The worlds of homeless white and African American youth in San Francisco, California: A cultural epidemiological comparison

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ABSTRACT

Research to date has given little attention to differences in the experience of youth homelessness by ethnicity. This article provides a comparative descriptive analysis of the effect of differences and similarities in paths to homelessness, self-perception, and survival strategies on health behaviors and consequent health outcomes of African American and white homeless youth in San Francisco, USA. We conducted participant observation and ethnographic interviews with 54 youth primarily recruited from street venues. Hypotheses generated from the ethnographic data were validated in between-group analyses using concurrent epidemiological data collected from a sample of 205 youth. Our samples of unstably housed African American and white youth, though sharing common histories of family dysfunction, differed in both the ethnographic accounts and epidemiological analyses in their experiences of family, access to housing, street survival strategies, self-presentation, health behaviors and service utilization. Our sample of white youth generally identified with the term "homeless," engaged in survival activities associated with such a label, and accessed the services intended to address the needs of homeless youth. In contrast, our sample of African American youth generally did not perceive themselves as "homeless," a stigmatized term, and were thus less likely to utilize, or be accessed by, relevant services.

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Background

Homeless youth have attracted the attention of investigators because of their location at the intersection of research on HIV, drug use, poverty and health. Homeless youth are more likely than non-homeless youth to engage in behaviors that put them at risk of adverse health outcomes, including survival sex (exchanging sex for drugs, money, shelter or protection) (Clements, Gleghorn, Garcia, Katz, & Marx, 1997; Ennett, Federman, Bailey, Ringwalt, & Hubbard, 1999), substance abuse (Greene, Ennett, & Ringwalt, 1997), and exposure to violence (Kipke, Simon, Montgomery, Unger, & Iversen, 1997). These behaviors are, in turn, reflected in high prevalence of HIV, Chlamydia, gonorrhea, Hepatitis B and C, psychological disorders and a high mortality rate (Auerswald, Sugano, Ellen, & Klausner, 2006; Noell et al., 2001; Roy et al., 2001; Roy et al., 1999; Whitbeck, Hoyt, & Bao, 2000). Investigators have also emphasized the resiliency and resourcefulness of homeless and unstably housed youth (Rew, 2003).

Although most studies have lumped homeless youth together in one category, other studies suggest that youth's risks, service utilization, and outcomes are not uniform, but instead vary by geographic area, demographic characteristics and homelessness history (Auerswald & Eyre, 2002; Clements et al., 1997; De Rosa, Montgomery, Hyde, Iversen, & Kipke, 2001; Ennett et al., 1999; Greene et al., 1997). These differences suggest that social and cultural context influence homeless youth's health-related behaviors and outcomes.

Combining ethnographic and epidemiological methods offers the opportunity to further investigate sociocultural dimensions of health and illness (Bourgois et al., 2006). Trostle (2005) has proposed the term “cultural epidemiology” to describe the study of “the health effects of behavior and belief”. Ethnographic observations can provide the sociocultural context, depth, and meaning

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often missing from epidemiological studies, while epidemiological studies allow statistical tests of between-group differences which ethnographic studies cannot provide. In the spirit of cultural epidemiology, we present here the experiences and perceptions of two groups of homeless youth in San Francisco and the implications of these for their health-related behaviors.

Our comparison uses a classic grounded-theory analysis of qualitative data (Strauss & Corbin, 1990) combined with epidemiological corroboration of ethnographically-driven hypotheses to describe the differences between these two distinct groups of homeless youth, who sometimes shared the same geographic spaces, but seemed to inhabit very different worlds.

Methods

Background on study sampling methods

Sampling marginalized populations is compromised by the inability to recruit a statistically representative sample. With notable exceptions (Kipke, O’Connor, Palmer, & MacKenzie, 1995), investigators studying homeless youth have primarily studied convenience samples recruited from service providers. This is a significant limitation since studies suggest that highest-risk youth are recruited on the streets rather than in clinics, shelters, or drop-in centers (Auerswald et al., 2007; Ennett et al., 1999). Venue-based sampling is a method of sampling hard-to-reach populations at sites where they naturally congregate, such as street corners or landmarks in a park. Venue-based sampling has been successfully employed to recruit young men who have sex with men, low-income adolescents, and intravenous drug users (Auerswald, Minnis, Doherty, Ellen, & Padian, 2004; Kral, Bluthenthal, Booth, & Watters, 1998; MacKellar, Valleroy, Karon, Lemp, & Janssen, 1996).

