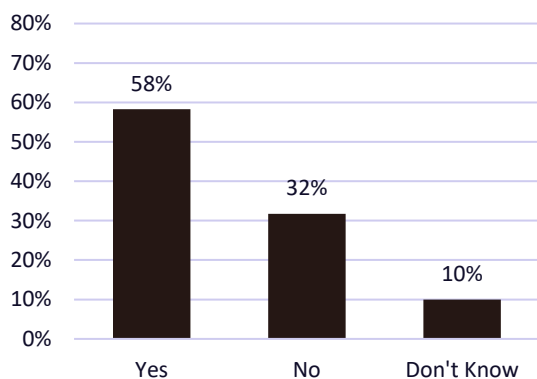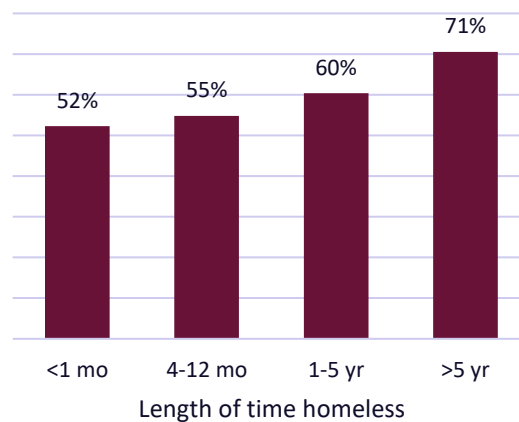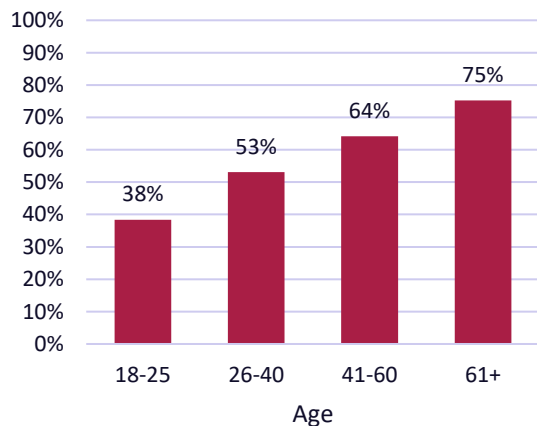
15d. By race

Race

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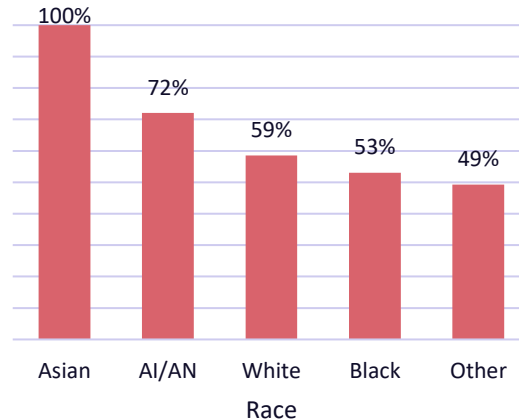
[23] Question E5. "Since you last lived in a fixed residence, have you ever slept in a shelter or authorized encampment for even one night?" (n = 112).
[24] Question E3. See above footnote.
[25] Questions E5. See above footnote.

TYPES OF AUTHORIZED SITES USED
Shelters are most common.

For those who reported sleeping in shelters or other authorized sites, shelters were the most common type of sanctioned site they accessed, with 61% of individuals reporting usage. Approximately one-fifth of people had stayed at hotels (22%) and safe parking lots (19%) during their current spell of homelessness.

Figure 16. Types of Sanctioned Sites Used [26]

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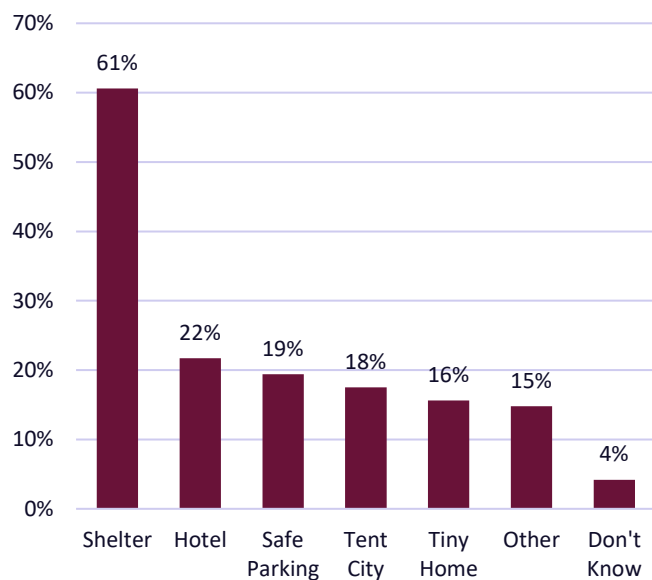
[26] Question E6. "During this period, what type of shelter(s) have you slept in, for even one night? (Please select all that apply.)" (n = 66).

EVICTION HISTORY
People experiencing homelessness record higher eviction rates than the general population.

Over one-quarter (26%) of respondents reported eviction from the last place they lived. By comparison, King County recorded a 1.8% annual eviction rate (1.8 eviction filings per 100 residents between September 2023 and August 2024[27]).

Figure 17. Eviction from Last Residence [28]

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[27] https://evictionresearch.net/washington/
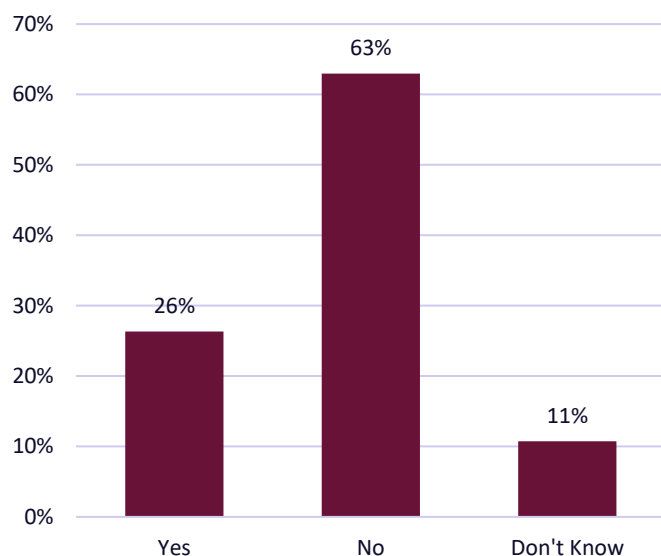
[28] Questions E8. "Thinking about your last fixed residence, were you evicted from that place?"; E9. "Thinking about the last place you lived before now, were you evicted from that place?" (n = 122).

DOUBLING-UP (COUCH SURFING)
Doubling-up is common, but often short-term.

Within the past year, 46% of respondents moved in with others due to financial difficulties (Figure 18a). These stays were typically short, with 51% of those who doubled up leaving after one to three months (Figure 18b). However, 20% of people remained doubled up for at least ten months.

Figure 18. Doubling up

18a. Doubled up in the last year [29]
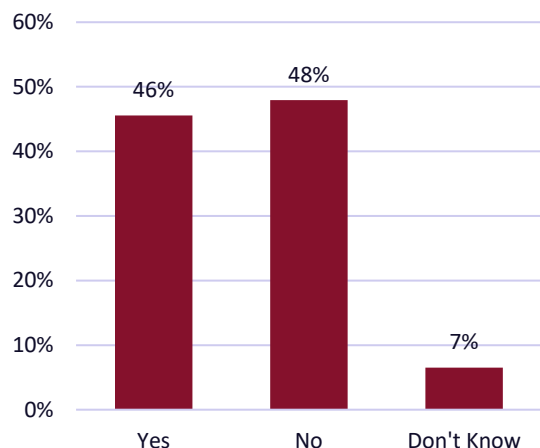
18b. Months doubled up in last year [30]

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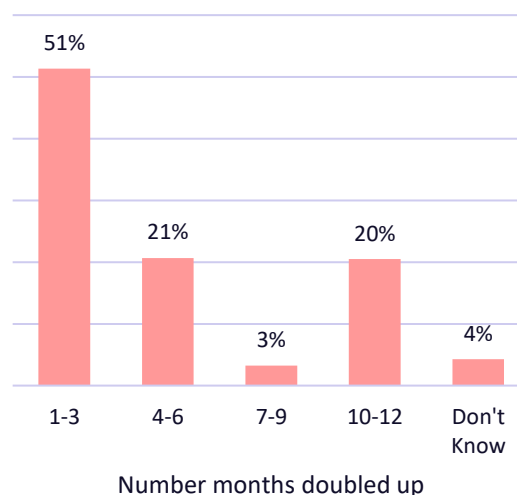
[29] Question B35. "In the last 12 months did you ever move in with other people, even for a little while, because you had financial problems?" (n = 122).
[30] Question B36. "In the last 12 months, about how many months in total did you stay with other people because of financial problems?" (n = 54).

Section 3.

Safety & Fear

FEAR FOR SAFETY AND PROPERTY THEFT
Daily fear was common.

In general, worries about property theft and physical attacks were reported with similar and high frequency. Almost 40% of respondents worried daily about both crimes, while 20 to 30% percent worried about safety and theft less than monthly.

Figure 19. Fear of stolen property and physical attacks [31]

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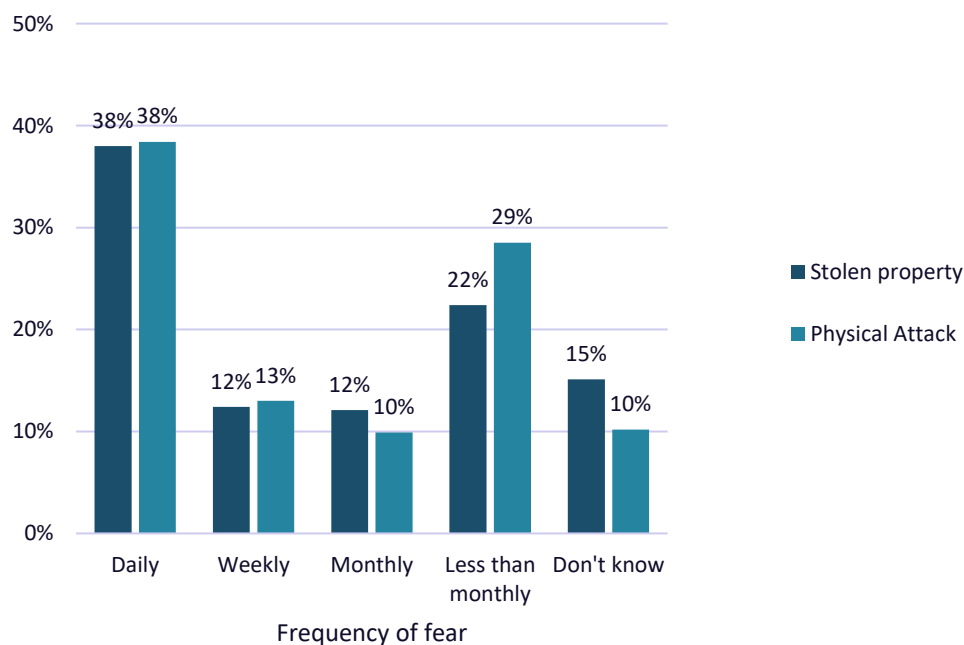
[31] Questions E10. "How often do you worry someone might break into your home and steal your property?" (n = 105); E11. "How often do you worry about your physical safety, like you might be attacked in your neighborhood?" (n = 112).

Lack of substantial gender and sexuality differences

Men and women shared similar responses. This is notable given that research regularly finds evidence of higher fear among women than men in the general population[32]. Non-binary respondents reported comparable levels of fear to men and women. The lack of variation among these groups may reflect the simple fact that a substantial proportion of unhoused respondents experienced frequent fear for safety and theft.
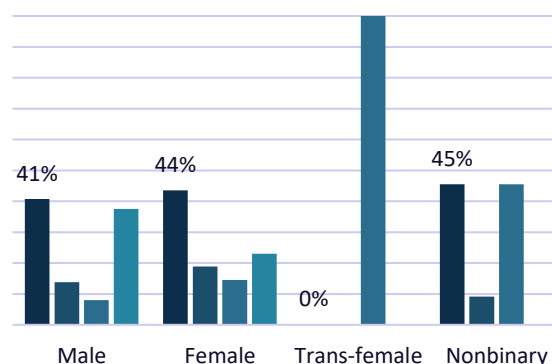
Figure 20. Fear of stolen property and physical attacks, by gender and sexuality [33]

<u>By gender[34]</u>

20a. Stolen property
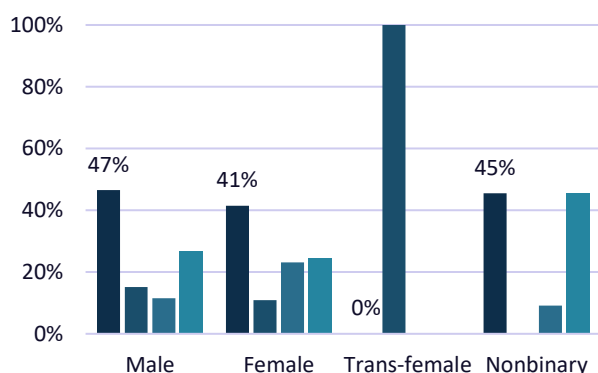
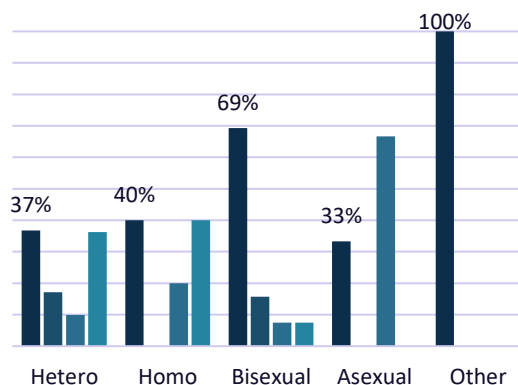**20b. Physical attacks**

<u>By sexual orientation[35]</u>

20c. Stolen property
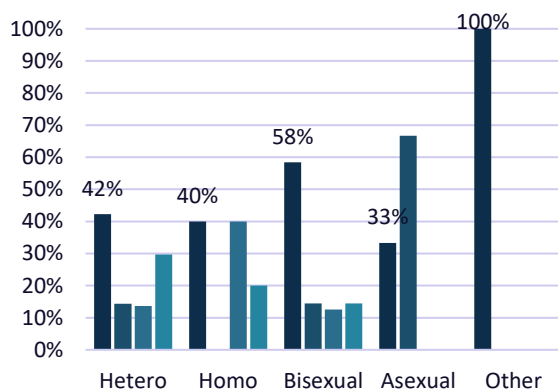
20d. Physical attacks

Legend: *Frequency of fear* ■ Daily ■ Weekly ■ Monthly ■ Less than monthly

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[32] Fox, Kathleen., Nobles, Matt & Piquero, Alex. Gender, crime victimization and fear of crime. *Security Journal* 22, 24–39 (2009).
[33] Questions E10. See above footnote;); E11. See above footnote.
[34] Trans-female: n = 1
[35] Other: n = 1

Young people were most fearful.

Fear for safety and property demonstrated significant differences by age group. People under 26 years old had the most frequent fears, and as age increased, fear levels progressively decreased. Similar to gender, this is contrary to the evidence of fear in the general population, where older people generally experience higher fear than those who are younger.

**Figure 21. Fear of stolen property and physical attacks, by age**

21a. Stolen property

21b. Physical attacks
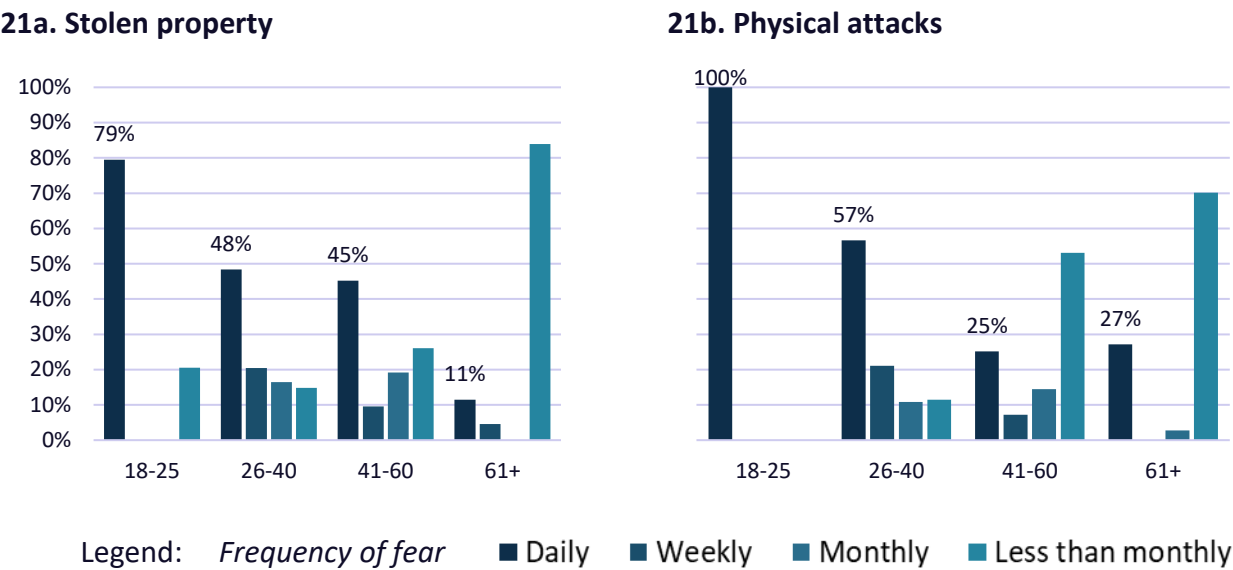
*Black people experienced the lowest levels of fear.*

Black respondents experienced notably less daily fear for their safety or property and were more likely than other racial groups to respond "less than monthly" to both questions. White and Other respondents reported more frequent worries about property theft than the other racial groups.

