

Spring 2024

## Compassionate Communication, Social Support, and Safety: Needs of People Experiencing Homelessness

Emma Lynn Jackson  
*Old Dominion University*, ehall.1012@yahoo.com

Follow this and additional works at: [https://digitalcommons.odu.edu/communication\\_etds](https://digitalcommons.odu.edu/communication_etds)



Part of the [Critical and Cultural Studies Commons](#)

---

### Recommended Citation

Jackson, Emma L.. "Compassionate Communication, Social Support, and Safety: Needs of People Experiencing Homelessness" (2024). Master of Arts (MA), Thesis, Communication & Theatre Arts, Old Dominion University, DOI: 10.25777/6rej-3649  
[https://digitalcommons.odu.edu/communication\\_etds/25](https://digitalcommons.odu.edu/communication_etds/25)

This Thesis is brought to you for free and open access by the Communication & Theatre Arts at ODU Digital Commons. It has been accepted for inclusion in Communication & Theatre Arts Theses by an authorized administrator of ODU Digital Commons. For more information, please contact [digitalcommons@odu.edu](mailto:digitalcommons@odu.edu).

COMPASSIONATE COMMUNICATION, SOCIAL SUPPORT, AND  
SAFETY: NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

by

Emma Lynn Jackson  
B.A. May 2019, University of Nevada, Las Vegas

A Thesis Submitted to the Faculty of  
Old Dominion University in Partial Fulfillment of the  
Requirements for the Degree of

MASTER OF ARTS

LIFESPAN AND DIGITAL COMMUNICATION

OLD DOMINION UNIVERSITY  
May 2024

Approved by:

Gary Beck (Director)

Thomas Socha (Member)

Danielle Jackson (Member)

## ABSTRACT

### COMPASSIONATE COMMUNICATION, SOCIAL SUPPORT, AND SAFETY: NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

Emma Lynn Jackson  
Old Dominion University, 2024  
Director: Dr. Gary Beck

On any given night in 2023, approximately 650,000 people were experiencing homelessness (HUD, 2023). With the highest rate of homelessness since national reporting began in 2007 and double the rate of chronic homelessness since 2016, it could be inferred that the resources are not effectively mitigating the problem (HUD, 2023). To attempt to understand this complex issue, this thesis initially reviewed theories on societal structures, personal connections, social support, and gaps in support. In person interviews of 14 people living with homelessness explored perceptions of support, social challenges, involvement in the community and lack of support. Following each interview, a digital survey explored support gaps between desired and received support.

Thematic analysis of interview data revealed that participants perceived support from distal, action-facilitating and peer support sources. The social challenges of experiencing homelessness were the unpredictability of others, emotional intensity of homelessness, and stigmatization. Participants were involved in the community by utilizing local resources, supporting the local economy and through their generational ties. Finally, participants reported lacking a compassionate community, aging and vulnerability care, companionship, beyond basic needs, recovery, and stability. The limited quantitative data complimented these qualitative findings by confirming support gaps across all forms of support, most notably tangible and emotional support.

Copyright, 2024, by Emma Lynn Jackson, All Rights Reserved.

This thesis is dedicated to the community of Norfolk,  
and the people experiencing homelessness who shared  
their stories. May their bravery drive lasting change.

## ACKNOWLEDGEMENTS

There are many people who have contributed to the successful completion of this dissertation. I extend many, many thanks to my committee members, Dr. Gary Beck, Dr. Tom Socha and Dr. Danielle Jackson for their patience and hours of guidance on my research and editing of this manuscript. The untiring efforts of my major advisor, Dr. Beck, deserve special recognition. From the open house meeting I attended out of pure curiosity, Dr. Beck has encouraged my effort to return to school and pursue the topics I am passionate about. Throughout this thesis experience, Dr. Beck has championed my ideas and made suggestions on how to make them happen. I am grateful for his steadfast support, advise and edits in the completion of this degree.

Thank you to my family and friends who have supported me throughout this journey. Thank you to the supportive friends I have met across my lifespan and around the globe. Thank you to my in-laws who showed me the definition of social support. Thank you to my grandparents, who check-in daily and cheered me towards higher education. Finally, thank you to my children, who very patiently let mommy do homework- It's our future that makes this all worth it.

## TABLE OF CONTENTS

	Page
LIST OF TABLES .....	viii
Chapter	
I. INTRODUCTION.....	1
OVERVIEW OF HOMELESSNESS .....	2
HISTORY OF HOMELESSNESS .....	4
IMAGERY OF MODERN HOMELESSNESS .....	7
THE CURRENT STATE OF HOMELESSNESS .....	8
II. LITERATURE REVIEW .....	14
BRONFRENBRENNER’S ECOLOGICAL SYSTEMS THEORY .....	14
SOCIAL BASELINE THEORY .....	15
LINKED LIVES.....	16
COMMUNAL COPING .....	18
SOCIAL CAPITAL THEORY .....	19
SOCIAL SUPPORT .....	22
SOCIAL SUPPORT GAPS .....	24
WARRANT .....	26
III. METHODOLOGY .....	29
PARTICIPANTS.....	29
PROCEDURES AND MEASURES .....	30
ANALYSIS STRATEGY .....	37
IV. FINDINGS .....	39
RESEARCH QUESTION 1 .....	39
RESEARCH QUESTION 2 .....	44
RESEARCH QUESTION 3 .....	50
RESEARCH QUESTION 4 .....	55
HYPOTHESIS .....	60
CONCLUSION .....	62
V. DISCUSSION .....	63
LIMITATIONS.....	71
FUTURE DIRECTIONS.....	72
VI. CONCLUSION .....	74

	Page
REFERENCES .....	77
APPENDICES	
A. INTERVIEW QUESTIONS .....	90
B. STUDY MEASURES .....	92
VITA .....	96



LIST OF TABLES

Table	Page
1. Support Gaps Results in Norfolk Homeless Sample .....	61

## CHAPTER I

### INTRODUCTION

Homelessness in America continues to be a complex issue that has persisted throughout our nation's recorded history, from the 1800s to present day (National Academies of Sciences, Engineering, and Medicine, 2018). Investigating communication in people experiencing homelessness would identify what social needs are not being met in order to best provide for this community. On any given night in 2023, approximately 650,000 people were experiencing homelessness (United States Department of Housing and Urban Development (HUD), 2023). This equates to 20 out of every 10,000 people who are experiencing homelessness, which is a 12% increase from 2022 (HUD, 2023). This is also the highest rate of homelessness since national reporting began in 2007 (HUD, 2023). When searching for reasons for this increase, most notably the COVID-19 pandemic (2020-2022) impacted all aspects of society, including social services and government resources (National Alliance to End Homelessness, 2020). This thinning out of typically available benefits and assistants left the homeless population in more challenging circumstances (National Alliance to End Homelessness, 2020). For example, throughout this period, cities reduced the number of homeless people receiving sheltered services due to reduced occupancy limits (National Alliance to End Homelessness, 2020). Many communities during the pandemic focused funding towards shelter beds located in motels, which saw a 134% increase (HUD, February 2022). Despite collective wishes for COVID-19 to be behind us, the aftereffects and social repercussions will be long felt, especially for marginalized and vulnerable communities. The social needs of the population also need to be explored in order to identify gaps and areas for improvement.

## Overview of Homelessness

A person characterized as homeless is defined as “a person who lacks a fixed, regular, and adequate nighttime residence” (HUD, December 2022, p. 4). The communicative label of people experiencing homelessness has changed throughout history, such as the terminology of tramp, bum, vagabond, and drifter (National Academies of Sciences, Engineering, and Medicine, 2018). There is a modern push to use the word unhoused instead of homeless. This thesis will alternate between the person-first language of ‘people experiencing homelessness’ and the words ‘homeless’ and ‘homelessness,’ as guided by the literature and the author’s personal encounters.

There are several categories of homelessness as classified by the length and location of homelessness. The difference between sheltered and unsheltered homelessness is the design of human habitation. Sheltered homelessness is when a person resides in an “emergency shelter, transitional housing program (where a person is housed for up to 24 months), or safe haven (low-capacity shelters for severe mental illness)” (HUD, December 2022, p. vi). Unsheltered homelessness is when a person sleeps in a public park, on the street, in a vehicle, abandoned building or place not otherwise meant for human habitation (HUD, December 2022). In 2023, 40% of people experiencing homelessness were unsheltered, while 60% were in shelter locations (HUD, 2023).

The patterns of homelessness refer to the intensity and frequency of the situation. A person may be experiencing homelessness temporarily because of a job loss or a health crisis, which would be ‘situational’ (Ruhlman, 2014). If the homelessness was caused by a recurring issue or was not dependent on a tangible solution, such as depression or domestic violence, then it may be described as ‘episodic’ (Ruhlman, 2014). Communicating about the causes of homelessness can mitigate the intensity and frequency of the situation. The final category is

‘chronic’, which is the most easily measured and recognized within government programs (Ruhlmann, 2014).

Chronic homelessness is experienced by “an individual with a disability who has been continuously experiencing homelessness for one year or more, or has experienced at least four episodes of homelessness in the last three years where the combined length of time experiencing homelessness on those occasions is at least 12 months” (HUD, 2023, p. vi). There was a steady rise of chronic homelessness, which had doubled from 2016 to 2022 (HUD, December 2022). The percentage of people experiencing chronic homelessness now sits at 31%, which is also the highest since reporting began in 2007, with the majority living in unsheltered locations (HUD, 2023).

The Annual Homelessness Assessment Report conducted by the U.S. Department of Housing and Urban Development (HUD) also reports on the demographics of people experiencing homelessness. The 16% rise of families with children experiencing homelessness between 2022-2023 ended the downward trend that began in 2012, and now shows that one-third of people experiencing homelessness did so as a family with children (HUD, 2023). There was a 7% rise in veterans experiencing homelessness, although the total number is still lower than in 2009 (HUD, 2023). While the largest racial category of people experiencing homelessness is Caucasian, people who identify as Black or African American, as well as Indigenous, are overrepresented in the population experiencing homelessness at 37%, and 50% as a member of a family experiencing homelessness (HUD, 2023). There was a 40% increase between 2022 and 2023 for people who identify as Asian or Asian American, with a majority experiencing unsheltered homelessness (HUD, 2023).

The homeless population faces negative stigmas and perceptions, which usually blame personal responsibility for the situation (Borchard, 2005). Beyond the consequences of individual decision-making, there are societal issues that contribute to homelessness, such as a lack of affordable housing, substandard wages, access to physical and mental healthcare, financial pressures due to inflation, and lack of support systems. There are certainly individual experiences that contribute to the risk of becoming homeless, such as: health and physical disabilities, addictions (such as substance abuse or gambling), mental illness, loss of regular employment, being released from jail or prison, loss of family network and rental problems (Borchard, 2005). The ability to ‘get back on your feet’ after reaching a state of homelessness is very challenging on an individual level, illustrating the needs for additional societal solutions, including stigma management

### **History of Homelessness**

While the current homeless population has increased in the last several decades, there is a history of other peaks of homelessness throughout American history. Beginning in the 1820s, the Industrial Revolution centralized jobs into cities where lack of employment led to “tramps” (now referred to as “homeless”) (National Academies of Sciences, Engineering, and Medicine, 2018). The National Railroad System in the 1870s saw “vagabonds” riding the rails, indicating that public transportation has historically been appealing to those in need of employment and housing stability (National Academies of Sciences, Engineering, and Medicine, 2018). The next phase of “hobo culture” came between the 1880s through 1920s, where freedom from factory work and travel was romanticized in literature (Eide, 2022). The focus in this area was less about affordable housing and more on ways to “eliminate the tramp” (Eide, 2022, p. 13). Methods toward this goal

included unemployment insurance, which would remove the urge to travel after losing employment.

Local governments were responsible for homeless populations in the 1800s, until urban slums became sites for infectious diseases (National Academies of Sciences, Engineering, and Medicine, 2018). The federal government became involved in slum clearance through the National Industrial Recovery Act of 1933, which also began construction of low-cost housing (National Academies of Sciences, Engineering, and Medicine, 2018). The goal of Housing Act of 1949 was to offer a “decent home to every American family” (U.S. Department of Housing and Urban Development, n.d., p. 3), however it offered public housing to displaced, often minority, families while offering a mortgage program for suburban housing to primarily white families (National Academies of Sciences, Engineering, and Medicine, 2018).

World War II saw a deepened demographic of homelessness. The people experiencing homelessness were still predominantly male and Caucasian, but now the population was notable over the age of 50, disabled, dependent on welfare or social security and were living in motels or single-room occupancy (which would count as ‘housed’ according to the current HUD definition, which makes it hard to study homelessness across history) (National Academies of Sciences, Engineering, and Medicine, 2018). Eide (2022) labels this area of homelessness as The Skid Row Era, which spans from the Great Depression to the 1970s.

The Housing Act of 1956 offered relocation allowances to people displaced by urban renewal (U.S. Department of Housing and Urban Development, n.d.). The 1960s saw many legislative actions for housing advancements, such as the development of the Department of Housing and Urban Development (HUD), the Housing and Urban Renewal Act of 1965 which provided rent assistance for low-income, disabled and elderly people, and the Fair Housing Act in

1968 that prohibited discrimination from access to housing (National Academies of Sciences, Engineering, and Medicine, 2018). The most commonly used housing assistance today, Section 8, was created in 1974 by offering rental subsidies to the private sector, and now assists over 2.1 million households (Congressional Budget Office, 2015). These programs were created to help individuals and families find and maintain housing around the dramatic highs and lows of the country's growth or recovery. The majority of these programs receive funding from the federal government, and the numerous non-profit organizations compete for the same pool of funding (HUD Exchange, n.d.).

The modern era of homelessness refers to the 1980s through present day. The major topics affecting this era are “gentrification, deinstitutionalization of the mentally ill, the emergence of HIV/AIDS, and deep budget cuts to the U.S. Department of Housing and Urban Development budget in response to a recession” (National Academies of Sciences, Engineering, and Medicine, 2018, p. 176). The demographics of people from this era showed a rise in younger, female, and families experiencing homelessness, and the emergence of “literal homelessness” (i.e., unsheltered homelessness on the streets) (National Academies of Sciences, Engineering, and Medicine, 2018). Due to deinstitutionalization of the mentally ill, patients in state hospitals dropped from 535,000 to 137,000 in twenty years (National Academies of Sciences, Engineering, and Medicine, 2018). However, without funding for the community and housing services needed, many of these people funneled into living with homelessness or in shelters (National Academies of Sciences, Engineering, and Medicine, 2018).

The recession in the 1980s led to a drop in Supplemental Security Income (SSI) and increased requirements for applicability, which contributed to individuals not having stability (National Academies of Sciences, Engineering, and Medicine, 2018). While the goal of the

various Department of Housing and Urban Development programs is to assist with housing, the need is greater than the supply and the bureaucratic process takes time (HUD Exchange, n.d.). Eliminating homelessness is a wicked problem that requires multiple angles of assistance, such as socioemotional support, financial assistance, and communication between people experiencing homelessness and governing bodies.

### **Imagery of Modern Homelessness**

While housed individuals may pass judgment or offer sympathy to those experiencing homelessness, the reality is that life is a daily struggle when seeking food, water, shelter, restrooms, and safety. In terms of Maslow's Hierarchy of Needs, these are the foundational levels in the pyramid of basic human needs (Maslow, 1958). If people are living in survival mode, then they are not likely to be socially connected with people who can provide opportunities or have access to them (i.e. a gap in an individual's social network). In addition, the ability to connect and participate in the broader community and access resources are made more difficult, with self-actualization certainly out of reach (Maslow, 1958).

The daily struggle of experiencing homelessness includes having to walk throughout the day and night, spending a disproportionate amount of time outdoors and fearing for personal safety (Borchard, 2005). Getting through the day is an "act of resistance" when "your head, heart and body [is] filled with pain, depression, memories, flashbacks, hunger, exhaustion, anxiety, fear," says "Tiny" Gray-Garcia, a poverty scholar who experienced chronic homelessness with her mother (Gray-Garcia & Garcia, 2019, p. 256). The stress and exhaustion from homelessness takes a physical and psychological toll on the body.

A harsh reality of homelessness is the dehumanization felt by the homeless population from government, law enforcement and organizational structures. A recurring theme related to



shelter services revolves around the rights relinquished to follow the rules set by the specific center, which could be either secular or religious (Borchard, 2005; Kaplan, 2008; Perry, 2013). Any personal conflicts with these rules must be accepted, as there simply aren't many options or shelter and other survival services. The public ordinances that ban sleeping in public places, loitering, blocking sidewalks and public bathing directly criminalizes homelessness. Some areas that are prone to tent cities have banned the gathering of homeless people in encampments. One such example is San Diego, California's 'unsafe camping ordinance' that bans "camping within a two-block radius of schools, homeless shelters and transit hubs, and in any open areas like public parks, canyons and riverbeds, regardless of shelter capacity" (Sridhar, 2023, par. 2). The removal from the public eye is not always successful either, as the 'homeless corridor' in Las Vegas, Nevada has homeless services centralized but removed from the public sphere and the better job opportunities (Borchard, 2005). The communication of modern homelessness is one of a dejected individual who is being banned from public spaces without an alternative location to go to, while truly in need of support and compassionate communication.

