

JUST SIX
QUESTIONS

RESEARCH
SUMMARY



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

Key Details

KEY WORDS

Homeless Youth, Trauma-Exposed Youth, Help-Seeking

POPULATION GROUPS

Youth In and Leaving Care;
Youth Living in Poverty; Youth Workers

STEPPING UP THEMES

Health & Wellness;
Diversity, Social Inclusion & Safety

RESEARCH ORIGIN

USA

SOURCE

Academic

“...consider the potential of trauma-informed policies and practice approaches, which recognize the impact of trauma, respond with system-wide changes that are trauma-sensitive, and seek not to re-traumatize youth” (p. 132).

1. What is the research about?

This research is about the help-seeking behaviours of trauma-exposed homeless youth. The researchers point out that youth homelessness “is not explored as commonly as adult homelessness... [and] these youth are often missing from policy considerations” (p. 126). They also recognize that experiences of trauma “are often a common reality for homeless youth” (p. 126), who “become exposed to traumatic events both before and during their period of homelessness” (p. 126). Their focus on this highly vulnerable population of homeless youth reflects a lack of knowledge in research literature about homeless youth with post-traumatic stress symptoms.

Specifically, the researchers explored help-seeking behaviours in relation to physical and mental health services, and vocational services (supporting education and employment). They used a **social-ecological perspective**, understanding that “our behaviours 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” (p. 127).

The following research question was explored: What social-ecological factors are associated with physical health, vocational, and mental health help-seeking among homeless youth with post-traumatic stress symptoms? (p. 128)

2. Where did the research take place?

This research was part of a larger study; participants were recruited from three major drop-in centres in the greater Los Angeles, California, area.

3. Who is this research about?

This research is about homeless youth between the ages of 13 and 26 with post-traumatic stress symptoms. For the larger study referenced above, 937 young people were recruited and participated in data collection activities; of those youth, 525 were identified as having post-traumatic stress symptoms (using an evidence-based screening measure), and these are the young people who were included in this research.

The participant sample was racially diverse, but the average age of youth in the study was 21.42 years, and around 77% of participants identified as male, leading researchers to suggest that future studies focused on this vulnerable population should further examine how age and gender may influence service use.

4. How was the research done?

The researchers collected data in two parts. First, participants completed a self-administered personal survey, which focused on collecting information on demographics, sexual and substance use behaviours, use of services, health status, and mental health status. Next, participants engaged in a one-on-one, face-to-face interview with a researcher who asked them to describe their perceptions of their social networks,

including the types of relationships (i.e. relatives, service providers, peers) and behaviours (i.e. engaging in substance use), and their interactions (i.e. frequency of contact) with members. In both the survey and the interview, participants were asked to report on their experiences over the past 30 days. All participants received an honorarium (\$20 cash or gift card) for their involvement in this study.

The researchers represented the data collected as variables (numerically) in order to analyze the correlations, or measure the relationships, between the characteristics and experiences of youth and their help-seeking behaviours.

5. What are the key findings?

Over the past 30 days, 92% of youth included in the study had used health-related services, 49% had used vocational services, and 26% had used mental health services. From a social-ecological framework, the researchers identified a few key factors:

a) Duration of Homelessness

Young people who experience homelessness for longer periods of time are *more likely* to access physical and mental health services, possibly because they are more likely to be knowledgeable about services available.

b) Foster Care Involvement

Youth who have been involved in the foster care system are *more likely* to access mental health and vocational services, possibly because they have had more interactions with social service providers.

c) Peer Support

Young people with strong and supportive peer relationships are *less likely* to access vocational services, possibly because their peers serve as preferred resources for navigating educational and employment opportunities.

d) Community-Based Provider Support

Young people who shared positive relationships with community-based providers were *more likely* to access mental health services, highlighting how trustworthy providers can motivate homeless youth to seek help, even those disempowered by exposure to trauma.

The researchers also identified a few unexpected results:

a) Substance Use

Although homeless youth are at a higher risk of mental health (and higher levels of depression and other mental health issues can result in a higher use of mental health services by homeless youth), the research literature suggests that substance use

can often prevent youth from accessing supports. However, trauma-exposed homeless youth who used injection drugs in this study were *more likely* to access mental health services.

b) Race/Ethnicity

Disparities in access, quality, and use of health and mental health services by racial/ethnic minorities is consistent in research literature. However, racial/ethnic minority youth in this study were *more likely* to access *all* services; the researchers suggest they may have had more knowledge of trusted social service providers, perhaps specifically in this geographic area.

c) Family Influence

Factors related to family had *no effect* on the use of health services, possibly because young people with contentious familial relationships may be less likely to seek medical help, both out of fear that their homeless status will be exposed and that they will have to return to their homes, potentially the contexts in which they were initially exposed to trauma. (The researchers explain that there is conflicting literature on family influence, and propose that family dynamics for homeless youth are nuanced and in need of further research.)

Researchers believe these unexpected results indicate that “decision-making processes among youth in this population are highly complex and influenced by a number of interconnected internal and environmental levels” (p. 131).

6. Why does it matter for youth work?

By understanding what social-ecological factors may influence help-seeking behaviours for trauma-exposed homeless youth, youth workers can choose to engage in **strength-based approaches** that avoid re-traumatizing youth and build trust to encourage peer-to-peer and word-of-mouth outreach.

The researchers also advocate for a **trauma-sensitive approach**, which comprises six features that youth workers can employ in their day-to-day practice (p. 132):

- emphasize safety
- encourage trustworthiness and transparency
- utilize peer support
- promote collaboration and mutuality
- uphold empowerment, voice, and choice
- address cultural, historical, and gender issues



Crosby, S. D., Hsu, H., Jones, K., & Rice, E. (2018). Factors that contribute to help-seeking among homeless, trauma-exposed youth: A social-ecological perspective. *Children and Youth Services Review*, 93, 126-134.