Figure 22. Fear of stolen property and physical attacks, by race

22a. Stolen property
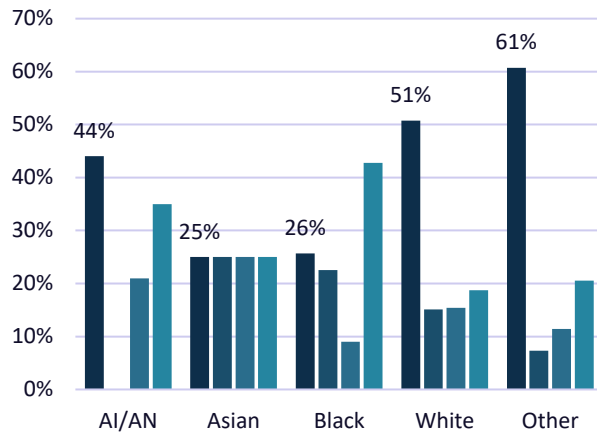
22b. Physical attacks
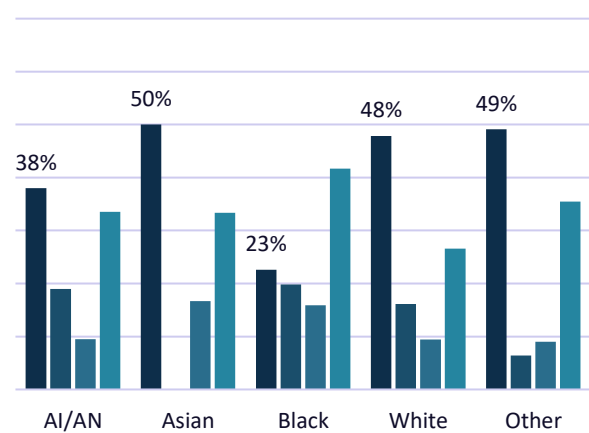
Legend: *Frequency of fear*   ■ Daily   ■ Weekly   ■ Monthly   ■ Less than monthly

People in shelters and those sleeping outside experienced the most fear.

Fear was experienced similarly across all residence types, again, this is likely becaue most respondents experience fear often (daily). That said, people who regularly slept in shelters or hotels, as well as those who slept outside or were entirely unsheltered ("no residence"), experience the highest levels of fear. Notably, this could be one reason why more unhoused individuals do not use shelters, but such an assertion will require more study to state with confidence.
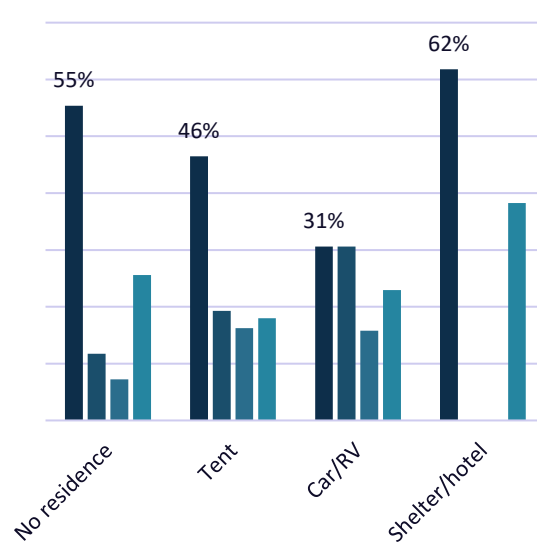
Individuals residing in cars and RVs reported less fear in general, but more frequent worries about their property theft than physical attacks.

Figure 23. Fear of stolen property and physical attacks, by residential situation
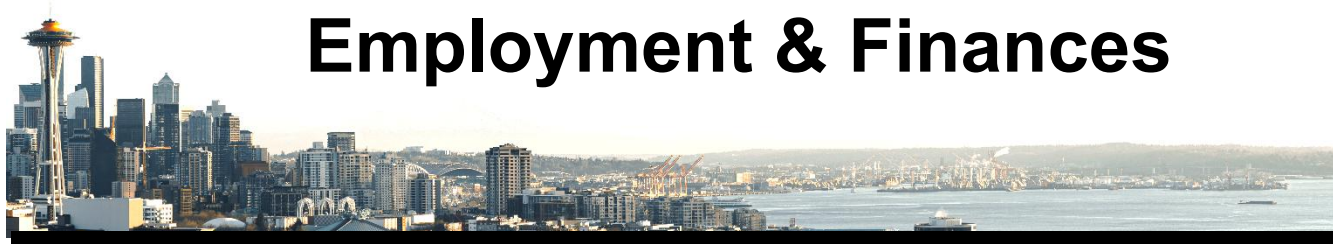
23a. Stolen property
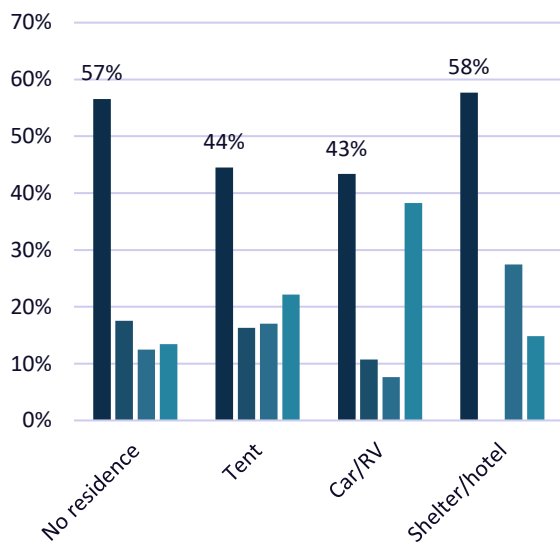
23b. Physical attacks

Legend: *Frequency of fear* ■ Daily ■ Weekly ■ Monthly ■ Less than monthly
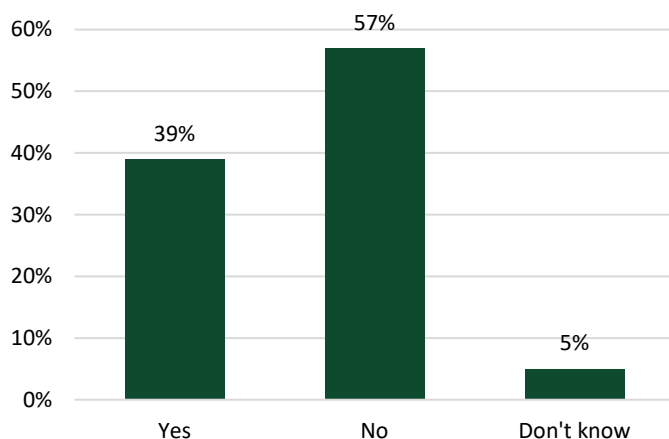
Section 4.
Employment & Finances

WORK
Less than half worked in the last year

Less than half of respondents (39%) reported working for pay over the past 12 months. 57% stated they did not work for pay, while a small percentage were unsure.

Figure 24. Work for pay [36]

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[36] Questions B1. "In the past 12 months, did you do any work for pay? Like a job where you earned a salary or wages or any periodic work, even if it is not every day." (n = 137); C1. "In general, would you say your health is...?"; C3, C4, C5, C6, C7. Because of a health problem, do you have difficulty doing any of the following things without help from others? Walking 1 mile, walking across a room, climbing one flight of stairs, kneeling or crouching, lifting things that are 10 pounds."

WORK, BY AGE, HEALTH, AND DIFFICULTIES WITH DAILY ACTIVITIES
Age and health affected work, but many people with health difficulties still worked for pay.

Participation in paid work varied considerably across different age groups. Younger age cohorts (18 to 40 years old) reported lower rates of working for pay compared to the middle age group (41-60 years). Notably, no respondents in the 61+ age group reported working for pay in the last 12 months.

Engagement in paid work also varied by self-rated health. Individuals reporting "Excellent" health showed a higher likelihood of working for pay (57%) compared to others. However, a substantial portion of those in fair and poor health still worked in the last year (43% and 33%, respectively).
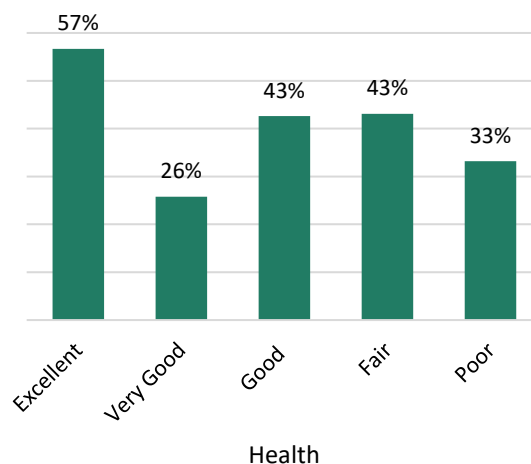
When considering difficulties with basic daily activities (such as walking, crouching, and lifting), a slightly higher percentage of individuals with difficulties (43%) reported working for pay in the past year compared to those without (36%).

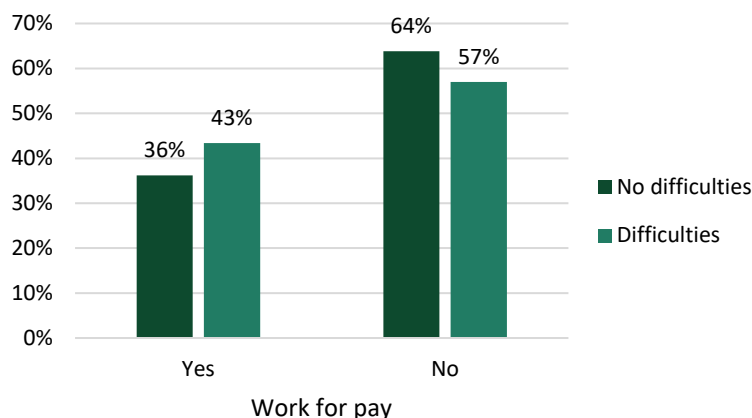**Figure 25. Work for pay by age and health [37]**

25a. By age
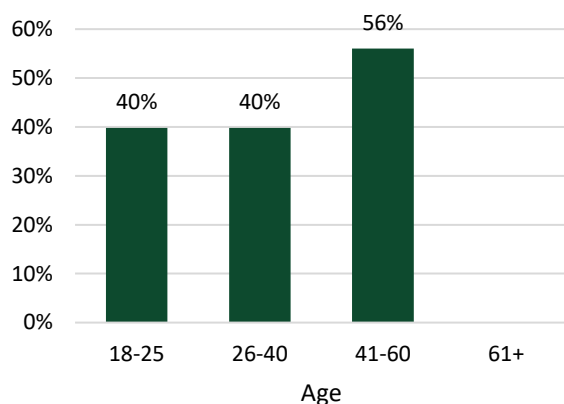
25b. By self-rated health

25c. By difficulties with daily activities


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[37] Question B1. See above footnote.

REASONS FOR NOT WORKING
Illness and caregiving

The most frequently cited reason for not engaging in paid work was being sick or disabled, reported by 31% of respondents. Other common reasons included "Any other reason" (25%) and caregiving responsibilities for someone who is sick, disabled, elderly, or a child (15%). Approximately 12% of respondents cited a lack of desire to be employed at the time, which emerged as the third most frequent factor.

Figure 26. Reasons for not working for pay in the last 12 months [38]
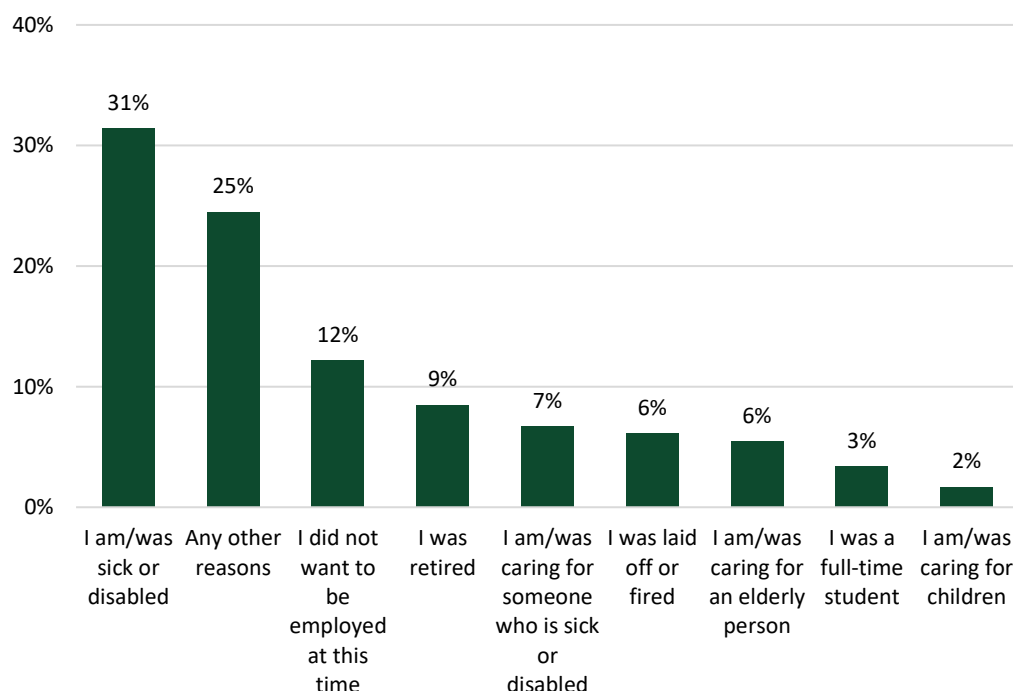
WORK DURATION
Most work inconsistently, but substantial numbers have consistent work

Among those who worked for pay in the last 12 months, the most common duration of employment was 1 to 10 weeks. Approximately 60% of respondents reported shorter periods (1 to 20 weeks), while 26% worked longer durations of 21 weeks or more. A notable portion of respondents (13%) were unsure about the exact number of weeks worked.

While shorter employment durations were most common across all age groups, there were some differences. Every respondent between 18 and 25 years old worked 1 to 10 weeks during the last year. Older respondents were more likely to work more consistently. Among those who were 26 to 40 years old, 21% worked at least 21 weeks (about half the year), compared to 44% of respondents between 41 to 60 years old.

Figure 27. Weeks employed in last 12 months [39]

27a. Weeks employed
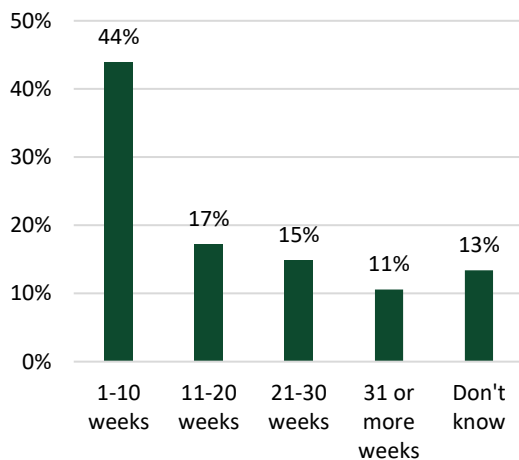
27b. By age
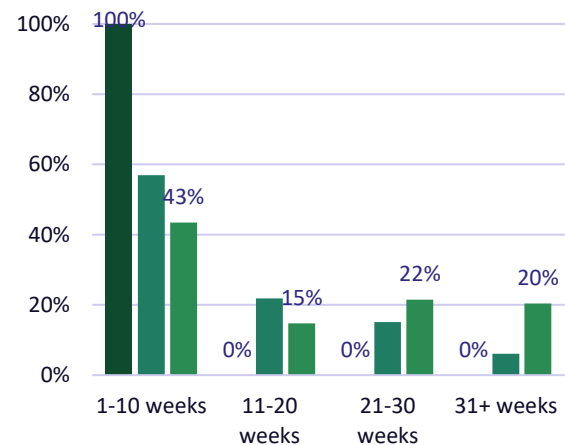
Legend: *Age* ■ 18-25 ■ 26-40 ■ 41-60

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[39] Question B3. "In the last 12 months, about how many weeks were you employed or did you work for pay?" (n = 54).