### **The Current State of Homelessness**

Now that the categories, history, and reality of homelessness have been introduced, we have established enough context to discuss the current state of homelessness. With the rate of chronic homelessness doubling from 2016 to 2022, it could be inferred that the resources are not effectively mitigating the growing problem (HUD, December 2022). Chronic homelessness has high concentration in areas with large homeless populations, such as California and New York (HUD, December 2022). A striking finding is that 6 out of 10 people experiencing chronic patterns of homelessness in unsheltered locations were found in one of the nation's 50 largest cities (HUD, December 2022).

A modern connection with the topic of homelessness and large coastal cities and states is the fentanyl drug crisis. Fentanyl is a synthetic opioid drug, designed as a pain reliever, that is highly addictive, reported as 100 times stronger than morphine and 50 times stronger than heroin (DEA, n.d.). The Los Angeles County Public Health office revealed that the five leading causes of death for people experiencing homelessness were drug overdose (37%), coronary heart disease (14%), traffic incidents (10%), homicide (6%) and COVID-19 (6%) (Ferrer et al, 2023). The drug overdose deaths in Los Angeles have increased due to the fentanyl crisis, and the mortality rate for fentanyl related deaths has nearly tripled from 20% in 2019 to 58% in 2021 (Ferrer et al, 2023). In Denver, Colorado, the deaths of people experiencing homelessness were related to drugs 70% of the time, with 53% of those relating to fentanyl, creating a sense of urgency to address this within the homeless population (Vidal, 2023). While most fentanyl deaths in Seattle, Washington are housed people, the homeless population makes up 1% of the population but 20% of the fentanyl related deaths (Patrick, 2023). A study found that some drug users experiencing homelessness use methamphetamine to stay awake at night to protect their belongings, for relaxation, or an escape from pain (Patrick, 2023).

The responses to this issue from major cities have been an intersection of answers: better drug outreach teams, 'building trust,' increased distribution of naloxone/Narcan (an anti-overdose drug) or fentanyl testing strips, and more substance abuse facilities like mobile methadone clinics (Patrick, 2023). Some other attempts to address drug use have been harmful: The mayor of Seattle's recent order to clear encampments make it harder for users to look out for each other (Seattle Times, 2023). Still, other responses solve parts of the drug use problem but come too late: Offering Narcan to a drug user so that they do not overdose addresses the mortality problem, but it is not preventive to drug use or the experience of homelessness. There has been a lack of

exploring the social and communication needs of the population that may have led to these dire circumstances.

The Substance Abuse and Mental Health Services Administration reported that “16% percent of people experiencing homelessness reported having a substance use disorder while 21% reported having a serious mental illness” (Substance Abuse and Mental Health Services Administration, 2023, par. 1). A recent study on the prevalence of mental health among people experiencing homelessness in high-income countries found that the mean prevalence of mental health disorders was 76.2% (Gutwinski et al, 2021). These mental health disorders were categorized further, with 36.7% experiencing related alcohol use disorders, 21.7% experiencing drug use disorders, 12.4% experiencing schizophrenia spectrum disorders and 12.6% experiencing major depression (Gutwinski et al, 2021). The commonality of mental health illnesses for people experiencing homelessness raises the question of the ability to communicate their need, as well as the availability and access to assistance, and how the limited resources are being used to help this population. Mental health illness mental illness could be a result of, or an antecedent, of homelessness. People experiencing homelessness are stigmatized already and untreated mental illness, such as schizophrenia, contributes to this population appearing unpredictable or to be avoided. In reality, these people need mental health resources.

Another notable demographic of people experiencing homelessness is those with experience in the criminal justice system. There is an unfortunate revolving door between homelessness and incarceration, as formerly incarcerated people are “10 times more likely to be homeless than the general public” (Couloute, 2018, par. 2). Yet laws criminalizing homelessness, such as sleeping in public, loitering, public restroom use and other survival behaviors increase interaction with law enforcement and the criminal justice system often because such people have

nowhere else to go (Couloute, 2018). Unsheltered people experiencing homelessness in one study reported 21 police contacts, 7 jail visits and 8 ER visits over six months compared to 2 police contacts, 0 jail visits and 4 ER visits by people experiencing sheltered homelessness (Rountree, Hess & Lyke, 2019).

The rate of homelessness for people who have been incarcerated more than once rises to 13 times greater than the general public (Couloute, 2018). Interestingly, formerly incarcerated women have higher rates of homelessness than their male counterparts, however they have higher rates of sheltered homelessness, which is a privilege considering that formerly incarcerated Black men experience the highest rate of unsheltered homelessness (Couloute, 2018). This is discussing homelessness specifically- the amount of housing insecurity for formerly incarcerated people is much higher, with 570 of every 10,000 living in marginalized housing (Couloute, 2018). A major contribution to homelessness and housing insecurity for formerly incarcerated individuals is the screening criteria for housing is largely at the discretion of the property owner, who may decide eligibility based on criminal record results, without the option of communicative explanation (Couloute, 2018). Therefore, the reason rates of homelessness for formerly incarcerated people is because of denial of housing.

Consider the City of Philadelphia's Office of Homeless Services, which offers a comprehensive snapshot of their population served (80% were people of color), average duration of time in a shelter (143 days) and the recurrence rate (19%) (City of Philadelphia Homeless Services, 2022). The organization's mission statement shows a commitment to providing affordable housing to people experiencing homelessness because "people need a place to live in order to get a job or education, get well and sustain recovery, strengthen family and community. Housing is the foundation" (City of Philadelphia Homeless Services, 2022, pg. 1). The City of

Philadelphia, like most major cities, has a high population of people experiencing homelessness due to a lack of affordable housing and inflation (D’Onofrio, 2023). While the rate of homelessness is now below the rates from the pandemic, the percentage has risen again each year (D’Onofrio, 2023). Even with the drive to end homelessness, the reality is that it is a wicked problem. What the City of Philadelphia is doing well, though, is collecting data on the population in order to understand how many are being served, the average time in a shelter and what the recurrence rate is (Whelan, 2024).

This thesis is focused on the communication of people experiencing homelessness within an urban population of Eastern Virginia. The state of Virginia has thirty-nine Community Services Boards (CSBs), which oversee mental health, intellectual and developmental disabilities, and substance abuse services within the communities, as opposed to state psychiatric facilities (ContinuumCloud, 2022). The City of Norfolk was the sixth CSB in Virginia to be founded, in 1969 (Norfolk Community Services Board, n.d.). The department of Housing and Homeless Services is not typically located within a CSB, however the Director in Norfolk began her career in homeless outreach and centralized the services within this network. It appears to be a good fit as many residents of the City of Norfolk homeless shelter also receive mental health, disability and substance abuse support from the CSB.

The motel-homeless shelter model, a popular way that cities around the country are housing those in need, has some documented evidence of success. In addition to The Center in Norfolk, Virginia, there have been two motels in Southern California that have been converted into homeless shelters (City of Norfolk, n.d.). The one in Escondido, CA, during its time as a motel, would receive over a dozen disturbance calls a month but now receives around three calls a month as a shelter (Nelson, 2023). This shelter is run by a non-profit with high employee

oversight and is low-barrier, housing approximately 70 people. While the police calls have declined, the calls to emergency services for medical calls have increased (Nelson, 2023). The other motel in La Mesa, CA, is run by three different non-profit organizations aimed at housing 18- to 24-year-olds, which they found to be a critical age range of combating chronic homelessness for that area (Nelson, 2023). This shelter is also low-barrier, offers employment and support services on-site and houses approximately 75 people (Nelson, 2023). Given that this serves as an all-inclusive shelter, the motel size of less than 100 occupancy is beneficial for maintaining order.

This first chapter provided an overview of homelessness, with ~650,000 people experiencing homelessness on any given night in the United States (HUD, 2023). The country has historically seen increasing trends of homelessness around times of social and economic changes. The current imagery of homelessness portrays a personal level of a struggling people trying to survive on the streets. The current state of addressing homelessness shows major cities and service organizations trying to mitigate the problem. There have been adequate responses to homelessness, however turbulent economic and social circumstances are making the situation increasingly unmanageable. Investigating communication in people experiencing homelessness would identify what social needs are not being met in order to best provide for this community. The next section of this paper will explore theory and research related to socioemotional resources and communication that may contribute to improved social conditions, regardless of how financial support is invested.

## CHAPTER II

### LITERATURE REVIEW

Considering the prevalence of homelessness in America and the harmful effects of stigmatization, this section reviews the literature on human nature, societal structures, personal connections, and gaps in support. These theories help explain social resources that are available and ways to organize them for best use, which may be challenging for people experiencing homelessness. What follows will review broader organizing social theories and communication processes that help people meet their personal and social needs.

#### **Bronfrenbrenner's Ecological Systems Theory**

Bronfrenbrenner's Ecological Systems Theory (1977) positions a person within multiple spheres of influence, including family/friends and work/school (microsystem), community, mass media and local government (exosystem), social norms and culture (macrosystem), and time (chronosystem). There is also a sphere between the microsystem and exosystem, called the mesosystem, where influences in the microsystem interact with each other (for example, parents and teachers) (Bronfrenbrenner, 1977). The purpose of this theory is to outline the external influences that have a direct impact on a person's life. Recent communication research has used Bronfrenbrenner's theory (1977) to explain feeling of belonging through interaction processes, an individual person's developmental influence, the context of the ecological systems and the time in which it occurs (El Zaatari & Maalouf, 2022).

While the theory has child development and education at its roots, it has been studied within numerous contexts including immigrant children and their families (Paat, 2013), resilience in military families (Masten, 2013), and even suicidality and substance abuse in military families

(Wojda et al., 2017). Given this theory's potential for clarifying a wide range of social systems in a variety of contexts, it is viable to extend its application into the experience of homelessness. An individual may be presently experiencing homelessness but at one point their spheres of influence likely included friends, family, school classmates and coworkers. Even local government provided a (mostly) functioning society to support the community in which they lived. Mass media influenced their development, as well as shaped social and cultural norms. Social factors from these influences likely impacted the current life of a person experiencing homelessness. These factors could be positive, such as supporting needs, or counterproductive, such as hindering development. The person experiencing homelessness is still situated in a network where friends, family, community, and local government could be providing aid. Davidson et al (2016) explored rural homelessness through an ecological systems theory lens and found that communities, through communication, needed to improve their acknowledgement and support of people experiencing homelessness.

### **Social Baseline Theory**

Social baseline theory suggests that humans are designed to be together (Beckes & Coan, 2011). Research has found that the human brain processes social relationships and interactions as if they were bioenergetic resources, like oxygen or glucose (Coan & Sbarra, 2015). When going through the day, a person uses their bodily resources such as oxygen and glucose to function. Social proximity to a trusted person uses less energy than being alone (Beckes & Sbarra, 2022). This form of social regulation conserves physical and emotional resources, and requires less brain energy to be threat aware by being embedded in a social network (Beckes & Coan, 2011; Beckes & Sbarra, 2022). Thus, there are physiological benefits to being with people that you know and trust, conserving energy for additional, complex tasks.



Social baseline theory has been primarily studied in the discipline of psychology and how social proximity affects brain activity, body temperature and hormone levels (Beckes & Coan, 2011; Beckes & Sbarra, 2022). However, there are studies exploring social baseline theory and behavior, such as how loneliness and social integration influence sugary beverage consumption (Henriksen, Torsheim & Thuen, 2014). In the context of people experiencing homelessness, “efficient management of energy resources allow people to maximize chances of survival and growth, and that social relationships provide energy-saving resources . . . by distributing risks and load-sharing with social network members” (Beckes & Coan, 2011; Feeney & Collins, 2018, p. 289). If the human experience thrives on interaction with other humans because of social resources that promote good health and share the load of survival, then supporting this interaction among socially isolated populations is important.

### **Linked Lives**

The theoretical idea of “linked lives” references a connection between people who experience similar situations, events, or communities during a period; and how it affected their lives over time (Elder & Pellerin, 1998). In sociology, linked lives is associated with life course research, which believes that 1) lives are embedded in historical context, 2) the meaning and impact of a life transition depends on when it happens, 3) individuals have agency in their own choices and lives, although within historical and social constraints, and 4) lives are linked through social relationships (Carr, 2018). Many academic studies using a linked lives approach examine how a phenomenon or event has affected not only the subjects but their families (Erum, 2020; Lucas & Buzzanell, 2012;). The studies interview or survey dyadic pairs of couples or parent-child relationships to compare the linkage across cohorts. This research can include mass data from surveys or longitudinal data to see how the historical context affects responses (Carr, 2018).

For example, Lucas and Buzzanell (2012) studied the communication messages of families experiencing financial hardship in a specific Midwestern town and referenced the “linked lives” of the parental and youth cohorts who carried messages from this experience throughout adulthood. These memorable moments fostered constructive coping in the forms of short- and long-term resiliency and supported the life course idea that people have agency in their life choices, even when limited (Lucas & Buzzanell, 2012). The connection to linked lives also comes from the historical context of the situation, on a national, local and familial level, that had a long-term impact on the parents and children.

Linked lives has also been studied in connection with migrant lockdown in India during the COVID-19 pandemic (Carswell et al., 2022), the effects of incarceration on prison families in Hawai'i (Erum, 2020) and how discrimination against African American children affected their parents' depressive symptoms (Holloway & Varner, 2022). The family was at the heart of each of these studies, and how situations affected all members of the family in addition to the subject since their lives are linked. In application to people experiencing homelessness, the premise of linked lives would encompass the societal and individual causes that led to homelessness. This could look like neighbors experiencing gentrification together, or LGBT youth leaving an unwelcoming home. The COVID-19 pandemic was experienced on a global scale and people experiencing homelessness were pushed farther into the fringes of society, yet are still linked with the rest of the world. Not only are the lives of people experiencing homelessness linked together as a cohort, but the family, community and care workers adjacent to this population are linked with them through the shared experience of living through the COVID-19 time period.

## **Communal Coping**

The concepts of linked lives and communal coping occupy similar spaces of understanding. While linked lives addresses the connection between cohorts experiencing a situation, communal coping extends that connection into joint action (Lyons et al., 1998). Communal coping is when multiple people address an issue in their life as a shared concern that could be solved better together, with actions to mitigate the problem (Lyons et al., 1998). These issues can be personal, such as health concerns or relational transgressions (Van Vleet et al., 2019; Pederson & Faw, 2019) or societal, such as natural disasters or seeking refuge (Afifi, Afifi, Merrill & Nimah, 2016; Richardson & Maninger, 2016). Communal coping promotes resilience and thriving through the pillars of self-efficacy and control, reframing of the problem, relational connectedness, and shared resources (Afifi, Basinger & Kam, 2020). A tenet of communal coping is that the group is stronger together and the empowerment for success can provide feelings of support (Lyons et al., 1998). It is essential for there to be effective communication in communal coping, which requires openness.

Barriers to communal coping include the chronicness of the stressor, severity of the stressor, stigmatization, mistrust and proximity (Afifi et al., 2020). That is to say that communal coping has its limits: As a stressor becomes more severe, people may cope together to manage the circumstances. When the stressor becomes too severe it can be overly troublesome and compound stress for the entire group (Afifi et al., 2020). For example, when military spouses of deployed partners experienced high levels of stress their ability to cope communally was hindered (Maguire & Sahlstein Parcell, 2015).

For people to cope communally, they must identify and organize with each other. Meaning, a person experiencing homelessness would need to identify themselves as experiencing

homelessness and collaborate with others of the same identity. However, the negative stereotypes or stigma associated with some groups of people, such as homelessness, stop people from disclosing their membership to that group (Afifi et al., 2020). For example, disclosing one's immigration status is impeded by concerns of safety and stigmatization, which limits their connection to others who are potentially facing the same stressor (Afifi et al., 2020). The realms of communal coping and people experiencing homelessness have not been studied together, through a communication lens or otherwise.

### **Social Capital Theory**

The word capital means “an asset capable of creating benefit for at least one individual” (Mauerhofer, 2013, p. 65). Social capital can be understood as fellowship, mutual sympathy, social organizations and network norms (Hanifan, 1916; Putnam, 1993). Bourdieu (1985) defines social capital as the actual or potential resources that are linked to membership in a group. Bourdieu projects that social life trajectory is based on four types of capital: economic, cultural, symbolic and social (1985). It can be said that relationships become social capital when they facilitate action (Coleman, 1990). It is not only the network of relationships that matters, but the ability to mobilize the network into resources (Lin, 2001).

