



Correlates of service utilization among homeless youth

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ABSTRACT

Though few studies exist on service utilization among homeless youth in the U.S., services are important because without them, many of these young people may resort to delinquent strategies in order to meet their daily survival needs. The current study examines frequency and correlates of service utilization (i.e., shelters, food programs, street outreach, counseling, STI and HIV testing) among a sample of 249 homeless youth ages 14 to 21. Multivariate analysis revealed significant differences in service usage by sex, age, and sexual orientation. Experiencing family physical and/or sexual abuse, being kicked out of the family home, spending more nights per week sleeping on the street, and having ever stayed in a group home facility were significant correlates of homeless youths' service usage.

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1. Introduction

Although the exact number of youth who run away from home each year is unknown, it is estimated that as many as 2.8 million runaway and homeless youth live on the streets of America everyday (National Runaway Switchboard, 2001). Many of these young people run from abusive and neglectful families (Tyler & Cauce, 2002) or are forced by parents or guardians to leave their home due to family conflict, illegal behaviors (Whitbeck & Hoyt, 1999) or due to their sexual orientation (Cochran, Stewart, Ginzler, & Cauce, 2002). Once on the street, some homeless young people resort to dangerous and/or illegal activities such as trading sex or selling drugs (Allen et al., 1994; Kipke, Unger, Palmer, Iverson, & O'Connor, 1998; Rotheram-Borus et al., 1992; Tyler, Hoyt, & Whitbeck, 2000) because they cannot meet basic survival needs (e.g., food, clothing, and shelter).

Though services such as shelter, food programs, and counseling may be available, numerous barriers to accessing such services exist for homeless youth. These include confidentiality concerns, inability to afford services or lack of health insurance, mistrust, and previous negative experiences with a staff member (Geber, 1997; Solorio, Milburn, Andersen, Trifskin, & Rodrigues, 2006). Despite these obstacles, many homeless youth still access health-related services such as testing for sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) (Goodman & Berecochea, 1994; Johnson De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Solorio, Milburn, Andersen, Trifskin, & Gelberg, 2006).

Additionally, very little research has examined the characteristics or behaviors of homeless youth that are associated with service usage. This is significant because knowing this information may allow service providers to more effectively target homeless youth. Moreover, learning more about the characteristics of youth who *do not* utilize services is also important, because these individuals may be the ones who are most at risk for engaging in dangerous and illegal activities such as trading sex and selling drugs in order to meet their survival needs. As such, the purpose of this paper is to examine what characteristics of homeless youth are associated with different service usage including shelters, food programs, street outreach, counseling, and STI and HIV testing.

2. Literature review

2.1. Service utilization

Existing research reveals that homeless youth utilize a variety of services such as drop-in centers, food programs, and street outreach in order to meet their immediate needs. For example, Johnson De Rosa et al. (1999) found that in Hollywood, California, 78% of homeless youth used drop-in centers and 40% used shelters. Pergamit and Ernst (2010) also found that drop-in centers were utilized most frequently (58%) within their sample of homeless youth, followed by food programs (54%), street outreach (41%), and counseling (40%). Approximately 33% of respondents had used shelter services, and the majority of study youth reported learning about general services via their friends (Pergamit & Ernst, 2010). Carlson, Sugano, Millstein, and Auerwald (2006) found that among their sample of homeless youth, 99% of respondents had accessed at least one of the following services within the past three months: shelters, outreach, medical, and/or drug-treatment. The rates of usage, however, were found

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to vary: 50% of youth accessed medical services while only 7% reported using shelters (Carlson et al., 2006).

2.2. Characteristics associated with service utilization

Although a few studies explore service usage among homeless youth, there is a paucity of research that examines the correlates of service utilization. Studies that have looked at this association have found that gender, race, and previous shelter stay are significant correlates. Berdahl, Hoyt, and Whitbeck (2005) found that females and ever having stayed at a shelter were significantly associated with counseling/mental health services. Females were also more likely to have accessed medical services compared to males (Johnson De Rosa et al., 1999; Klein et al., 2000) whereas racial minority homeless youth have been found to utilize shelters more frequently compared to their White counterparts (Johnson De Rosa et al., 1999).

In addition to demographic characteristics, Berdahl and colleagues found that experiencing caretaker abuse was associated with seeing a mental health professional *after* running away from home, while caretaker rejection and the number of family transitions (e.g., change in family structure, geographic moves) were both associated with mental health counseling services *prior* to leaving home (Berdahl et al., 2005). Although needs for mental health services are often high due to the family abuse and conflict that many homeless youth experience (Tyler & Cauce, 2002; Whitbeck & Hoyt, 1999), levels of usage tend to be low among this high-risk population.