NUMBER OF JOBS
Variation, from no jobs to many

Of those who worked in the past year, over 38% of them reported no paid jobs in the *past four weeks*, while about 22% had one job. Approximately two-fifths (39%) held at least two jobs in the last month.

Notably, these 'jobs' might include regularly scheduled positions, as well as irregular ones (e.g., gig work or day labor).

**Figure 28. Number of paid jobs in the past 4 weeks [40]**

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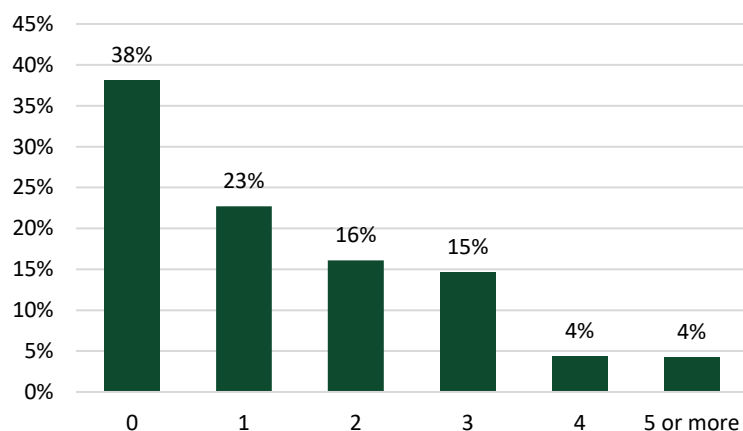
[40] Question B4. "In the past 4 weeks, how many paid/paying jobs did you have? Please include any salaried jobs as well as other work you do for pay, even if it is periodic and not every day." (n = 55).

WEEKLY HOURS OF WORK
Variation, from a few hours to overtime work

Among those who worked in the past four weeks, working 1 to 10 hours per week was most common, reported by nearly half of this group. However, approximately one-quarter (24%) of respondents worked overtime or 41 to 60 hours.

Figure 29. Hours worked in the past 4 weeks [41]

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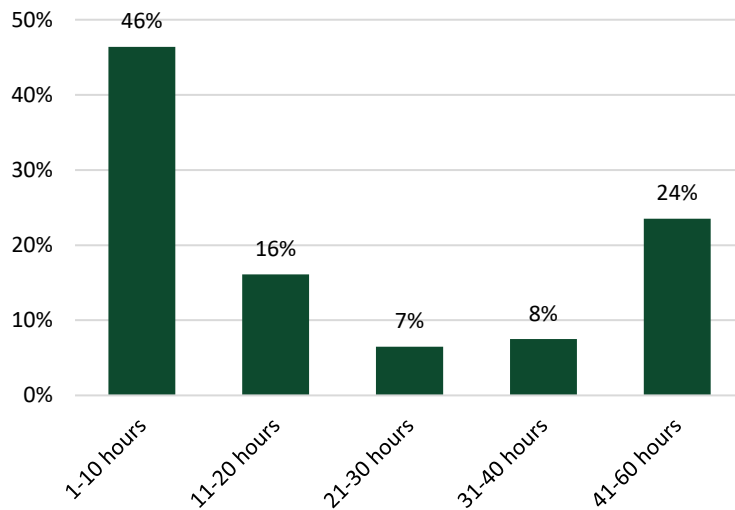
[41] Questions B5, B9, B13, B17 for all jobs combined. "In the past 4 weeks, about how many hours per week did you usually work at all of your job?" (n = 32).

INCOME FROM WORK
Very low income

Of those who worked in the past month, the vast majority of respondents (84%) reported an income from all jobs between $1 and $1,000. Considerably smaller percentages earned more, with incomes above $2,000 per month being relatively uncommon among this group.

**Figure 30. Total income in past 4 weeks [42]**

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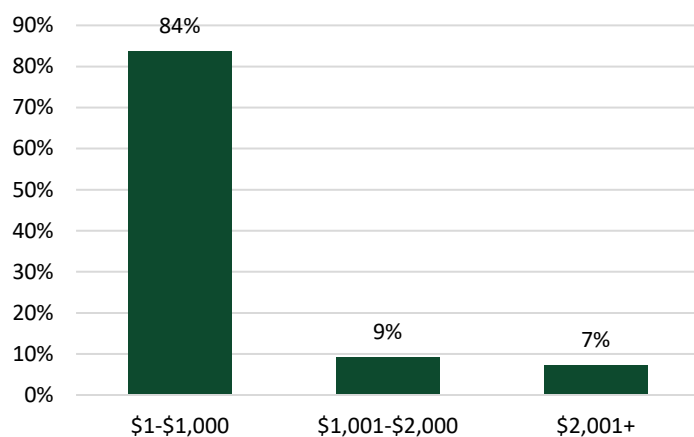
[42] Questions B6, B10, B14, B18 for all jobs combined. In "the past 4 weeks, what was your total income from all jobs combined?" (n = 141).

BENEFITS FROM WORK
Very few benefits

Similar to income, the vast majority of working respondents (86%) reported no benefits from their jobs. Of those who received benefits, paid sick leave and vacation were the most frequently reported (7% each).

**Figure 31. Benefits from employers in the past 4 weeks [43]**
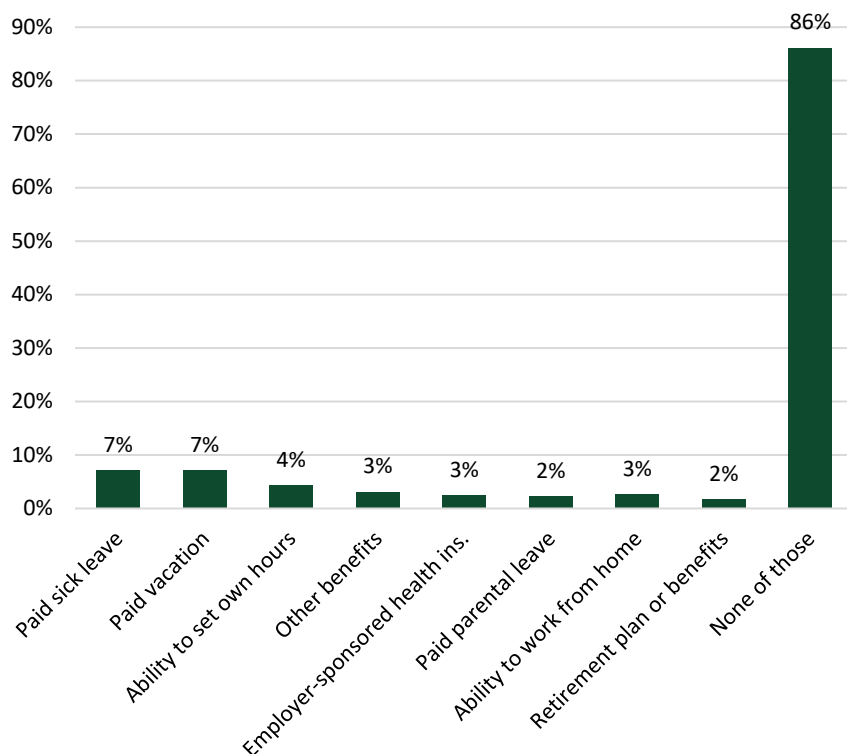
[43] Questions B8, B12, B16, B20 for all jobs combined. "Which of the following benefits did you receive at any job in past 4 weeks?" (n = 40).

RETIREMENT
Few people retired

The vast majority of respondents (85%) reported that they had not retired. Only 8% indicated that they had retired, while a similar percentage were unsure.

Figure 32. Retired [44]
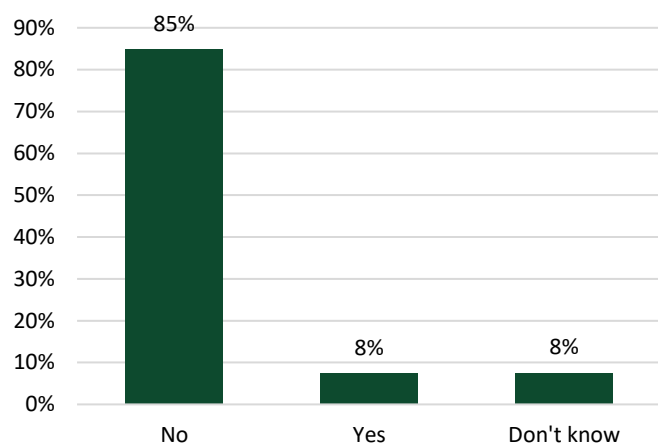
[44] Question B21. "Have you ever retired? By this we mean if you stopped working and did not intend to ever work again."
(n = 127).

UNMET MEDICAL CARE NEEDS
Many people skipped medical care for cost reasons, stronger for younger people

A considerable portion of respondents (43%) reported that in the last year, they needed medical care (including hospital, clinic visits, or prescriptions) but did not seek it out because it cost too much. 35% indicated that they needed services and received them, while around 15% stated that they never needed such services. Considering only those who needed medical services, over half (55%) could not access them due to cost.
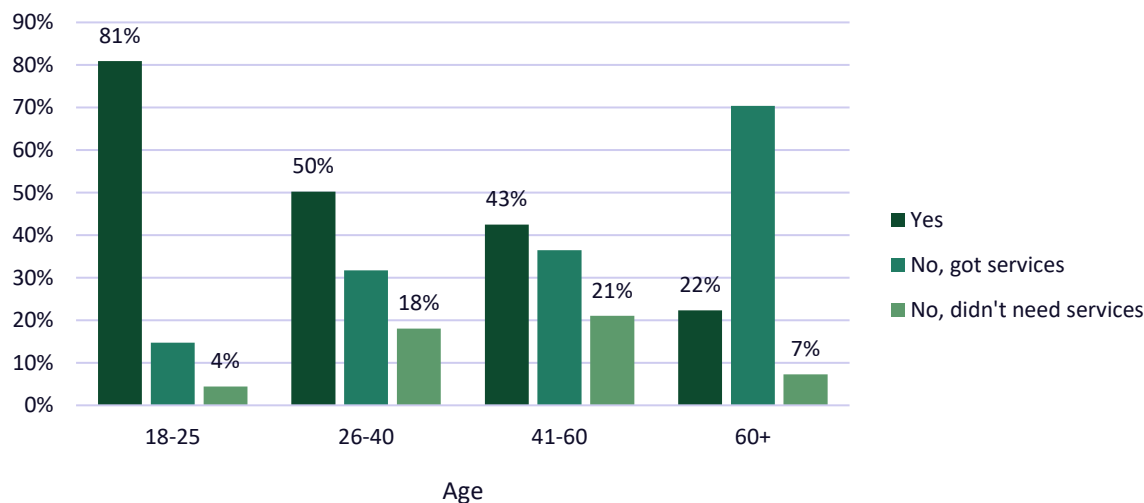
These patterns varied by age. 81% of adults 18 to 25 years old reported unmet medical needs because of cost, compared to 43% of those 41 to 60 years old and 22% of those 60 years and older.

Figure 33. Unmet medical care needs [45]
33a. Unmet needs
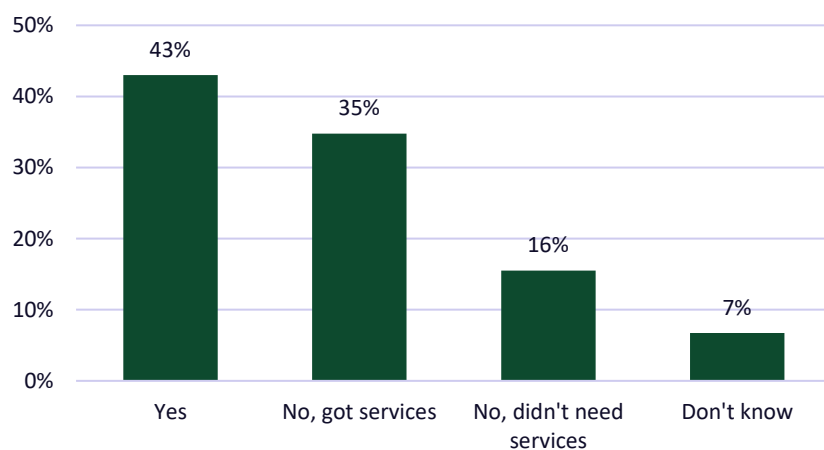
33b. By age

[45] Question B34. "In the last 12 months, did you ever NOT go to see a doctor, dentist, go to the hospital or fill a prescription for medicine even though you needed to because it cost too much?" (n = 130).

INSUFFICIENT FUNDS FOR DAILY NEEDS
Most ran out of money every month. More common with younger and less common with older.

A majority of respondents (59%) reported running out of money every month. Another 15% ran out of money most or about half the months, while only 10% reported never running out.
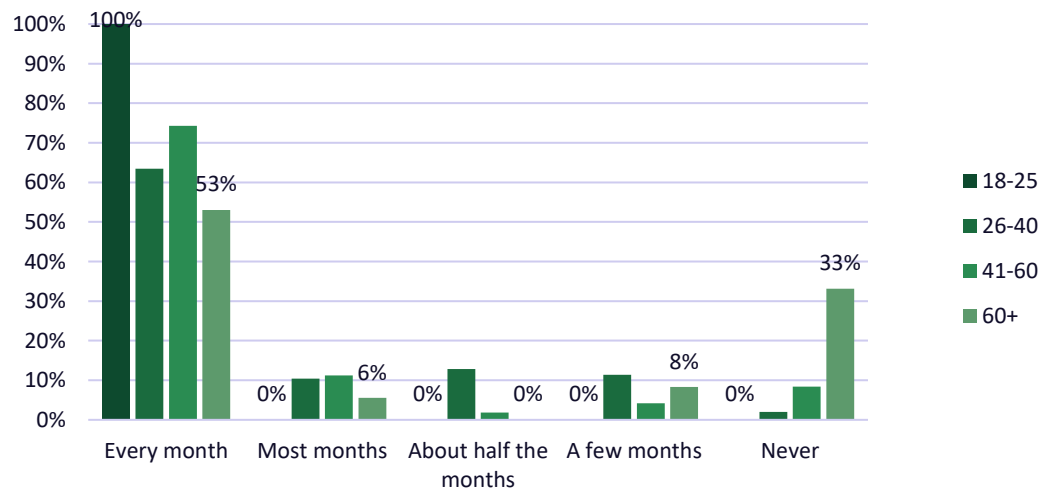
Running out of money differs slightly with age. All 18-25 year old respondents reported this problem, compared to 53% of those aged 60 and older. Relatedly, 33% of those 60 years or older reported that they never run out of money.

Figure 34. Ran out of money in the past 12 months [46]

**34a. Ran out of money**
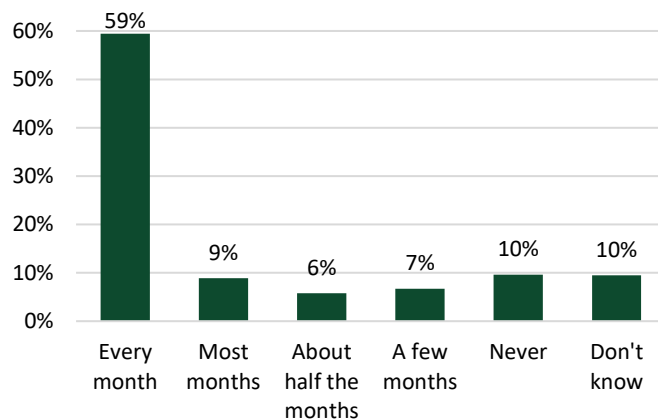
34b. By age

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[46] Question B37. "In the last 12 months, how often did you run out of money between paychecks or before the end of the month?" (n = 132).

SAVINGS FOR EMERGENCIES
Most had no emergency funds

The majority of respondents (57%) reported they could not come up with $400 to pay an unexpected expense. Only 29% responded that they could come up with $400 if needed.

Figure 35. Savings- $400 [47]

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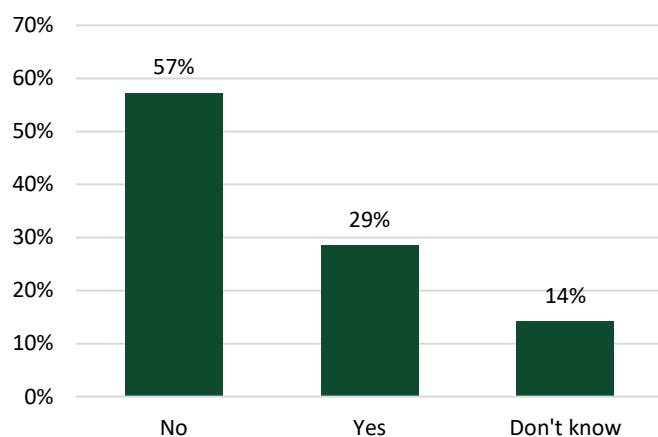
[47] Question B38. "Could you come up with $400 next month to pay for an unexpected expense?" (n = 134).

FOOD SECURITY
Half of respondents experienced frequent food insecurity, 90% experienced some food insecurity

Food insecurity was very common amongst Seattle's unhoused population, with approximately 90% of respondents reporting some form of inadequacy. At least half of the respondents reported they could not afford healthy food (57%) or enough food (50%) everyday or most of the time. About 45% skipped meals everyday or most of the time.