Within the realm of social capital, the depth of the relationship between members matters. Close, homogenous relationships such as friends or family are called bonding social capital (Adler & Kwon, 2002). Connections that are heterogeneous and more distant emotionally, such as community relations, are considered bridging social capital (Irwin et al. 2008). A third category that appears in community resilience research is linking social capital, which connects regular citizens with people in positions of power, such as government (Szreter & Woolcock, 2004).

Connections made through participation in a group can also lead to economic capital (for example, loans or employment) or cultural capital (information or status), which is related to categories of social support (tangible and information) (Barker, 2012). Another example is a stable family relationship enabling a person to pursue an education or tangible trade skills (Machalek & Martin, 2015). Social capacity is the means in which social capital is enacted (Mauerhofer, 2013). For example, an artist that paints on a canvas is comparable to an individual receiving academic praise and then thriving (Mauerhofer, 2013). Social capacity can also be increased by personal motivation or external sources, such as financial support (Mauerhofer, 2013).

There are several ways that social capital theory is studied in communication. One way is social network analysis, which is also used to study social support (Lin, 2001). Another method is using surveys that measure statements of trust towards groups of people (Putnam, 2000). There is a National Social Capital Benchmark Community Survey that was created by Harvard University, which measures sense of belonging in the community, friend groups, community involvement through participation in events, organizational memberships and frequency of encounters with neighbors (2006). In order to gather information on the behavioral manifestations of social capital, questions about trust, involvement in the community, relationships with neighbors or volunteering can be asked (Aldrich & Meyer, 2015).

The implications of social capital theory include gender differences in enactment, community resilience, disaster survival, and youth homelessness. Through the above-mentioned research methods, it has been found that females are more likely to engage in small social networks of personal relationships and strong social ties, while males are more likely to engage in larger social networks of weak ties (Savage & Kanazawa, 2004). Social capital can be incredibly

important in the event of a natural or man-made disaster, where neighbors are often first lines of defense in emergencies (Aldrich & Meyer, 2015). Post-disaster, community resilience is the ability for a community to collaboratively cope back to normalcy (Aldrich, 2012).

Social capital theory has been studied in connection with people experiencing homelessness, in particular youth homelessness. Evans (2022) explored how the physical and social structures of a community influenced access to communication resources for people experiencing homelessness. Specifically, findings showed how an individual's circumstance influenced their ability to optimally pursue goal-oriented communicative relationships (Evans, 2022). This exploration used survey measures for discrimination and social connectedness to find that perceived discrimination negatively affected perceived social connectedness (Evans, 2022). Frequent communication with family and friends increased perceived social connectedness, but this was not the case with service providers (Evans, 2022).

Barker (2012) found that the lack of social capital from family is a main contributor in youth homelessness. In a study of bonding vs. bridging capital, Barman-Adhikari et al. (2016) found that victimized youth had high levels of emotional and instrumental support from street peers, family and professionals. They also found that youth experiencing literal homelessness or homelessness for longer periods of time had lower levels of all support from each category of people (Barman-Adhikari et al., 2016).

There are ways of improving social capital within communities, such as time banking or community currency (Lietaer, 2004). For example, spending an hour volunteering within the community can be used as currency at local merchants (Lietaer, 2004). This promotes participation within the community as well as relationship building with others. Another way to encourage social participation in the community is through social events such as meetings,

parades and parties (Aldrich, 2010). The purposeful layout of a community also affects cohesion, and spaces that include casual interactions among neighbors find the highest occurrence of social capital (Aldrich & Meyer, 2015).

### **Social Support**

Social support is the stress buffering communication provided by other individuals, such as family, friends, religious affiliates, and community members, which pushes the receiver towards their goal (Caplan, 1974). The categories of social support are commonly typologized as information, tangible, emotional, esteem, and social network support (Cutrona, 1990).

Information support is when an individual provides information, referrals, or guidance to the receiver. Tangible assistance can come in the form of items, money, food, transportation or other physical items or actions. Emotional support can come in the form of being present, attentive listening, soothing distress, and showing care and compassion. Esteem support is affirming the receiver's sense of self-worth and empowering them to believe in themselves. Finally, social network support is a sense of belonging in a group or community. Each person's social network varies in size, strength of ties, frequency of contact, mutuality, value alignment and availability (Alcalay, 1983).

Ideal social support is tailored to the recipient and their needs. While support can be well-intentioned, it can be distressing when it does not align with the individual's needs (Lehman, Ellard & Wartman, 1986). Cohen and Symes (1985) explained social support as having a buffering function when the support measure "assesses the perceived availability of interpersonal resources that are responsive to the needs elicited by stressful events" (p. 310). Lazarus and Folkman (1984) considered social support a result of either problem-focused coping or emotion-focused coping, based on the controllability of the situation. If a situation can be controlled then

problem-focused coping would be enabled to manage or alter the problem causing distress (Lazarus & Folkman, 1984). For example, helping a friend fold their laundry when they are overwhelmed by household chores. If the situation was out of an individual's control, then emotion-focused coping would reduce the emotional distress (Lazarus & Folkman, 1984). An example of this could be letting a friend vent or cry after a break-up.

Cutrona and Suhr (1992) talked about this concept similarly with action-facilitating support and nurturant support. Extending Cutrona's (1990) model of optimal support matching, Cutrona and Suhr (1992) assign information and tangible assistance with action-facilitating support during controllable situations and emotional and social network to nurturant support during uncontrollable situations. They also found that esteem support was productive for both controllable and uncontrollable situations because promoting an individual's self-worth benefitted action and emotional coping (Cutrona & Suhr, 1992). In other terms, esteem support supported an individual's self-efficacy (Bandura, 1982). In discussion of optimal support matching, the needs of an individual may also change throughout the life cycle of a stressful event, such as the cycle of grief or deployment (Cutrona & Suhr, 1992).

While social support has been studied as a buffer for stress, the absence of social support has also been studied as detrimental to one's mental and physical health (Cobb, 1976; Cohen & Symes, 1985). In a study of social inclusion among men experiencing homelessness, it was found that three factors negatively impacted housing stability: "fear of losing interpersonal relationships, 'survivor guilt' associated with exiting homelessness while important relations were left behind, and the impact of internalized stigma and prolonged segregation from mainstream community" (Bell & Walsh, 2015, p. 1982). A reason for this could be that perceived social support increases the ability to cope and provides tangible and emotional resources for coping (Alcalay, 1983).



The studies on social support have been mainly focused on *perceived* support, derived from self-reported measures, but Feeney and Collins call for interactions to be studied observationally and longitudinally (Feeney & Collins, 2018). They point out that participants' perceptions of support fluctuate with moods, desire for that support, relationship to the person or lack of understanding about support. The benefit for observed interactions is having an informed researcher to code support that is enacted. Feeney and Collins (2018) also identified a close, non-evaluative other that provided quality, responsive support in times of adversity and non-adverse situations as a key form of support. Not only does receiving social support tend to experience positive outcomes, but providing social support to others was found to generate physiological, intrapersonal benefits (Feeney & Collins, 2018).

### **Social Support Gaps**

Given the review of social support theory in the previous section, some relevant scholarship has been particularly interested in support gaps that exist between interdependent people. Belle (1982) proposed the support gap hypothesis, which said women receive less support from their partners than men do, and that marriage is more beneficial for men in terms of support. Xu and Burleson (2001) explored four critiques of this hypothesis: 1) which types of support does this apply to, 2) the difference between perceived and received support, 3) the role of support satisfaction, and 4) how this hypothesis presents cross-culturally. They found that women desired higher levels of all types of support, across nationalities (Xu & Burleson, 2001). In terms of experienced support, they found no difference for emotional or tangible support between males and females, less informational support for males, and only a difference in esteem support between the American and Chinese participants (Xu & Burleson, 2001).

McLaren and High (2019) probed deeper into the emotional response to social support gaps by examining hurt feelings, perceived negative relational consequences and esteem improvement in under-benefited or over-benefited relationships. Findings supported the idea that being under-benefited in emotional, or esteem support was hurtful while being over-benefited in informational support was also deemed hurtful. The authors determined this was likely due to unwanted or face-threatening advice (McLaren & High, 2019). The hurt feelings corresponded with negative relational consequences and reduced esteem improvement (McLaren & High, 2019). The following studies were for future exploration into the quality of support, and if being under-benefited with quality support was less problematic than being over-benefited with low quality support (McLaren & High, 2019).

Social support gaps can also be thought of as a literal gap in the functioning of an individual's social network. For example, this can noticeably occur when older adults experience shrinking social networks from geographically relocating, death of close ones, or a reprioritization of beneficial relationships (Rook, 2009). Depending on the support needs of the individual, substitute or compensatory relationships may be able to fill that gap (Rook, 2009). In other contexts, this may look like forming new school friendships after being rejected or seeking new companionship and even love after a divorce (Rook, 2009). Thus, the gaps represent expectations that are unfulfilled by the current levels of support, resulting in dissatisfaction and unmet social needs.

Another cause for gaps in social networks could be from race or socio-economic status, which affects the ability to maintain close ties that can be mobilized into resources (Schafer & Vargas, 2016). Schafer and Vargas (2016) found that Americans with lower socioeconomic status, who were not white, received less useful advice and practice help from fewer ties, and had

a lower retention of these ties, than their white and higher socioeconomic counterparts. They also found that individuals in lower socioeconomic statuses are more likely to have networks composed of others in the same socioeconomic position, which may limit the time, energy, money or other support provided (Mickelson & Kubzansky, 2003). The notion of weak-ties (Granovetter, 1973) being less reliable to provide tangible resources was true for Marler (2021), who studied digital outreaches of support in people experiencing homelessness. In addition, having to form short-lived, non-committal ties (disposable ties) to pool resources and survive can lead to recurrent stress and contributes to a low socioeconomic cycle (Desmond, 2012).

### **Warrant**

Bronfenbrenner's ecological systems theory (1973) illuminates the social spheres that surround every individual, from family and friends to school and work to community and online spaces to government and even time. People are situated within layers of social organizations and have access to those around them. The social baseline theory explains the benefits of being within a social network. These theories posit that social settings are beneficial while isolation is particularly undesirable. The linked lives perspective sees commonalities in life experiences as a motivating factor of individuals becoming cohorts. For people experiencing homelessness, this could come from crafting connections, although the likelihood of coping communally is hindered by barriers to open communication.

Scarcity of resources or ability to get essential survival needs prompts people to activate local networks, innovate with what is available, and form supportive communities. The support received may differ based on the type of social capital activated. The currency of social support may be tangible, information, emotions, esteem, or social network. This support may bring value to each other's challenging experience and contribute to sense-making while living with

homelessness. The need for personal support is as important as action-facilitating support. Gaps in social support may illuminate a deficient social network, needs that are not understood accurately, and support that is being misallocated.

This study aims to use these theories as sensitizing constructs, specifically as a guide, when exploring social support among people experiencing homelessness. People experiencing homelessness are a marginalized group with a unique perspective on our modern society. Contemporary issues of people experiencing homelessness are understudied within the communication discipline. Another specific topic of study related to people experiencing homelessness would be COVID-19 experiences during and post-pandemic. The current attempts at managing the population experiencing homelessness includes providing transitional housing, non-profit contributions, signs discouraging panhandling, and criminalizing homelessness. Investigating communication in people experiencing homelessness would identify what social needs are not being met in order to best provide for this community. Therefore, this investigation seeks to explore the social challenges and connections of people experiencing homelessness from a social support and support gap perspective. Through discussion of social ties created through shelter services and within the community, this investigation will emphasize on experiences of support and empowerment.

RQ1: How do people experiencing homelessness perceive support from others?

RQ2: What are the social challenges reported by people while experiencing homelessness?

RQ3: How are people experiencing homelessness involved in their own community and that of the broader Hampton Roads?

RQ4: What do people experiencing homelessness report that they are lacking in terms of support?

While the participants will be limited due to a survey methodology, this investigation will also explore the gap between experienced and desired support for information, tangible, emotional, esteem and social network support using Xu and Burleson's (2001) survey measure.

Hypothesis: The amount of desired support will exceed the amount of experienced support for information, emotional and esteem support. The smallest gap is hypothesized to be tangible and social network support.

## CHAPTER III

### METHODOLOGY

The current study is an examination of general social experiences, and in particular social support, for people experiencing homelessness within the physical context of a former motel turned city-run shelter in a medium-sized coastal city in the US. Social support is stress-buffering communication that encourages the receiver towards their goal, and can be achieved through informational, tangible, emotional, esteem and social network support (Caplan, 1974). This research sought to capture the social phenomenon through in-person interviews and a digital survey. The overall goal was to collect the richest data possible- a wide and diverse range of information collected in a persistent and systematic manner (Lofland et al., 2022, p. 15).

#### **Participants**

The participants of this study were residents and day guests of a city-run homeless shelter. The thesis author had an internship the prior summer, and was familiar with the facility, guests, workers, and administration. Participants were selected based on meeting the following criteria: a) over the age of 18, b) receiving services from the shelter or had received services within the last six months, and c) not a client of a clinical program through the Community Services Board (CSB). The CSB offers several clinical programs such as psychiatric mental health care and substance abuse programs like methadone clinics, which help people reduce opioid use. The exclusion of clinical clients was required by center administrators due to the licensing protections of clinical programs.

Participants were recruited through an informal flier posted at the front desk, front door to the lobby, and the window of the peer support room. The researcher also carried a copy of the

flier when making rounds and discussing the study with day guests and residents. The flier had the contact information of the researcher in case there were questions or interest in participation. The researcher visited the shelter on a weekend during the day to recruit participants and answer questions. In order to preserve an individual's right to voluntarily participate, compensation was not offered. Due to the nature of this vulnerable population, compensation could have compelled an individual's informed decision to participate. The goal was to reach 15 participants to reach data saturation.

The researcher interviewed 14 participants from the shelter: 6 day guests, 6 residents and 2 former residents who were recently housed. There were 12 participants who identified as male and 2 as female. The ethnicities of the participants were 8 African-American, 4 White and 2 Hispanic. The participants ranged in age from 23 to 64, with an average age of 51. The average length of homelessness was 17 months, with the shortest length being 2 weeks and the longest being 4 years. More than half of the participants were not from the Hampton Roads area, with 9 being from other states and 5 being from Norfolk, specifically. Two separate sets of dyads chose to be interviewed together.

### **Procedures and Measures**

This investigation began through personal experience with a population of people experiencing homelessness and reviewing the sensitizing constructs from the literature review. The researcher gained personal experience from a summer internship at the city homeless shelter. The facility's full title is The Housing Center on Tidewater, but the organization and guests simply call it The Center. The Center is an remodeled two story motel that has been converted into a shelter for residents and day guests. Many rooms are closed for plumbing or construction issues. Several rooms are used for case management, maintenance or storage. There are 4 to 5 day

guest rooms on the lower level by a parking lot that has picnic tables. The remaining rooms on the top floor house two residents each. The Center houses approximately 70 individuals as residents and is visited by varying numbers of day guests each day, with an average of 30.

The shelter is low barrier, which means that visitors do not need to be sober from drugs or alcohol but cannot bring those items onto the property. This is the only low barrier shelter in Norfolk, and the only motel-turned-shelter in Hampton Roads. The shelter is funded by the city. On a given day there are an average of twenty full or part time employees performing a variety of tasks, several dedicated maintenance workers, and a rotation of security personnel.

The residents and day guests are free to come and go as they please. For residents, there is a nightly 7 pm curfew, unless there has been a formal work verification stating hours of employment are past that time. Residents who are not present before curfew are at risk of losing their spot. Day guest services are from 8:30 am to 5 pm. After 5 pm, day guests must exit the property until the following morning.

During the internship I learned about the staff operating procedures, which included signing in day guests throughout the day. There were also sign-in sheets for shower and laundry times that staff also distributed toiletries and soap for. Throughout the summer, I witnessed the daily communication between front desk staff and the guests. When donations of food or clothing came in, staff would unpack it for distribution or storage. There was a daily logbook about activity at the shelter that each shift completed to keep the other shifts and management informed, as well as a pass-down every shift change. I also made rounds around the building and talked to residents and day guests who were outside or in day rooms. I also observed how day guests or residents interacted with each other in the public spaces. Over the course of the summer, I knew many guests by name and formed relationships with them. I visited the shelter weekly and then



monthly until the study took place, for a total of nine months. Throughout this time, I was about to see the turnover rate at the shelter as well as receive longer term updates from the guests I formed relationships with.

This personal experience with the staff and clients helped shape the current study loosely around appreciative inquiry (Cooperrider & Srivastva, 1987). This methodology, based on positive psychology and storytelling, focuses on what is working, instead of what is not working, and encourages individuals to co-design the future (Cooperrider & Srivastva, 1987). Appreciative inquiry has five core principles: positive questions enact positive change, words create worlds, life is expressed through story, inquiry creates change, and imagination drives action (Cooperrider & Srivastva, 1987). The steps for this methodology involve asking positively guided questions, such as, (1) What is our desired outcome? (Define), (2) What are we doing well? (Discover), (3) What would work well in the future? (Dream), (4) What action do we need to take to make that happen? (Design), and (5) Taking that action (Deploy) (Cooperrider & Srivastva, 1987). In this study, appreciative inquiry looked like acknowledging the importance of authentic storytelling, highlighting the positive support felt, and outlining what would work well in the future based on participant feedback.

