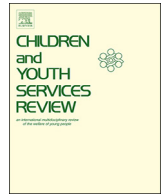




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Factors that contribute to help-seeking among homeless, trauma-exposed youth: A social-ecological perspective

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ABSTRACT

Homeless youth are at great risk of Posttraumatic Stress Disorder (PTSD) and posttraumatic stress symptoms (PTSS) during homelessness. The social-ecological framework provides a lens to examine the multifaceted characteristics that promote various types of help-seeking among homeless youth with high trauma exposure. The present study uses baseline data from homeless youth interviewed in a longitudinal study to examine utilization of physical health, vocational, and mental health services among this population. The study explores the following research question: What social-ecological factors are associated with physical health, vocational, and mental health help-seeking among homeless youth with PTSS? Homeless youth, aged 13 to 26, who used drop-in services at collaborating sites were recruited and interviewed. Youth participants with PTSS were included in this study. Logistic regression models were conducted to analyze individual, family/peer, and community contextual factors in relation to three types of service utilization (i.e., physical health, vocational, and mental health services). Among individual factors, duration of homelessness was associated with increased physical and mental health service utilization, injection drug-use was linked to decreased mental health services, and race/ethnicity was associated with increased help-seeking across all three service types. For family/peer level factors, foster care involvement was linked to increased mental health help-seeking and social support from street-based peers was associated with greater vocational service utilization. Among community-level factors, youth who reported receiving social support from community-based providers were more likely to seek out mental health services. Implications of the findings are discussed.

1. Introduction & background

Homelessness among youth in the United States is a serious and multifaceted problem (Robertson & Toro, 1999). The McKinney-Vento Act (2002) defines homelessness as lacking a fixed, regular, and adequate night-time residence or having a primary night-time residence that is temporary or not designed to ordinarily be used as a regular sleeping accommodation (Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). According to a 2018 study, an estimated 3.5 million youth in the United States experienced homelessness within a 12-month span (Morton et al., 2018). Yet, youth homelessness is not explored as commonly as adult homelessness (Slesnick et al., 2009). Furthermore, these youth are often missing from policy considerations that impact the homeless population as a whole (Slesnick, Kang, Bonomi, & Prestopnik, 2008).

1.1. Homeless youth and trauma

Experiences of psychological trauma (e.g., abuse, neglect, violence, or sexual victimization) are often a common reality for homeless youth, as they become exposed to traumatic events both before and during their period of homelessness (Bender, Brown, Thompson, Ferguson, & Langenderfer, 2015). These youth may experience homelessness as a result of being thrown out or fleeing family situations that are conflictual, alienating, and dangerous (United States Department of Health and Human Services, 2013) or may be forsaken by families that can no longer financially support them (Moore, 2006). Furthermore, youth experiencing homelessness are also likely to experience physical and sexual victimization when living on the streets or residing in shelters and may be exposed to various other traumatic and precarious experiences such as abject poverty or threats of violence (Heerde & Hemphill, 2016). Not surprisingly, homeless youth are extremely

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susceptible to Posttraumatic Stress Disorder (PTSD), with a prevalence rate of 18% (Stewart et al., 2004), in comparison to the general adolescent population, which has a rate of 5% (McLaughlin et al., 2013).

Such experiences of trauma can have a persistent negative impact on life course outcomes in the domains of physical health (Hudson et al., 2010), vocational performance (Ferguson, 2018), and mental well-being (Hudson et al., 2010). These young people are more likely to develop physical health issues with substance use, sexually transmitted infections, and other serious illnesses (Hudson et al., 2010). Vocationally, a report on homeless youth education stated that only 57% of homeless children were enrolled in school (National Coalition for the Homeless, 2007), and that lack of educational degree (e.g., GED) is the major risk factor for youth homelessness (Morton et al., 2018). Also, rates of unemployment among young people experiencing homelessness are reportedly as high as 71% in some samples, higher than rates in the general population (Courtney & Dworsky, 2006; Ferguson, 2018). Related to mental health, homeless youth are also at higher risk for poorly-controlled, chronic mental illness (Hudson et al., 2010) and often have multiple mental health disorders (Hodgson, Shelton, van den Bree, & Los, 2013). This makes appropriate service provision and an understanding of service utilization among this population all the more imperative.

Despite the adverse health, vocational, and mental health outcomes associated with homelessness, there are numerous factors that impact a trauma-exposed youth's decision to seek help. Youth who have experienced violence and victimization, often associated with PTSD, are especially reluctant to ask for help (Collins & Barker, 2009), even when in great need. This may be attributed to the youth's general mistrust of people and systems, fear of stigma (Collins & Barker, 2009), concerns about confidentiality (De Rosa et al., 1999), or fear of legal intervention (Hudson et al., 2010). The aim of this study is to examine this understudied population—homeless youth who are experiencing PTSD or post-traumatic stress symptoms (PTSS)—to better understand their utilization of physical health, vocational, and mental health services.