When considering all those who experienced some form of food insecurity (from "once or twice" a month to "everyday"), the results are even more sobering. 89% reported they could not afford healthy food, 92% could not afford enough food, and 91% skipped meals at least once or twice in the last month.

Figure 36. Food security [48]

Legend:
- Cannot afford healthy food
- Cannot afford enough food
- Skipped meals

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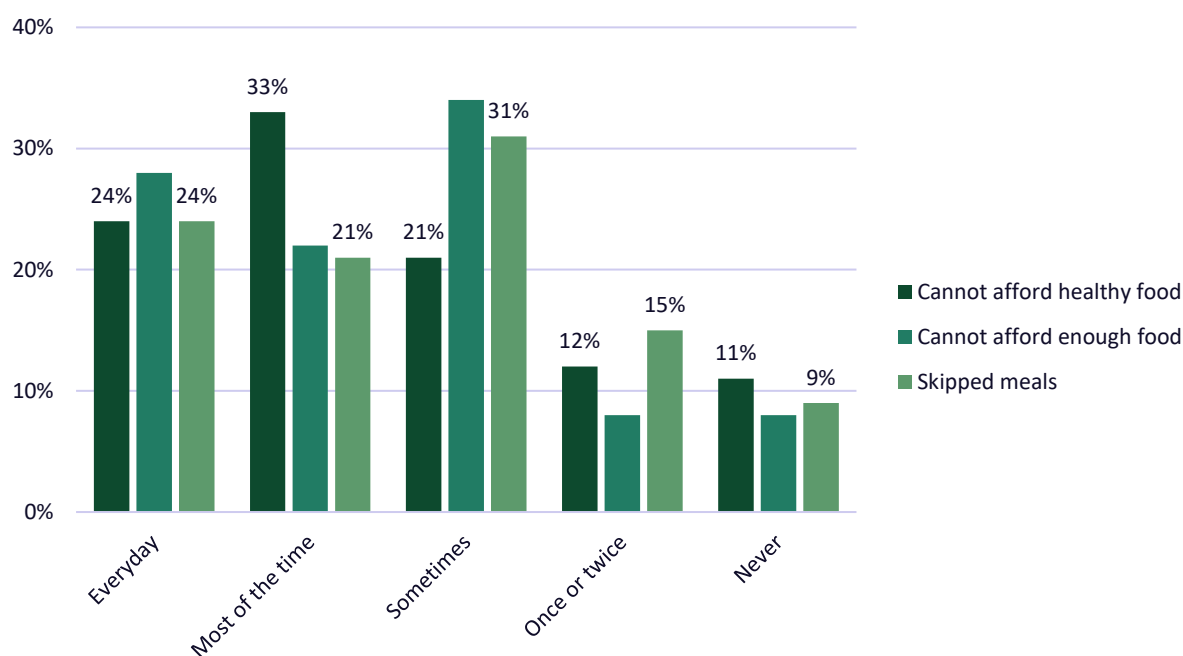
[48] Questions B39. "You did not have enough money to eat balanced meals or buy healthy food that you wanted." (n = 128); B40. "You did not eat enough because you just could not afford enough food." (n = 129); B41. "You skipped a meal because you did not have enough money to buy more food." (n = 128).

RECEIPT OF GOVERNMENT BENEFITS
SNAP was commonly received, but few received other benefits

Overall, SNAP was commonly received amongst the unhoused population, with 75% of respondents reportedly receiving this benefit. SSI/Disability insurance and Housing assistance were each received by about 17% of respondents. Some people received other benefits, such as TANF (8%), Worker's compensation (5%), WIC (4%), and Unemployment Insurance (2%).
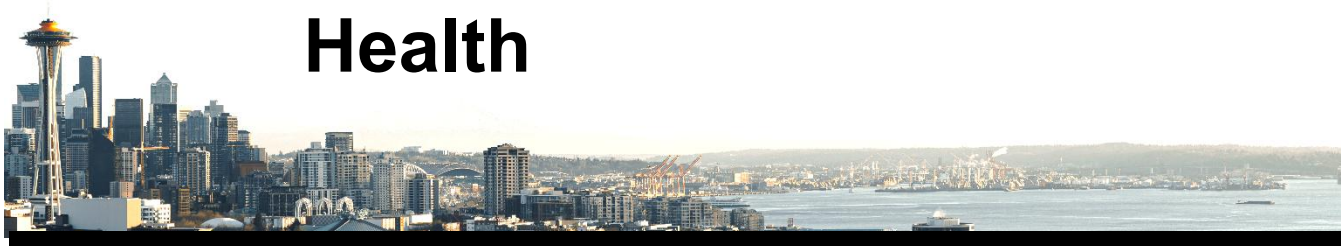
Figure 37. Receipt of social benefits [49]
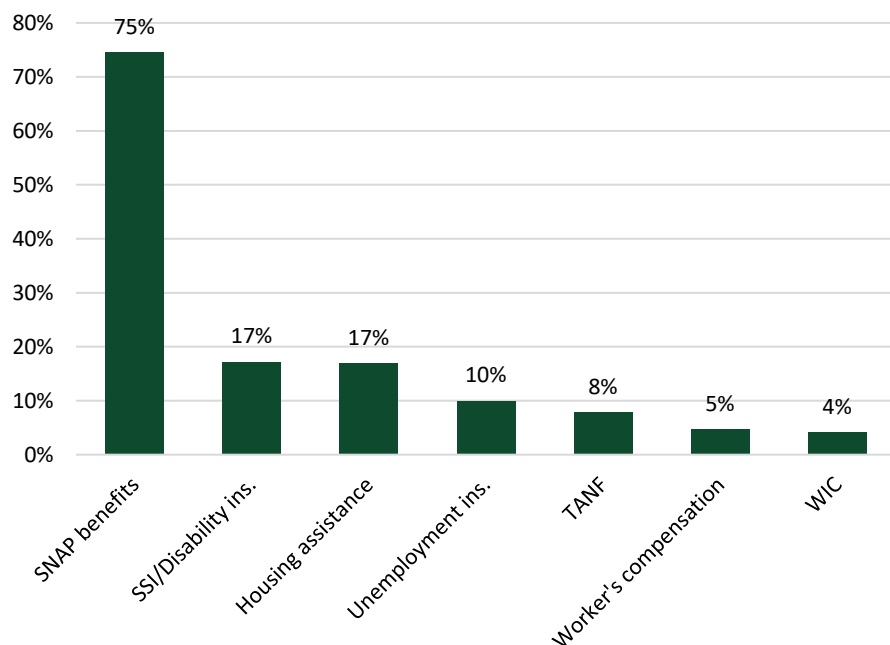
[49] Questions B45-B51. "In the last 12 months, did you or anyone in your household receive any benefits, even for just one month?" (n = 144).

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Section 5.

Health

SELF-REPORTED HEALTH
Poor health, variation, and older people report 'better' health

Respondents most commonly rated their health as "fair" or "poor," with few people reporting at least "good" health.

Self-reported health varied by age. 78% of younger adults (18 to 25 years old) rated their health as "fair" or "poor." In contrast, older age groups (26 to 40, 41 to 60, and 61+) showed more positive self-assessments, with over half of them reporting "good" or better.

Figure 38. General health status [50]
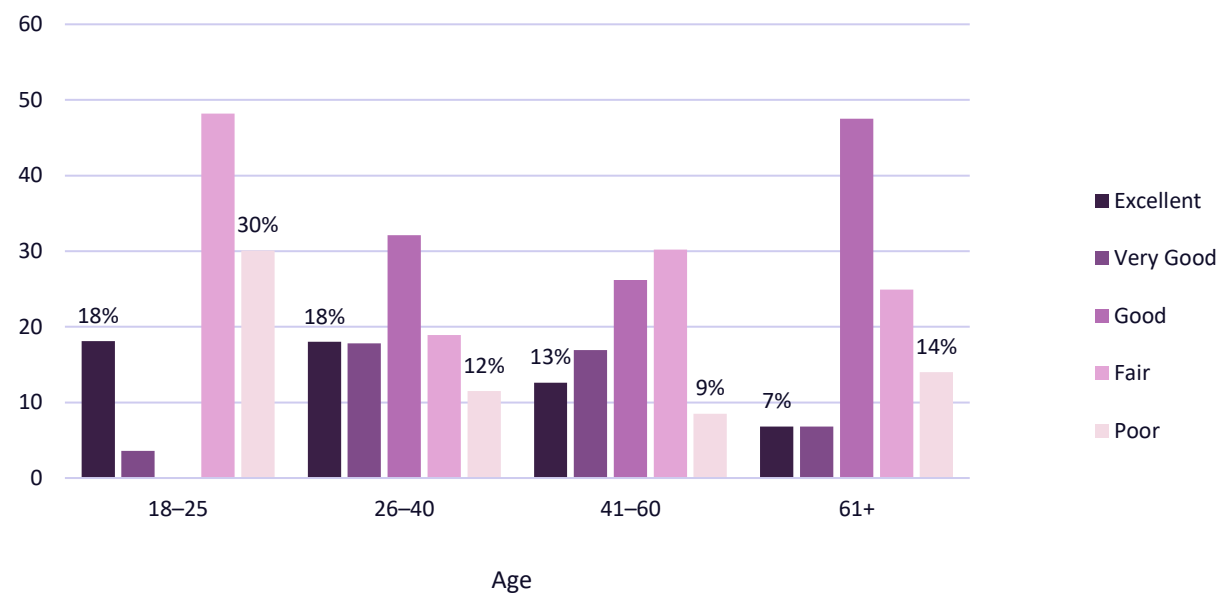
[50] Question C1. "In general, would you say your health is...?" (n = 134)
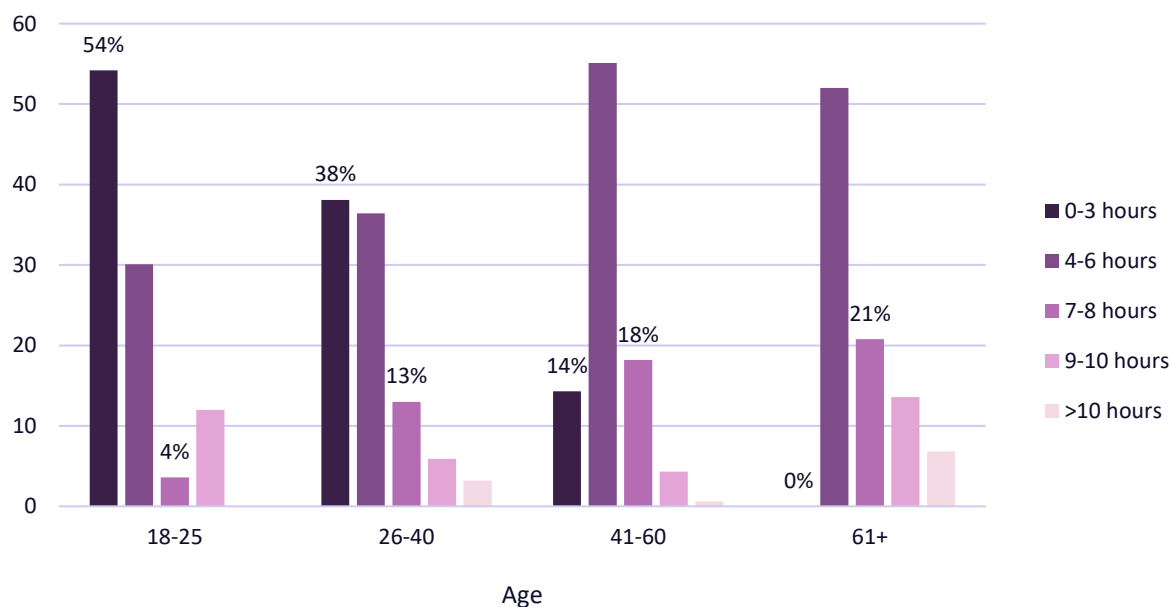
SLEEP
Very little sleep

In general, all age groups experienced very poor sleep. About a third of respondents reported an average of 0 to 3 hours of sleep per day, while another third reported an average of 4 to 6 hours.

Sleep duration varied greatly across age groups. Among younger adults (18 to 25), 54% reported sleeping between 0-3 hours per day. Only 16% reported sleeping seven or more hours per day.

Alternatively, none of the oldest group (61+) reported such short sleep; even then, just less than half of them reported seven or more hours of sleep.

Figure 39. Sleep [51]

MOBILITY DIFFICULTIES
Mobility difficulties were common

Respondents were asked whether they had difficulty performing common movements, such as walking, climbing, kneeling, or lifting, due to health problems. The most frequently reported challenge was kneeling or crouching, with 44% indicating difficulty. Walking one mile (41%) and lifting objects over 10 pounds (39%) were also commonly reported difficulties. In contrast, fewer respondents reported trouble walking across a room (25%), making it the least challenging activity.

Figure 40. Difficulties with activities of daily living [52]

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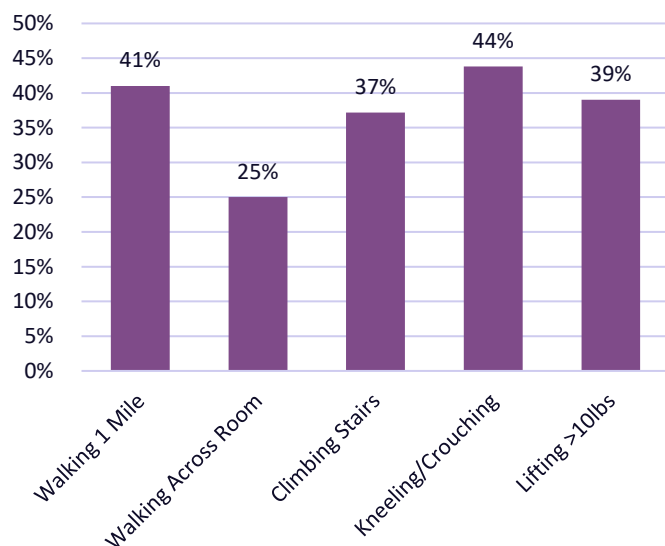
[52] Questions C3-C7. "Because of a health problem, do you have difficulty walking 1 mile/walking across a room/climbing stairs/kneeling or crouching/lifting more than 10 lbs. without help from others?" (n = 119, 124, 123, 127, 125).

HEALTH CONDITIONS
Few physical health and more mental health diagnoses

Respondents were asked whether a health professional ever told them they had specific chronic physical health conditions. Asthma was the most frequently reported condition, affecting 27% of respondents. Diabetes was the second most common (15%), followed by a heart attack or stroke (10%). Cancer was the least reported, with only 9% of respondents indicating this diagnosis. It is unclear if these patterns reflect actual disease prevalence or simply low rates of diagnosis, given that unhoused individuals often experience poor access to healthcare (as suggested in Figure 33a)[53].

Respondents reported higher rates of mental health conditions compared to physical health conditions. Anxiety (58%) and depressive disorder (48%) were the two most common diagnoses overall, exceeding any physical health condition reported. Overall, mental health diagnoses were nearly twice as prevalent as physical health ones in this sample.

Figure 41. Diagnosed health conditions

41a. Physical health diagnoses [54]

41b. Mental health diagnoses [55]

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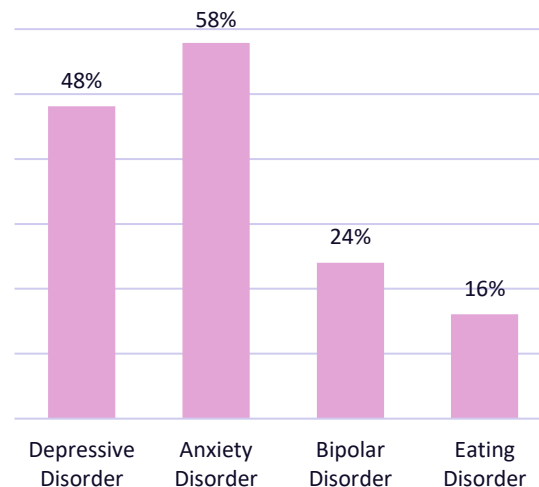
[53] Baggett, Travis P., James J. O'Connell, Daniel E. Singer, and Nancy A. Rigotti. 2010. "The Unmet Health Care Needs of Homeless Adults: A National Study." *American Journal of Public Health* 100(7):1326–33. doi:10.2105/AJPH.2009.180109.
[54] Questions C8-11. "Has a doctor, nurse, or other health professional ever told you that you have had a heart attack or stroke/asthma/diabetes/cancer (any type)? (n = 132, 133, 132, 135).
[55] Questions C12-15. "Has a doctor, nurse, or other health professional ever told you that you have had depressive disorder/anxiety disorder/bipolar affective disorder/an eating disorder, like anorexia or bulimia? (n = 134, 134, 133, 134).

COVID-19
*Few <u>diagnosed</u> cases of COVID-19*

Experiences of COVID-19 infection appear quite low among this population. Only 24% of respondents reported ever having a known infection with COVID and 3% a diagnosis of long-COVID syndrome. For the general population, King County data reports that 26% have experienced an infection[56], although this includes only infections recorded by the county and is likely an undercount.

