

Social Networks & Homelessness

This issue of In Focus provides a synthesis of recent literature on social networks and their roles in the lives of individuals experiencing homelessness. Social networks significantly affect health outcomes, sexual and substance use behaviors, and service utilization. A description of homeless social networks and how they are formed will be discussed in this review as well as their roles and impact on health and homeless services utilization.

What are Social Networks?

Social networks, according to Tyler & Melander (2011), are “the range of social relationships that are available to an individual”.^(1 pg. 803) They are described as a web in which people are interconnected and influenced by each other.⁽²⁾ For individuals experiencing homelessness these networks are complex and tend to be heterogeneous from person-to-person.

Social Networks among Those Experiencing Homelessness

Researchers have established two main methods of classifying the different types of social networks of individuals experiencing homelessness. The first is based on where and when ties are formed and includes two main categories: home-based and street-based networks. Home-based networks are those formed before becoming homeless. They include family members, school friends/peers, and neighborhood friends/peers. Street-based networks are those formed on the street or in shelters. They include friends/peers met since becoming homeless and homeless service providers.⁽³⁾

The second classification method is based on the nature of the ties that connect individuals and includes three main categories: non-kin networks consisting of friends, sexual partners, associates, and casual acquaintances; formal social service providers (homeless and non-homeless); and family/kin consisting of biological and fictive families.^(1, 4-6) Fictive family members are not related biolog-

ically to the individual but have been identified as being ‘like’ family.⁽¹⁾ This is especially important for runaway homeless youth who may view non-parental adults as mentors or parental figures.⁽⁷⁾

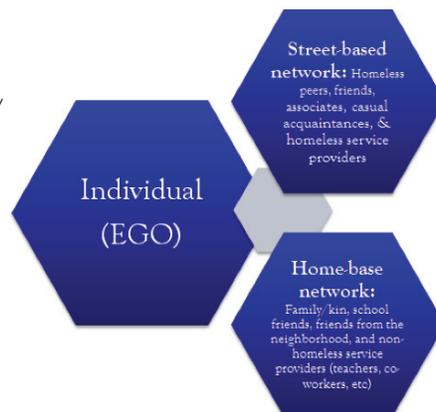
How are Social Networks Formed?

Theoretically, networks are formed based on the homophilic nature of relationships. Homophily is the tendency of individuals to bond/form ties to others based on similar behavioral characteristics, sociodemographic characteristics (i.e. age, race/ethnicity, urban vs. rural area, socioeconomic status, and education), intrapersonal characteristics (i.e. personality, interests, and beliefs), and/or shared experiences (e.g. being homeless).^(1-2, 8) Networks can also be shaped by individuals’ past experiences. For example, female homeless youth who experienced sexual abuse as children have been found to have less male friends in their networks and more members with past adverse experiences and unhealthy behaviors.^(9, 10)

Apart from biologically-linked family members, individuals experiencing homelessness meet members of their networks through physical proximity. They may meet for the first time on the street, at social events (e.g. parties, clubs, bars), homeless service organizations (e.g. transitional housing, shelters, and drop-in centers), or by way of introduction through a third party.^(1, 11) In some instances online social networks (e.g. MySpace, Facebook, Twitter, and Instagram), accessed through cell phones, public libraries and homeless service agencies, can provide a means to not only maintain communication with established members of their networks but to also form new ties to those not in close proximity.^(12, 13)

Function of Social Networks

The networks of individuals experiencing homelessness are especially important as they are used as a means through which they



access resources and find support in managing difficult situations. (14) Three different forms of social support in relation to homelessness are commonly described in the literature: emotional, instrumental, and financial. (1, 15) Reitzes, et al. (2011), however, reports a more detailed list of four forms of social support: tangible, advice, belonging, and self-esteem support. Tangible or instrumental support comes in the form of material aid such as financial assistance, clothing, food, health care, and shelter for the homeless. Advice support is the sharing of information on how and where to connect to these tangible resources. Belonging support provides a sense of fitting in and community. Lastly, self-esteem support induces positive self-image and increases in self-efficacy. Both belonging and self-esteem support provide forms of emotional support. (6)

Reitzes' four forms of social support can be provided by all types of networks. However, individual networks have been shown to be significant sources of certain forms of support. For example,



non-kin networks of friends can offer all four forms of support but are significant sources of self-esteem support; social service networks are significant providers of tangible support; and family/kin are known to provide both tangible and emotional support. (6, 16)

Health Impact of Social Networks

Social networks play a salient role in an individual's health by providing opportunities for social support and a community of influence that can impact changes in physiological responses, attitude, behavior, and self-efficacy (see table 1). (17) A number of studies have uncovered promising findings on the role that social networks can play in influencing substance use, sexual health risk behaviors, and mental health of individuals experiencing homelessness. (3-6, 8, 12, 15-16, 18-21)