1.2. Theoretical framework

Given the complexity of engaging trauma-exposed homeless youth in services, it is important to examine factors related to service utilization across multiple contexts; we propose a social-ecological examination of the factors associated with help-seeking among this population. A social-ecological framework, developed from ecological theory (Bronfenbrenner, 1977), acknowledges the influence of multiple systems (i.e., individual, family/peer, community contexts) on the ways in which individuals think and behave (Nooe & Patterson, 2010; Slesnick, Bartle-Haring, Dashora, Kang, & Aukward, 2008). Thus, our behaviors and choices are not simply the result of our own personal attributes, but rather they must be viewed through the lens of the various contexts in which we are situated. Studies have showcased the utility of the social-ecological framework for understanding myriad environmental and contextual factors that contribute to individuals experiencing homelessness (Nooe & Patterson, 2010; Slesnick, Bartle-Haring, et al., 2008). This framework may be equally useful for examining homeless youth characteristics that promote help-seeking in order to provide insight into the ways in which homeless, trauma-exposed youth navigate service utilization barriers, seek help, and receive supports to address both their trauma and other basic needs. We will expand on the ways in which these ecological contexts (i.e., individual, family/peer, community contexts) manifest in the lives of homeless youth in the following sections.

1.3. Individual level ecological factors of help-seeking

Although not specifically focusing on homeless youth with PTSD, previous literature targeting homeless youth in general has suggested that individual characteristics, such as gender, duration of

homelessness, racial identity, mental health, and substance abuse history, may be associated with their service utilization. For example, studies have shown that homeless girls (Solorio, Milburn, Andersen, Trifskin, & Rodríguez, 2006), as well as youth who have experienced homelessness for a longer duration of time (i.e., longer than one year; De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001), were more likely to seek sexual health services—being tested for sexually-transmitted infections—in comparison to males and those who experienced homelessness for shorter lengths of time. Females were also more likely than males to have accessed medical services (Klein et al., 2000), HIV testing (Tyler, Akinyemi, & Kort-Butler, 2012), and mental health treatment (Berdahl, Hoyt, & Whitbeck, 2005). In regard to race/ethnicity, research has consistently shown disparities in access, quality, and utilization of health and mental health services for racial/ethnic minorities in the general population (Institute of Medicine, 2003; Marrast, Himmelstein, & Woolhandler, 2016). Hickler and Auerswald (2009) also found that race/ethnicity played a role in service utilization, as African American youth in their study did not view themselves as or identify with being homeless, and therefore did not utilize the services for homeless youth in their area.

Additionally, connections have been made between help-seeking and youth mental health and substance use status. For example, Yates, Pennbridge, Swofford, and MacKenzie (1991) found high levels of depression and other mental health disorders as reasons for service use among runaway and homeless youth. Also, level of substance use negatively influenced help-seeking, and treatment may have not been sought out by homeless youth due to the belief that the drug use served as a survival tactic and coping mechanism (Solorio et al., 2006).

1.4. Family or peer level ecological factors of help-seeking

Research has shown that homeless young people who perceive greater amounts of support from family are more likely to seek out services (i.e., mental health services; Martin & Howe, 2016). However, some homeless youth's pathways to homelessness include violent and dangerous relationships with relatives (United States Department of Health and Human Services, 2013), which can result in varying levels of familial involvement and support. The literature offers conflicting findings about the role of family and foster care influences on help-seeking when those supports are absent. For example, Tyler et al. (2012) found that a family history of physical or sexual abuse—like that of foster youth—was an important factor in service utilization, particularly increasing the odds of using shelter services. Berdahl et al. (2005) also found that experiencing caretaker abuse was associated with seeking a mental health professional after running away from home. On the other hand, other research reports that these youth often avoid shelters and services due to strict shelter rules and fear of being placed back home with their families or foster families (Slesnick et al., 2009).

Debates also exist in the literature regarding the influence of peer support on help-seeking. Bender, Thompson, McManus, Lantry, and Flynn (2007) found that peer networks consisting primarily of other homeless youth was another important factor in being aware of different available social services and provided an increased feeling of safety and security, especially among homeless female youth. Support and information from friends and other homeless youth reportedly supports help-seeking behaviors (Hudson et al., 2010) and increased perceived peer support has been linked to increased mental health help-seeking (Martin & Howe, 2016). Furthermore, when youth have role models who have successfully transitioned out of homelessness, they become more motivated to seek services (Bender et al., 2007). On the other hand, some research has found that when youth are stable and well-integrated into the street culture, socially and otherwise, accessing health-related services is not a priority until their health has reached crisis status (Carlson, Sugano, Millstein, & Auerswald, 2006).

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