Research has consistently shown that homeless youth have high rates of risky sexual behavior including ever having traded sex and inconsistent condom use (Goodman & Berecochea, 1994; Kipke et al., 1998; Rotheram-Borus et al., 1992; Tyler et al., 2000), which increases their risk for STIs and HIV. Factors associated with STI testing include older age, amphetamine usage, and being a gay or bisexual male or heterosexual female (Solorio, Milburn, Weiss, & Batterham, 2006; Tyler & Melander, 2010). Positive correlates of HIV testing include being older, female, sexually active for more than five years, homeless for more than one year, and having a history of an STI/STD, using injection drugs, engaging in survival sex, or knowing someone with HIV (Goodman & Berecochea, 1994; Johnson De Rosa et al., 2001; Tyler & Melander, 2010). Those who seek HIV testing tend to be those who are at highest risk for contracting the disease (Goodman & Berecochea, 1994; Johnson De Rosa et al., 2001). In sum, various substance use and sexual risk taking have been associated with both STI and HIV testing.

2.3. Current study

There is a scarcity of research that has examined correlates of general service usage (though more research has examined STI and HIV testing); therefore, hypotheses are considered exploratory. Because some research has found counseling services and STI and HIV testing to vary by sex, age, or race (Berdahl et al., 2005; Solorio et al., 2006; Tyler & Melander, 2010), the current study examines these characteristics as potential correlates of service utilization. Second, because many lesbian, gay, bisexual, and transgender (LGBT) youth are often forced to leave home due to their sexual orientation (Cochran et al., 2002) it is possible that they have higher service usage. Third, because general knowledge or level of education may be important for utilization, the current study also examines youth education. Fourth, youth who run away from home due to abuse or neglect or those who spend more time on the street may be in more precarious situations and thus in further need of immediate services. Finally, youth who have prior experience with the state, through their participation in a group home or the foster care system, may be more familiar with the process of accessing services and as such, may be more likely to utilize services compared to those without such experiences.

3. Design and methods

3.1. Sample

The data are from the Social Network and Homeless Youth Project, a study designed to examine the effect of social networks characteristics on homeless youths' HIV risk behaviors. A total of 249 homeless youth were interviewed in shelters and on the streets from January 2008 to March 2009 in three Midwestern cities in the United States. The Institutional Review Board (IRB) at the University of Nebraska-Lincoln approved this study. Selection criteria required participants to meet the definition of runaway or homeless and be between the ages of 14 and 21. Runaway refers to youth under age 18 who have spent the previous night away from home without the permission of parents or guardians. Homeless included those who have spent the previous night with a stranger, in a shelter or public place, on the street, in a hotel room, staying with friends (e.g., couch surfing), or other places not intended as their resident domicile.

3.2. Data collection

Experienced interviewers who have worked on past homeless youth projects, who have served for several years in agencies and shelters that support at-risk youth, and who were very familiar with local street cultures such as knowing where to locate youth and where they congregate conducted the interviews. All interviewers had completed the Collaborative IRB Training Initiative course for the protection of human subjects in research. Interviewers approached shelter residents and located other eligible respondents in areas of the cities where homeless youth congregate. They varied the times of the day on both weekdays and weekends that they went to these locations. This sampling protocol was conducted repeatedly over the course of 15 months. Prior to participation in the study, interviewers obtained informed consent from respondents and told youth that their responses would remain confidential and that their participation was voluntary. The interviews were typically conducted in shelter conference rooms or quiet corners of fast food restaurants if taking the youth back to the shelter was not feasible because of distance or safety concerns. The interview lasted approximately 45 min and all participants received \$25 for their involvement and \$5 for a meal. The response rate was 97% based on the number of initial contacts.

3.3. Measures

3.3.1. Dependent variables

Six service utilization variables were used for the current study: *shelter use*, *food programs*, *counseling*, *street outreach*, *STI testing*, and *HIV testing*. Respondents were asked how often they used each of the six services in the last year. Response categories for each question ranged from 0 = never to 5 = every day. For the multivariate models, each service variable was dichotomized such that 1 = used the service at least once in the past year and 0 = never used that particular service in the past year. This dummy coding of the dependent variables is consistent with previous studies and thus allows for research comparisons (Berdahl et al., 2005; Solorio et al., 2006; Solorio et al., 2006).

3.3.2. Youth characteristic variables

Sex was coded 0 = male and 1 = female and *sexual orientation* was coded 0 = lesbian, gay, bisexual, transgender (LGBT) and 1 = heterosexual. Respondents' *age* at the time of the interview ranged from 14 to 21. *Race* was measured by asking respondents "What race or ethnic origin do you consider yourself to be?" White (not of Hispanic origin), Black or African American, Hispanic or Latino, American Indian or Alaskan native, Asian, biracial, or multiracial.

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