In order to conduct the study at the shelter, the researcher sought permission from the site coordinator for access. We had an in-person meeting and then email correspondences with the human rights coordinator. The recommendations by the city coordinator included offering the survey verbally for participants with reading or writing limitations, and offering staff support if a participant appeared triggered (i.e., upset by specific questions or the interview process). Specific wording changes to the survey requested by the coordinator include: emotional support item question 4- change “problems” to “issues,” emotional support items question 7- define “attentive

comments” as that could be interpreted in lots of ways and could be confusing, informational support items question 5- consider wording like “problem solving with you when you’re trying to make a decision,” and tangible support item question 1- remove any reference to lending money. The identity of participants was protected in the data by using a participant identifier (“Client 1,” “Client 2,” etc.) instead of pseudonyms. After a discussion about participant privacy and revision of survey measures, site access was granted. The Community Services Board was not attached as a participating body, but rather as a host site.

In order to protect privacy and respect the boundaries of the facility, participant observation, audio recording and transcribing was not possible. The researcher facilitated note taking during the interviews. This turned out to be best practice for creating a personal environment. This population exercised caution when signing the informed consent sheets, so the researcher spent time explaining the study, risks and benefits, confidentiality and right to end participation at any time. One person decided they were not comfortable signing the document, so the interview was not conducted; The researcher discontinued the interview process and thanked them for their time. Due to the caution with signing the consent forms, the researcher believes that the use of recording would have been asking too much, especially after displays of paranoia towards technology and discussion of the government in several interviews.

The study was submitted to the Institutional Review Board (IRB) on January 8, 2024. It was anticipated that a full board review was required due to ensuring protections for a vulnerable population. Due to the nature of the study and lack of recording materials, an exemption was given. The study was approved on January 25, 2024.

Data collection began on February 4, 2024, and continued through February 15, 2024. The first day was designed as a recruitment day to reify my presence at the shelter because it had been

eight weeks since the last visit. When I shared with day guests and residents that the study had been approved by the university, many volunteered to participate. An initial attempt at scheduling interviews in advance was made by having participants select a date and time in the following 2 – 3 days and providing them an index card with the date, time, reminder of the study and which room it would be conducted in. However, this method was not successful. All three interviews scheduled for the following day did not happen because of absence, rescheduling or changing their mind. The researcher did have success with spontaneous interviews. I would walk around the center and talk to people on the picnic tables or inside of the day rooms. This was the most successful way to recruit participants.

The transportation challenges of this population were taken into consideration when finding a data collection location. In collaboration with the shelter, a downstairs peer support room was offered as an interview space. While this space did not ensure anonymity of participants from each other, it did offer confidentiality within a private room. However, individuals preferred to conduct the interview wherever they were, such as the picnic tables or day rooms, regardless of other people being around. The researcher thought that having a private room available would be better if participants did not want their identity to be known to other day guests or residents, but participants did not find a need for a secondary location. Participants also did not seem bothered by other people around, possibly because they had to operate other life tasks surrounded by others. Only one interview was conducted in the peer support room because it was an especially cold day outside. Inside the room were two long tables pushed together and chairs around it. It was a more formal set up compared to sitting next to each other on a picnic table. I believe the more personal seating arrangement was better for discussing the interview topics, especially support.

The researcher began the interview portion by greeting the participant and reviewing the consent form. The participant was reminded that the interview was voluntary and could be ended at any time. The interviewer was aware of increased anxiety or avoidance during these questions and was willing to not pursue an answer. The opportunity to stop and process with a staff member was available at any time. The researcher explained that the participants name would be confidential using participant numbers. The participant was also reminded that their participation did not affect shelter services in any way. It was explained that the interview contained 17 questions and could take 40 minutes (Appendix A).

The interview questions began with demographic information on age, gender, ethnicity, location of origin and length of homelessness. The following five questions set up the context of the participants daily life within the shelter (for example, “6. How would you describe your interactions with other day guests and residents? How would you describe your interactions with staff?”). Questions 10-14 ask about the participants' support, communication, and connections within the shelter (“11. Do you have at least one close person, within the shelter or outside of the shelter, that you talk to in times of need, and in times of non-stressful situations?”). Finally, the last set of questions explore the implications of support (“17. What are your life plans moving forward? What do you hope for?”).

After completion of the interview, the participant was asked to take a small quantitative survey that measured perceived and desired support from other clients and the staff (Appendix B). The survey was derived from Xu and Burlison’s (2001) survey that measured desired and received support from spouses. Their survey was created using items from the Inventory of Socially Supportive Behaviors (ISSB; Stokes & Wilson, 1984), the Supportive Actions Scale (SAS; Trobst et al., 1994), and the Social Support Behavior Scale (SS-B; Vaux, Riedel, &

Stewart, 1987). The wording of the directions for the current study was updated from the word spouse to the phrase “other people (staff and other residents/day guests. All data from interviews and surveys was stored on a secure server and destroyed upon conclusion of the thesis.

Initially, the survey was provided in three formats: on paper, on a tablet provided by the researcher or on the participants device after scanning a QR code. The first participant chose to scan the QR code to use their personal device, but then got up to take a break and run an errand, saying they would complete the survey on their own time later in the day. The surveys were conducted on the tablet or verbally with assistance from the researcher. If the participant was able to complete the survey themselves, then the researcher would use that time to fill in the written notes. The researcher assisted four participants with the survey due to challenges with eyesight or reading comprehension. This was helpful to understand how participants were answering the survey, though. For example, one participant expressed they were receiving positive support and then rated their desire for said support as lower because it was already being provided. These participants also provided more examples of support as we filled out the survey together. The researcher would fill in written notes after the survey was completed with the participant, they were thanked for their time, and the researcher went back to the office.

After a few days, people seemed more receptive to my presence and interviews flowed easier. I was about to conduct up to three a day for the few hours that I was there. By the end of the second week, I had spoken to the people who were willing to be interviewed and concluded the data collection process. A thank you note was sent to each of the site coordinators for facilitating access to the shelter and to inform that data collection had concluded.

## **Analysis Strategy**

The data for this study were analyzed using thematic analysis, which consists of coding the data and generating themes (Braun & Clarke, 2006). A theme is a summary of the content or a central concept that encapsulated the meaning of similar concepts (Braun & Clarke, 2006). This method was selected based on the manageable amount of data and personal nature of the study. Braun and Clarke (2006) outlined six steps of thematic analysis: (1) familiarize yourself with the data, (2) create initial codes, (3) generate first themes, (4) review themes and create mind map or subthemes, (5) define and name the themes and (6) draft the report. The researcher began by reading through the transcripts several times, and taking notes, to become familiar with the data. Next, a round of open coding was conducted and descriptive labels were assigned to selected data. The author identified connections within the data by comparing codes. Color coded index cards were used to cluster initial themes, and the sub themes emerged from transcribing the concepts. After initial themes had been created inductively, the researcher used them deductively to find other codes that matched (Fanari et al., 2023). This process also ensured that each section had enough supporting data and quotations. Step five was defining and naming the theme based on similar levels of abstraction. The coding categories were evaluated by an informed advisor to confirm reliability. The theme categories and titles were slightly adjusted. Finally, the results were drafted into the findings chapter.

The quantitative survey data were analyzed using the Statistical Package for Social Sciences (SPSS). After the data was cleaned and organized, variables were created from the items and tested for alpha reliability. Descriptive statistics helped summarize each variable, and comparisons were made between the similarly worded desired and received measures of social

support. Due to the limited sample, inferential statistics were not possible, but trends can be noted in the differences and categories of support.

## CHAPTER IV

### FINDINGS

Thematic analysis was used to analyze interview data for this investigation. This study examined how people experiencing homelessness perceived support from others, social challenges, involvement in their community and the greater Hampton Roads area, and what was lacking in terms of support. After identifying codes and organizing them, the resultant themes created from this analysis allow for each research question to be addressed below. Recording was not allowed during the interviews so quotations in this section are derived from notetaking in the moment and additional recall immediately following the interview.

#### **Research Question 1**

How do people experiencing homelessness perceive support from others?

This section sought to clarify perceptions of support from others to those experiencing homelessness. Participants note a variety of sources, from connections both within and outside of the shelter. Answers that fit this research question also included mentions of information and tangible support received from the shelter, like exchanging items with other residents (i.e., like a barter system). Three distinct themes emerged: Distal support, action-oriented support, and peer support.

#### ***Distal Support***

This theme describes the presence of supportive others in the participants life, who provides primarily emotional support. While distal support means “away support,” the family and friends who are geographically close are not within “hands on” reach of the participants experiencing homelessness. These relationships are maintained through phone calls or visits,



typically on a regular or daily basis. Sources were described as family, such as brothers, sisters and children, or close friends. Participant 5 said “yes, my daughter, we talk once a week” while Participant 11 said “I talk to my daughters on the phone every day.” Another participant reported talking to “my brother, we lived together for years. We talk on the phone a lot” (Participant 9). The presence of at least one close other was confirmed by 11 of the 14 participants. One participant who reported not having a connection said “Not for severe needs. I might have a few who would give me a few dollars, but not off the streets” (Participant 7).

A main quality of distal support was that these relationships were not being mobilized for resources. This was because, as participant 7 stated, the relational tie could not help, or because the participant did not want to ask. For example, “there are lots of other people I can call on the phone. I’m not lacking help. I don’t want to bother them” (Participant 1). This idea of not wanting to be a burden was echoed by Participant 8, “I want my independence. I don’t want to be a burden. They’ll bring things here for me, or I’ll go visit them.” Participants framed their homelessness as an individual experience in this sense, meant to be experienced in ways that have limited impact on the lives of those closest. In these cases, they maintained family or friendship relationships outside of the situation.

### ***Action-Facilitating Support***

When survival is on the line, actions speak louder than words. It was not the promise of assistance that participants felt as helpful but the deliverance of aid. This theme includes the sub-themes: information, tangible and securing home base. The sub-theme information covers support that was helpful in securing employment, benefits such as social security or disability, substance abuse programs and more. An important element was that “you have to use the information to your benefit” (Participant 12) because “people can only support you as much as you support

yourself” (Participant 7). The key support from staff turned the information support into tangible results.

The sub-theme tangible items featured assistance with housing and employment, as well as the shelter-provided items: food, clothing, toiletries, books, and a place to rest. The action-facilitating support from staff that resulted in housing was the most monumental of support, “(Upper management of CSB) helped get my apartment” (Participant 11). Participant 12 listed the same person having helped secure their housing. Other examples include, “(Case manager) took me to CSB to get my disability back. I lost it when I went to jail in ‘99” (Participant 13) and “(Case manager) came with me to court. She sat with me and talked to the judge to explain that I wasn’t meaning any harm” (Participant 14). These connections with case management or people from the Community Services Board (CSB) helped participants feel supported through actions that directly impacted their situation. This human contact was also felt through an art class, which was mentioned by three participants. Participant 6 expressed how “I rejected it at first because I thought it was juvenile, but actually it was therapeutic. It helped me forget my situation and get creative. They do it about once a month, and I’ve been to-I think- five” (Participant 6). The art from these classes was displayed around The Center in the lobby, day rooms, break room and peer support room.

The tangible items from the shelter helped meet basic human needs, such as access to food, clothing, and toiletries. Participants perceived these items as support, especially when bridging the gaps needed, “when there was a flood over the summer, I lost all of my clothes. The Center gave me new ones” (Participant 7).” This was also the case for Participant 9, who “came to Norfolk to visit my daughter on the Greyhound bus. I lost my luggage with my phone, which had

her address. That's how I got stranded here. Now I have clothes, and I had a job at the church for a while."

A subtheme that developed from having a place to rest was the idea of securing a home base. Visiting The Center to relax during the day was a common occurrence between participants, although a daily check-in is recommended to show a continued need for housing. The idea of having a place to rest their heads ranged from "this is just a place to lay my head" (Participant 11) to "I can depend on a place to lay my head" (Participant 6). The facilities were a place to rely on when "I have nowhere to go, so at least I can sleep here during the day" (Participant 3). It also provided "a sense of stability. I can handle things because my stuff is safe, and I at least have a place to lay my head" (Participant 7). This theme was further solidified when Participant 6 was sharing pieces of his ministry in relation to experiencing homelessness and talking about how "foxes have holes and birds of the air have nests, but the Son of Man has no place to lay his head" (*New International Version Bible*, 1973, Matthew 8:20). The idea of having a secure place to rest became an example of tangible support that met a basic human need for security.

### ***Peer Support***

Peer support is a theme reported by participants as supportive experiences with other people experiencing homelessness at the shelter, whether day guest or resident, and was typically displayed through casual interactions. The way that The Center is laid out, there is a breakroom with a public microwave and books; day rooms with lockers, chairs, and a restroom; and outdoor picnic tables in a gated parking lot. These spaces allow and even encourage interactions between day guests and residents.

While half of the participants reported not exchanging any items with other guests, some mentioned sharing cigarettes, food, clothing, soap, or a charger. One participant said they shared

“if I have it. I got cookies from Family Dollar, because I can walk there and get food, and I shared my cookies” (Participant 14). Participants also reported sharing among their colleagues who reciprocated the action. While I was interviewing participants, it was a common sight to see guests sharing cigarettes or lighters. In one occurrence after an interview, several participants stood talking by the picnic tables while passing a cigarette amongst each other.

Sharing information was a common form of support among peers. This was how guests could learn about local resources, routes, and word of mouth donation events, “I went to a clothing donation by the monument- they gave us shoes and outfits, but it was word of mouth. I knew about it cause other guys here told me about it” (Participant 5). When recruiting participants for the study, I witnessed Participant 8 explaining the Norfolk area to Participant 9 in relation to places they had recently visited together. When asked about support from others, Participant 9 referenced “Participant 8 took me around to the libraries, parks, and bus stops. He’s been guiding me around; He grew up here.” The action of walking and exploring the area together was also shared by several participants as ways to stay fit and busy. For example, “I’ve been exploring new places in the area. We’ll go walking and find a place to eat” (Participant 1) and “I feel empowered. I’ve been walking- I walk to the Family Dollar and get groceries with my EBT. I’m still able-bodied!” (Participant 14).

Another important element of peer support was casual interaction. Participants shared that eating together and sitting on the picnic tables felt like being supported by others. Especially when the weather was better like “over the summer we sat out here on the picnic tables playing chess. It was good to keep focus. I have a truck now, so I’ve helped take people here to the store” (Participant 6). When asked if interactions at The Center made experiencing homelessness more or less stressful, the participants who felt that their interactions made the situation less stressful

talked about people being supportive of each other. Participant 9 specifically stated “People are supportive, we’re in the same boat so we encourage each other.” Participant 5 recalled a time when “there was a woman here who lost her job from downsizing. She was an accountant. That was the only year I ever got a thousand dollars back in taxes. She helped me out.” The presence of others was also “therapeutic. It gave me a place to vent and get a weight off my chest” (Participant 12). These instances of supportive interactions by other people experiencing homelessness highlight the importance of having other people to relate to.

## **Research Question 2**

What are the social challenges reported by people while experiencing homelessness?

This research question was aimed at hearing how participants described their interactions with other day guests or residents at the shelter, as well as their interactions with staff. Responses to these questions illuminated the social challenges experienced by this population. Participants were also asked if their interactions with others made them feel more or less stressed about their personal situation. For context, The Center is a low-barrier shelter, which means that guests do not need to be sober from drugs or alcohol, but those items are not allowed on the premises (bags and pockets are checked when entering the gate) (The City of Norfolk, n.d.). The responses to these questions formed three themes: unpredictability of others, emotional intensity, and stigmatization.

### ***Unpredictability of Others***

This theme was at the forefront of responses in regard to consideration for interacting with other people experiencing homelessness. Less commonly known is the idea that people are coming to the shelter from all walks of life with different backgrounds, mental health status, and drug use. The reactions of people could be unpredictable and potentially violent. Participant 5

estimated that “98% of people around Norfolk have mental health issues. They could be fine and then they could be aggressive.” While this personal estimate highlights the impression that a large portion of people experiencing homelessness in the City of Norfolk are also experiencing mental health issues. Another participant agreed that “some people have insurmountable difficulties with mental and physical illness” (Participant 6). A specific example that was repeated by several participants was that “there’s people out here talking to themselves” (Participant 1). For residents, this was a particular concern because “you might have to share a room with a crazy person” (Participant 11). Participant 10 claimed their roommate was “a basket case.” Participant 13 disclosed in their interview that they had untreated schizophrenia, and their episodes had created barriers in the community for them.

