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Social Networks of Sexual Minority Homeless Youth

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Abstract

This study is part of a longer longitudinal study of homeless youth, the Midwest Longitudinal Study of Homeless Adolescents, and aims to analyze the social network size, composition, and stability of both heterosexual and sexual minority homeless youth ages 16-19. Current research identifies social networks of homeless youth as potential important points of intervention to help these high-risk youth move into safer environments. However, little is known about the structure and stability of these social networks, and even less is known about how sexual orientation might impact these networks. There are a number of reasons to suspect that sexual minority youth may experience a form of double jeopardy, as they cope with the double marginalization of experiencing homelessness and identifying as sexual minority. Results of this study indicate that homeless youth, regardless of sexual orientation, have a 70 to 80 percent turnover rate in the composition of their social networks over a three month time period. Sexual minority males and females show somewhat different patterns of composition from their heterosexual counterparts. These findings highlight the complexity of social network support for homeless youth and the particular challenges in their potential as a positive intervention point.

Key Terms:

- Sexual Minority Youth
- Homeless Youth
- Social Networks
- Ego-network
- Health Disparities

Introduction

It is estimated that 750,000 to 2 million adolescents experience an episode of homelessness each year (Whitbeck 2009). Paths to homelessness for adolescents are typically associated with histories of abuse and neglect, and once on the street they are at an increased risk of victimization. As a result of this cumulative adversity, homeless youth have disproportionate physical and mental health problems compared to other youth (Whitbeck & Hoyt 1999). Sexual minority youth are defined as lesbian, gay, bisexual (LGB), and youth who are unsure of their sexual identity. This definition derives from the MLSHA study in 1999, in which it excludes the entire transgender community (Whitbeck 2009). Among homeless youth, sexual minority youth have elevated levels of risk, effectively facing a double jeopardy for potential victimization (Whitbeck et al. 2004b).

Finding ways to help homeless youth is complicated in any context, and is particularly challenging given the additional difficulties faced by sexual minority youth. Recently, there is an increasing emphasis on intervention strategies based on connecting with homeless youth through their social networks (Rice, Kurzban & Ray 2011). Lacking conventional ties to home and school, reaching homeless youth through their social networks may represent the most efficient way to get them the help that they need.

The purpose of this study is to analyze the social networks of homeless youth and to examine whether the size, stability, and composition of these networks vary by the youth's sexual orientation. Following a review of the literature, I will develop a series of hypotheses regarding how homeless youth's sexual orientation will affect the size, stability, and composition of their social networks.

Understanding the properties of the social networks of homeless youth will provide the type of information necessary to plan effective network-based interventions.

Literature Review

Homeless Youth

Being homeless presents many challenges and for the homeless youth typically is associated with dysfunctional homes. Sexual, emotional, and/or physical abuse in the home are some of the main causes for youth homelessness (Whitbeck Hoyt, & Yoder 1999; Cauce et al. 2000; Tyler, Hoyt, Whitbeck, & Cauce 2001; Solorio et al. 2006; Whitbeck 2009). Once they have escaped abuse at home, homeless youth often experience similar victimization on the street. For example, Tyler et al. (2001) found that homeless females who were sexually assaulted at home had increase risks for being sexually assaulted on the streets.

Homelessness disrupts youth's physical and mental development (Whitbeck, Hoyt, & Yoder, 1999; Tyler et al., 2001). Early literature on health disparities of homeless youth have indicated that those who come from troubled backgrounds are more likely to experience negative developmental outcomes (Whitbeck, Hoyt, & Ackley, 1997; Cauce et al. 2000; Tyler, et al., 2001). Compared to the general youth population, the homeless youth population is at greater risk of several mental health issues (Whitbeck et al. 2004; Rice, Kurzban, & Ray 2011). Rice et al. (2011) denote that "about two-thirds of homeless adolescents have at least one psychiatric disorder meeting the DSM IV-R [Diagnostic and Statistical Manual of Mental Disorders] criteria."

All of these challenges and difficulties are likely to be exacerbated for sexual minority youth. As noted, they face a type of double

jeopardy where the adversity and risk associated with being homeless is combined with the types of bullying, harassment, and discriminations often experienced by sexual minorities. Research on homeless youth has clearly demonstrated the elevated risk of both physical abuse and mental health difficulties among sexual minority homeless youth (Whitbeck et al. 2004b).