Overview of study (Fig. 1)

Our study is a concurrent qualitative-quantitative study. We first selected venues from which to recruit our sample, according to an approach described elsewhere (Auerswald et al., 2004; Carlson, Sugano, Millstein, & Auerswald, 2006; Minnis et al., 2002). Data obtained from ethnographic observations and brief street surveys were used to construct a list of 28 viable venues in three neighborhoods (Steps 1 and 2 in Fig. 1). Once venues were selected, our baseline epidemiological data collection began (Step 3a), followed by a second wave of data collection 6 months later (Step 3b). Ethnographic interviews continued simultaneously (Step 4). Hypotheses were developed from our ethnographic data analysis (Step 5). These hypotheses were tested quantitatively using our epidemiological dataset (Step 6). Data were collected from May 2003 to March 2005.

Recruitment

Youth from chosen venues between the ages of 15 and 24 were eligible for the qualitative or quantitative arms of the study if they had been homeless in the prior six months. We defined homelessness as “having to stay two nights or more in a place that is not your home because you could not stay in your home or you did not have a home, including having to stay in one of the following places: a shelter, outdoors, a squat, with a stranger or someone you did not know well, a car, on public transportation, or SRO/hotel.” An SRO is a single-room occupancy hotel or “welfare hotel.” A period of six months was chosen to include youth who were intermittently homeless. We also recruited participants from two transitional housing programs to include the perspectives of youth trying to leave the street. Though the samples for the qualitative and quantitative arms of the study likely overlapped, we believe that this overlap was comprised of fewer than five individuals so was unlikely to be of sufficient magnitude to affect the results.

Informed consent and compensation

Youth, including minors, provided signed informed consent. Minors who are aged 15 and above, living independently and supporting themselves by any means, can consent for their own medical care in California (California Family Code [Section 6922]). The ability to consent for medical care is the standard proposed for the participation of unsupervised minors in research that involves no more than minimal risk (Santelli et al., 2003). Youth who were emotionally distressed or visibly under the influence of alcohol or drugs were excluded, but invited to participate at another time. Youth received twenty dollars for participation in the quantitative survey or the ethnographic interview. Participants in the survey received 10 additional dollars for optional urine-based testing for gonorrhea and Chlamydia (results reported in Auerswald et al., 2006).

Qualitative methods—data collection and analysis

Ethnographic interviews were conducted with 54 youth (29 females and 25 males; 25 white, 2 Latino, and 27 African American; 49 street-recruited and 5 program-recruited).

Content of interviews

Interviews were semi-structured. Interviewees were asked for their opinions, as experts on street life, regarding multiple topics, including paths to homelessness, youth’s relationships to family of origin, strategies for survival, sexual behaviors and substance use on the street, and utilization of services. Though not specifically asked, youth often shared their own experiences. Ethnographic interviews were conducted by a white male graduate student in his early thirties.

Analysis

Transcripts were coded in ATLAS-TI using a jointly prepared codebook (Scientific Software Development, 1997). The ethnographer and the principal investigator coded two rounds of three to four interviews independently, compared the results and agreed on the definition of codes until coding was consistent. The ethnographer coded the balance of the interviews, with several independent checks to ensure consistency. Coding began early in the interviewing process and was ongoing in order to iteratively inform subsequent interviews. The investigators read and discussed subsections of the material corresponding to specific codes or intersections of codes, summarizing findings in analytic memos. These analyses produced the hypotheses that were subsequently...
tested using data concurrently collected from the epidemiological arm of the study.

Quantitative methods—data collection and analysis

The composition of our overall survey sample of 266 youth was 55% white, 23% African American, 5% Latino, 5% Native American, 1% Asian or Pacific Islander, and 12% who defined themselves as mixed, other or refused to define themselves according to an ethnic group. Because the two largest ethnic groups noted in the qualitative research and represented in the survey sample were whites and African Americans, we focused on the 205 youth in these two groups for our comparison, i.e., the 145 white and 60 African American youth who completed the baseline survey. This sub-sample included 132 male, 66 female and 7 transgender participants; 171 were street-recruited and 34 program-recruited.