Mental health was not the only cause of unpredictability by people experiencing homelessness. Another concern was “people are using drugs or drinking, it has their demeanor all screwed up” (Participant 11). The unpredictability was also exemplified through the status of being strangers. Participant 1 said their interactions were “more stressful with strangers because they’re unpredictable.” Something to consider before approaching someone was “you don’t know if a person is having a good or bad day. These are not normal people. Do not just approach because you don’t know their reaction” (Participant 9). Finally, another response was “Other guests are weird. Their outside actions are weird” (Participant 1).

There were recommendations that came out of discussing what to consider when interacting with other people experiencing homelessness. Most participants cited limiting their interactions with others, because of the unpredictability. It was repeated throughout participants that one needed to “be skeptical of intentions. *Why* is someone talking to you?” (Participant 1). Specifically in regards to unpredictability, “you have to check people’s instability. You can tell

their habits after watching them to see if they're crazy or using" (Participant 11). Another participant echoed this idea when saying "you have to judge them before talking, like their character. I'm guarded in this environment because I don't know their intent" (Participant 13). Again, "you have to watch them to see if they're okay. Some got mental health. It's important to study them and watch their reactions" (Participant 8). The participants also shared that giving people space was best practice.

### ***Emotional Intensity***

The emotional intensity theme branched off of unpredictability because it covers topics that speak more to the nature of experiencing homelessness. For example, people being at the shelter for a reason, people taking advantage of the system, emotional contagion, and disagreements. This theme addresses the emotional intensity of being homeless, and how working with this community needs to come with trauma based care.

The first sub-theme was people being at the shelter for a reason, and being in survival mode. Participant 12 stated "we became homeless because of our own faults, or other causes." Participant 2 pointed out that "when people are homeless for years it affects their mental health and development." These quotes aim to say that people may become homeless for whatever reason, but experiencing homelessness affects a person internally and physically. This idea of being in survival mode was discussed specifically by Participant 7, "One day you can be laughing and having a good time. The next, you're not. Everyone here is in survival mode. Everyone's here cause they're in a bad situation" (Participant 7).

The second sub-theme was frustration with people abusing the system, and the results directly affecting others. In one case, "some people knew how to con the system and some people really needed help but usually those people didn't know how to ask for help" (Participant 12).

Participant 12 shared examples of other residents or people experiencing homelessness outside of the shelter who could use support, but did not have the mental aptness to realize it. In other ways, these sub-theme was seen through frustration with resource use by other guests. For example, “in the morning I come downstairs and get my coffee. Those people [day guests], they come in at 8:30 and wipe everything out. They just take things” (Participant 14). Participant 14 also expressed feeling that people were “there for things they can get themselves. It’s like they don’t care.” Participant 9 made a joke about the location of The Center being next to a Burger King (whose slogan is ‘Have It Your Way’) and how “people want it their way. They be spending too much time at Burger King and think they can have it their way.”

The next sub-theme was emotional contagion, which addresses being in close proximity to others in a stressful situation. Even though Participant 6 was talking about positive encounters and uplifting others, they also said interactions made their situation “more stressful. Misery loves company and when people in here see you succeeding and finding peace, they want to equalize. They want that too, or for you to not have it” (Participant 6). On the flip side, Participant 6 also shared that “seeing others suffer is painful. Watching others in pain while they’re doing drugs hurts.” In a similar conversation, Participant 11 sighed and said “you can’t put a bandaid on a bullet wound.”

The final sub-theme of emotional intensity features the verbal and physical disagreements that occur on a regular basis at the shelter. Participant 2 gave a detailed description of an unnecessary issue that he encountered:

One time a guy was trying to fight me over the chair my feet was on. I had my feet on the circle chair over there while I was sitting here. He came in and all the chairs was taken. He told me to move my feet, and I said no. So then he wanted to fight me. I tried to calmly



tell him that if he fights me then we'll both get banned over a chair that doesn't belong to either of us. He could go get a chair from a different room. It ended because my girlfriend called and said she was outside the gate. He took my chair...(Participant 2)

Participant 2 provided a follow up example, "the guy that was just in here? The other day he stole my sandwich. He didn't need to do that. If he asked, he could have had it. He didn't need to steal it" (Participant 2). These examples highlight the vulnerability of experiencing homelessness because there is constant contact with strangers, a persistent need to defend oneself, or items being stolen. One consideration for this situation is "be aware of street politics. They could have different upbringings, like from different hoods" (Participant 7). In continuation of having to defend oneself, Participant 11 described a situation in which:

That lady got two strikes. Two times she got in my face, I told her if it happened again she'd be leaving in a body bag. Her mother was standing there with her, her mouth hanging open. I told her I didn't care if she was a woman and I didn't care if she was crazy. If she got in my face again, that would be it

The interpretation of these examples is that there are unpreventable situations that may cause undesirable behavior, and that perpetuates a cycle of negative imagery about people experiencing homelessness.

The recommendations that came from participants in regard to interacting with others were overwhelmingly to be cordial. Examples include greetings or salutations and being respectful of others. It was also recommended to find a few people to relate to, which minimized the stress of interacting with strangers.

### *Stigma Management*

Responses from participants regarding their interaction with staff created this theme of stigmatization. The responses were primarily towards the staff behind the front desk, but occasionally included case management or upper management. The closely related sub-themes of this section are: staff lacking empathy/professionalism, and negative assumptions.

The sub-theme of staff lacking empathy and professionalism stemmed from routine interactions with staff that participants felt lacked customer service. As Participant 2 stated, “I don’t feel supported. I feel tolerated. I had to say ‘excuse me’ to the staff behind the desk because they were on their phones. I felt like I was interrupting or an inconvenience by needing soap” (Participant 2). Another example by this participant was:

Before they switched to the keyfobs, my card needed to be updated. The new girl said she didn’t know how to do it so come back later. I came, sat down then went back later. Well I suggested she watch how to do it so she’d know for next time. But she took offense and thought I was being some type of way...

The idea of feeling bothersome led participants to believe “some don’t care because they just want the paycheck” (Participant 14). Participants also felt let down because “they don’t freaking do what they say they’re going to do” (Participant 4). There were also comments about gatekeeping resources, “I had trouble in the beginning when they wouldn’t give me things I needed and kept denying my requests” (Participant 6). The tenuous relationship between staff and residents can be heard in the quotes, “The staff make assumptions and they lack professionalism” (Participant 11) and “They lack empathy. They treat us all like addicts” (Participant 10).

Those quotes also bridge into the second sub-theme: negative assumptions and expectations. This theme came from participants reporting negative assumptions being made

about their behaviors, intentions, or actions by staff. Some participants reported feeling labeled for instances that happened, “they don’t know who you are when you need help, but when there’s an issue they remember you” (Participant 2). Participant 4 shared when:

There was a day guest coming in and out of the room. So I locked the door so he’d stop. Now the staff remember me for that and make comments when I come in like ‘Are you going to be a problem today?’ or ‘we’re not going to have any problems today, are we?’

The participants reported not being given the benefit of the doubt, with actions most often being perceived negatively. A specific issue mentioned by a participant was the 7 pm nightly curfew, when residents must be on the property or are at risk of losing their room:

It’s like they feel threatened. This summer I had a room, but the curfew was an issue. I explained why I wasn’t there but it wasn’t good enough. They discharged me based on assumptions. I feel like I’m being detained or contained (Participant 2)

Some participants had a hard time differentiating themselves from other guests who caused problems, saying “the staff expect bad behavior from everyone, and they aren’t used to people trying to better themselves” (Participant 12). This caused a struggle between residents trying to improve their situation and the stigma placed on them by their situation of homelessness. In the end, several participants echoed the idea, “I try to have as little contact as possible” (Participant 10). In terms of social challenges, participants felt the staff not only did not provide support but contributed to the stigmatizing label of homelessness.

### **Research Question 3**

How are people experiencing homelessness involved in their own community and that of the broader Hampton Roads?

This question was interested in studying how people experiencing homelessness interacted with the community as a whole- from involvement and interaction with people as well as physical place. The results of this research question came from discussing daily routines, connections outside of the shelter, whether or not participants felt they had made lasting connections through the shelter, and if they perceived themselves as a part of the community. Themes constructed from these responses include: utilizing local resources, supporting the local economy, and generational ties.

### ***Utilizing Local Resources (Instrumental Support)***

A common talent of individuals in this population is being resourceful. The Hampton Roads area has many resources to utilize, and the people experiencing homelessness that participated in this study were familiar with many. These resources include other social services, local events and the network of churches. Several participants reported being involved with multiple organizations, “like three others with social services. One of them is Gateway [a mental health service]” (Participant 3). Another participant shared “I got three case workers and they’re super helpful. I go to 2nd Chances and Step Up. They help ex-felons get housing. I’ve been working with them since 2004. They helped me get boots when I started working” (Participant 5). This participation with multiple organizations increases the opportunity for people to maximize their benefit. Although, some “non-profits have agendas that don’t necessarily align with what I need” (Participant 2).

People experiencing homelessness participate in city-sponsored and local events along with the general public, and they are a source of enjoyment. In the City of Norfolk, public events are never ending. During the summer, Town Point Park has events every weekend in collaboration with the city’s Festevents. During my internship over the summer, the topic of

Harbor Fest or Juneteenth was popular at the shelter. One participant explained that “there’s always something going on. The Martin Luther King monument always has something going on. Over the summer there’s something every weekend downtown. They’ve got free stuff and food. Or there’s always a cook out somewhere” (Participant 8). The same participant also commented on the parks, beaches and libraries available to the public. These local resources are sources of respite as well as entertainment. The journey there is part of the experience with walking, bus, or trolley possible. Participant 5 stated “I ride my bike everywhere to stay healthy.” This was a common form of transportation at the shelter.

Another local resource being heavily utilized was the network of churches. Throughout the year the churches in Norfolk rotate food and bathing services amongst each other. During the winter months, when this data collection happened, the various churches alternated hosting overnight beds for two weeks each. The day guest participants shared “I stay at the churches overnight” (Participant 3), “I go church to church overnight then The Center during the day” (Participant 4) and “I spend the morning at The Center getting breakfast and a shower but the churches overnight. It’s hard to find a place to sleep overnight” (Participant 1). Participant 9 shared that they went to “Trinity Church overnight. They’ve got food and TVs.” This resource provided seasonal safety, however it was a privilege and not a right, as one participant “got banned from the churches. I had a [schizophrenic] episode and they won’t let me back. That was a few weeks ago. I’m hoping the next church will give me a chance” (Participant 13). The shelter will also offer overnight stays on especially cold nights that the City of Norfolk deem as too cold based on the temperature or wind chill.

### ***Supporting the Local Economy***

The last theme touched on what participants benefited from the community, but this theme touches on what the participants provided the community. One way that people experiencing homelessness support the local economy is through patronage of businesses. The shelter is located next to a retail eating establishment that day guests, residents, staff and security will frequent for meals and beverages. Participant 12 shared “I go to my coffee shop every morning before work. I’ll sit and have a cup of coffee, read a book or chat with the regulars. Then I’ll go the rest of the way down the street to work.”

The goal for many people at the shelter was obtaining employment, although the hiring process of drug testing or background checks sometimes made the participants ineligible. However, the places of employment for many residents tended to be local businesses that controlled their own hiring process and gave applicants more chances for explanation. For example, “I was working at the church since I got here, in the kitchen” (Participant 9). Other times participants were self-employed, such as “over the summer I was selling waters on that street over there. I’d make at least a hundred dollars a day. It restored my faith in humanity. One time, a cop gave me twenty dollars and told me to keep up the honest work” (Participant 2). Another participant shared, “Do you remember those drawings I showed you? A friend is selling prints of that art at a bar on Hampton Blvd. I don’t remember what it’s called but it’s near the construction” (Participant 12). The participants exhibited a drive to find work, even in creative ways, instead of mentioning habits such as panhandling.

### ***Generational Ties***

The City of Norfolk holds generations of history, and the lives of people experiencing homelessness is situated within the lifespans of many generations connected to surrounding

communities. While five of the participants grew up in Norfolk, half of them agreed they had made lasting connections from their interactions at the shelter. The heart of this theme is that these people experiencing homelessness are someone's father, mother, brother, sister, former classmate, coworker or friend. Participants reported having "lifelong friends" (Participant 6) here as well as "I've got friends from high school around here still" (Participant 5). One participant reminisced about their life before homelessness and the generational roots they had in the community, "I know lots of people here. I've been here for decades. I have my husband, my son, coworkers, I know police officers and firefighters. My husband and I owned a barber shop on Colley for 30 years, and it was in his family before that for 40 years. So that's 70 years on Colley Ave" (Participant 10). Even those who were not from the area have created families, for example, "my family is out of state but my girlfriend and her family is here" (Participant 2).

Participants also found personal involvement with the churches in the area on a social and spiritual level. These examples are different from utilizing resources from the church for basic survival needs and touches on the personal decision to be involved in a religious organization. One of the participants shared "I'm very active in my church. I've made good friends there, and people who helped me. I feel even more a part of the community because of the church" (Participant 12). Another participant shared how their generational ties in the community intersected with their life at the shelter:

I practice spirituality and fellowship with the church. Do you remember (a former resident)? He came with me to church on Sunday. I actually met him before we were at The Center when I had a thrift store set up on the road. He walked by and we talked for probably three hours. This was before we was homeless. Then I came here and we ended

up next door neighbors. Now he's moved out and he's lonely, so he came to church with me (Participant 6)

There was an air of positivity when participants talked about their involvement with life outside of the shelter, especially their religious affiliations.

Some participants felt ambivalent to their involvement in the community because of their struggles with homelessness. One notion was that Participant 7 “more stay[s] out of the way. Yeah, I walk outside and stay alive.” This was echoed in the quotation, “I guess I’m a part of the community when trying to survive on the streets. More like a victim of the community” (Participant 2). While some participants felt their homelessness marginalized them from the community, Participant 11 challenged that “you’re always part of the community. Homeless or not. If you act homeless, you’ll be a different person than how you went into it. It’d be systematically crawling into a hole” (Participant 11). The history of the city encompasses all of its residents and their stories, past, present and future.

#### **Research Question 4**

What do people experiencing homelessness report that they are lacking in terms of support?

The final research question was aimed at what support people experiencing homelessness felt they desired but were not receiving. These themes were formed from information about the support they were lacking on a daily basis, basic need fulfillment, how experiencing homelessness affected their self-identity and their hopes for the future. The resulting themes included: compassionate community; aging and vulnerability care; companionship; basic needs and beyond; recovery and stability.



### ***Compassionate Communication***

When discussing how homelessness affected participants' self-identity, the consensus was that it was an eye-opening experience. The reality check of life on the streets made participants realize that the general public has a lack of understanding, and often compassion, towards the population. This theme was based on the need for compassion and understanding for people experiencing homelessness. Participant 1 shared, “homelessness has taught me a lot. I respect situations more and understand what people go through and the stigmas they face. Not everyone who's homeless is a bum, everyone has their own reason for being here.” Another participant said, “now I see the struggles of others and how many others are in hardship” (Participant 6). It was touched on that life on the streets is “about survival-violent or peaceful, it's going to make you stronger and the adaptation to the streets is like an animal” (Participant 7). Because of this, people should realize that people experiencing homelessness may be “more cautious. I can't accept support because I don't trust it” (Participant 1). The morale may also be low from “feel[ing] worthless. My mojo is gone. I can't breathe. I don't want to be here” (Participant 10). When this population is feeling low, receiving compassionate care from the community can minimize the feelings of stigmatization.

### ***Aging and Vulnerability Care***

Experiencing homelessness takes a toll on the body, mentally and physically. The participants of this study shared how their lives were affected by this toll, especially because nine of the participants were over the age of 50. This section addresses the additional vulnerability of this population when the factor of an aging body is considered. Several participants acknowledged “I don't have too many years left, I'm getting too old for this” (Participant 8) and that it was time to “settle down and enjoy life” (Participant 5).

Participants were aware of how experiencing homelessness was affecting their bodies and described the experience as scary. Participant 2 shared “I have bronchitis from being outside overnight. That was the first time I’ve had something like that. I can feel my health failing and it’s scary. I’m getting old and I’m on the streets.” Another participant shared, “I’ve got bronchitis in my lungs, and I have schizophrenia. I try to stay distant because I don’t know people’s intentions. I try to keep to myself” (Participant 13). For two participants, their mobility was limited due to age and their confinement to a wheelchair, “I can’t go nowhere so I’m here all day. I’m waiting on surgery but because of COVID, they’re backed up” (Participant 10). While I witnessed these participants move through the shelter without help, it was not for a lack of real effort on their part, and did not remove the vulnerable position it placed them in. The Center has under a dozen residents and day guests in wheelchairs at any given time.

Another example of vulnerability and aging was Participant 14 who shared, “I’ve had two strokes and the people at the nursing home they cut me. Then they dropped me off here but I’m not from here. I didn’t know where I was so I started walking. I got lost because I’ve had two strokes, you see. They arrested me but I wasn’t trying to hurt nobody, I was just lost.” This participant also shared that “I love to smile. I love to be happy. I lost my dentures though when they cut me and sent me here, so I don’t get to smile like I want to” (Participant 14). This participant remained in good spirits throughout my time at the shelter, though, despite the hardships.

