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Sexual risk, substance use, mental health, and trauma experiences of gang-involved homeless youth[☆]

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ABSTRACT

This study examined the associations of sexual risk behaviors, substance use, mental health, and trauma with varying levels of gang involvement in a sample of Los Angeles-based homeless youths. Data were collected from 505 homeless youths who self-reported various health information and whether they have ever identified as or been closely affiliated with a gang member. Multivariable logistic regression assessed associations of lifetime gang involvement with risk taking behaviors and negative health outcomes. Results revealed seventeen percent of youths have ever identified as a gang member and 46% as gang affiliated. Both gang members and affiliates were at greater risk of many negative behaviors than non-gang involved youths. Gang members and affiliates were more likely to report recent methamphetamine use, cocaine use, chronic marijuana use, having sex while intoxicated, and symptoms of depression, symptoms of post-traumatic stress disorder. They were also more likely to have experienced childhood sexual abuse and witnessing family violence. Gang members were more likely to ever attempt suicide, experience recent partner violence, and report physical abuse during childhood. Results suggest that lifetime gang involvement is related to a trajectory of negative outcomes and amplified risk for youths experiencing homelessness. Additionally, being closely connected to a gang member appears to have just as much of an impact on risk as personally identifying as a gang member. Given the lack of knowledge regarding the intersection between youth homelessness and gang involvement, future research is needed to inform policies and programs that can address the specific needs of this population.

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Annual statistics in the United States suggest that there are 1.6 million homeless youths (Ringwalt, Greene, & Robertson, 1998; Toro, Dworsky, & Fowler, 2007) and an estimated 1.4 million active gang members in the United States (Federal Bureau of Investigation, 2011). Although seemingly disparate populations, homeless youth and gangs intersect (De Rosa et al., 1999; Harper, Davidson, & Hosek, 2008). Previous research has found that approximately 15% of homeless youth identify as a gang member and 32% are affiliated with gang members (Yoder, Whitbeck, & Hoyt, 2003). This exceeds the cumulative gang involvement in a nationally representative sample, in which 8% of individuals were ever in a gang by their early 20s and 18% were affiliated with a gang (Pyrooz, 2014). However, very little is known about gang involved homeless youth. These data on

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prevalence of gang membership among homeless youth are from the Midwest Homeless and Runaway Adolescent Project gathered in 1996 (Whitbeck & Hoyt, 1999; Yoder et al., 2003). Thus, there is much to be learned about gang involved homeless youth.

Background

Gang involvement is an epidemic that continues to affect the health of many youth and young adults in the United States. Gangs, and the youth involved in them, are frequently classified along various domains including of level of organization, the group's major activity, organizational history, nature and degree of criminality, or extensiveness of rule and rituals (Valdez, 2003). Although, there is not an overall consensus on how to define youth gangs, the definitions attempt to capture varying degrees of structure, permanence and seriousness (Howell & Moore, 2010). A youth gang can be frequently defined by the following parameters: has at least five members, generally aged 11–24; members share an identity, typically linked to a name; members view themselves as a gang, and are recognized by others as a gang; the group has some sort of permanence and has some degree of organization; the group is involved in an elevated level of criminal activity. Youth gangs are also often distinguished based on level of organization with the major types being street gangs (i.e. those formed on the streets in US which can have a national presence often involved in the drug market) or neighborhood/local gangs (smaller groups connected to territory that are subsets of or imitate larger gangs). These are distinct from predominately adult gangs such as prison gangs (organizations originated in penal system) and Outlaw Motorcycle Gangs (OMGs; organizations that use their motorcycle clubs for criminal enterprises; FBI, 2011).

Gang membership and gang affiliation are known determinants of increased rates of risk-taking behaviors, including sexual risk behaviors (Brooks, Lee, Stover, & Barkley, 2009; Browne et al., 2014; Sanders et al., 2013) and substance use (Cepeda et al., 2012; Knox & Tromanhauser, 1999). Membership is associated with higher rates of unprotected sex, unprotected sexual intercourse with a new acquaintance, sexual intercourse with someone suspected of having or known to have a sexually transmitted disease, and having sex while incarcerated (Browne et al., 2014; FBI, 2011). Membership is also associated with higher rates of substance use, including crack cocaine, heroin, speedball, injection drug use, and polydrug use (Cepeda et al., 2012; Knox & Tromanhauser, 1999). Gang membership is also closely linked to greater mental health symptoms (Corcoran, Washington, & Meyers, 2005; Evans, Albers Macari & Mason, 1996; Kelly, 2010). In a sample of incarcerated youth, gang-identifying youths reported greater rates of suicide attempts, homicidal thoughts, hallucinations, delusions, repetitive thoughts, and experiences of trauma such as childhood maltreatment (Corcoran et al., 2005).

Regardless of desistance, identifying as a gang member has negative effects throughout the life course (Krohn, Ward, Thornberry, Lizotte, & Chu, 2011). Individuals who reported membership during adolescence were approximately 2 times more likely to report poor health at 27 years of age and 3 times more likely to meet criteria for drug abuse and dependence in adulthood (Gilman, Hill, & Hawkins, 2014). Adolescent membership in a youth street gang has important, long-lasting effects not only on continuation of criminal behaviors but also opportunities for adult success in major conventional social roles. Individuals with more gang involvement during adolescence are more likely to experience problems transitioning from adolescence to adulthood. These empirical studies demonstrated how gang membership affects youths throughout the life course by placing youths on a trajectory of risky behavior and negative consequences that affects adult functioning. There is evidence that for many of these outcomes, youths who do not claim gang membership but are closely affiliated with gang members are also at increased risk of negative outcomes. For example, girls who have sexual partners who are gang members have higher rates of inconsistent condom use, unprotected sex with multiple or unknown partners, exchange sex (sex in exchange for things such as money, shelter, drugs or food), sex under the influence of drugs or alcohol, and experiences of rape (Browne et al., 2014).

To date, very little is known about homeless youths who identify as or affiliate with gang members. However, gang involved homeless youths are distinguishable from non-gang involved homeless youths. Homeless youths who identify as gang members tend to be younger, have lower levels of parental monitoring and higher levels of childhood physical abuse, and are more likely to have been suspended from school compared to non-gang involved homeless youth (Yoder et al., 2003). In a sample of Chicago-based homeless African American boys, gang-identifying youths had higher rates of negative mental and physical health outcomes compared to non-gang involved homeless youths, including higher levels of depression and anxiety, social and violent behavior, and lifetime alcohol and marijuana use (Harper et al., 2008). The motivation for gang association may be to access more support provided by peers in the gang. For homeless youths, gangs offer a sense of family and protection for members (Harper et al., 2008; Yoder et al., 2003). However, these two studies (Harper et al., 2008; Yoder et al., 2003) appear to constitute the depth of the field's knowledge regarding gang involved homeless youth. Given the relationship of high-risk health behaviors and outcomes with both gang involved and homeless youth populations, there is a need for more empirical research, particularly in Los Angeles. Often distinguished as the street gang capital of the United States, Los Angeles features an estimated 100,000 gang members and one half of all homicides are reported to be a gang related (Delaney, 2006).

Theoretical approach: Risk Amplification and Abatement Model (RAAM)

The risk amplification and abatement model (RAAM; Milburn et al., 2009) can be used to understand how gang involvement may impact the lives of homeless youths. This model considers a homeless youth's background and posits that

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