

The Sexual Health of Homeless Youth

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This research brief on the sexual health of homeless youth is part four of a seven-part series on the sexual health disparities of marginalized youth.

Introduction

It is estimated that between 1.6 and 2.8 million youth between the ages of 13-21 are homeless at any given time in the United States.¹ These youth are often sharing houses with non-family members, sleeping in public or private non-residential spaces, or using emergency shelters and/or sleeping outside in the elements. Pathways into homelessness for youth vary and can include: running away from abusive living situations; being kicked out by their families; or youths' families becoming homeless.² This article reports on the sexual health behaviors of homeless youth and various subgroups of homeless youth.

Homeless youth have fewer personal and social resources than their in-home peers and less access to health care services³ and this is reflected in their health outcomes. Homeless youth experience poorer health outcomes, including increased trauma and higher rates of physical and sexual abuse, as well as substance abuse.¹ Homeless youth are more likely to have earlier onset of sexual activity, to have multiple sex partners, and to have higher incidences of sexual risk



behaviors, including engaging in survival sex and inconsistent condom usage.² Pregnancy and sexually transmitted infection (STI) rates are higher for homeless youth, as they are more likely to have frequent, unprotected sex and to be sexually exploited.¹ Pregnant homeless youth are more likely to face poor pregnancy and parenting outcomes than other adolescents and adult women.⁴

Sexual Behaviors and Outcomes

Several factors influence the sexual health behaviors and outcomes of homeless youth, including: duration of homelessness, gender, and sexual orientation. Chronically homeless youth (those who have been out of home for over 12 months) have greater knowledge about AIDS than youth who have been homeless for less than six months.³ This may be due to the fact that chronically homeless youth have more encounters with street outreach programs and other services that provide HIV/AIDS information. Despite this knowledge, chronically homeless youth engage in more sexual risk taking behaviors and have a lower incidence of safer sex (e.g. using protection and/or avoiding bodily fluids) than youth who have been homeless less than six months.³ These findings suggest a possible benefit to providing accessible sexual health information to newly homeless youth and working to transition them off the streets within six months.

Additional findings indicate that, regardless of how long a youth has been homeless, females are significantly more likely to practice sexual self-care (e.g. seeking help for STIs), to use assertive communication with their sexual partners around condom use, and to practice safe sex than males.³ Despite these sexual health seeking behaviors, homeless young women still experience STI rates that are significantly higher than those of homeless young men (see below) which may be due to the fact that homeless females are more likely to experience sexual victimization and to engage in

survival sex with older partners in order to ensure their safety and protection.⁵

A study of sexual health behaviors in newly homeless youth (those homeless for more than a day and less than six months) also found that predictors of sexual health differed for males and females.⁶ For young men in this study, living out-of-home predicted a greater likelihood of having multiple sex partners than living with family members or in institutional settings. Living out-of-home and engaging in substance use also predicted lower condom use for homeless young women than those who lived with family members or in institutional settings.⁶

Likelihood of engaging in survival sex (sex in exchange for money or other goods to meet subsistence needs) was shown in one study to be predicted by length of time spent on the street. In a study by Greene and colleagues, over 27 percent of a sample of 631 homeless youth reported having engaged in survival sex,⁷ and youth who had been homeless for over a month were significantly more likely to report having had survival sex. Five percent of youth living in shelters and nine percent of youth on the street who had been homeless for less than a month reported having survival sex. Of the youth who had been homeless for more than a month but less than a year, nearly 12 percent of shelter youth and 25 percent of youth on the street reported engaging in survival sex. Finally, of the youth who had been homeless for over a year, 18 percent of youth living in shelters and 37 percent of youth on the street reported having survival sex.

Greene and colleagues also note that gender and ethnicity played a role in risky sexual behaviors. In this study, youth receiving shelter services were more likely to have had survival sex if they were White, male, or had multiple experiences being homeless.⁷ Tyler, et al.,⁵ studied the role of gender in sexually transmitted infection (STI) rates in homeless youth being treated for substance

abuse issues. In this study of 370 homeless 16- to 19-year-old youth in the Midwest, 21 percent reported having contracted an STI. In contrast to the findings by Greene and colleagues, this study found that homeless females were three times more likely to have contracted an STI than homeless males. Additionally, homeless Black youth of both genders were four times more likely than homeless White youth to have contracted an STI.⁵ Finally, these youth reported experiencing homelessness an average of eight times, and the authors found that for every instance of being homeless, a youth's chance of contracting an STI increased by three percent. The STI estimates in this study may be low due to a tendency for all youth to underreport STI status, and due to homeless youths' lack of access to health care.⁵ Other authors have noted that accurately assessing STI numbers in homeless youth and identifying causal relationships is limited by relying on self-reporting. Additionally, it is possible that homeless youth who are less likely to regularly use condoms may be less likely to seek medical help for STIs, and thus may have no diagnosis of STI to report despite their actual STI history.²

LGBT Homeless Youth

Homeless lesbian, gay, bisexual, and transgender (LGBT) youth are more vulnerable to risky sexual health behaviors and negative sexual health outcomes than their heterosexual peers.⁸ The few studies that have examined the differences between LGBT and heterosexual homeless youth and their sexual health behaviors have found that LGBT youth left home more often; were sexually victimized more often; had higher lifetime sexual partners and earlier onset of sexual intercourse; and reported higher rates of unprotected sex.⁹ In addition, lesbian, gay, and bisexual (LGB) youth were more likely to report that they had engaged in survival sex and to have higher HIV risk than their heterosexual peers.⁸ Homeless gay and lesbian youth were more likely to report being diag-

nosed with HIV and to be receiving HIV treatment than either their bisexual or heterosexual counterparts and LGB youth reported higher incidences of all STIs.¹⁰

Interventions

Intervention strategies for helping homeless youth vary widely, with few being rigorously evaluated for their effectiveness in improving outcomes.¹¹ Yet, new and novel interventions are emerging in this field. A recent study¹² that examined associations between internet use and social networking among homeless youth and their impact on sexual health found that using the internet and social media for the purpose of finding a sexual partner or to talk about drugs increased sexual risk taking. However, when social media was used by youth



to discuss love and safe sex, youth reported having greater HIV knowledge and less engagement in exchange/survival sex.¹² Homeless youth who remained connected to family members via the internet and social media sites were less likely to engage in exchange sex and more likely to have been tested for HIV, while those who communicated largely with street peers online had higher rates of participating in exchange sex.¹³ As a surprisingly large number of homeless youth, an estimated 96 percent, frequently access the internet,¹² these findings suggest the potential for developing novel intervention strategies using the internet and so-

cial media to deliver interventions for homeless youth.

Conclusion

Given the prevalence of risky sexual health behaviors among homeless youth and the degree to which predictors of sexual health vary between subpopulations of homeless youth, it is clear that sexual health interventions with homeless youth should be tailored to address duration of homelessness, gender, and sexual orientation. In addition, these interventions need to be evaluated using rigorous methodology in order to establish greater understanding about effective interventions that improve sexual health behaviors and outcomes for homeless youth.

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