Data collection and measures

Youth were interviewed using audio computer-assisted self-interviewing (ACASI), which has been shown to increase reporting of sensitive information (Turner et al., 1998). During an ACASI interview a youth is read questions by a computer (usually via headphones for privacy) and answers questions by pressing keys or using a touch screen. Survey items included demographic information, housing history, survival strategies, HIV/STI risk behaviors and service utilization. The baseline survey (Step 3a in Fig. 1) did not include an item regarding history of foster care. This item was only added to the second wave of data collection (Step 3b). For our second wave, a stratified random sub-sample of 146 youth was tracked, of whom we located and interviewed 109 (or 75%) six months later (please see Auerswald et al., 2006 for more on the methods of the longitudinal study). Because of the importance of foster care to this population, we present the response to this single item from the follow-up survey alongside the other cross-sectional analyses. The interviewers for the epidemiological arm of the study included five females and one male in their twenties, representing white, Latino, African American, East Asian and South Asian backgrounds. All staff had prior experience working with youth and/or homeless youth; one staff member had formerly been homeless.

Analysis

Hypotheses developed from the ethnographic data regarding between-group differences were evaluated using a chi square test or, when any cell numbers in a table were below 5, using Fischer’s exact test. The results of these analyses are presented alongside the results of the relevant qualitative analysis and in Table 1.

Results

Two distinct groups of youth—qualitative data

During the course of venue assessment, we observed that there were two distinct groups of homeless youth.

One group was composed of predominantly white youth who spent their days and nights either in downtown San Francisco or in and around the largest city park. Though several reported growing up nearby, most had traveled from other parts of California or the United States.

The second group of youth was composed of African American youth recruited in downtown San Francisco. These youth fit the eligibility criteria of the study but, as discussed below, were often difficult visually to identify as homeless. African American youth in our qualitative sample were all from the greater San Francisco Bay Area.

Though members of both groups congregated downtown, there was little social interaction between them despite mutual reports of occasional antagonism or confrontation. Several of the white youth used racist epithets to describe the African American youth. Youth from both groups suggested that the other youth were on the streets “by choice” and could go home to their families at any time.

African American youth described white youth as inexplicably choosing to leave stable and even wealthy homes to move to the streets, as in this interview with a 17-year-old African American female.

You see the little white kids up there? They’re not even from around here. I’m like “You come all the way to San Francisco to sleep on the streets?” I would love to go to their hometown to kiss the ground they walk on. It would never be as dirty as this. They’re crazy. Do they know how many people would love to get off these streets and they want to come and get on them?!

Conversely, white youth described the African American youth as arrogant street hustlers who could simply return home if they chose to. Hustlers are individuals who survive through activities (or “hustles”) in the street economy.

Participant: Those guys, they think they’re high and mighty and shit. They’re just trying to hustle, just like we are. They just don’t give us any respect. I mean like they’ll walk by, if we have a sign out, and they’ll kick our sign over.

Interviewer: Where do you think they sleep?

Participant: Probably with their mommas. That’s my guess. I bet they stay with their mommas.

(23-year-old white homeless male)

Family: qualitative data

Youth from both groups described significant family dysfunction in their childhood homes, including physical, sexual, and emotional abuse, neglect and abandonment, and parental drug abuse. African American youth in the qualitative sample more often provided accounts of being placed into foster care by social service agencies. While virtually all white youth reported severe family dysfunction, fewer of them reported being removed from their families by the state. This group of youth more commonly recounted leaving home to escape an unbearable situation.

Youth from the two groups provided very different accounts of their current relationships to their families. African American youth reported continued, if compromised, ties with nuclear and extended family members in the Bay Area. They were much more likely to describe their housing instability as a consequence of poverty, substance abuse and the failure of social services. This 17-year-old African American young man who had lived away from home for four years described the need to learn to provide for himself.

Oh I grew up fast man. I knew what time it is out here [on the street] at an early age. When you got certain family members on drugs, you can’t do nothing but have to go. That’s the way some of us grew up. Crack took over the household so what can you do? Just learn how to hold your head, how to make something happen for yourself.

In contrast, few of the white youth described relationships with their families that consisted of more than occasional phone contact. Their lives were most often geographically, functionally, and emotionally separate from their nuclear and extended families. Most of these youth did not receive functional support from their families of origin, though some mentioned receiving occasional financial support, bus tickets, or temporary shelter from a family
As in the qualitative sample, African American youth in the survey were significantly more likely than white youth to have received shelter from their family in the prior month (27% vs. 8%; p < .001). However, there was no difference in the proportion of youth reporting economic support from family members in the prior year [22% of African American youth vs. 18% of White youth; not significant (ns)]. In the wave 2 cohort (the only cohort in which foster history was elicited), African American youth were far more likely to report having been in foster care than white youth (61% vs. 23%; p < .0001). As in the ethnographic narratives, youth reported first being homeless at an early age, 15.7 years for African Americans and 15.2 years for whites (t-test not significant). Quantitative analyses are summarized in Table 1.