11% of respondents reported a past hospitalization for COVID-19, which is much higher than the 1.3% of the general population recorded by King County.

The slightly lower infection rates for the unhoused population (24%) compared to the general population (26%) could reflect a surprising trend where people experiencing homelessness are a little less likely to get infected with COVID-19. Alternately, while our data do not allow us to verify this, we suspect it reflects a different and less positive trend, that this group of people does experience infections at similar or higher rates as the general population, but they are *diagnosed* at lower rates and are thus less likely to receive treatment or support to mitigate infection spread.

The much higher rates of hospitalizations among the unhoused population (11% compared to 1.3%) support the assertion that many infections in this population might go undiagnosed, with important implications for disease spread and treatment access. It might also reflect higher risk among the unhoused population for infections to progress to serious cases that require hospitalization.

**Figure 42. Experiences with COVID-19 infection [57]**
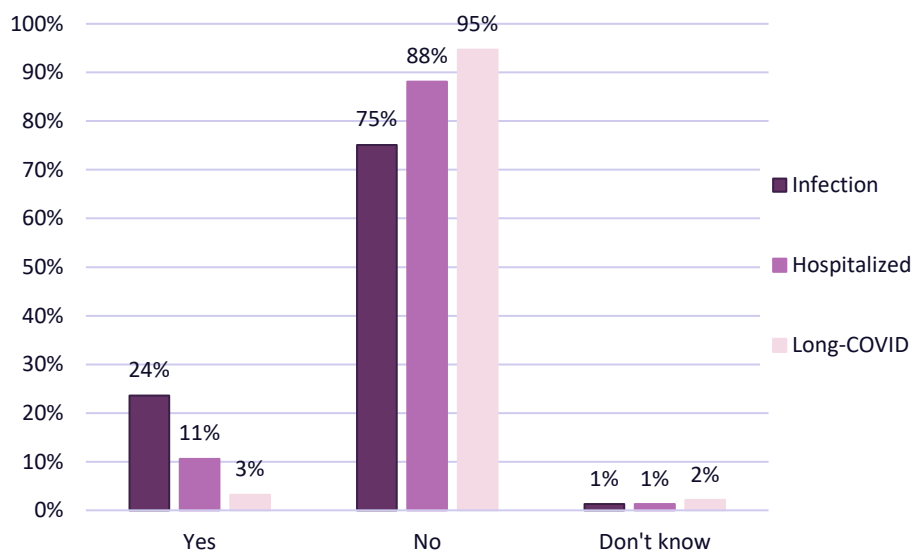
COVID-19 VACCINATION
Low vaccination rates, high ideological concerns about vaccination

Rates of vaccination to protect against COVID-19 were low. 42% of respondents reported never receiving a vaccine. In contrast, an estimated 13% of the general King County population had not received any COVID vaccination shots at that time.[58]

Among vaccinated respondents, most had received fewer than the full amounts for which they were eligible. 40% of respondents received just one or two shots, while 17% had received three or four. This data was collected at a time when most of the population was eligible for four vaccination shots.

Figure 43. COVID vaccination [59]


Number of shots

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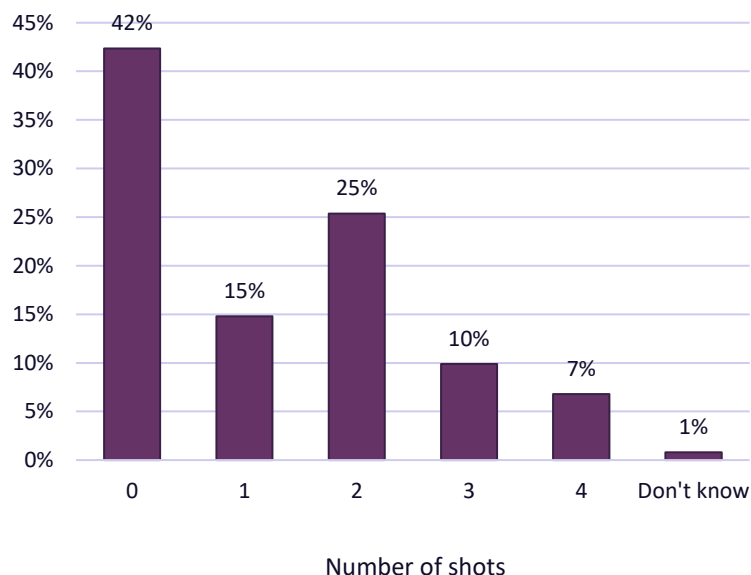
[58] Estimated from King County COVID-19 data set (Download the data on COVID-19 - King County, Washington), accessed 5-19-25.
[59] Question C28. "How many doses of a COVID-19 vaccine have you had?" (n = 134).

The reasons that respondents gave for not getting vaccinated to the full extent possible (3 to 4 shots) were similar to those for people with fewer or no shots – although with some notable differences. Ideological reasons (e.g. "not safe," "not necessary," "against my religion") were by far the most common. People also frequently selected "I don't like vaccines." Practical reasons, such as cost or lack of information on how to get vaccinated, were cited by relatively few respondents. Even then, entirely non-vaccinated respondents were more likely to identify ideological reasons and low-vaccinated respondents more likely to choose practical reasons.

These results provide important direction for policy. First, it is laudable that relatively few people cited practical reasons, suggesting the unhoused population is quite widely receiving information about cost and accessing the vaccine. Second, because ideological reasons are heavily cited, providing accurate and approachable information on these factors might offer the most effective intervention.

Figure 44. Reasons for no or low vaccination [60] [61]

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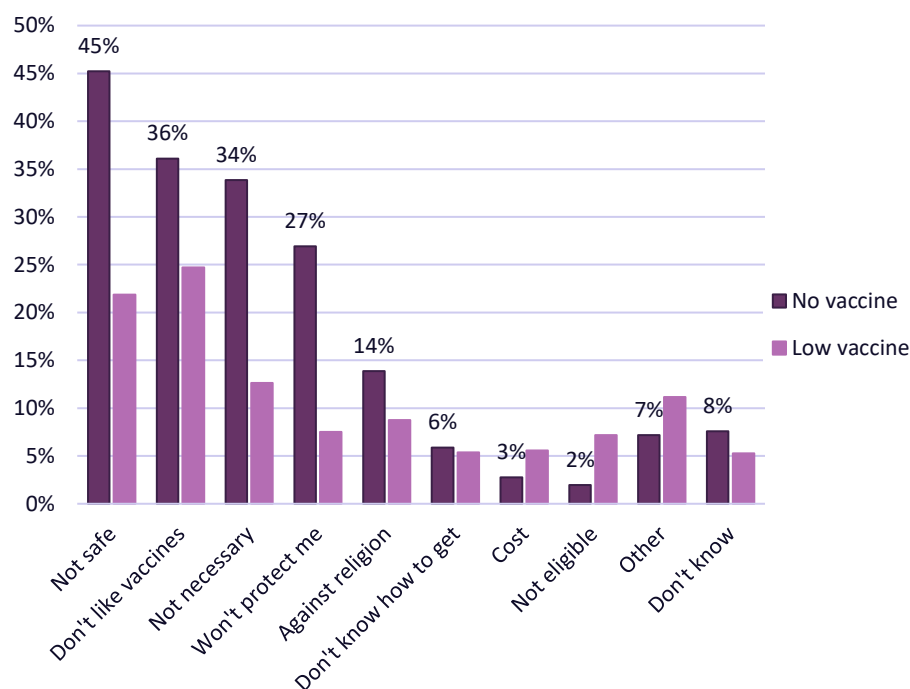
[60] Low vaccination is 1-2 shots.
[61] Questions C29. "Which of the following, if any, are reasons that you have not had any COVID-19 vaccine? (Please select all that apply)" (n = 55); C30. "Which of the following, if any, are reasons that you have not received the full number of COVID-19 vaccine doses that are available? (Please select all that apply)." (n = 43).
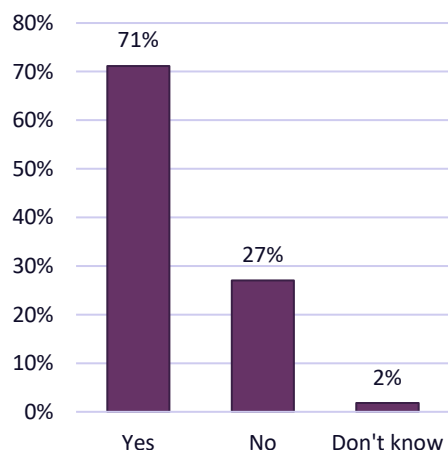
HEALTH INSURANCE
Many uninsured, Medicaid and Medicare are most common

Most respondents (71%) reported having some form of health insurance. While this is positive, 27% of individuals still remain without coverage. An additional 2% reported not knowing whether they have insurance. Accordingly, approximately 29% or respondents lack a clear way to pay for and therefore access care.
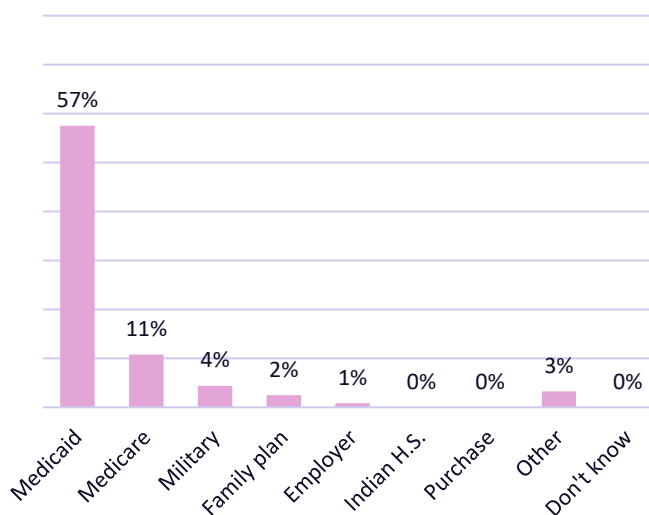
Among those with insurance, 73% held government-supported plans, including Medicaid, Medicare, and military plans.

Figure 45. Health insurance

45a. Any health insurance [62]

45b. Source of health insurance (for those who are insured) [63]
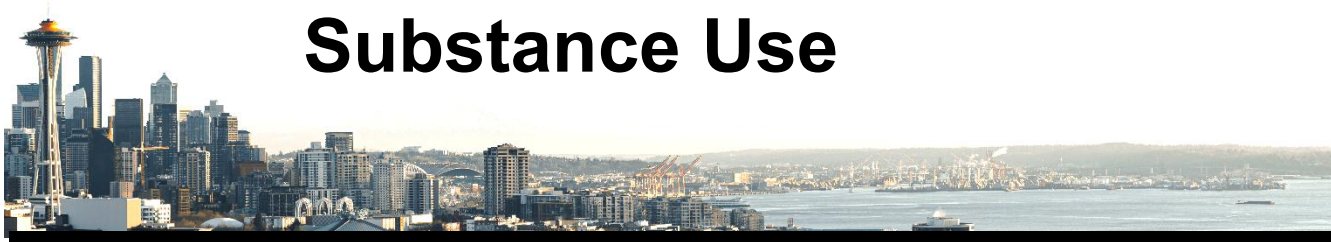

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[62] Question C31. "Do you have any kind of health insurance?" (n = 133).
[63] Question C32. "What kind of health insurance do you have?" (n = 129).

Section 6.

Substance Use

SMOKING AND VAPING
High rates of smoking and nicotine use

A large proportion of respondents reported using nicotine products, with substantially higher rates of smoking tobacco (78%) compared to vaping (50%). Of those who smoke, most of them use daily, whereas vaping was more intermittent. However, the amount of smoking, or frequency, is generally moderate in this group, with most users at less than a pack a day. Almost half of the smokers use between 1-10 cigarettes, cigars, or tobacco pipes per day, with much fewer using up to 1 or more packs per day.
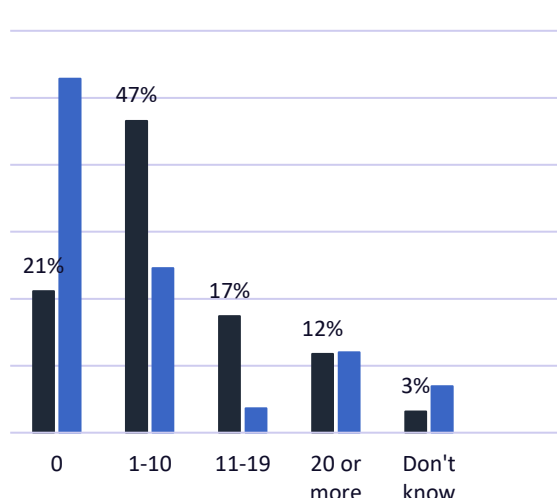
Figure 46. Smoking and vaping

46a. Frequency of use [64]
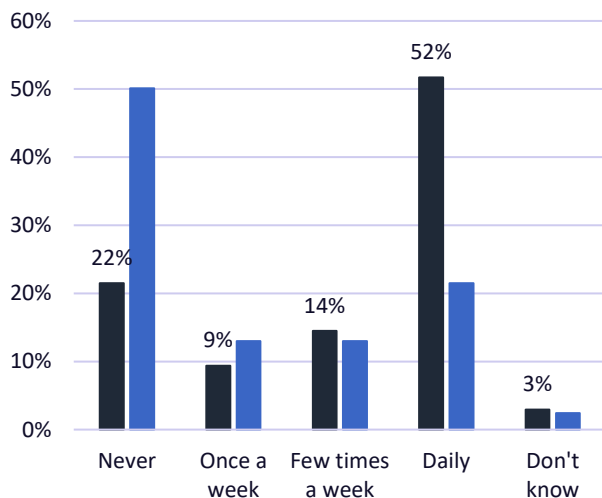
46b. Amount of use [65]

Legend: ■ Smoking ■ Vaping

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[64] Questions C36. "In the past 4 weeks, how often have you used smoking tobacco, like cigarettes, cigars, or a tobacco pipe?" (n = 133); C37. "In the past 4 weeks, how often have you used e-cigarettes or vaping pens" (n = 131);

[65] Questions C38. "During the past 4 weeks, on days when you smoked tobacco, about how many cigarettes, cigars, or tobacco pipes did you smoke each day?" (n = 135); C39. "During the past 4 weeks, on days when you smoked e-cigarettes or used a vaping pipe, about how many times did you use them each day?" (n = 131).

ALCOHOL, BINGE ALCOHOL, AND MARIJUANA USE
Many used alcohol and marijuana, but many did not. Relatively few binged.

Notably, alcohol and marijuana use were lower than smoking. 40% of respondents reported drinking alcohol in the last four weeks, with 26% engaging in binge drinking (at least four drinks on one occasion) during this period. Additionally, 51% noted use of recreational marijuana. Of those who consumed these substances, drinking alcohol was sporadic for many, with the largest group reporting about once a week. Only 8% of respondents reported daily use of alcohol, and 6% daily binge drinking.

Figure 47. Alcohol and marijuana use [66]

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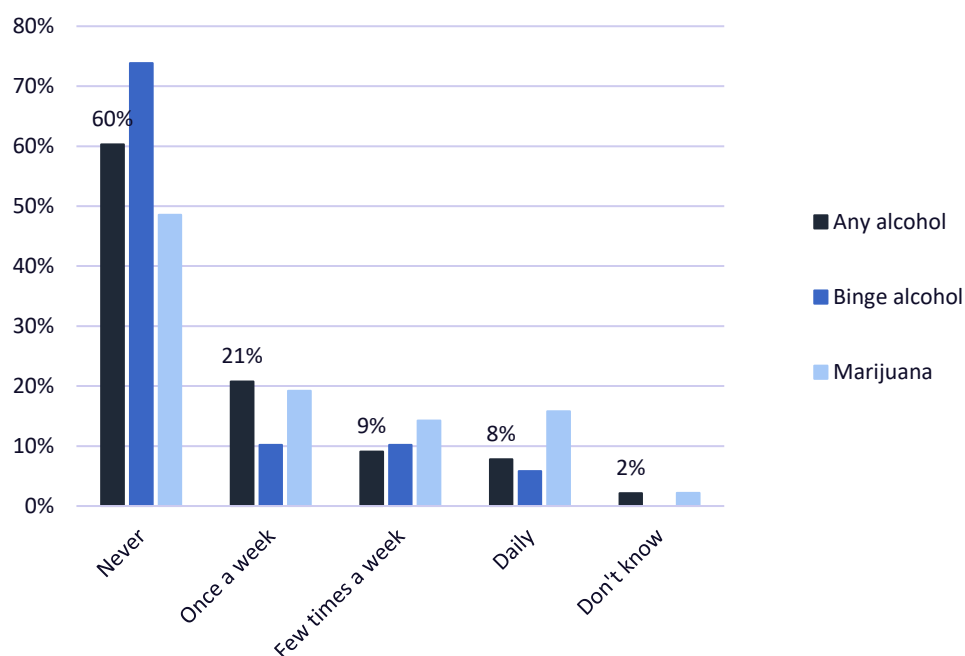
[66] Questions C40. "In the past 4 weeks, about how often did you drink alcohol? Like a beer, a glass of wine, or a shot of hard liquor?" (n = 134); C41. "In the past 4 weeks, how many times have you had more than 4 alcoholic drinks on one occasion? Like a beer, a glass or wine, or a shot of hard liquor?" (n = 131); C42. "In the past 4 weeks, how often have you used any kind of marijuana or cannabis products (not including CBD products) that were not prescribed by a doctor?" (n = 130).