Social Networks of Homeless Youth

Given their histories of abuse, and the associated mental health problems, it can be very difficult to identify how to connect and intervene in the lives of homeless youth. They lack typical ties to family, school, and medical care providers (Whitbeck & Hoyt 1999). But, like other youth they do maintain ties with peers, often thought of as their social networks. During adolescence, social peer networks can have significant influence both in promoting positive and negative social behaviors. Given the primacy of social networks in the lives of homeless youth, it is not surprising to see that there is ample evidence of these types of positive and negative influences. On one hand, research has found that proactive social networks are associated with positive mental health outcomes (Johnson, Whitbeck, & Hoyt 2005). On the other, deviant social networks can create adverse health outcomes for homeless youth (Whitbeck & Hoyt 1999; Whitbeck, Hoyt & Yoder 1999). This brief summary of the literature on the influence of social networks on homeless youth highlights the importance of understanding the composition and evolution of these networks.

In examining the composition of the networks, researchers have found that the social network ties of homeless youth included a high proportion of peers from the streets (Johnson, Whitbeck, & Hoyt 2005). Street-based network peers often encourage and socialize involvement in the street economy, which

ultimately substitutes family networks with street networks (Whitbeck & Hoyt 1999; Whitbeck 2009). Existing research has shown that mental health disparities are more prevalent among homeless youth who have social networks that originate in the streets. The emergent primacy of this street-infused social network makes it one of the most effective points for designing potential interventions to help these homeless youth (Rice, Kurzban, & Ray 2011).

Interventionists that seek to aid homeless youth, target the youth's social networks. While a promising entry point, accessing homeless youth through their social networks can represent important challenges. Whitbeck argues that “[m]ost chronic runaways and homeless adolescents live a ‘revolving door’ existence, alternating between various housed living arrangements punctuated by time directly on the streets” (2009, p. 27). This pattern makes it relatively hard to design and implement social network interventions and research on the over-time dynamics of social networks has been limited (Falci et al. 2011). Increasing the understanding of the dynamics of stability and change in these social networks will inform strategies for effective intervention with homeless youth.

Sexual Minorities

The challenges associated with the assessing the social networks of homeless youth are even more pronounced when we consider their sexual orientation. Sexual minority youth (gay, lesbian, bisexual, and unsure) often have some unique aspects in their history of becoming homeless. Compared to heterosexual youth, sexual minority youth are more likely to run away or be thrown out of their home, which may put them at greater risk of facing the health challenges that are faced by the homeless youth population in general (Cochran et al. 2002).

Whitbeck et al. (2004) reported that sexual minority youth are more likely to be kicked out of their homes compared to their heterosexual counterparts (38.9 percent vs. 6.5 percent). They often have more strained ties to family than other homeless youth due to rejection of their sexual orientation, resulting in an enhanced likelihood of street-based social network composition (Jonson, Whitbeck, & Hoyt 2005). Sexual minority youth are also at higher risk of abuse and victimization on the street due to their sexual orientation and often are found to have higher levels of depression than their heterosexual counterparts (Cochran et al. 2002; Whitbeck et al. 2004b).

Hypotheses

Based upon this literature review, I have developed specific predictions regarding the relationship between homeless youth's sexual orientation and the size, stability, and composition of their social network. First, given the likely rejection by some family and the potential discrimination from other youth, I hypothesize that sexual minority homeless youth will have smaller networks than heterosexual homeless youth. Second, I hypothesize that sexual minority homeless youth will have a higher proportion of their social network ties that originate from the streets, than heterosexual homeless youth. Third, given the predicted higher proportion of street-origin network ties, I hypothesize that sexual minority homeless youth will experience a higher turnover in their network ties than their heterosexual counterparts.

Methodology

This study uses secondary data from the Midwest Longitudinal Study of Homeless Adolescents (MLSHA). Starting in 1999, this study was conducted over the course of three years in which homeless youth were interviewed every three months.

Study Population

Participants include a total of 428 homeless youth who were interviewed in eight midwestern cities. Participants ranged from ages 16-19 at first interview and ages 19-21 at the end of the study. There were a total of 62 youth who identified themselves as gay, lesbian, bi-sexual, or responded that they were unsure of their sexual identity. For the purpose of this study, these youth are combined into the sexual minority category.