### Housing status: qualitative data

Though both African American and white youth experienced significant housing instability, their repertoire of perceived housing options was substantially different.

The majority of white homeless youth spent most of their nights sleeping outdoors, often in a park or a vehicle. Some reported occasional “couch surfing,” sleeping in “squats” (legally-occupied abandoned buildings), or exchanging sex, drugs, or companionship for a place to sleep. White youth who participated in the study generally fit the profile of being literally homeless, a measure of severity of homelessness defined as staying in a place not meant for human habitation or staying with a stranger (Ennett et al., 1999).

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**Table 1**

Housing history, survival strategies and service utilization of African American and white homeless youth in San Francisco.

<table>
<thead>
<tr>
<th>Wave 1 data (total n = 205)</th>
<th>Wave 1 n = 60</th>
<th>Wave 1 n = 145</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary race/ethnicity</strong></td>
<td>African American # (%)</td>
<td>White # (%)</td>
<td><strong>Significance</strong></td>
</tr>
<tr>
<td>Family variables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stayed with family (past month)</td>
<td>16 (27)</td>
<td>11 (8)</td>
<td>13.3 (&lt;.001)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Support from family (past 12 months)</td>
<td>13 (22)</td>
<td>26 (18)</td>
<td>0.4 (ns)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Age when first unstably housed</td>
<td>15.7</td>
<td>15.2</td>
<td>(ns)&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Current housing variables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless (last night)</td>
<td>37 (62)</td>
<td>117 (81)</td>
<td>8.8 (&lt;.01)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Literally homeless (past month)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>22 (37)</td>
<td>117 (81)</td>
<td>37.7 (&lt;.0001)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Street survival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug dealing (past 12 months)</td>
<td>24 (40)</td>
<td>52 (36)</td>
<td>0.3 (ns)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Panhandling (past 12 months)</td>
<td>10 (17)</td>
<td>92 (63)</td>
<td>37.2 (&lt;.0001)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Selling items on the sidewalk (past 12 months)</td>
<td>12 (20)</td>
<td>51 (35)</td>
<td>4.6 (&lt;.05)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Survival sex (past 12 months; males)&lt;sup&gt;d&lt;/sup&gt;</td>
<td>3 (9)</td>
<td>3 (3)</td>
<td>(ns)&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Survival sex (past 12 months; females)&lt;sup&gt;d&lt;/sup&gt;</td>
<td>10 (9)</td>
<td>4 (7)</td>
<td>(ns)&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pimping (past 12 months; males)</td>
<td>8 (23)</td>
<td>3 (3)</td>
<td>(&lt;.01)&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>Incarceration (past month)</td>
<td>5 (8)</td>
<td>13 (9)</td>
<td>0.02 (ns)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>STI testing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GC or CT positive</td>
<td>6 (10)</td>
<td>8 (6)</td>
<td>1.3 (ns)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Drug use</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>IDU (ever)</td>
<td>1 (17)</td>
<td>63 (44)</td>
<td>(&lt;.0001)&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>IDU in last 3 months (among users)</td>
<td>1 (100)</td>
<td>49 (78)</td>
<td>(ns)&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Ever tested for Hep C</td>
<td>40 (66)</td>
<td>91 (63)</td>
<td>0.3 (ns)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Tested positive for Hep C (among those tested)&lt;sup&gt;f&lt;/sup&gt;</td>
<td>0 (0)</td>
<td>12 (14)</td>
<td>(&lt;.01)&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>Service utilization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter/mission (past month)</td>
<td>13 (22)</td>
<td>20 (14)</td>
<td>1.9 (ns)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Drop-in center/outreach services (past 3 months).</td>
<td>9 (18)</td>
<td>46 (51)</td>
<td>13.8 (&lt;.001)&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Wave 2 data (total n = 109)</td>
<td></td>
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<tr>
<td>Wave 2 n = 38</td>
<td></td>
<td></td>
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<tr>
<td>Wave 2 n = 71</td>
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</tbody>
</table>

<sup>a</sup> Defined as having lived on the street, in a park or abandoned building, on the beach or in a vehicle, or in the “home of someone you do not know well” or of a paying sex partner.

<sup>b</sup> χ² (p-value).

<sup>c</sup> Fischer’s p-value.

<sup>d</sup> t-Test.

<sup>e</sup> Defined as exchanging sex for a place to stay, money or drugs.