ILLEGAL DRUG USE
Just over half of respondents used illegal drugs.
Methamphetamines and opiates were most common.

Similar to alcohol, a substantial proportion of respondents reported not using any illegal drugs (including methamphetamines, opiates, cocaine, and crack) in the last four weeks. Methamphetamine was the most commonly reported substance, used by 56% of respondents, followed by opiates (51%) and cocaine/crack (24%).

Use of cocaine/crack appears more sporadic, with most consumers reporting about one session per week. In contrast, methamphetamine and opiates were taken much more frequently, with 25% and 30% of users reporting daily usage.

Figure 48. Illegal drug use [67]
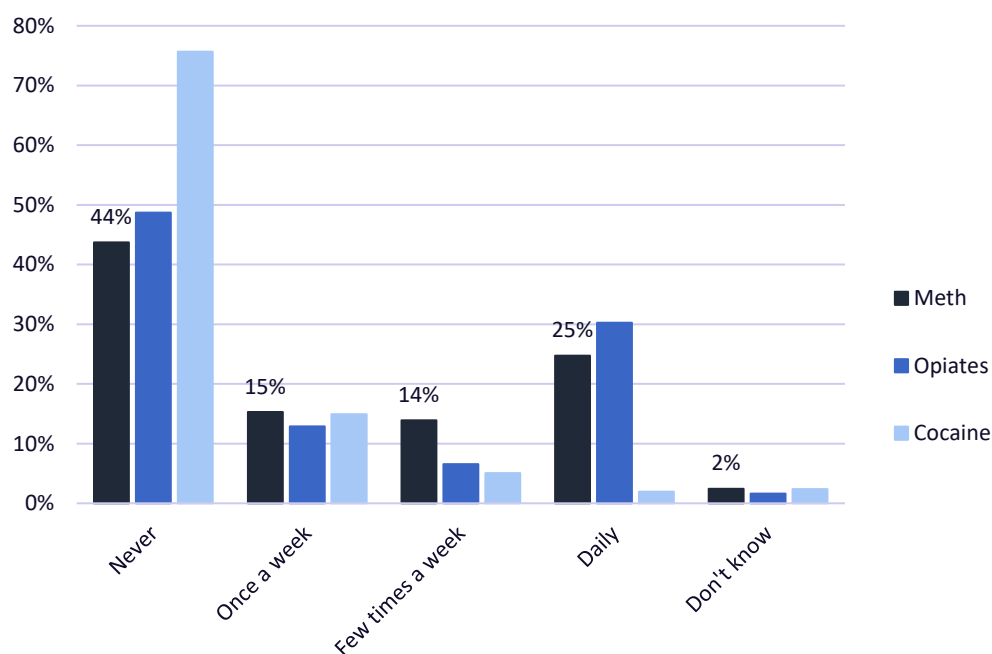
[67] Questions C43. "In the past 4 weeks, how often have you used methamphetamine that was not prescribed by a doctor?" (n = 130); C44. "In the past 4 weeks, how often have you used any kind of opiate (like oxycodone, fentanyl, heroin, morphine, etc. that was not prescribed by a doctor?" (n = 131); C45. "In the past 4 weeks, how often have you used any kind of cocaine or crack that was not prescribed by a doctor?" (n = 133).

Combining these results, we find that 60% of respondents used at least one of these drugs in the last four weeks. Among these individuals, approximately one-third used a single type of drug, another third used two, and the remaining third used all types (methamphetamine, opiates, and cocaine) during this period.

Figure 49. Any illegal drug use (meth, opiates, cocaine) [68]

49a. Any illegal drug use

49b. Number of illegal drugs used
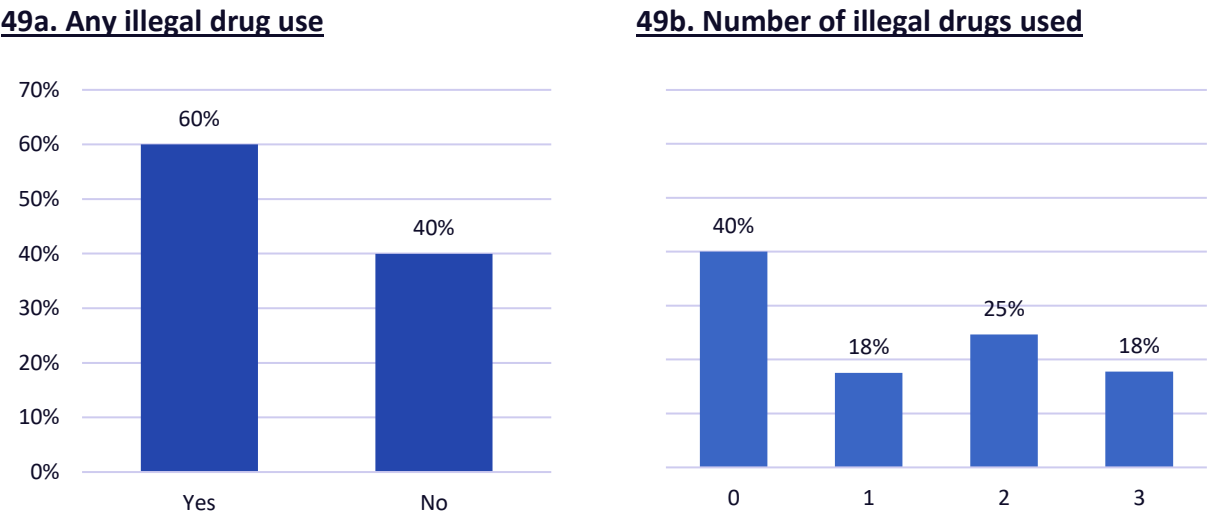
[68] Questions C43, C44, C45. See above footnotes.

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SUBSTANCE USE BY AGE
Younger people used more marijuana, meth, and opiates.
*Older people used more alcohol and binge alcohol.*

Age was related to the frequency and type of substance use. Respondents between 18 and 25 years old reported the highest rates of marijuana, methamphetamine, and opiate use. Young respondents also had among the highest rates of binge drinking. People between 26 and 40 years old indicated the highest rates of cocaine/crack use, while those 41 and older stood out for alcohol and binge alcohol use.

Figure 50. Influence of age on alcohol use [69]
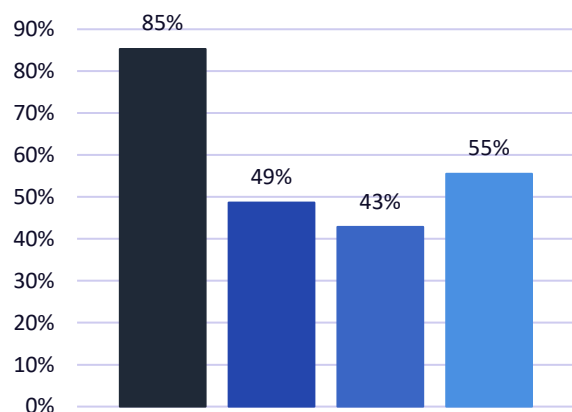
50a. Alcohol
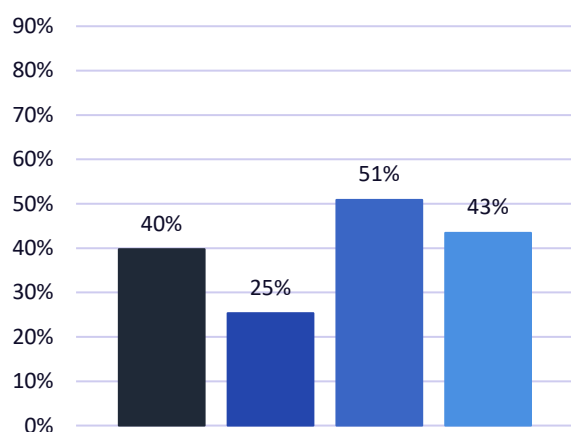
50b. Binge alcohol
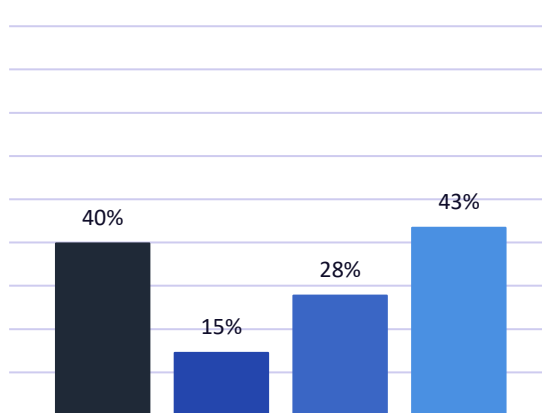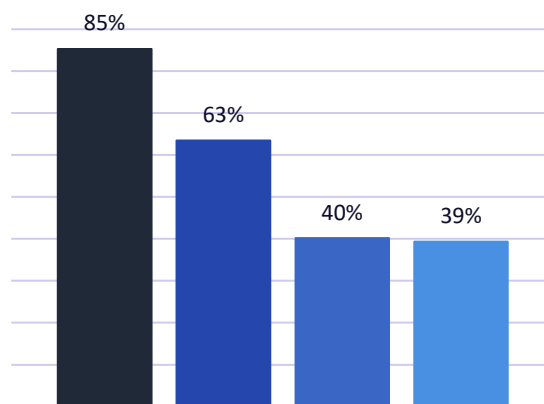

Legend: *Age* ■ 18-25 ■ 26-40 ■ 41-60 ■ 60+

[69] Questions C40-C45. See above footnotes.

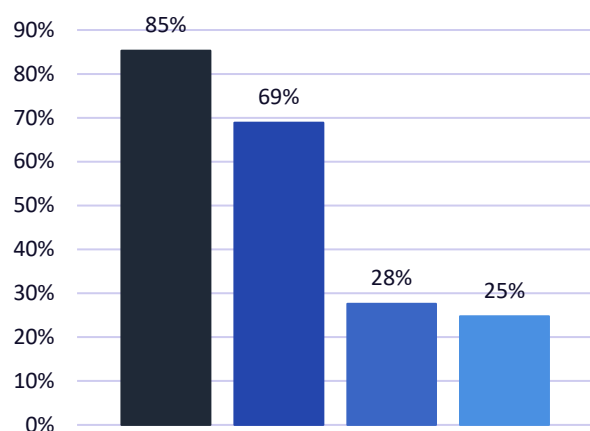**Figure 51. Influence of age on drug use** [70]
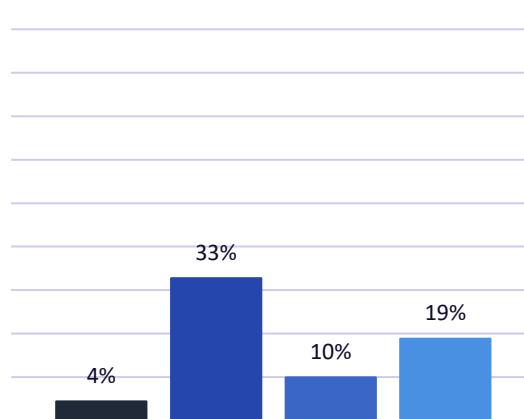
51a. Marijuana

51b. Methamphetamine use

51c. Opiate use

51d. Cocaine/crack use

Legend: *Age*   ■ 18-25   ■ 26-40   ■ 41-60   ■ 60+

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[70] Questions C40-C45. See above footnotes.
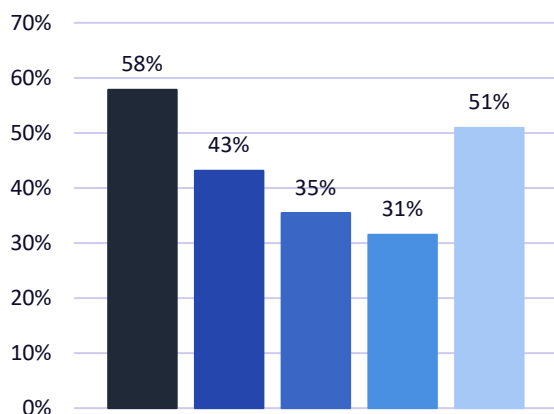
SUBSTANCE USE BY RESIDENTIAL SITUATION
People in shelters used alcohol, binge alcohol, and cocaine more frequently.
*People in tents and outside used meth and opiates more.*

Residence situation, or where people usually sleep, was also related to substance use. Those who usually stayed in shelters or hotels reported higher rates of consuming and binging alcohol. People who stayed in tents or homemade structures disproportionately use marijuana, methamphetamine, and opiates. Finally, those who slept outside or completely unsheltered had the highest rates of opiate and cocaine/crack use.

Figure 52. Influence of residence situation on alcohol use [71]
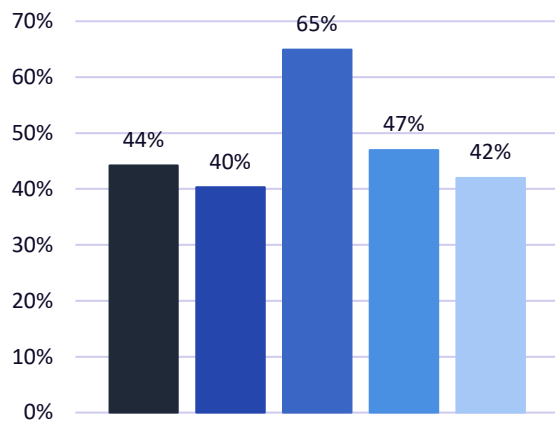
52a. Alcohol

52b. Binge alcohol
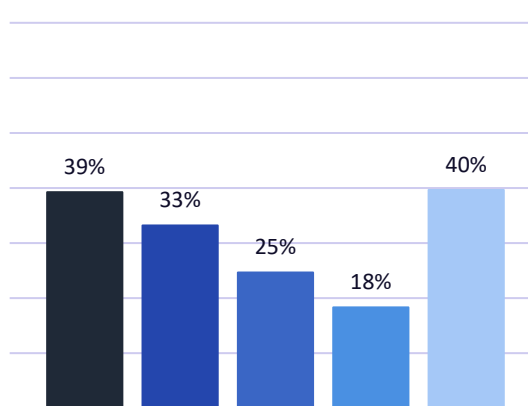
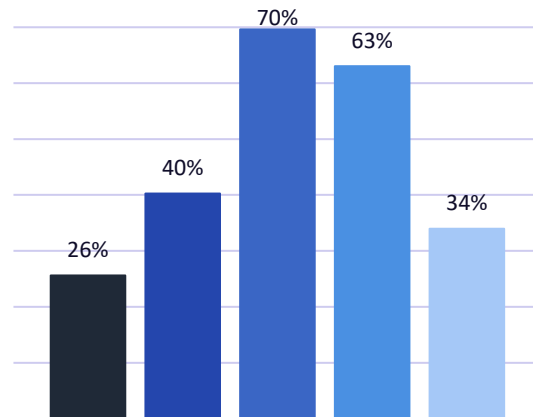Legend: *Residence* ■ Shelter ■ Car/RV ■ Tent ■ Outside ■ Other

[71] Questions C40-C45. See above footnotes.

Figure 53. Influence of residence situation on substance use [72]

53a. Marijuana

Residence	%
Shelter	44%
Car/RV	40%
Tent	65%
Outside	47%
Other	42%

53b. Methamphetamine use

Residence	%
Shelter	26%
Car/RV	40%
Tent	70%
Outside	63%
Other	34%

53c. Opiate use

Residence	%
Shelter	17%
Car/RV	38%
Tent	56%
Outside	62%
Other	34%

53d. Cocaine/crack use

Residence	%
Shelter	24%
Car/RV	4%
Tent	21%
Outside	32%
Other	12%
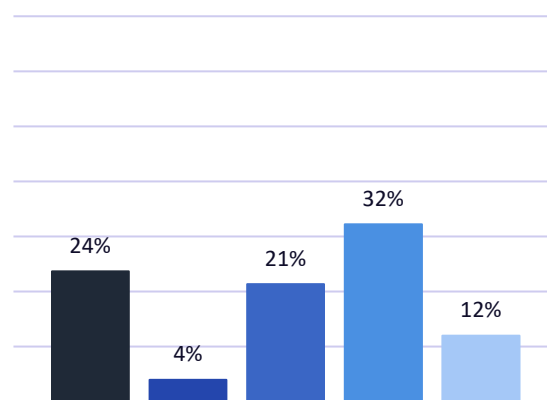
Legend: *Residence* ■ Shelter ■ Car/RV ■ Tent ■ Outside ■ Other

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[72] Questions C40-C45. See above footnotes.

Section 7.

Religion & Politics

RELIGIOUS AFFILIATION AND BELONGING
Most not affiliated with religious institutions

The majority of respondents (56%) were not affiliated with any religion. Among those who reported affiliation, Catholicism and "Another religion" were most common.

However, rates of prior affiliation with religious organizations were higher. While only 16% of respondents currently belonged to a church, temple, mosque, synagogue or other religious organization, 42% reported prior affiliation.