A study conducted with 419 runaway homeless youths (RHY), revealed that those who had more friends or peers with substance use issues in their networks reported greater usage of alcohol, cigarettes, and marijuana. (4) These findings are consistent with other studies where youth may actually co-engage in substance use with members of networks who may have past adverse experiences and unhealthy behaviors. (5, 19) Alternatively, having network members that are home-based including family members, school-based friends/peers, and service providers have been shown to be protective against substance use for homeless youth. (4, 19) Deterrence

from substance use may result from receipt of tangible resources and emotional support from network members and being in environments that discourage substance use. However, evidence showing that social support is protective against substance use is varied. (4)

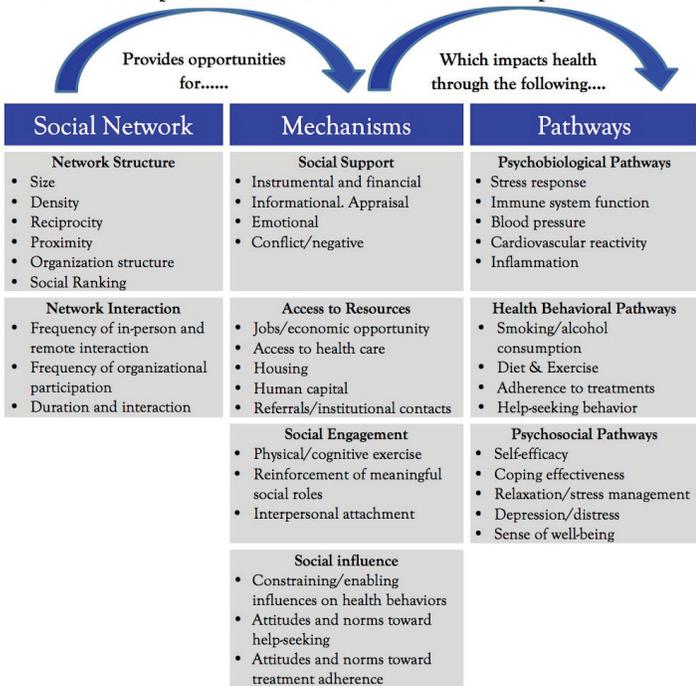
Research has also identified associations between having network members who have past adverse experiences and unhealthy behaviors with greater risky sexual behaviors such as engaging in sex with strangers, unprotected sex, engaging in sex after use of drugs or alcohol, and having multiple sex partners. The aforementioned behaviors result in an increased risk of sexually transmitted infections (e.g. HIV, chlamydia, and gonorrhea). (20, 21) In addition to risks of STI transmission, encouragement by street-based network members to engage in sex-work in exchange for tangible resources can place individuals experiencing homelessness at risk for sexual assault. (16) Alternatively, researchers have also found that social support, especially from network members that have healthy sex practices, is associated with lower rates of risky sexual behaviors. Demonstrated by Rice et al. (2010), having street-based peers who were condom users was associated with a reduction in the odds of homeless youth having unprotected sex. (12)

Lastly, studies on the influences of social networks on mental health of homeless youth showed that having an increased number of street-based peers was related with increased reports of depressive and anxiety symptoms. (18) This may be a result of youth losing emotional and tangible support from home-based network members and their inability to develop sufficient street-based relationships that offer essential support. (3) On the other hand, the presence of emotional support is associated with fewer mental health issues, providing a sense of belonging and alleviating feelings of loneliness and isolation. (6, 15)

Help Seeking (Service Utilization) and Social Networks

Social networks can positively influence help seeking behaviors of individuals experiencing homelessness in accessing social, housing, and health services. A study assessing influences of social networks on RHY between the ages of 13-24 showed that receiving support from home-based friends and caseworkers was instrumental in their usage of employment services. Specifically, youth receiving tangible support from home-based friends were four times more likely to seek employment services. In addition, those who reported receiving tangible or emotional support from caseworkers were almost three times more likely to seek employment services. (22) Chew et al. (2013) found that RHYs whose networks consisted of shelter user peers and/or friends were more likely to use shelters themselves. (23) Social networks can also negatively influence help seeking behaviors by discouraging engagement in formal networks of employment and encouraging participation in street economy (i.e. prostitution, selling drugs, panhandling, and stealing). (23)

Table 1: Conceptual Model of how Social Networks Impact Health



Adapted from: "From social integration to health: Durkheim in the new millennium," by Berkman LF et al., 2000. *Social Science & Medicine*, 51, 843-857

Implications

As the literature review suggests, social networks play an important role in the lives of individuals experiencing homelessness. They impact attitudes, behavior, and self-efficacy which in turn can affect health and homeless service utilization. In order to effectively improve the overall status of individuals experiencing homelessness, further understanding of the benefits and harms of network characteristics is necessary. Health intervention programs for those who are homeless should include multidimensional approaches which maintain and strengthen healthy networks that are protective of physical and mental health outcomes and increase service utilization.⁽²¹⁾

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