Measures

The MLSHA study used youths' self-reports to measure network ties. This means that I am studying what is called the ego-networks of the homeless youth. [Wouter de Nooy](#) et al. denote that an ego-network consists of one node or ego [person] and the node-(s) to which that ego is directly connected (2011:167). An ego-network is thus translated as a relationship that individuals have in their personal support systems. By studying the ego-network of homeless youth, the people that the homeless youth respondents are connected to will be revealed, which will allow me to examine the purpose they serve in each respondent's life.

The MLSHA studied two types of networks: instrumental (helping) and expressive (caring). Respondents were asked several questions in the MLSHA interviews to gauge how they classified the people in their social networks. To measure helping network ties, the youth were asked "Are there people in your life that you can count on to give you help and aid?" To measure caring network ties, they were asked, "Are there people in your life that you can count on to care about you, no matter what is happening to you?" In each of these categories, the homeless youth could name up to three people for a total of six. Then, for each person named, they were asked to report the gender, whether or not they were related, and

where they knew this person from back home or had met them on the street. When the questions were asked about the network ties, the interviewer also asked for a name or initial. When the interview was repeated three months later, the same procedure was used. The names or initials, along with the other questions about network ties, were then used to determine if the same person, or someone new, was named in the second wave interview.

Statistical Analyses

For the purpose of analyzing the size and composition, analyses were based upon the 428 homeless youth who participated in Wave 1 (initial interview). The stability analysis is based on the 285 homeless youth who participated in both Wave 1 and Wave 2 (three months after initial interview). Attrition analyses showed that the youth who dropped out after the first interview were not significantly different than the youth who continued in the study on basic demographics (age, gender, sexual orientation), physical health, or mental health status (Whitbeck 2009). Depending on the difference being tested, statistical significance was assessed using Chi Square tests of association, t-tests of mean differences, or logistic regression for multivariate predictors.

Results

Dissimilar to what was predicted, sexual orientation does not play a significant factor in the overall size of the homeless youth's network. Homeless youth reported just over two caring network ties (2.182). Females have caring networks that are significantly larger than males (2.307 compared to 2.012). Sexual minority youth report slightly larger caring networks than heterosexual homeless youth, the opposite of what was hypothesized. In terms of overall composition for homeless youth, caring network ties are significantly more likely to be

female than male (1.365 compared to .818), and to be home-based rather than street origin (1.622 compared to .561). It also appears that a high proportion of the home-based caring network ties are with kin. As hypothesized, sexual minority youth do have a higher proportion of caring network ties that are of street origin.

The findings on the size and composition of the caring network are summarized in Table 2. Homeless youth reported just under two network ties (1.960). There were no significant differences in the size of helping networks by either gender or sexual orientation of the homeless youth. There was an unexpected association between the homeless youth's gender and the gender of the named helping network. In contrast to the caring network results, these results show a strong pattern of increased same-sex ties in helping networks. Contrary to what was hypothesized, there was no significant difference in helping network size by sexual orientation.

Table 3 reports the stability of the caring and helping network members over a three month time period. As shown, there is a common trend of high levels of change in these networks. Regardless of sexual orientation, there is very little stability in the homeless youth's network ties. Depending upon the type of network, 70 to 80 percent of persons who are named in the first interview are not included in the network three months later. As hypothesized, the proportion of turnover was greater among sexual minority youth. The proportion of ties maintained across time for heterosexual youth was 23.5 percent for helping networks, and 31.8 percent for caring networks. In contrast, sexual minority youth maintained 19.6 percent of helping network ties, and 21.6 percent of caring network ties. Sexual minority

youth also showed a small (non-significant) decline in the size of their networks over time.

It is also important to consider if the effects of sexual orientation vary by the gender of the homeless youth. Figure 1 summarizes the compositional differences in the helping network by gender and sexual orientation. Sexual minority youth have a higher proportion of street origin ties in their helping network. Among females, sexual minority youth have a lower proportion of same-sex helping ties. Interestingly, sexual minority males (52 percent) have a higher proportion of relatives in their helping network compared to sexual minority females (43 percent).

Figure 2 summarizes the compositional differences in the caring network. Regardless of sexual orientation, females are significantly more likely to have same-sex caring network ties. Among males, same sex caring network ties are less common for sexual minority youth. What is striking, but not necessarily surprising, is the small portion of the caring networks that are comprised of relatives. Female sexual minority youth have a significantly higher proportion of caring network ties that are street-based compared to heterosexual females. Interestingly, there is no difference in the proportion of caring network ties across sexual orientation for males.