<sup>f</sup> Of 131 youth tested, 1 African American youth and 8 white youth did not return for results.
The housing status of African American youth was different. Because they often moved from place to place, it was common for them to say that they stayed with their parents or other family on recent nights. However, upon further questioning most did not have a consistent place to sleep. For example, this 18-year-old participant originally responded that he lived “at home.” Only after several follow-up questions did the interviewer get a sense of the complexity of the participant’s housing history and current situation.

“I be everywhere. I don’t live in a stable environment. I be place to place. That’s how it goes down in the hood. I stay mostly family to family, like little cousins, you know younger generation, maybe let me stay over. I stayed on the street for a minute, not a long time. I went to group homes. It’s all good though.”

Housing status: epidemiological data

We examined the severity of homelessness in the two groups by comparing the degree of recent literal homelessness. Youth were coded as literally homeless if they had reported living in the previous month in a place not meant for human habitation (street, park, abandoned building, beach, vehicle), or in the home of a stranger or of a paying sex partner. As in the qualitative data, white youth were more likely to report having been homeless the night prior to the interview (81% vs. 62%; p < .01) and more likely to report being literally homeless during the month prior to the interview (81% vs. 37%; p < .0001).

Street survival strategies: qualitative data

Both African American and white youth emphasized the importance of “ hustling” or “ having a good game” to survive on the streets. Youth in both groups sold drugs, particularly marijuana. However, there were differences in the youth’s survival strategies.

Street survival strategies employed by white youth consisted of a wide range of strategies for making money, getting food, or acquiring drugs and alcohol. These included panhandling and asking for leftovers on a busy commercial street, accessing services available in the area, selling crafts, selling drugs, “boosting” (stealing), “dumpster diving” (scavenging garbage containers for food or items to re-sell), “ground scoring” (finding change or other valuables on the streets), and survival sex. “Spanging” or panhandling was generally characterized as a legitimate but unreliable way to make money. Survival sex was sometimes denigrated as the lowest and least appealing way to make money. White youth said it was not uncommon for both males and females to engage in survival sex without having a pimp. A 19-year-old male described male prostitution at a local park.

“The kids that are involved out there are prostituting themselves, which is really sad. But it’s the only place that they can get a quick forty bucks. There’s a lot of straight kids turning tricks to men so they can survive, just so that they can get their drug habit fixed.”

African American youth in our qualitative sample reported employing a different, though overlapping, set of strategies for economic survival on the streets. Activities such as panhandling, selling crafts, or dumpster diving were scoffed at as something a “homeless person” would do. The area in downtown San Francisco in which both groups congregated was described by the African American youth as a place where there are better opportunities to make money than in nearby housing projects, but where threats of violence and law enforcement are ubiquitous.

The projects is slow money. But around here, it’s more busy. I been seeing people that I know is out here on vacation, walking around trying to buy crack. So there’s always somebody looking for it. Versus in the projects, the people that do it, once they come to you, you gotta wait for them to come again. Down here, you don’t really have to wait. (20-year-old African American female)

All male youth in the African American group reported selling drugs as their primary hustle. Several male African American youth referred to themselves specifically as “ hustlers,” “ players” or “ pimps.” The second most commonly mentioned hustle was pimping or profiting from the exploitation of girlfriends or other young women. Unlike the white female youth, female African American youth in our qualitative sample did not report engaging in freelance sex work without a pimp. African American male youth who identified as pimps saw young women as useful sources of income, as described by this 20-year-old African American male.

Interviewer: What would you do if you couldn’t find a place to stay?
Participant: Nigga, I’d pop me a pill and walk these streets all night. Walk around here until I found myself a bitch that liked me, man. Put her out there, then get my money, feel me? If you’re dressed right, if she likes you, then it’s up to you to make her feel comfortable to the point where she’s like “I’ll do anything for you.” She’s out there ho-ing up, she’s flagging them Fords down. She might be a booster, she’ll steal me a lot of clothes. She’ll go sell my dope for me.

Both groups in the qualitative sample described encounters with the police as a matter of course. One 21-year-old African American female stated, “It’s like running-in with the law is like getting a new jacket as far as people around here are concerned. It’s gonna happen. It’s just like drinking water or something.” Several African American youth described the period of time right after incarceration as a particularly vulnerable time for youth who do not have a regular place to stay and who are released to the streets.