Figure 54. Religion

54a. Religious affiliation [73]
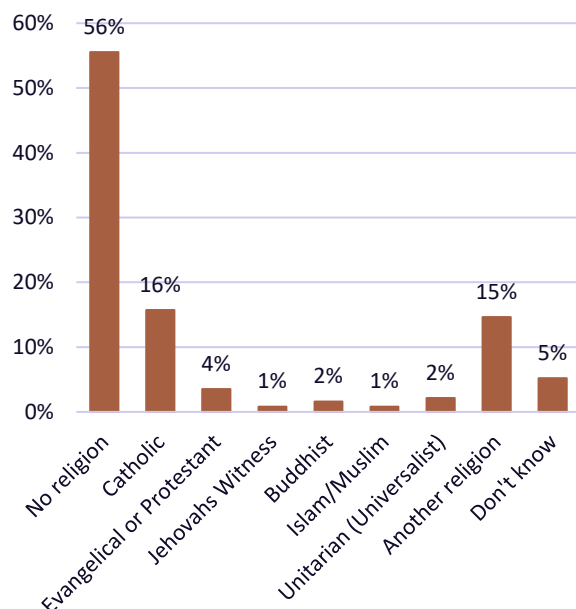
54b. Belonging to a religious organization [74]

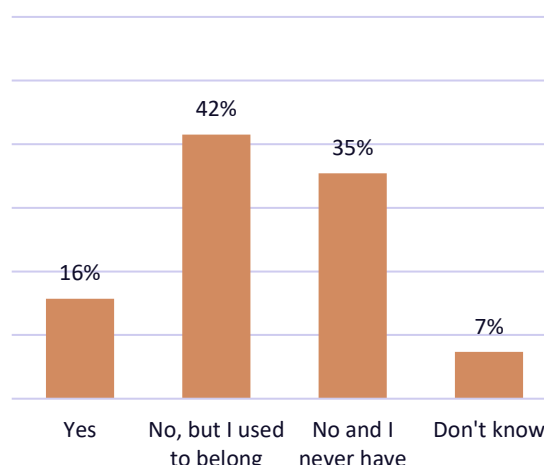### RELIGIOUS ATTENDANCE AND GUIDANCE
Few people attended religious institutions, but many still got guidance from religion.

Attendance at religious services, prayers, or rituals was very low amongst Seattle's unhoused population. Approximately one-fourth (27%) of respondents reported attending services. Of those, many joined sporadically, attending only a few times per year or month. Despite this low attendance, a large proportion of respondents still noted that religion provides guidance in their everyday lives. A full 73% reported receiving "a lot" or "some" guidance from religion.

Figure 55. Religious attendance and guidance

55a. Attendance at religious services [75]
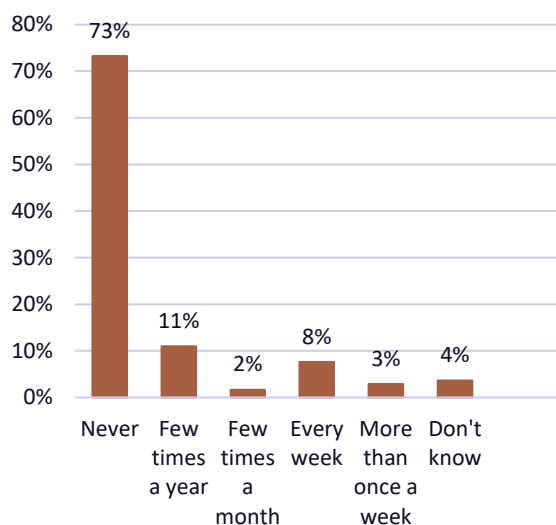
55b. Guidance from religion [76]

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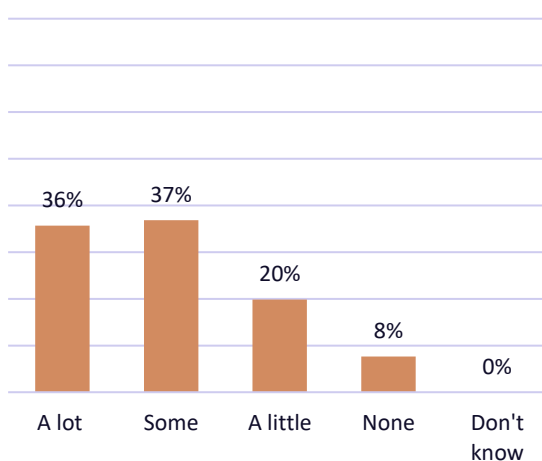
[75] Question D8. "How often do you currently attend or go to pray or do rituals at a place of worship?" (n = 129).
[76] Question D10. "How much guidance does your religion provide in your day-to-day living?" (n = 49).

MARKERS OF RELIGIOUS IDENTITY
Few people wear markers

Only a few respondents reported wearing markers of religious identity, such as hijabs, yarmulkes, turbans, etc. Among them, even fewer reported wearing them frequently.
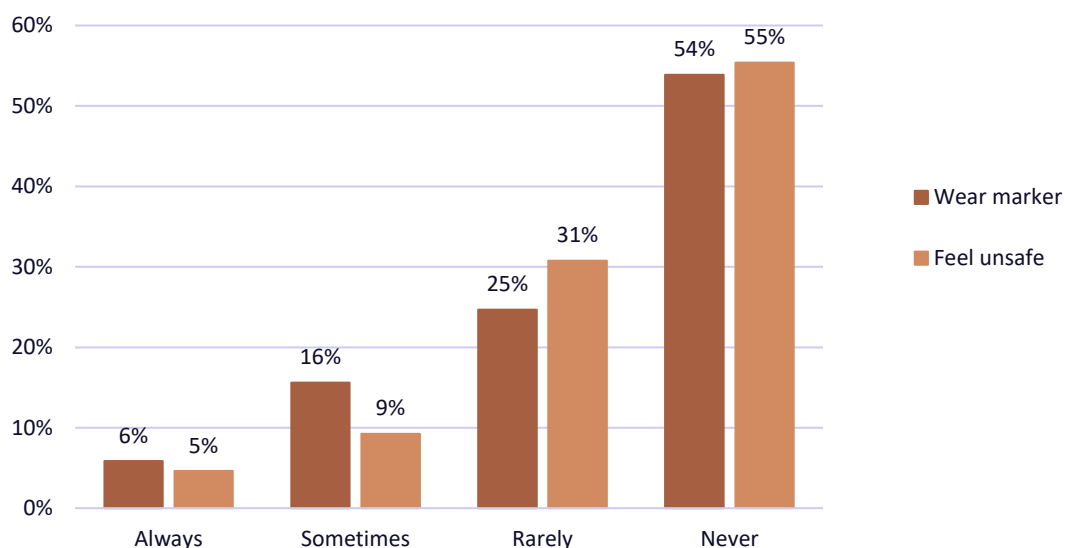
Similarly, few people reported feeling unsafe when wearing such markers. Yet since so few people in our sample wore this attire (20 people), we cannot assume this signals a trend in the broader unhoused population.

Figure 56. Markers of religious identity and discrimination [77]

Legend: Wear marker, Feel unsafe

|	Always	Sometimes	Rarely	Never
Wear marker	6%	16%	25%	54%
Feel unsafe	5%	9%	31%	55%

[77] Questions D11. "Nowadays, how often do you wear a visible marker of your religious identity (like a hijab, kippah or yarmulke, turban, etc.)?" (n = 52); D12. "When you are wearing a visible marker of your religious identity, how often do you feel unsafe, like you might get threatened or hurt by others?" (n = 20).

POLITICAL AFFILIATION
Variation and disaffection with two-party politics

Respondents reported a wide range of political affiliations. Interestingly, the largest proportion of respondents identified as Independent (31%). This was followed by 24% identifying as Democrats and 11% as Republicans. A further 14% reported "don't know." These results suggest diversity of affiliation, as well as possible disaffection with or distance from the two-party system and politics.

Figure 57. Political Affiliation [78]

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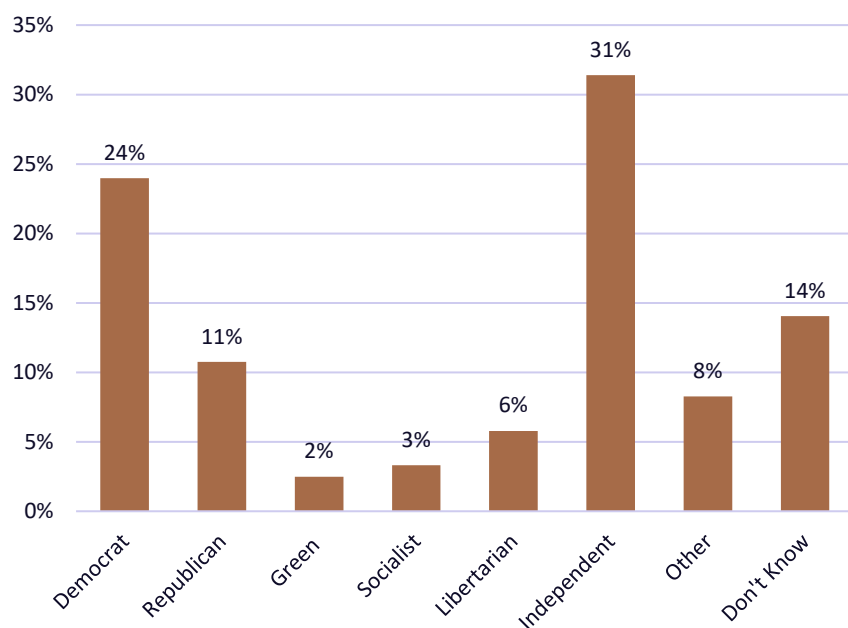
[78] Question D15. "We also want to know about your political opinions. Can you tell us which political party (if any) do you consider yourself most closely aligned with?" (n = 121)

VOTING
Low rates of voting

Political participation through voting was low. Only 25% of respondents reported voting in the 2020 presidential election and just 16% voted in the 2022 midterms. The decline from the 2020 general election to the 2022 midterm is similar to patterns in the general population.

What stands out more is the very low voter turnout among this unhoused population for either election. King County statistics estimate that among the general population, 85% voted in the 2020 general election and 65% in the 2022 midterms [79].

Figure 58. Voting [80]

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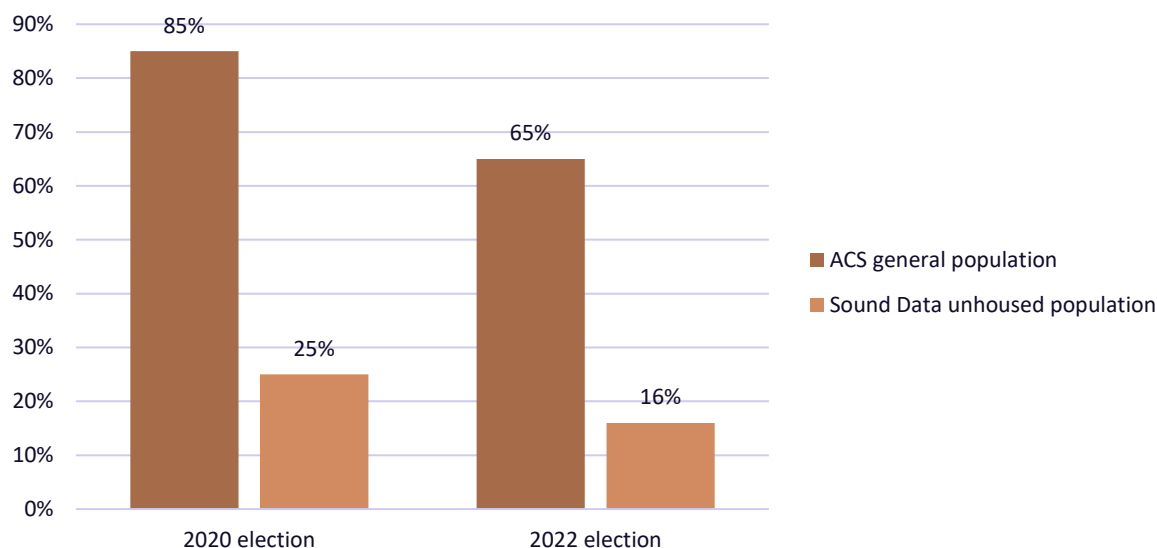
[79] https://kingcounty.gov/en/dept/elections/maps/voter-turnout. Accessed July 14, 2025.
[80] Questions D16. "Did you vote in the November 2020 elections for the U.S. President or Congress? This is the election where Joe Biden was running against Donald Trump for President." (n = 128); D17. "Did you vote in the 2022 midterm elections?" (n = 127).
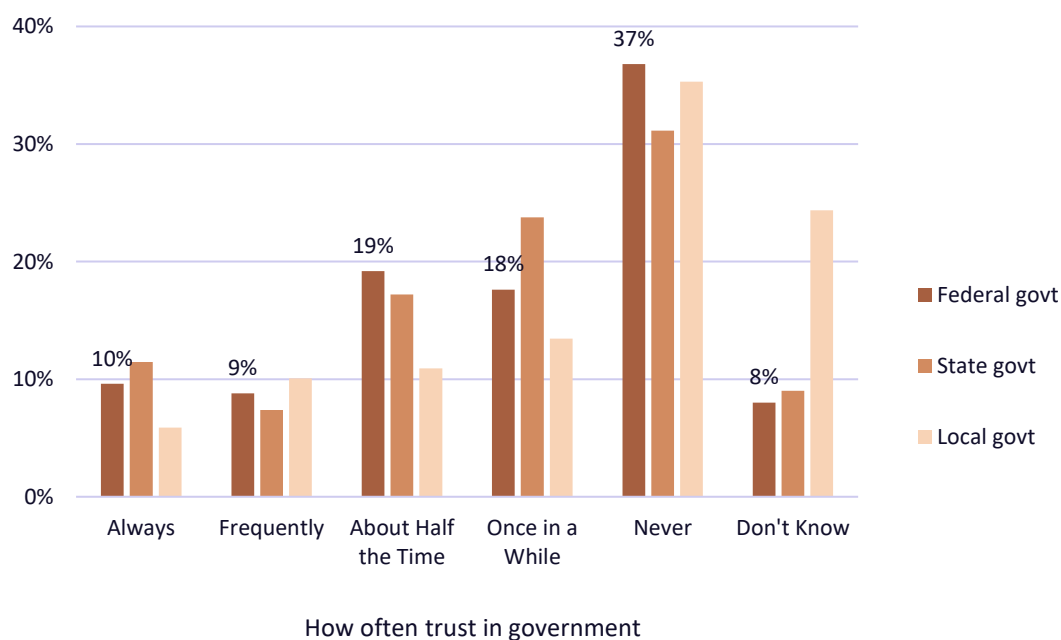
TRUST IN GOVERNMENT
Low rates of trust, particularly towards local officials

Trust in the federal government was generally low among Seattle's unhoused population. One-third of respondents reported that they never had confidence in the federal government to make decisions fairly. At the same time, 34% indicated that they always, frequently, or about half the time trusted the federal government.

Mirroring sentiments toward the federal government, trust in the Washington State government was also low. The largest group (27%) reported that they never trusted the state government to make fair decisions. Meanwhile, 31% expressed varying degrees of trust, stating they always, frequently, or about half the time had confidence in the state's decision-making.

Trust in local officials was similarly low. 30% of respondents reported having no trust at all in local government. Approval was notably limited, with only 5% stating they always trusted local officials, 9% reporting frequent trust, and another 9% expressing trust about half the time. Notably, almost 25% of respondents reported "Don't know" to the question about trust in local government, when most of them did not use that answer choice for assessing the federal and local governments.

Figure 59. Trust in government [81]

How often trust in government

[81] Questions D18. "How much do you trust the current federal government in Washington, DC to make decisions in a fair way?" (n = 140); D19. "How much do you trust the current state government in Washington State to make decisions in a fair way?" (n = 140); D20. "How much do you trust your current local officials (like city officials) to make decisions in a fair way?" (n = 139).

THREATS TO DEMOCRACY
Mis/Disinformation was the greatest perceived threat

When asked to identify the greatest threat to American society, the most commonly selected response was misinformation and disinformation, chosen by 28% of participants. This suggests a strong concern among the unhoused population about the role of false or misleading information in shaping public discourse and policy. In contrast, the least selected threats—each identified by only 5% of respondents—were illegal immigration and anti-democratic movements.