Discussion and Conclusion

There are complex patterns in the composition and stability of homeless youths' ego-networks. On the surface, it appears that these caring and helping networks might be stable, with approximately the same size reported at each wave. However, depending on the network, we find that 70 to 80 percent of network members mentioned in the first interview are not reported in the network ties three months later. This finding indicates to

social network interventionists that homeless youths' social networks have high turnover rates.

There are a number of differences in the composition of the caring and helping networks. Homeless youth, regardless of sexual orientation, have a significantly higher proportion of relatives in their helping network than in their caring network. Sexual minority youth have a higher proportion of street origin ties in their helping network. In the caring network, this pattern is replicated for females only. Other analyses (not shown) indicate that the highest proportion of the turnover is associated with street ties, particularly among sexual minority youth.

Combined, these findings indicate that there are particular challenges for using social networks as a point of protective interventions for sexual minority homeless youth. With the high proportion of these networks based on unstable street ties, any network-centered intervention efforts need to be selective and targeted to the stable network. At present, we do not know enough about what ties, if any, may be stable over time. There is some indication in the literature that a portion of homeless youth maintain ties with their mothers and, that these youths do better over time. The next phase of my research will be to examine the characteristics and intervention potential of the stable portion of homeless youth's social networks.

After analyzing previous research on this topic, it becomes evident that stability in networks vary across sexual orientation. If parents, particularly mothers, are a key resource for exiting the streets, then it will be important to assess their role in the networks of sexual minority youth. The higher reliance of these youth on street networks suggests that parents may not be as primary a resource. This would

be consistent with perceptions that these youth sometimes run away or are pushed out based on their parents' reactions to their sexuality. It is also important to recognize that the higher reliance of sexual minority youth on street based network ties can also be an indicator of increased risk for physical and sexual victimization.

Given the areas in which I did not find significant results, there are two important limitations to the current study. First, the sample size of the sexual minority homeless youth is only a fraction (62 out of 428) of the total number of homeless youth. The MLSHA was conducted nearly 20 years ago. Sexual minority was a lot more sacred and taboo in the 1990s; this greatly affected the sample size of homeless youth that identified as sexual minority. Second, the study was conducted in eight fairly small midwestern states. Results may be different if a similar study was conducted in a larger urban city where not only homelessness but also sexual minorities are more prevalent.

In summary, the networks of homeless youth are diverse in composition, complex, and highly unstable. These characteristics demonstrate that any use of points of intervention to assist the youth will be complicated, needing to target to the stable elements of their networks. This is particularly challenging for working with sexual minority youth, where their double jeopardy may result in social networks with less capacity for intervention.

Table 1. Mean Size and Composition of Caring Network

| YOUTH | Caring Network | GENDER | GENDER2 | RELATION | RELATION2 | LOCATION | LOCATION2 |
|------------------------|----------------|--------|---------|----------|-----------|----------|-----------|
| | CN Total | Male | Female | Kin | Non-kin | Street | Home |
| All | 2.182 | 0.818 | 1.365 | 1.115 | 1.068 | 0.561 | 1.622 |
| Male | 2.012 | 0.866 | 1.155 | 1.075 | 0.947 | 0.540 | 1.481 |
| Female | 2.307 | 0.780 | 1.527 | 1.145 | 1.162 | 0.577 | 1.730 |
| Heterosexual | 2.162 | 0.786 | 1.375 | 1.134 | 1.027 | 0.456 | 1.663 |
| Sexual Minority | 2.339 | 1.016 | 1.323 | 1.016 | 1.323 | 0.952 | 1.403 |

Table 2. Mean Size and Composition of Helping Network

| YOUTH | Helping Network | GENDER | GENDER2 | RELATION | RELATION2 | LOCATION | LOCATION2 |
|------------------------|-----------------|--------|---------|----------|-----------|----------|-----------|
| | HN Total | Male | Female | Kin | Non-kin | Street | Home |
| All | 1.960 | 0.822 | 1.138 | 0.451 | 1.509 | 0.598 | 1.372 |
| Male | 1.808 | 1.037 | 0.770 | 0.390 | 1.417 | 0.610 | 1.214 |
| Female | 2.078 | 0.656 | 1.423 | 0.498 | 1.581 | 0.589 | 1.494 |
| Heterosexual | 1.926 | 0.819 | 1.107 | 0.455 | 1.471 | 0.545 | 1.389 |
| Sexual Minority | 2.161 | 0.823 | 1.339 | 0.436 | 1.726 | 0.887 | 1.290 |