Street survival strategies: epidemiological data

Similarities and differences in survival strategies over the past twelve months in the epidemiological cohort paralleled those in the ethnographic cohort. African American and white youth surveyed were equally likely to report drug dealing as a survival strategy (40% vs. 36%; ns). White youth were significantly more likely to report being engaged in survival activities associated with homelessness, such as panhandling (63% vs. 17%; p < .0001) or selling items on the sidewalk (35% vs. 20%; p < .05). African American and white males were equally as likely to have engaged in survival sex (9% vs. 3%; ns); as were African American and white females (5% vs. 7%; ns). Having ever engaged in survival sex was reported by 16% of youth overall and did not differ by race or gender. However, as in the qualitative data, African American males were far more likely than white males to report pimping to support themselves in the past twelve months (23% vs. 3%; p < .01). Results of STI testing were comparable (10% positive for CT/GC among African American youth vs. 6% of white youth; ns). Finally, youth reported comparable rates of incarceration in the prior month (8% of African American youth vs. 9% of white youth; ns).
Self-presentation and self-identification: qualitative data

Though white youth recognized that homelessness is stigmatized by society at large, they did not necessarily reject the label of “homeless.” In fact, many youth embraced it, even though they were not satisfied with their current housing situation. Youth sometimes described homelessness as facilitating a freer lifestyle, less encumbered by the stresses of the working world.

You know there is a lot of freedom in being homeless. It’s something that people don’t realize. They see it as a negative. We see it as a positive because we have no other choice. (21-year-old white male)

White youth not only embraced the label of “homelessness,” but assumed the importance of looking the part, generally including the flaunting of clothing or characteristics (e.g., poor hygiene, tattoos, piercings) that marked youth’s status as outsiders.

African American youth had a dramatically different set of priorities regarding self-presentation. Though they met the inclusion criteria for the study, they did not identify as “homeless,” sharing a sense that homelessness was shameful, something to be hidden at all costs. Because of this stigma, study staff learned to remove the term “homeless” from the informed consent form and screening instruments, replacing it with “unstable housing,” a term that resonated more positively with African American youth.

Only one African American participant, a 21-year-old female, used the word “homeless” to describe her past housing situation. She describes the shame and stigma she felt, adding that she “would rather have died” than to have had people know she was homeless.

I was homeless for a matter of years and I stayed here, there, you know with friends, people I met, wherever. It was scary. I was like fourteen. I never wanted to tell anybody. I had to deal with it by myself because no one knew but me. I thought people would treat me funny or be mean towards me. Like, “You’re a bum.”

African American youth in our qualitative sample not only rejected the identity of “homelessness,” they also commonly asserted the importance of looking financially prosperous. As this 21-year-old African American female participant makes clear, looks can be deceiving.

Interviewer: I do these interviews and a lot of times [the youth are] dressed pretty nice...
Participant: And they ain’t got no damn money [laughs]! They trick the little girls into buying them nice outfits. Or most little girls nowadays, they steal. So the girls be the ones who stole all them damn clothes. It just looks nice, but they didn’t pay for it. They be looking like a million bucks but… (trails off).

Drug use: qualitative data

The two groups of street-involved youth demonstrated different patterns of drug use. White youth stated that use and abuse of marijuana, alcohol, speed, cocaine, and heroin were common. Though stigmatized, injection drug use was accepted as a fact of life for white-identified homeless youth.

If you get caught like shooting up anywhere near the front of the park, sometimes they’ll kick your ass. Sometimes you’ll get a long lecture about it. A lotta people keep it a secret. Like when I was using [intravenous] drugs, I kept it a secret. (20-year-old white female)

African American youth reported the widespread use of marijuana and alcohol. Ecstasy and powder cocaine were described as acceptable, if less common. Injection drug use, heroin, crack cocaine, and speed were highly stigmatized and universally shunned in these interviews.

Down here is mostly black kids and not too many black people I know da that kinda stuff [inject drugs]. They might snort some coke or smoke weed or pop a pill, but crank…? Not too many black kids shoot up these days. (20-year-old African American female)

Drug use: epidemiological data

As in the ethnographic sample, there was a substantially higher rate of lifetime injection drug use among the white youth (44%) than among the African American youth (1.7%; p < .0001). Seventy eight percent of the white injection drug users had injected in the last 3 months as had the only self-reported African American injection drug user. The difference in rates was reflected in a much higher rate of reported Hepatitis C infection among the white youth (14%) vs. the African American youth (0%; p < .01). Reported rates of having been tested for Hepatitis C were equivalent.