### ***Companionship***

The experience of homelessness was often described as lonely. In terms of support that the participants were lacking, the physical presence of a companion was described. This companion ranged from trustworthy friends to family: “I miss my family. I wish they would come get me,

they know I'm here. When they don't answer my calls, it feels like they don't care about me" (Participant 14) to community: "I realized I do need help from others and the community is needed to get things done." The support that was most longed for was love. Participants shared that, "I'd like to find a partner to settle down with" (Participant 6) and "I want love again. A partner or a good mate, that's what I really want. Someone to hold and kiss, to touch" (Participant 14). In lighter news, one of the former residents shared that they filled the need for companionship with a fish tank, "I have two betta fish in there, a male and a female. I have some other fish in there too. I can sit and watch my fish for awhile" (Participant 12).

### ***Basic Needs and Beyond***

This section used information from previous questions to analyze the lack of support in different areas as well as listening to what participants reported desiring. While other themes include more abstract forms of support desired, this theme discusses the information or tangible support gaps. For example, six participants reported lacking information support. Participant 12 stated that "It takes time to learn soup kitchens, churches, how to get your ID and documents. Resource referrals are of indispensable value" (Participant 12). Some participants talked about seeking their own information, such as education, "I'm looking into welding school certificates, like underwater welding" (Participant 4). The topic of employment and housing was listed by all fourteen participants, desiring "stable housing and work" (Participant 13) as well as specific wishes like "I can't wait to cook for myself" (Participant 6).

### ***Recovery and Stability***

This final theme contains the heart of support desired by the participants experiencing homelessness and how they answered the question "What are your plans for the future? What do you hope for?" What these participants wanted more than anything was stability, security and

recovery. This could come in the form of getting their life back, rebuilding their household, security for their family and even post-COVID-19 recovery. The examples shared earlier in the findings of participants having to church hop or move from place to place in order to find resources shows the lack for fixed overnight residence. The struggle to break the cycle of instability is hard when “you need a job to get stable, but you need a stable residence to get a job. You have to put an address on your application where they can reach you” (Participant 12). The day guests and residents are allowed to use the shelter address to receive any mail or use on application, though.

The idea of security was like a light at the end of the tunnel for one participant who had “been on the streets my whole life. My family and friends are drug dealers or gang bangers. I just want stability and safety” (Participant 7). For most of the participants, the desire was a return to stability, to “get my life together. I want stability and to get my kids back” (Participant 3) or know their family would be okay, “I just want my kids and grandkids to be okay” (Participant 8). The desire for object permanence was spoken by Participant 2: “I want to stop losing things. I had a house, I had multiple cars and bank accounts. Then I lost it all. But I had it once so I know I can get it back. But I’m getting depressed looking at pictures of what I used to have.” The participants who were not from the area desired to go home: “I’m not from here. I got stranded here when I came to visit my daughter and I lost my luggage. What I really need is a bus ticket back home and then I’d be set” (Participant 9). The residents who had recently obtained housing shared their desire to “maintain my housing, job and friendships and keep my status” (Participant 12).

Finally, the pandemic was cited several times as being the inciting incident for this experience of homelessness. COVID-19 likely contributed to many of the participants’ experience of homelessness but since it was not a specific question in this study, only the examples naturally

provided can shed light on its involvement. Participant 5 shared that “I lost my job during COVID then I had health problems. I’d like to go back to the suburbs.” Participant 7 stated they had “been homeless since COVID. My mom died and I got stuck with her death tax. It wiped out all my money. My other family couldn’t take care of it so I had to and now I’m on the streets again.” Participant 10 was directly affected by the COVID-19 pandemic because “We had a barbershop on Colley Ave in our family for 70 years. We had to close when COVID hit and then the mayor rezoned our building so we couldn’t live there anymore. We lost our business and our home.” These participants became victims of terrible circumstances but are still struggling with the consequences four years later.

### **Hypothesis**

The amount of desired support will exceed the amount of experienced support for information, emotional and esteem support. The smallest gap is hypothesized to be tangible and social network support.

The survey data supported the qualitative findings and provided additional clarity regarding the specific gaps in support they mentioned. Participants were given items representing different types of support (i.e., esteem, emotional, network, informational and tangible) and asked to rate them on a 5-point Likert scale (1= Do not receive at all, 2= Receive Rarely, 3= Receive Occasionally, 4= Receive Regularly, 5= Receive A Great Deal) based on how much support they received then desired. This analysis explores the results of each category, the gaps between them, including specific items that contributed to the gap.

Table 1: Support Gaps Results in Norfolk Homeless Sample (n = 14)

	RECEIVED	DESIRED	SHORTFALL OF...
Esteem	3.18	3.58	-.40
Emotional	2.93	3.58	-.65
Network	2.63	3.41	-.78
Informational	2.81	3.43	-.62
Tangible	2.16	3.40	-1.24

This table shows the results of each category of support based on the 5-point Likert-type scale. The results show that desired support was higher than support received for all categories. The support that participants indicated receiving the most was esteem support. This form of support also had the smallest gap between desired and received support, which suggests that people are reporting receiving closer to what they expect on average. The two highest desired support were esteem and emotional. This is noteworthy towards the argument that communicative support is needed for this population.

The largest gap between received and desired support was tangible with a -1.24 point difference, which would partially reject the thesis' hypothesis. Specific items of the study that highlighted this difference include: taking you to see a doctor if you don't feel well, doing laundry or cooking for you while you are preparing for some important task (lowest received item= 1.77), offering to help you with something that needs to be done (second lowest received item= 2.00), and joining you in some activity to alleviate stress.

These findings support the qualitative information about desiring compassion and personal connections, while calling attention to a large gap in tangible support. The specific examples of tangible support items that were lowest received yet desired indicate clear areas for improvement for those serving this population.

## **Conclusion**

These findings address how support is perceived by people experiencing homelessness, the social challenges involved, how people are involved in their community, and what they are lacking in terms of support. The needs of this population range from information and tangible support of organizations to compassion in communities. Giving this population a voice sheds light on the societal and social issues that matter to them. These participants bravely shared their desires and vulnerabilities in order to inform this study.

## CHAPTER V

### DISCUSSION

This thesis explored social challenges and support present in the lives of people experiencing homelessness in the City of Norfolk. Using relevant theories as sensitizing constructs, such as Bronfrenbrenner's ecological systems model and social capital theory, interviews with individuals from the Norfolk homeless population shared their perceptions of support, social challenges, involvement in the community, and what support deemed lacking. From a practical perspective, such information could help to optimize support matching, since ideal support is tailored to the needs of the recipient (Lehman, Ellard & Wartman, 1986). The findings from participants provided insight into the lives of this marginalized community, while also enhancing the literature by providing insight into where critical care and communication is needed for those experiencing homelessness.

The initial research question cast a wide net about support to see what the participants perceived they were receiving. The responses were summarized into distal, action-facilitating and peer support. The data showed an immediate distinction between who was providing the support, and what function it was serving. For example, nearly all participants talked about having family they were either geographically and/or emotionally close to. Feeny and Collins (2018) have emphasized the importance of having at least one close, non-evaluative other to turn to in times of adverse and non-adverse situations. In the context of experiencing homelessness, one might assume that individuals were lacking close or family connections, but that was not the case in this study. The finding of distal support was an emotionally close other who was considered 'away support' because they were not within 'hands on' reach for the participant. Another way to



conceptualize distal support is the lack of mobilization into social capital- the support remains emotional but intangible.

Social capital theory pairs with social support to provide another way to analyze these findings. The types of support, such as nurturant and action-facilitating (Cutrona & Suhr, 1992), combined with types of relationships, bridging or bonding (Adler & Kwon, 2002; Irwin et al. 2008) inform us of what function relationships play. This is helpful for organizations as well as individuals interacting with people experiencing homelessness. The familial connections reported by participants could be considered an example of bonding social capital ties, because it refers to emotionally close, homogenous relationships (Adler & Kwon, 2002). These connections provided nurturant, emotional support (Cutrona & Suhr, 1992). On the other hand, the shelter, staff, and peer connections would be considered bridging social capital because they are heterogeneous connections with more distant emotional ties (Irwin et al. 2008). These connections served the function of action-facilitating support, namely information and tangible, (Cutrona & Suhr, 1992). The participants spoke specifically about support from the shelter in a structural way, provided by the organization. The example of many participants spoke about attending art class, showing how creative activities can provide positive benefit to the population and further engagement with the surrounding community and cultural offerings.

The presence of peer support confirms the social baseline theory idea that humans gravitate towards each other. Even in the isolating context of homelessness, individuals found solace and safety with each other. For example, Participant 6 sharing “over the summer we sat out here on the picnic tables playing chess. It was good to keep focus. I have a truck now, so I’ve helped take people here to the store.” Also, Participant 12’s feeling that relationships formed were “therapeutic. It gave me a place to vent and get a weight off my chest” (Participant 12). This is

consistent with social baseline theory research, which found that being physically near a trusted person reduced the need for excessive energy use and heightened threat awareness (Beckes & Sbarra, 2022). Lemke (2016) demonstrated this physical clustering by examining tent cities, and how people experiencing homelessness can create their own communities in order to save resources (Lemke, 2016). Although half of the participants in the current study reported not exchanging items with other guests, the other half agreed that they shared items such as food, clothing, and cigarettes, especially among their associates. This is an example of social network support and the sense of belonging within the group situated in and around the Center.

The participants identified numerous social challenges that impacted their experiences with homelessness. The findings produced three challenge themes, including the unpredictability of others, the emotional intensity of experiencing homelessness, and managing stigmatization from others. A recurring theme in the data was the mental health state of the other person. Participants were very aware of the propensity for mental health issues among the population experiencing homelessness and cited examples of people ‘talking to themselves.’ To call back to information from Chapter 1, “16% percent of people experiencing homelessness reported having a substance use disorder while 21% reported having a serious mental illness” (Substance Abuse and Mental Health Services Administration, 2023, par. 1). Another study found the mean prevalence of mental health disorders was 76.2% (Gutwinski et al, 2021). This prevalence follows the rise in homelessness for people experiencing severe mental health illness after deinstitutionalization of psychiatric facilities (National Academies of Sciences, Engineering, and Medicine, 2018).

As a result, community service boards were created, intended to assist these individuals at the community level. Even considering the CSB and other mental health services, living with others in centers or shelters with mental health challenges was a common concern. From a

communication standpoint, this is an example of uncertainty reduction theory (Berger & Calabrese, 1975). When an individual is uncomfortable with the uncertainty of an interaction, then they can use passive, active or interactive strategy to predict or explain behavior (Berger & Calabrese, 1975). The passive strategy was seen often by participants reporting watching from a distance to observe behaviors. For residents who feared the mental capacity of their roommate, an interactive strategy was required to communicatively manage the risk.

For the people experiencing homelessness who were not experiencing severe mental health illnesses, there was a lack of trust and high level of skepticism towards others within the population and associated with outside organizations. The feelings of mistrust, resource guarding, selfishness and even paranoia contributed to an intensity of emotion felt by people experiencing homelessness. These qualities are why the idea of communal coping (Lyons et al., 1998), which is handling an issue through reframing of the problem, relational connectedness and shared resources, is hard to actuate among people experiencing homelessness. The qualities of emotional intensity and 'survival mode' become barriers to receiving compassion and understanding that participants reported desiring. It would be beneficial for entities interacting with the homeless population to understand trauma informed care that is cognizant of context-specific triggers and sensitivities.

Participants reported being involved in the community through utilizing local resources (instrumental support), supporting the local economy and their generational ties. This population is resourceful, and being very aware of the local community provides the opportunity to meet their basic needs and beyond. The broader community could assist people experiencing homelessness by leaning into public resources such as libraries (and 'little libraries', the small wooden boxes sprinkled around the city with free books to trade), community gardens and

celebrations that feature food and free items (such as sunglasses, portable chargers, and clothing). This involvement in the community acts as a mediating process between adversity and better-than-expected outcomes, as outlined in resiliency theory (Van Breda, 2018).

Those experiencing homelessness were impacted by the local economy in two ways: employment opportunities and patron identity. In terms of employment, a common barrier was the background check and drug screening. This left people experiencing homelessness with fewer opportunities for employment, despite the motivation and willingness to work. For small or local businesses, though, through conversation with the owner, those experiencing homelessness could explain the results of a background check, share their personal story, and be recognized for their humanity. When local businesses extend this population a chance at employment, it provides a chance for these individuals to become more integrated and contributes to the rebuilding of the community as a whole.

The second part of being connected to the local economy is expressing a patron identity. Individuals shared this in the interviews, suggesting “I go to my coffee shop every morning before work. I’ll sit and have a cup of coffee, read a book or chat with the regulars. Then I’ll go the rest of the way down the street to work.” (Participant 12). Another participant shared how mobility issues made it challenging to leave the shelter, but they could go to the retail dining establishment next door. Perry (2012) studied a group of homeless individuals residing in a 24-hour coffee shop. These individuals did not identify as homeless because they purchased occasional food and beverages and identified as valid patrons, despite their residing in the establishment. The idea of being a valid patron was important to the participants of the current study because they reported their involvement in the community as frequenting coffee shops or purchasing items at local establishments. This patronage was meant to earn them the same respect

and right to be there experienced by the broader community of housed individuals. The sense of belonging and participating in the community this way was important.

The generational-ties sub-theme connects directly to Bronfenbrenner's (1973) ecological systems model: an individual is nested within spheres of influence from family, school, church, work, community, government and time. For example, one participant shared "I know lots of people here. I've been here for decades. I have my husband, my son, coworkers, I know police officers and firefighters. My husband and I owned a barber shop on Colley for 30 years, and it was in his family before that for 40 years. So that's 70 years on Colley Ave" (Participant 10). The people experiencing homelessness in this city are nested within an expansive network. Not only is the individual affected by their network, but the network is affected by the individual. For example, when Participant 6 shared that a past resident "moved out and he's lonely, so he came to church with me." This connected the individual, their network member, and a broader religious community. In terms of support, this organizational connection through church brings the phrase "it takes a village" to mind.

To those living with homelessness, navigating social challenges and a complicated relationship with the community has led to an acute awareness of what is missing. Participants reported lacking compassionate communication, aging and vulnerability care, companionship, basic needs and beyond, and recovery and stability. We can look to these categories as the gaps in support that could more accurately be addressed by an aligning of care and services, or the subject of broader interventions. Participants desired equal respect to the larger social group of housed individuals, as seen through patron identification, as well as compassionate community. The participants reported feeling stigmatized, with low morale, such as Participant 10 reported "feel[ing] worthless. My mojo is gone. I can't breathe. I don't want to be here." Small tokens of

kindness that community members could engage in include smiling at others, extending welcome to all who come into public spaces, and withholding judgment. While the kindness people experiencing homelessness desire is likely much deeper and complex than these ideas, it is a place to start.

An issue addressed by the participants of this study was aging and vulnerability care. All nine participants over the age of 50 stressed how experiencing homelessness at their age was worrisome. Concerns over health, safety and even legacy were raised. There is a vulnerability index to receive housing at the shelter, with the older and more vulnerable people more likely to receive a room. However, the shelter capacity and housing resources are limited. This still leaves many aging and vulnerable individuals to experience homelessness on the streets or in other dangerous locations. The Homelessness Research Institute (2020) found that people experiencing homelessness over the age of 50 age faster than other people and experienced memory loss, falls, functional impairments comparable to people in their 70s of the general population. It is the tragic reality that drug or alcohol use, smoking, poor nutrition and living in a state of perpetual vigilance worrying about safety degrades sleep quality and will lead to steady declines in one's physical and mental health, akin to aging.

The sub-themes basic needs and beyond, recovery and stability, and companionship can be further considered in alignment with Maslow's hierarchy of needs (1958). The basic needs of housing and safety are foundational needs. As security becomes established, the journey toward higher order social and occupational recovery and rebuilding can begin. Basic needs must be met before an individual can begin reestablishing their lives. However, the desire to reach this level of stability to rebuild was stated by Participant 2 who wanted to "stop losing things. I had a house, I had multiple cars and bank accounts. Then I lost it all. But I had it once so I know I can get it

back.” The desire for love and belonging is third on the pyramid of needs, and something that participants desired deeply. For example, “I want love again. A partner or a good mate, that's what I really want. Someone to hold and kiss, to touch” (Participant 14). Connecting back to the sub-theme of research question 1, participants developed a ‘home base’ mentality with the shelter that could indicate the basic human needs of food, clothing and shelter were being met where participants were able to focus on recovering other areas of their lives.

The quantitative survey data provided supporting evidence of the above ideas. The most received form of support was esteem support, such as trying to reduce their feelings of guilt about a problem situation or someone assuring them that they are a worthwhile person. These items being the highest rated received shows that case management, staff or peers are expressing supportive personal affirmations. Esteem support also had the smallest gap between received and desired, which indicates that participants are getting closer to what they expect, on average. The two highest forms of support desired were esteem and emotional support. This directly supports the qualitative data about lacking compassionate community and companionship.