Figure 60. Greatest threat to America [82]
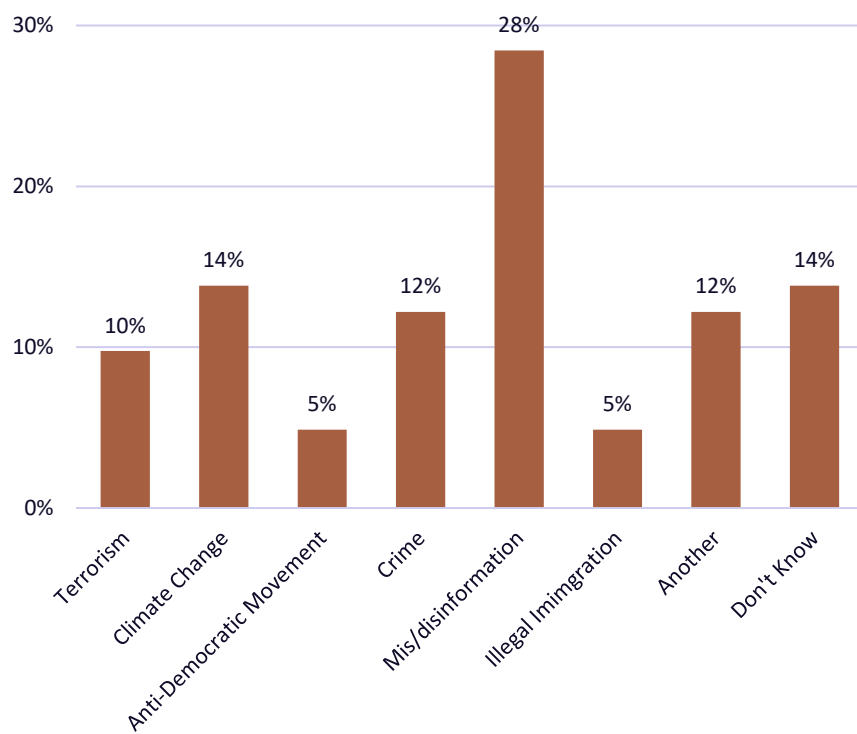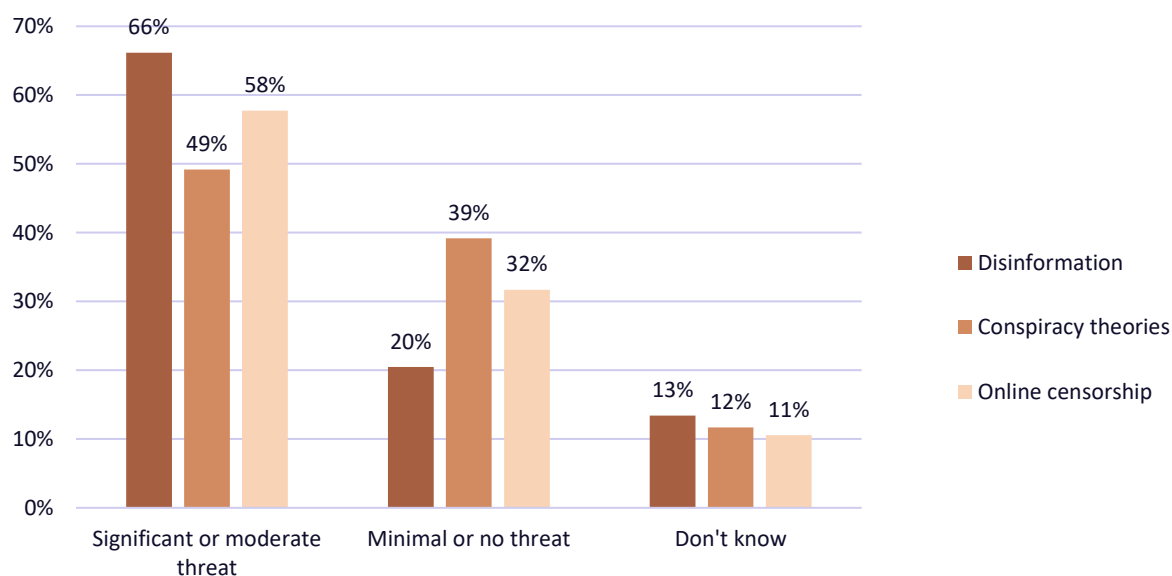

THREATS TO DEMOCRACY
Threats to democracy were perceived as substantial

When asked about the extent to which misinformation and disinformation pose a threat to democracy in the United States, 37% of respondents stated that it represents a significant threat and an additional 29% described it as a moderate threat, thus comprising more than 66% of respondents.

We find similar, albeit slightly less negative, assessments of conspiracy theories and online censorship as threats to democracy. 27% and 23% of respondents indicated conspiracy theories are a significant and moderate threat, respectively.

For online censorship, 24% of respondents identified it as a significant threat and 33% a moderate threat.

Figure 61. Perceptions of threats to democracy in the US [83]

[83] Questions D22. "How much of a threat do you think misinformation and disinformation is to democracy in the US?" (n = 127); D23. "How much of a threat do you think belief in conspiracy theories is to democracy in the US?" (n = 120); D24. "How much of a threat do you think online censorship is to democracy in the US?" (n = 123).

POLITICAL POLARIZATION AND ANTAGONISM
### *Mixed responses, with substantial agreement and disagreement to polarizing concepts*

We found mixed levels of political antagonism among this population. When asked whether they take satisfaction in seeing supporters of an opposing political party fail, 31% of respondents agreed or strongly agreed with the statement, while 21% of respondents disagreed or strongly disagreed,

For moral superiority, we found a similar pattern. To the question on whether people of other faiths hold values that are morally inferior to their own, 32% of respondents disagreed or strongly disagreed and a smaller, but very similar amount (28%) agreed or strongly agreed. Thus, a substantial portion of respondents do perceive a moral hierarchy between religious or faith groups.

When asked about Christian nationalism (whether the United States government should declare the country a Christian nation), we again found mixed responses. 40% of respondents disagreed or strongly disagreed with the idea, reflecting a clear concern about religious exclusivity in governance. On the other end of the spectrum, 20% agreed or strongly agreed with Christian nationalism.

Racial bias in policing stands out with the highest level of disagreement. When asked whether they believe police officers in the United States treat Black people the same as White people, a majority of respondents (52%) disagreed or strongly disagreed, indicating a widespread perception of racial bias in policing. In contrast, only 24% agreed or strongly agreed that police officers treat both groups equally.

Figure 62. Political polarization [84]

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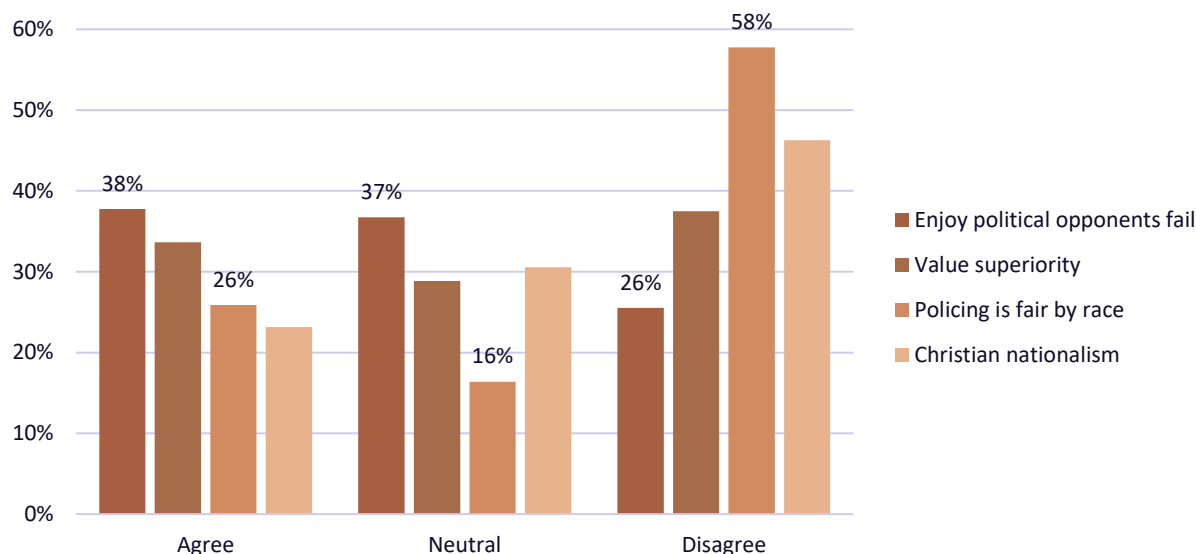
[84] Questions D25. "Part of me enjoys seeing supporters of a political party that I do not agree with fail. Strongly agree, agree, neither agree or disagree, disagree, strongly disagree?" (n = 98); D26. "Police officers in the United States treat Black people the same as White people?" (n = #116); D27. "The United States government should declare the United States a Christian nation.?" (n = 108); D28. "People of other faiths hold values that are morally inferior to the values of people like me.?" (n = 104).

RACIAL FRAGILITY
Varying levels of discomfort for talking about race and racism. Confusion was the most common reaction.

When asked how they feel when people talk about racism or race-based discrimination in the United States, the most common answer, for a third or more respondents, was that they "never" felt confused (33%), attacked (41%), unsafe (43%), or guilty (59%).

However, many people did express some kind of discomfort with conversations about race or racism. In the case of confusion, the largest share, 38%, said they sometimes felt confused, while 20% indicated they often experienced confusion in these discussions. 36% reported feeling attacked sometimes, and 17% often felt attacked. Fewer respondents reported feeling guilty, with 27% and 7% saying they sometimes and often (respectively) experienced guilt. 36% reported that they sometimes felt unsafe, while 15% stated they often felt this way.

These findings suggest that while a substantial portion of the unhoused population did not feel personally targeted, discomforted, or insecure in discussions about race or racism, a notable percentage experienced at least occasional discomfort or defensiveness. Confusion was the most common reaction to these conversations and guilty was the least common reaction.

Figure 63. Discomfort talking about race and racism[85]

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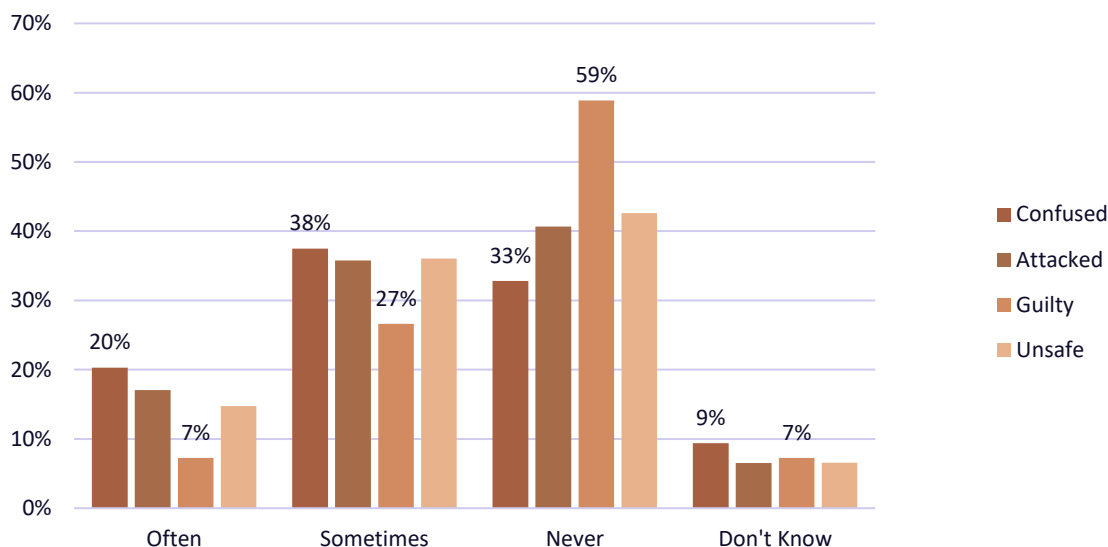
[85] Questions D29-D32. When people talk about racism or race-based discrimination in the United States, how often does it make you feel any of the following? Confused/Attacked/Guilty/Unsafe (n = 123/124/124/122)

Section 8.

Citizenship & Languages

NATIVITY AND CITIZENSHIP
Most were US-born and US citizens

The vast majority of unhoused survey respondents were US citizens, with 92% reporting current US citizenship. A substantial majority were also born in the United States, though at a slightly lower rate of 85%. Citizenship and birthplace data varies considerably across family generations. Parents born in the US (81-82%) were slightly lower than respondents' US birth rates (85%). The gap between respondent birthplace (85%) and current citizenship status (92%) indicates that approximately 7% of respondents are naturalized US citizens who were born outside the United States and a further 8% do not hold US citizenship.

Figure 64. Nativity and Citizenship [86]

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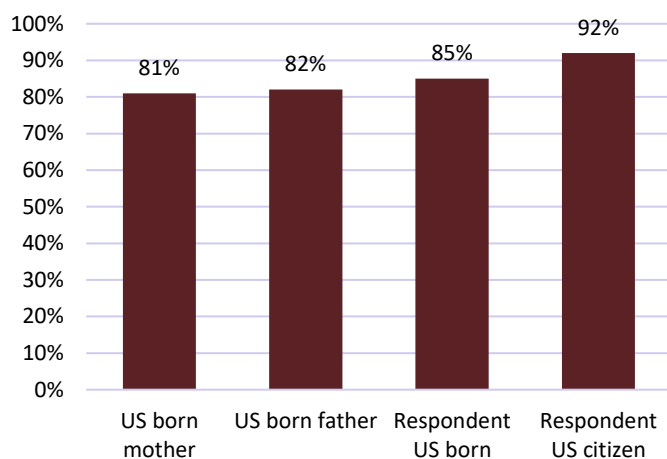
[86] Questions E12. "Now we want to ask some questions about where you were born and how you came to live in the U.S. What country were you born in?"; E13. "What country was mother born in?"; E14. "What country was your father born in?"; E17. "Are you currently a US citizen?" (n = 123, 123, 123, 122)
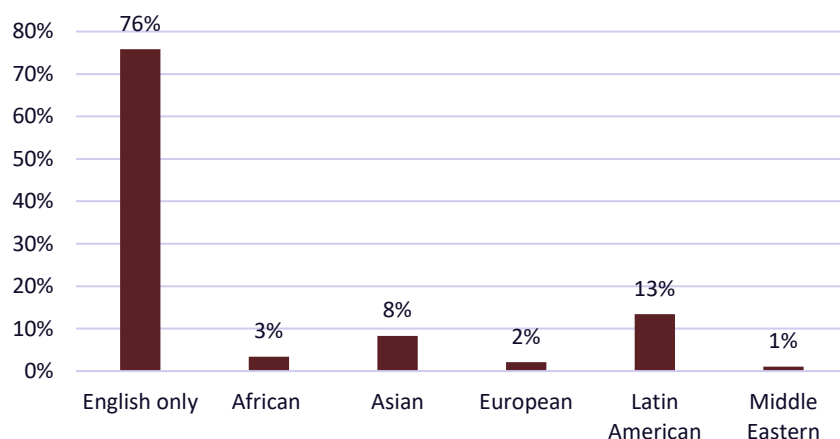
LANGUAGES
English was most common, but many regularly used other languages

English was the most common language used by respondents, with 76% reporting that they only speak English. Of the other languages, 13% reported speaking a Latin American language, followed by 8% who spoke an Asian language, and just a few respondents spoke other languages.

For proficiency, 77% of respondents spoke English only and a further 15% said their English is better than their other language. Only 1% reported that they could not speak English at all. For the languages that they regularly used with friends, the vast majority (90%) only used English.
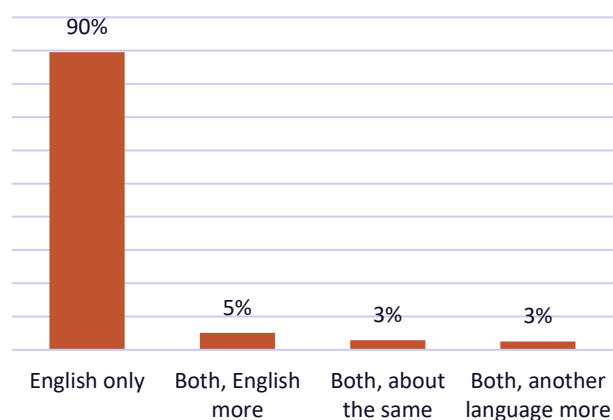
Figure 65. Spoken languages

65a. Languages spoken [87]

65b. English or other language proficiency [88]
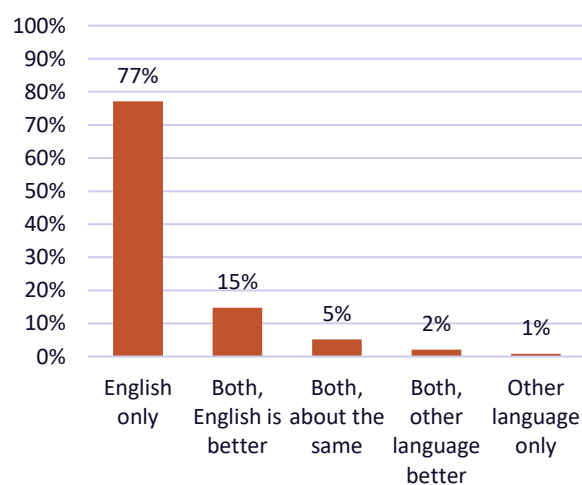
65c. English and other language use (w/ friends) [89]

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[87] Question E26. "In your everyday life, what language or languages other than English do you speak or read regularly? (Please select all that apply)" (n = 127).
[88] Question E33. "Of the languages you selected above, think of the one that you speak best. Do you speak it better than English, about the same, or not as well as English?" (n =).
[89] Question E34. "What language or languages do you usually speak with your friends?" (n = 31).