Self-identification and service utilization: qualitative data

White youth often relied on services that the label of homelessness provides for them (e.g., drop-in centers, outreach). Most white youth could recite an extensive catalogue of available services, recounting what was offered, where, and on what days. Because African American youth did not identify as “homeless youth,” they did not see themselves as the target of services for homeless youth.

Interviewer: Do you ever see outreach people down here?
Participant: Yeah. They pass out toothbrushes, toothpaste, candy, condoms.
Interviewer: Will you take stuff?
Participant: Sometimes I’ll take the candy and toothbrush and, you know, give it to people who I feel like need it. Or see somebody on the streets, like “Here,” and give it to them. (17-year-old African American male)

Youth from both groups scoffed at the idea of sleeping in a homeless shelter, but for different reasons. White youth rejected shelters because of safety concerns and rules that were regarded as overly restrictive.

Things get stolen and they tell us they’re not responsible…They tell us to lock it up in the lockers, but you can only get in your locker during a certain time of the day. I don’t like that they can control when you take a shower and I don’t think they should kick you out during the day… (21-year-old white female)

For African American youth, use of a shelter identified them as homeless and was thus rejected as stigmatizing. This view is reflected in the words of a 20-year-old African American male who states his preference for being incarcerated rather than sleeping in a shelter.

Interviewer: Would you ever consider staying in a shelter?
Participant: Hell no. I got too many ways I can come up to just be sleeping in somebody else’s shelter, man. I mean, if I really got down bad, I could run up [rob] in this store before I be dead homeless. I’d be in jail getting fed by the man before I be dead homeless.

Self-identification and service utilization: epidemiological data

Youth’s shared distaste for shelters was reflected in their equally low use of shelters in the month prior to participation (22% among African American youth vs. 14% among white youth; ns).
Conversely, white youth’s greater willingness to access other services that clearly identified them as homeless was reflected in their far greater likelihood of having accessed drop-in or outreach services in the three months prior to being interviewed (51% of white youth vs. 18% of African American youth: \(p < .001\)).

**Discussion**

Our mixed-method, comparative study of the experience of African American and white homeless youth in San Francisco illustrates that homeless youth are not all the same. The accounts of African American youth highlight the role of poverty, absent economic opportunities in their communities of origin, and failed institutional interventions on the path to hustling on the street for money and shelter. Many of their communities of origin have suffered from structural transformations in the Bay Area from an industrial to a service-based economy resulting in geographically (thus ethnically) concentrated pockets of unemployment, crumbling infrastructure, and, since the 1980s, spiraling gang violence associated with the drug trade (Yogis, 2006). In contrast, white youth were more likely to report being runaways or throwaways from severely dysfunctional families. To generalize, there were no resources at home to sustain the African American youth; for the white youth, the resources came at too high a physical and emotional price.

Once on the street, all youth have to find shelter and ways to survive. Many African American youth in our qualitative study reported continuing to avail themselves of their families’ limited resources when those resources were available. This pattern of social support is also described by Ensign and Gittelsohn (1998) in their study of African American homeless youth in Baltimore. African American males in our sample were more likely to identify with the terms “hustler” and “player” than “homeless.” These identities require being present on the street to raise funds, looking prosperous, and shunning the label of “homelessness” (i.e., failure) as an identity. Providers for homeless youth, offering basic survival needs such as personal grooming items or a bed in a shelter, challenge their identity, and so are dismissed as well-meaning but irrelevant. The description of the adoption of a hustler identity by African American men shut out of the mainstream economy is one that dates back to Eliot Liebow (1967) and which has been documented by others, including Wacquant (1998) in Chicago and Whitehead, Peterson, and Kaljee (1994) regarding youth in Washington, DC.

White youth in our study reported very different survival strategies. By taking on an identity as an outsider, they were able to tap into a social network of homeless youth who share their identity, a body of knowledge regarding life on the street, and resources/services geared to those youth willing to wear the badge of homelessness (Auerswald & Eyre, 2002). Their new street family and the available services geared to homeless youth services offer an alternative way to survive.

**Health implications**

The social context of youth’s housing instability provides a backdrop for their HIV-related behaviors. Both populations reported significant alcohol, marijuana and stimulant use as part of their daily lives on the street. However, injection drug use was commonly shunned by African American youth. Though injection drug use was also stigmatized by white youth, a much larger population of white youth had injected drugs. Given this difference, it is no surprise that no African American youth reported being Hepatitis C positive, vs. 14% of white youth. This suggests the role of social norms within street subcultures in influencing drug-related behaviors and health.