Interestingly, the quantitative data showed the largest gap between received and desired support was tangible assistance. The lowest rated items of this section were: doing laundry or cooking for you while you are preparing for some important tasks; offering to help you with something that needs to be done. When I assisted four participants with completing the survey verbally, I remember participants scoffing when these items were read and reporting this never or rarely happened yet selecting high levels of desire for these items. What I interpret from these findings is that people experiencing homelessness are socially isolated and deeply desire connections that are load-sharing and emotionally supportive. Feeling like you have to fend for yourself with day-to-day tasks or special appointments can be addressed by either formalizing a

‘facilitator’ kind of role in the staff or encouraging task partnerships within the community (i.e., residents help each other through turn-taking). These facilitator roles and task partnerships are an example of functional companionship. Functional companionship is a social and communicative response to the need for tangible assistance, where an individual fills or assists in the needs of another person. For example, a volunteer at a nursing facility may help residents write letters or organize their belongings. For people experiencing homelessness, a similar companion is needed and desired.

Finally, the discussion about post-COVID-19 efforts includes those who became victims of circumstances. The people experiencing homelessness throughout or as a result of COVID-19 had a different experience than those who were housed. While this study did not ask specific questions about the pandemic, it should be acknowledged that this population had a harder time recovering. For some people, COVID-19 was the triggering factor for their experience of homelessness. For example, Participant 10 “had a barbershop on Colley Ave in our family for 70 years. We had to close when COVID hit and then the mayor rezoned our building so we couldn’t live there anymore. We lost our business and our home.” The nationwide recovery efforts have not necessarily trickled down to assist them, and even those that are housed lost businesses and aspects of their health that allowed them to work effectively. It would be a beneficial factor to include in government funded programs aimed at this population.

### **Limitations**

It is important to note that there are several limitations to the interpretation of this data and replication of this study. First, the facility that my interviews were conducted at represents just one of many homeless shelters across Hampton Roads, the state, and country. Thus, what is being reported here represents a selection of the voices of people within this particular community, and



at this time in history. Their experiences are rich, detailed explanations of their worldview, daily practices, and ability to meet their individual needs and participate in a broader community. As a result, these findings are not generalizable, yet they do provide valuable insight into the lives of marginalized people that can sometimes seem invisible and ignored.

The data collection was a process that was collaboratively shaped by IRB and Center administration. People living with homelessness are vulnerable and suffer from a variety of health issues, necessitating specific safeguards to the data collection process. For example, providing richer profiles of the participants with images was not possible but might have fostered additional sense of humanity for the reader. While further details of their life and what lead to their experience of homelessness was not the focus of this study, it would have helped provide more context. Due to the parameters set in order to gain site access, the ability to record and transcribe for direct wording and quotations was not available. Due to this, some aspects of African-American vernacular was not preserved.

### **Future Directions**

There are many aspects of these findings that could be explored further, such as how people experiencing homelessness interact with the family they are in contact with. Using a linked lives (Elder & Pellerin, 1998) approach to interview a dyadic pair of someone experiencing homelessness and their family member, findings could illuminate the relationship from both perspectives. Also, the topic of family interaction could be explored using Brown and Levinson's politeness theory (1978) that describes negative politeness as not asking others for time, attention or resources to not impose your needs on others. Participants may recognize being in a low power position in their families and not want their struggles with homelessness to be a burden to their family members.

A future direction might also be exploring this population with a different methodology. This study would have more expansive data if it had been a longitudinal ethnography. This format would follow the advice of Feeny and Collins (2018) that called for studies that were longitudinal and actually observed enacted support. This would give the researcher data on how participants were supported over time, and if those resources were recognized as they were intended and provided lasting support. The participant observation method would give a fuller picture of enacted support. For example, in the current study some participants reported exchanging no items with other community members, had limited interactions with peers, but then gathered in a circle sharing a cigarette. The reason that Feeny and Collins (2018) call for observed enacted support is because participants do not always recognize the support they are receiving, so the self-reported results are not the best predictor of actual support.

## CHAPTER VI

### CONCLUSION

The complex issue of homelessness has persisted throughout the history of America. On any given night in 2023, approximately 650,000 people were experiencing homelessness (2023 Annual Homelessness Assessment Report, 2023). With the highest rate of homelessness since national reporting began in 2007 and double the rate of chronic homelessness since 2016, it could be inferred that the resources are not effectively mitigating the problem (2023 Annual Homelessness Assessment Report, 2023).

Considering the prevalence of homelessness in America and the harmful effects of stigmatization for people experiencing homelessness, the literature review touched on human nature, societal structures, personal connections, and gaps in support. These theories were used as sensitizing constructs to explore how social support was perceived and the social support gaps for people experiencing homelessness.

This research sought to capture the social phenomenon through in person interviews and a digital survey on support gaps between desired and received support. In order to gain site access to the city-run homeless shelter, the researcher collaborated with the Community Services Board human rights coordinator to ensure participant privacy and sensitivity of the vulnerable population. The researcher interviewed 14 participants: 6 day-guests, 6 residents and 2 former residents who were recently housed. Most participants were interviewed in public spaces of the shelter, despite being offered a private room. The survey was completed on a tablet or verbally with assistance from the researcher.

The findings answered the research questions: How do people experiencing homelessness perceive support from others? What are the social challenges reported by people while experiencing homelessness? How are people experiencing homelessness involved in their own community and that of the broader Hampton Roads? What do people experiencing homelessness report that they are lacking in terms of support? The data showed that participants perceived distal, action-facilitating and peer support. The social challenges were unpredictability of others, emotional intensity of homelessness and stigmatization. Participants were involved in the community by utilizing local resources, supporting the local economy and through their generational ties. Finally, participants reported lacking a compassionate community, aging and vulnerability care, companionship, beyond basic needs, recovery and stability.

These findings inform how to better serve the population of people experiencing homelessness on a governmental, organizational and community level. On a government level, there is a need for aging and vulnerability care as well as COVID-19 recovery. Organizations should be aware that the population values results-based assistance. The goal should not only be to meet the basic human needs but also provide support for the needs beyond that, such as recovery and companionship. Interactions with this population should be trauma-informed and non-judgmental. On a community level, support should come in the form of giving people experiencing homelessness a chance with employment and welcoming them as valid patrons of establishments.

This study aimed to explore how people experiencing homelessness in the area perceived support in order to recognize the gaps. Thanks to the openness of participants sharing their experiences and opinions, this thesis was able to complete the goal and inform ways to rectify the

support gaps. My hope is that this thesis and the conversations I had with participants opens up a dialogue about how to best meet their support needs and foster a more compassionate community.

## REFERENCES

- Adler, P. S., & Kwon, S.-W. (2002). Social capital: Prospects for a new concept. *Academy of Management Review*, 27(1), 17 <https://www.odu.edu/information-technology-services/onedrive>– 40.
- Afifi, T., Afifi, W., Merrill, A., & Nimah, N. (2016). 'Fractured communities': Uncertainty, stress, and (a lack of) communal coping in Palestinian refugee camps. *Journal of Applied Communication Research*, 44(4), 343–361.
- Afifi, T., Basinger, E., & Kam, J. (2020). The extended theoretical model of communal coping: Understanding the properties and functionality of communal coping. *Journal of Communication*, 70(3), 424–446.
- Alcalay, R. (1983). Health and social support networks: A case for improving interpersonal communication. *Social Networks*, 5(1), 71–78. [https://doi-org.proxy.lib.odu.edu/10.1016/0378-8733\(83\)90016-3](https://doi-org.proxy.lib.odu.edu/10.1016/0378-8733(83)90016-3).
- Aldrich, D. P. (2010). Fixing recovery, social capital in post-crisis resilience. *Journal of Homeland Security*, 6, 1–10.
- Aldrich, D. P. (2012). *Building resilience: Social capital in post-disaster recovery*. Chicago, IL: University of Chicago Press.
- Aldrich, & Meyer, M. A. (2015). Social capital and community resilience. *The American Behavioral Scientist (Beverly Hills)*, 59(2), 254–269. <https://doi.org/10.1177/0002764214550299>.
- Barker, J. (2012). Social capital, homeless young people and the family. *Journal of Youth Studies*, 15(6), 730–743. <https://doi-org.proxy.lib.odu.edu/10.1080/13676261.2012.677812>.

- Barman-Adhikari, A., Bowen, E., Bender, K., Brown, S., & Rice, E. (2016). A social capital approach to identifying correlates of perceived social support among homeless youth. *Child & Youth Care Forum, 45*(5), 691–708. <https://doi-org.proxy.lib.odu.edu/10.1007/s10566-016-9352-3>.
- Beckes, L. & Coan, J. (2011). Social baseline theory: The role of social proximity in emotion and economy of action. *Social and Personality Psychology Compass, 5*, 976–988. <https://doi.org/10.1111/j.1751-9004.2011.00400.x>.
- Bell, & Walsh, C. (2015). Finding a place to belong: The role of social inclusion in the lives of homeless men. *Qualitative Report, 20*(12), 1977. <https://doi.org/10.46743/2160-3715/2015.2414>.
- Belle, D. (1982). The stress of caring: Women as providers of social support. In L. Goldberger & S. Bresnitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (pp. 496–505). New York: Free Press.
- Berger, C. R., & Calabrese, R. J. (1975). Some Explorations in Initial Interaction and Beyond: Toward a Developmental Theory of Interpersonal Communication. *Human Communication Research, 1*(2), 99–112. [academic.oup.com/hcr/article-abstract/1/2/99/4637500/](http://academic.oup.com/hcr/article-abstract/1/2/99/4637500/)
- Borchard, Kurt. (2005). *The word on the street: Homeless men in Las Vegas*. University of Nevada Press. (Book).
- Bourdieu, P. (1985). The forms of capital. In J. G. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241–258). New York, NY: Greenwood.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77–101.

- Brown, P., & Levinson, S. C. (1978). Universals in language usage: Politeness phenomena. In *Questions and politeness: Strategies in social interaction* (pp. 56–311). Cambridge University Press.
- Buzzanell, P. (2010). Resilience: talking, resisting, and imagining new normalcies into being. *Journal of Communication, 60*(1), 1–14.
- Caplan, G. (1974) *Support systems and community mental health: Lectures on conceptual development*. New York: Behavioral Publications.
- Carr, D. (2018). The linked lives principle in life course studies: Classic approaches and contemporary advances. *Social networks and the life course: Integrating the development of human lives and social relational networks*, 41–63.
- Carswell, G., De Neve, G., & Subramanyam, N. (2022). Getting home during lockdown: migration disruption, labour control and linked lives in India at the time of Covid-19. *Journal of Ethnic and Migration Studies, 48*(19), 4603–4621.
- City of Norfolk (n.d.). *Homeless Services*. <https://www.norfolk.gov/5144/Homeless-Services>.
- City of Norfolk. (n.d.). *Norfolk Community Services Board*.  
<https://www.norfolk.gov/996/Norfolk-Community-Services-Board>.
- City of Philadelphia Homeless Services. (2022). *FY2022 Data Snapshot*.  
<https://www.phila.gov/media/20230221110800/ohs-data-snapshot-FY2022-report.pdf>.
- Coan, J. A., & Sbarra, D. A. (2015). Social baseline theory: The social regulation of risk and effort. *Current opinion in psychology, 1*, 87–91.  
<https://doi.org/10.1016/j.copsyc.2014.12.021>.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38*, 300–314.



- Cohen, S., & Symes, S. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310–357.
- Coleman, J. (1990). *Foundations of social theory*. Cambridge: Harvard University Press.
- Congressional Budget Office. (2015). *Federal Housing Assistance for Low-Income Households*.  
<https://www.cbo.gov/publication/50782>.
- ContinuumCloud. (2022, October 13). *The who, what, and how of vacsbs*.  
<https://resources.continuumcloud.com/blogs/the-who-what-and-how-of-vacsbs>.
- Cooperrider, D. L. & Srivastva, S. (1987). Appreciative inquiry in organizational life. In Woodman, R. W. and Pasmore, W.A. (Eds.), *Research in Organizational Change and Development*, 129–169. Stamford, CT: JAI Press.
- Couloute, L. (2018, August). *Nowhere to Go: Homelessness among formerly incarcerated people*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/housing>.
- Cutrona. (1990). Stress and social support—in search of optimal matching. *Journal of Social and Clinical Psychology*, 9(1), 3–14. <https://doi.org/10.1521/jscp.1990.9.1.3>.
- Cutrona, C., & Suhr, J. (1992). Controllability of stressful events and satisfaction with spouse support behaviors. *Communication Research*, 19(2), 154–174.
- Davidson, C., Murry, V. M., Meinbresse, M., Jenkins, D. M., & Mindtrup, R. (2016). Using the social ecological model to examine how homelessness is defined and managed in rural East Tennessee. *Nashville: National Health Care for the Homeless Council*.
- DEA: United States Drug Enforcement Agency. (n.d.). *Fentanyl*.  
<https://www.dea.gov/factsheets/fentanyl>.

- D'Onofrio, M. (2023, October 19). *Homelessness up in Philadelphia for second year in a row*. Axios Philadelphia. <https://www.axios.com/local/philadelphia/2023/10/19/philly-homelessness-increase-pandemic>.
- Eide, S. (2022). *Homelessness in America: The History and Tragedy of an Intractable Social Problem*. Rowman & Littlefield.
- Elder, G. H., Jr., & Pellerin, L. (1998). Linking history and human lives. In J. Z. Giele & G. H. Elder, Jr. (Eds.), *Methods of life course research: Qualitative and quantitative approaches* (pp. 264–294). Thousand Oaks, CA: Sage.
- El Zaatari, W., & Maalouf, I. (2022). How the Bronfenbrenner Bio-ecological System Theory Explains the Development of Students' Sense of Belonging to School? *Sage Open*, 12(4). <https://doi.org/10.1177/21582440221134089>.
- Erum, A. J. (2020). *Linked Lives: The Effects of Incarceration on Prisoner Families in Hawai'i* (Doctoral dissertation, University of Hawai'i at Manoa).
- Evans, S. M. (2022). *A Quantitative Examination of the Influence of Social and Structural Communication Variables on the Social Connectedness of People Experiencing Homelessness* (Order No. 30001060). Available from ProQuest Dissertations & Theses Global. (2778395950).  
<http://proxy.lib.odu.edu/login?url=https://www.proquest.com/dissertations-theses/quantitative-examination-influence-social/docview/2778395950/se-2>.
- Fanari, A., Cooper, R. A., Dajches, L., Beck, G., & Pitts, M. J. (2023). Transferable resilience practices: Communication and resilience of US military spouses during the initial stages of the COVID-19 pandemic. *Journal of Family Communication*, 23(1), 1–21.

- Feeney, B., & Collins, N. (2018). Social support in close relationships. In Vangelisti, A. & Perlman, D. (Eds). *The Cambridge Handbook of Personal Relationships* (2nd ed., pp. 282–296). Cambridge University Press.
- Ferrer, B., Rollin-Alamillo, L., Ho, A., Tsai, G., Vaughn-Henry, E., Henwood, B., & Kwack, S. (2023). *Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County*.  
[http://publichealth.lacounty.gov/chie/reports/Homeless\\_Mortality\\_Report\\_2023.pdf](http://publichealth.lacounty.gov/chie/reports/Homeless_Mortality_Report_2023.pdf).
- Granovetter, M. S. (1973). The strength of weak ties. *American journal of sociology*, 78(6), 1360–1380.
- Gray-Garcia, L., & Garcia, D. (2019). *Poverty scholarship: Poor people-led theory, art, words, and tears across mama earth*. POOR Press.
- Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLoS medicine*, 18(8), e1003750.
- Hanifan, L. J. (1916). The rural school community center. *Annals of the American Academy of Political and Social Science*, 67, 130–138.
- Henriksen, Torsheim, T., & Thuen, F. (2014). Loneliness, social integration and consumption of sugar-containing beverages: testing the social baseline theory. *PloS One*, 9(8), e104421–e104421. <https://doi.org/10.1371/journal.pone.0104421>.
- Holloway, K., & Varner, F. (2023). Forms and frequency of vicarious racial discrimination and African American parents' health. *Social science & medicine*, 316, 114266.