Table 3. Stability of Helping and Caring Networks

| | Helping Network | | Caring Network | |
|-----------------|-----------------|-----------------|----------------|-----------------|
| | Heterosexual | Sexual Minority | Heterosexual | Sexual Minority |
| Maintain | 0.43 | 0.44 | 0.67 | 0.51 |
| Drop | 1.40 | 1.80 | 1.44 | 1.85 |
| Add | 1.45 | 1.46 | 1.46 | 1.71 |
| Wave 1 | 1.83 | 2.24 | 2.11 | 2.36 |
| Wave 2 | 1.88 | 1.90 | 2.13 | 2.22 |

Figure 1.

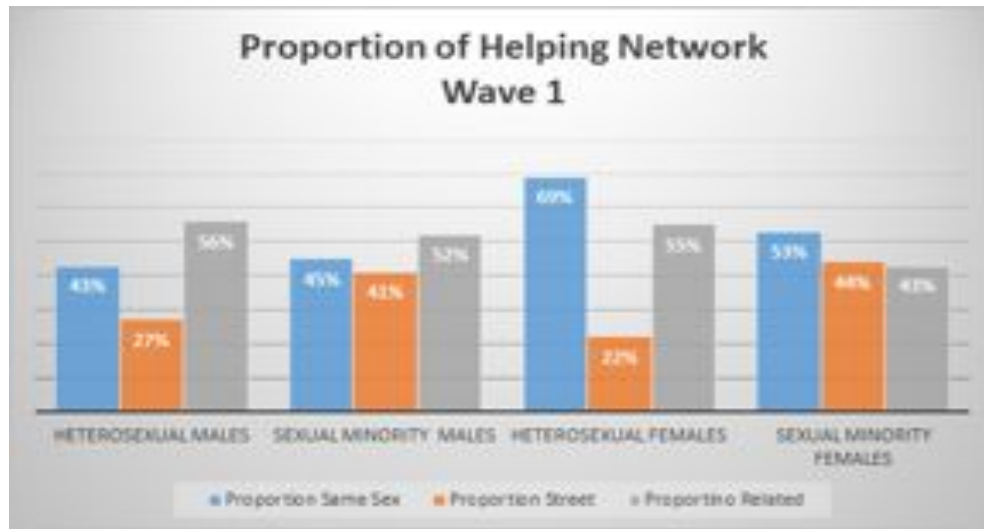
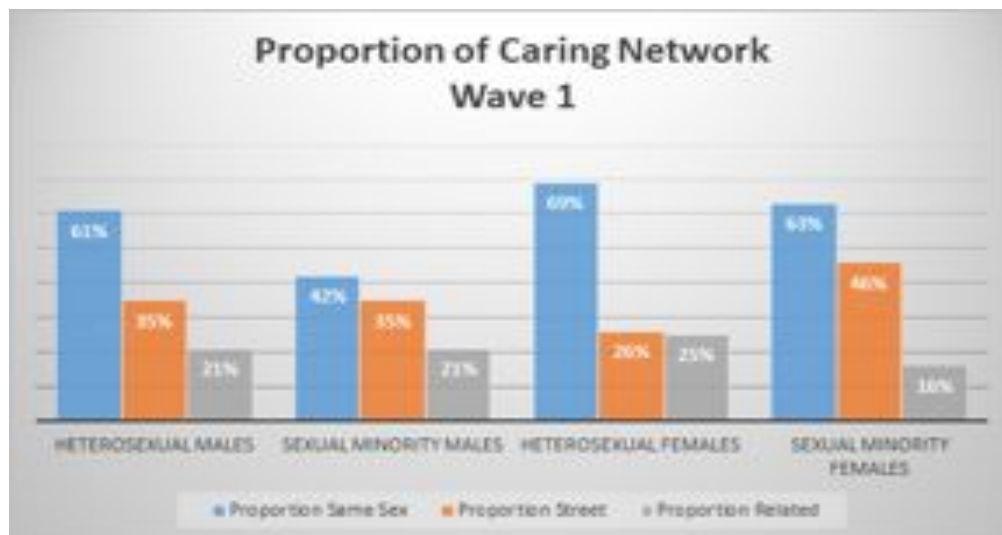


Figure 2.



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