In addition to the possible consequences of drug use, males and females face the health consequences of a risky sexual environment. There was a difference in the rates of reported pimping by African American males, consistent with the hustler identity. However, reported engagement in survival sex did not differ by race or gender. Similarly, rates of STIs between racial groups were equivalent. This later finding is of note given the large racial disparity in STI rates among youth in San Francisco and the United States overall (STD Control Section, 2007).

Finally, the ubiquity of incarceration in the lives of these youth suggests the risk of other health consequences, including premature death (Binswanger et al., 2007) and a missed opportunity to intervene with youth when they are detained, as have been noted for the adult homeless population (Kushel, Hahn, Evans, Bangsberg, & Moss, 2005).

The literature on homeless youth has had a primary focus on the rates and correlates of individuals’ risky behaviors and morbidity. However, this literature, with few exceptions (Auerswald & Eyre, 2002; Bourgois, Prince, & Moss, 2004; Hyde, 2005), offers little focus on the familial, social and economic context for these behaviors and outcomes, the reasons why youth find themselves on the streets, and the ways that different trajectories to the street can affect youth’s resources, survival strategies, and health-related behaviors. Tackling youth homelessness and its health consequences requires an understanding not only of how risky behaviors may differ between populations, but how the “causes of the causes”, the contexts for the risky behaviors, may differ (Marmot, 2008). Youth do not view drug use and sexual behaviors as health-related behaviors in the context of individual decision-making, but rather as social and economic behaviors, as the strategy or hustle that will get them through another night.

**Recommendations**

Because homeless youth are not all the same, a one-size-fits-all model for services is doomed to failure. Having defined themselves differently, our samples of white and African American youth have defined their needs differently. Toothbrushes and socks (the currency of street outreach) are attractive incentives to many white homeless youth in our sample, but may be regarded with disdain or as irrelevant by youth who do not identify with the label of “homeless.” Service providers need to be cognizant of how youth view themselves and the stigma associated with certain labels and practices so that services can be devised in which youth recognize themselves as the target population. Youth being asked to identify as homeless in street outreach or service settings may reject the label and forego needed services.

A contextual approach also brings to light some of the strengths of youth subpopulations. Rejecting a homeless identity may lead to being overlooked for services, but can be interpreted as a sign of resilience, a rejection of the objectification and negative self-image that being a “homeless person” can bring. Conversely, embracing an outsider status can actually provide access to informal and formal resources available to homeless youth. Similarly, continued ties with extended family by African American youth and the reconstitution of family-like ties on the street by white youth may be regarded as positively adaptive behaviors.

Our findings emphasize several additional opportunities for intervention in the life trajectories of unstably housed youth, including stabilizing the housing of foster youth and of recently incarcerated youth and increasing mainstream economic opportunities that provide living wages to youth of color within their own communities to prevent their diversion into street life.
The generalizability of our ethnographic findings in San Francisco is improved by having tested our findings regarding between-group differences in a larger sample of youth using epidemiological methods. We recommend caution before applying our findings in other cities. Though ethnicity was correlated with salient differences between the two groups, this is not to say that ethnicity alone explains any of the differences between groups. However, we suggest that homeless youth of the same ethnicity may have shared historical and socioeconomic root causes for homelessness as well as shared street experiences. The history of socioeconomic changes in the San Francisco area has resulted in the concentration of structural circumstances along lines of geography and ethnicity. Furthermore, our comparison does not exhaust all the different subgroups of San Francisco homeless youth, but represents instead the two largest groups that spend time in our target venues.

Overall the ethnographic findings, regarding similarities and differences between the two populations in their early path to the street, housing instability, survival strategies, drug use and self-identification and service utilization, were confirmed by the epidemiological analyses. Though ethnographic findings are generally triangulated with other qualitative data, we had the opportunity to validate our findings with epidemiological data. However, given the simultaneous nature of data collection, we did not have data to confirm all of our hypotheses, in particular the hypotheses regarding youth's origin, self-identification and presentation, or their socioeconomic status. Finally, though we correctly postulated that African American youth more often received shelter from their families, both groups were equally unlikely to have received economic support from their families, an unexpected finding which we attribute to the dysfunction and limited means of the families from both groups.

Our study adds to a growing body of work illustrating the potential of mixed-method approaches for illuminating complex social situations and informing our policies (Bourgois et al., 2006). The results of our investigations will, we hope, advance the movement towards a more tailored approach to interventions specific to the needs of the distinct populations of homeless youth on our city streets.

References


California Family Code (Section 6922).