- Hook, C., & Geist-Martin, P. (2018). Cultivating communities of care: A qualitative investigation of the communication of support among incarcerated women. *Communication and Critical/Cultural Studies*, 15(2), 127–143.
- HUD Exchange. (n.d.). *Homelessness Assistance Programs*.  
<https://www.hudexchange.info/homelessness-assistance/>.
- Irwin, J., LaGory, M., Ritchey, F., & Fitzpatrick, K. (2008). Social assets and mental distress among the homeless: Exploring the roles of social support and other forms of social capital on depression. *Social Science & Medicine*, 67(12), 1935–1943.
- Kaplan, D. (2008). Dispatches from the street. *Journal of International and Intercultural Communication*, 1(4), 269–289.
- Lazarus, & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Pub. Co.
- Lehman, Ellard, J. H., & Wortman, C. B. (1986). Social support for the bereaved. *Journal of Consulting and Clinical Psychology*, 54(4), 438–446. <https://doi.org/10.1037/0022-006X.54.4.438>.
- Lemke, J. (2016). From the alleys to city hall: An examination of participatory communication and empowerment among homeless activists in Oregon. *Journal of Communication Inquiry*, 40(3), 267–286. <https://doi.org/10.1177/0196859916646045>.
- Lietaer, B. (2004). Complementary currencies in Japan today: History, originality and relevance. *International Journal of Community Currency Research*, 8, 1–23.
- Lin, N. (2001). *Social capital: A theory of social structure and action*. Cambridge, England: Cambridge University Press.
- Lofland, J., Snow, D., Anderson, L., & Lofland, L. H. (2022). *Analyzing social settings: A guide to qualitative observation and analysis*. Waveland Press.

- Lucas, K., & Buzzanell, P. (2012). Memorable messages of hard times: Constructing short- and long-term resiliencies through family communication. *Journal of Family Communication*, 12(3), 189-208.
- Machalek, & Martin, M. W. (2015). Sociobiology and sociology: A new synthesis. In *International Encyclopedia of the Social & Behavioral Sciences* (Second Edition, Vol. 22, pp. 892–898). Elsevier Ltd. <https://doi.org/10.1016/B978-0-08-097086-8.32010-4>.
- Maguire, K.C. & Sahlstein Parcell, E. (2015). Communication and the coping paradox: The case of army spouses and wartime deployment. *Southern Communication Journal*, 80, 365–376. doi:10.1080/1041794X.2015.1081973.
- Marler, W. (2022). “You can connect with, like, the world!”: Social platforms, survival support, and digital inequalities for people experiencing homelessness. *Journal of Computer-mediated Communication*, 27(1).
- Maslow, A. H. (1958). *A dynamic theory of human motivation*.
- Masten, A. S. (2013). Competence, risk, and resilience in military families: Conceptual commentary. *Clinical child and family psychology review*, 16, 278–281.
- Mauerhofer, V. (2013). Social capital, social capacity and social carrying capacity: Perspectives for the social basics within environmental sustainability. *Futures*, 53, 63–73.
- Mickelson, & Kubzansky, L. D. (2003). Social distribution of social support: The mediating role of life events. *American Journal of Community Psychology*, 32(3–4), 265–281. <https://doi.org/10.1023/B:AJCP.00000004747.99099.7e>.
- McLaren, R. M., & High, A. C. (2019). The effect of under-and over-benefited support gaps on hurt feelings, esteem, and relationships. *Communication Research*, 46(6), 785–810.

- National Academies of Sciences, Engineering, and Medicine. (2018). Permanent supportive housing: Evaluating the evidence for improving health outcomes among people experiencing chronic homelessness. <https://www.ncbi.nlm.nih.gov/books/NBK519584/>.
- National Alliance to End Homelessness. (2020, March 25). *Population at-risk: Homelessness and the COVID-19 crisis*. Homelessness Research Institute. <https://endhomelessness.org/wp-content/uploads/2020/03/Covid-Fact-Sheet-3.25.2020-2.pdf>.
- National Social Capital Community Benchmark Survey (2006). Retrieved from [http://www.ropercenter.uconn.edu/data\\_access/data/datasets/social\\_capital\\_community\\_survey\\_2006.html](http://www.ropercenter.uconn.edu/data_access/data/datasets/social_capital_community_survey_2006.html).
- Nelson, B. (2023, October 9). Two hotels became homeless shelters. calls to police dropped?. Tribune. <https://www.sandiegouniontribune.com/news/homelessness/story/2023-10-09/two-hotels-became-homeless-shelters-calls-to-police-dropped>.
- New International Version Bible*. (1973). Bible Gateway Online. <https://www.biblegateway.com/passage/?search=Matthew%208%3A20&version=NIV>.
- Paat, Y. F. (2013). Working with immigrant children and their families: An application of Bronfenbrenner's ecological systems theory. *Journal of Human Behavior in the Social Environment*, 23(8), 954–966.
- Patrick, A. (2023, May 21). *Fentanyl has devastated King County's homeless population, and the toll is getting worse*. The Seattle Times. <https://www.seattletimes.com/seattle-news/homeless/fentanyl-has-devastated-king-countys-homeless-population-and-the-toll-is-getting-worse/>.

- Pederson, J. R., & Faw, M. H. (2019). Communal coping following relational transgressions: Perspectives of third-party personal network members. *Communication Reports, 32*(3), 112–124.
- Perry, S. (2013). Urban hybrid space and the homeless. *Ethnography, 14*(4), 431–451.
- Putnam, R. (1993). *Making democracy work: Civic traditions in modern Italy*. Princeton, NJ: Princeton University Press.
- Putnam, R. (2000). *Bowling alone: The collapse and revival of American community*. New York, NY: Simon & Schuster.
- Richardson, B. K., & Maninger, L. (2016). “We were all in the same boat”: An exploratory study of communal coping in disaster recovery. *Southern Communication Journal, 81*(2), 107–122.
- Rook, K. S. (2009). Gaps in social support resources in later life: An adaptational challenge in need of further research. *Journal of Social and Personal Relationships, 26*(1), 103–112.
- Rountree, J., Hess, N., & Lyke, A. (2019, October 9). *Health conditions among unsheltered adults in the U.S.* California Policy Lab. <https://www.capolicylab.org/health-conditions-among-unsheltered-adults-in-the-u-s/>.
- Ruhlmann, E. (2014). A home to the homeless. *American Libraries, 45*(11/12), 40–44. <http://www.jstor.org/stable/24603545>.
- Savage, J., & Kanazawa, S. (2004). Social capital and the human psyche: why is social life “capital”? *Sociological Theory, 22*(3), 504–524.
- Schafer, M. H., & Vargas, N. (2016). The dynamics of social support inequality: Maintenance gaps by socioeconomic status and race?. *Social Forces, 94*(4), 1795–1822.

Sridhar, P. (2023, July 31). *Enforcement of San Diego's "unsafe camping ordinance" begins. here's what to know*. NBC 7 San Diego. <https://www.nbcsandiego.com/news/local/sandiego-unsafe-camping-ordinance-goes-into-effect-saturday/3273766/>.

Stokes, J.P., & Wilson, D. G. (1984). The inventory of socially supportive behaviors: Dimensionality, prediction, and gender differences. *American Journal of Community Psychology*, 12, 53-69.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2023, November 15). *Addressing social determinants of health among individuals experiencing homelessness*. <https://www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness#:~:text=21%20percent%20of%20individuals%20experiencing>.

Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology*, 33, 650–667. doi:10.1093/ije/dyh013.

Trobst, K. K., Collins, R. L., & Embree, J. J. (1994). The role of emotion in social support provision: Gender, empathy and expressions of distress. *Journal of Social and Personal Relationships*, 11, 45–62.

United States Department of Housing and Urban Development (HUD). (February, 2022). *The 2021 annual homelessness assessment report (AHAR) to Congress*. <https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf>.

United States Department of Housing and Urban Development (HUD). (December, 2022). *The 2022 annual homelessness assessment report (AHAR) to Congress*. <https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf>.



- United States Department of Housing and Urban Development (HUD). (December, 2023). *The 2023 annual homelessness assessment report (AHAR) to Congress*.  
<https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>.
- United States Department of Housing and Urban Development (HUD). (n.d.). *Major Legislation on Housing and Urban Development Enacted Since 1932*.  
[https://www.hud.gov/sites/documents/LEGS\\_CHRON\\_JUNE2014.PDF](https://www.hud.gov/sites/documents/LEGS_CHRON_JUNE2014.PDF).
- United States Interagency Council on Homelessness. (n.d.). *USICH*.  
[.https://www.usich.gov/about/usich#:~:text=Our%20History&text=McKinney%20Homelessness%20Assistance%20Act%20of,View%20the%20USICH%20bylaws](https://www.usich.gov/about/usich#:~:text=Our%20History&text=McKinney%20Homelessness%20Assistance%20Act%20of,View%20the%20USICH%20bylaws).
- Van Breda, Adrian D. (2018). A critical review of resilience theory and its relevance for social work. *Social Work* , 54(1), 1-18. <https://dx.doi.org/10.15270/54-1-611>.
- Van Vleet, M., Helgeson, V. S., Seltman, H. J., Korytkowski, M. T., & Hausmann, L. R. (2019). An examination of the communal coping process in recently diagnosed diabetes. *Journal of Social and Personal Relationships*, 36(4), 1297–1316.
- Vaux, A., Riedel, S., & Stewart, D. (1987). Modes of social support: The social support behaviors (SS-B) scale. *American Journal of Community Psychology*, 15, 209–237.
- Videl, G. (2023, August 3). *Fentanyl use linked to more than 50% of Denver homelessness deaths this year - CBS Colorado*. [www.cbsnews.com](http://www.cbsnews.com).  
<https://www.cbsnews.com/colorado/news/colorado-fentanyl-linked-50-denver-homelessness-deaths-year/>.
- Whelan, A. (2024, January 28). *They spent the night in the streets cataloging the extent of homelessness in Philadelphia*. *The Inquirer*.

<https://www.inquirer.com/news/philadelphia/homeless-point-in-time-count-philadelphia-hud-20240128.html>.

Wojda, A. K., Heyman, R. E., Smith Slep, A. M., Foran, H. M., Snarr, J. D., & Oliver, M. (2017).

Family violence, suicidality, and substance abuse in active duty military families: an ecological perspective. *Military Behavioral Health*, 5(4), 300–312.

Xu, Y., & Burleson, B. (2001). Effects of sex, culture, and support type on perceptions of spousal

social support: An assessment of the "support gap" hypothesis in early marriage. *Human Communication Research*, 27(4), 535–566.

APPENDIX A  
INTERVIEW QUESTIONS

The researcher will begin by greeting the participant and reviewing the consent form. The participant will be reminded that the interview is voluntary and can be ended at any time. The interviewer will be aware of increased anxiety or avoidance during these questions and will be willing to back off and not pursue an answer. The opportunity to stop and process with a staff member will be available at any time. The researcher will explain that the participants name will be confidential through the use of pseudonyms or participant number. The participant will also be reminded that their participation does not affect shelter services in any way. The researcher will explain the interview has 16 questions and may take 40 minutes.

*Demographics*

1. What is your age?
2. What gender do you identify as?
3. Where are you from?
4. How long have you been experiencing homelessness?

*Context*

5. What does your day-to-day routine look like?
6. How would you describe your interactions with other day guests and residents? How would you describe your interactions with staff?
7. Are there any rules about how you talk to or approach people here? What are things to consider when interacting with others at The Center?

8. What connections do you have outside of The Center? (school/work/family/friends) How do you maintain them?
9. How often do you use technology? How often do you use it to connect with other people?

*Support/Communication/Connections*

10. How has experiencing homelessness, and receiving services at the shelter, affected your self-identity?
11. Do you have at least one close person, within the shelter or outside of the shelter, that you talk to in times of need, and in times of non-stressful situations?
12. Do you feel supported by the connections you've made here? Can you share some examples of how you've felt supported?
13. Have you felt empowered since your time at The Center? How did that come about?
14. What kind of information do you receive here? What tangible items do you receive here?  
Do you exchange items with other residents or guests?

*Implications*

15. Do you feel like your interactions with people here make the situation less stressful? Do you feel like your interactions with people here make the situation more stressful?
16. Have you made lasting connections with other residents/guests, staff or in the community because of your time at The Center? Do you feel like you are part of a community?
17. What are your life plans moving forward? (What do you hope for? Staying at the shelter? Employment? Housing?)

APPENDIX B  
SURVEY MEASURES

Instructions, items, and scales used to assess experienced and desired levels of support (Xu & Burleson, 2001)

*Experienced Support Instructions*

Directions: Based on your experience with homelessness at The Center, other people (staff and other residents/guests) may offer support in different ways. This study is interested in how much of each category of support you experience. There are no right or wrong answers. For each of the numbered items below, please indicate on the supplied answer sheet how much of each behavior you receive from staff and other residents/guests. Please use the following scale in responding to each item:

*Experienced Support Scale*

- A. Don't Receive at All
- B. Receive Rarely
- C. Receive Occasionally
- D. Receive Regularly
- E. Receive a Great Deal

*Desired Support Instructions*

Directions: This study is also interested in learning how much of each category of support you desire from staff and other residents/guests. For each of the numbered items below, please indicate on the supplied answer sheet how much of each behavior you desire from staff and other residents/guests. Please use the following scale in responding to each item.

*Desired Support Scale*

- A. Don't Desire at All
- B. Desire Rarely
- C. Desire Occasionally
- D. Desire Regularly
- E. Desire a Great Deal

*Esteem Support Items*

1. Expressing esteem or respect for a competency or personal quality of yours
2. Telling you that you are still a good person even when you have a problem
3. Trying to reduce your feelings of guilt about a problem situation
4. Asserting that you will have a better future than most people will
5. Expressing agreement with your perspective on various situations
6. Telling you that a lot of people enjoy being with you
7. Assuring you that you are a worthwhile person

*Emotional Support Items*

1. Telling you that he/she loves you and feels close to you
2. Expressing understanding of a situation that is bothering you, or disclosing a similar situation that he/she experienced before
3. Comforting you when you are upset by showing some physical affection (including hugs, hand-holding, shoulder patting, etc.)
4. Promising to keep issues you discuss in confidence
5. Providing you with hope or confidence
6. Expressing sorrow or regret for your situation or distress

7. Offering attentive comments when you speak (such as repeating what you said in their own words, agreeing with what you are feeling, or phrases like 'I'm here for you')

#### *Network Support Items*

1. Offering to provide you with access to new companions
2. Offering to do things with you and have a good time together
3. Connecting you with people whom you may turn to for help
4. Connecting you with people whom you can confide in
5. Reminding you of the availability of companions who share similar interests or experiences with you
6. Offering to spend time with you to get your mind off something (chatting, having dinner together, going to a concert, etc.)
7. Helping you find the people who can assist you with things

#### *Informational Support Items*

1. Giving you advice about what to do
2. Analyzing a situation with you and telling you about available choices and options
3. Helping you understand why you did not do something well
4. Telling you whom to talk to for help
5. Problem solving with you when you're trying to make a decision
6. Teaching you how to do something that you don't know how to do
7. Providing detailed information about the situation or about skills needed to deal with the situation

#### *Tangible Support Items*

1. Offering to lend you something

2. Taking you to see a doctor when you don't feel well
3. Taking care of your domestic chores when you are feeling ill due to a cold
4. Doing laundry or cooking for you while you are preparing for an important task
5. Joining you in some activity in order to alleviate stress
6. Expressing willingness to help you when you are in need of help
7. Offering to help you do something that needs to be done

*Overall Satisfaction*

- A. Strongly Disagree
  - B. Somewhat Disagree
  - C. Neither Agree Nor Disagree
  - D. Somewhat Agree
  - E. Strongly Agree
1. All things considered I am satisfied with The Center.
  2. I believe I am fortunate to be staying with and receiving services from The Center.
  3. There are other places that would be better for me than The Center.



## VITA

**Emma Jackson**

Department of Communication & Theater Arts  
 3000 Batten Arts & Letters | Norfolk, VA 23529  
 (757) 683-3838 | ejack029@odu.edu

**EDUCATION**


---

**Old Dominion University**, 5115 Hampton Blvd, Norfolk, VA 23529, Expected May 2024  
 Master of Arts in Lifespan and Digital Communication; GPA: 3.9

**University of Nevada, Las-Vegas**, 4505 S Maryland Pkwy, Las Vegas, NV 89154, Graduated  
 May 2019; Bachelor of Arts in Communication, Minor in Global Entrepreneurship; GPA: 3.71

**RESEARCH AND TEACHING INTERESTS**


---

Interpersonal Communication; Digital Communication; Social Support; Relational  
 Communication; Applied Communication; Communication and Communities

**RESEARCH EXPERIENCE****Old Dominion University, College of Arts & Letters, Norfolk, VA**

*Graduate Assistant for Lifespan & Digital Communication MA program*, Fall 2023–Spring 2024

- Created newsletter for program distribution
- Communicated with professors to collect personal and professional interests
- Conducted interview with alumni
- Assisted in planning program social event

**Old Dominion University, College of Arts & Letters, Norfolk, VA**

*Graduate Research Assistant*, Summer 2023

- Conducted research support for supervising professor (topic: Corrective support)
- Provided programmatic support involving research on community partnerships and related programs

**INTERNSHIP****City of Norfolk Community Services Board, Norfolk, VA**

*Human Services Aid*, June 2023- Present

- Maintained daily operations of The Center (city run, low-barrier homeless shelter)
- Provided resource referrals
- Coordinated with on-site case management
- Provided customer service to clients