

Youth Homelessness and Survival Sex

By: Callie Barribeau

A Seminar Paper Proposal

Presented to

The Graduate Faculty

University of Wisconsin-Platteville

In Partial Fulfillment of the

Requirement for the Degree

Masters of Science

in

Criminal Justice

Approved by: Camie Morris

<i>Camie Morris</i>	4/30/2021

YOUTH HOMELESSNESS AND SURVIVAL SEX

A Seminar Paper

Presented to

The Graduate Faculty

University of Wisconsin-Platteville

In Partial Fulfillment of the

Requirement for the Degree

Masters of Criminal Justice

in

Victim and Offender Services

by

CALLIE BARRIBEAU

2021

ABSTRACT

Homeless youths frequently engage in survival sex as a means to get their basic needs met. Engaging in survival sex has dangerous consequences and negative health outcomes for homeless youth. The literature suggests that coercion, economic necessity, substance use, and having friends and peers involved in survival sex are key factors which contribute to the participation of a youth who is experiencing homelessness in survival sex. Components for an ideal homeless youth intervention program can assist homeless youth by operating under the theoretical assumption that both the absence of control and the presence of strain on homeless youth can push them to engage in delinquency and risk-taking behaviors.

In this paper, a review of literature, statistics, studies, and anecdotal evidence about homeless youth will be conducted. Common high-risk survival behaviors commonly engaged in by this population will be explored in particular. An emphasis will be placed on survival sex and its impact on homeless youths. Efforts and strategies being used in five intervention programs for homeless youth will also be reviewed. The findings will be synthesized and summarized, and recommendations will be made to offer effective components for an ideal homeless youth intervention program. The effects of external factors of risky sexual behaviors are especially relevant among juveniles experiencing homelessness, as the situational stressors that homeless youth experience are extreme.

Approval Page
Title Page
Abstract
Table of Contents

- I. Introduction
 - a. Statement of the problem
 - i. Homeless Youth
 - ii. High Risk Survival Behaviors
 - iii. Survival Sex
 - iv. Negative Outcomes associated with youth homelessness
 - b. Purpose of the research
 - c. Significance of the study
 - d. Methods
 - e. Limitations
- II. Literature Review
 - a. Overview of the youth homelessness
 - b. Survival Sex
 - c. Understanding the risk factors/ high risk survival behaviors
 - d. Dangers and consequences of survival sex
 1. High rates of HIV and other sexually transmitted diseases
 2. Increased suicide rates
- III. Current homeless youth programs/interventions
 - a. The AWARE program
 - b. CHAMP, The Collaborative HIV-Prevention and Adolescent Mental Health Family Program
 - c. The HOPE Family Program
 - d. The STRIVE Intervention
 - e. The Teen Peer Outreach-Street Work Project
- IV. Recommendations for implementation of components for a successful homeless youth intervention program
 - a. Severe lack of intervention initiatives
 - b. Theoretical rationale: combination of Hirschi's (1969) control theory linked with Agnew's (1985) strain theory.
 - c. Trauma informed services/ trauma treatment (Childhood Trauma)-Yoder source
- V. Summary and conclusions
- VI. References

1. Introduction:

Homelessness amongst young adults and adolescents in America is a momentous social problem. Instead of finding a way to fit those who lack the most basic resources of money and shelter into the system, this vulnerable population has been disproportionately victimized, and their basic living functions have been criminalized. It is common for the homeless population of unaccompanied youth to engage in risky sexual behavior, including survival sex (Pedersen, Ewing, D'Amico, Miles, Haas, & Tucker, 2018). Homeless youth often have few legal and legitimate ways to support themselves while they are on the streets or otherwise without shelter, and as a result are often coerced into and vulnerable to engaging in survival sex. Simply by being on the streets a youth's likeliness of being offered shelter, food, money, or drugs in exchange for sex dramatically increases (Walls & Bell, 2011). The desperate and extreme circumstances that homeless youth find themselves in and a lack of alternatives for meeting economic needs propel these youth into illicit survival strategies, most of all survival sex (Warf et al., 2013).

2. Statement of the problem:

The consequences of experiencing homelessness bring anguish to this vulnerable population of juveniles in the form of risky sexual practices, barriers to education, criminal justice system involvement including status offenses and criminal activity, substance use and abuse, mental health problems, and victimization. The problem of survival sex and other risky sexual behaviors engaged in by homeless youths is evident in the high rates of HIV infection, substance use, criminal justice involvement, hepatitis and other sexually transmitted diseases, unintended pregnancies, and mental health symptoms found in this

population (Pedersen et al., 2018). Furthermore, homeless youths who are involved in survival sex are at an increased suicide risk and they experience high rates of sexual victimization while they are engaging in survival sex.

3. Purpose of the study:

The goal of my research is to discover effective components for an ideal homeless youth intervention program beyond the scope of traditional services, one that offers substance abuse prevention, aids with obtaining formal employment, conducts trauma screening, offers trauma informed services, trauma treatment, and sexual health interventions for this population.

4. Significance or implications of the study:

As both drug use and survival behaviors including survival sex are common among the homeless youth population, more intervention initiatives and substance abuse prevention are needed to help homeless youth attain formal employment and to reduce their criminal justice system involvement. Research suggests that homeless youth intervention agencies lack programs that specifically address reducing incidents of survival sex for homeless youth (McCarthy & Hagan, 1992); Twill, Green, & Traylor 2010); Yoder, Bender, Thompson, Ferguson, & Haffejee, 2014). And, the programs that are offered often lack intervention initiatives to help homeless youth attain sustainable methods of formal employment, fail to integrate trauma screening, trauma-informed services, trauma treatment, and fail to provide sexual health interventions for this population (Yoder, et al., 2014).

5. Limitations of the study:

The material reported in this research paper can be viewed only as descriptive in nature. Thus, this baseline research should be considered as footing for future research and the advancement of the knowledge base for the study of homeless youth and survival behaviors, particularly survival sex.

6. Method of approach

A review of literature, statistics, studies, and anecdotal evidence that detail the problem of youth homelessness in the United States and common high-risk survival behaviors commonly engaged in by this population will be conducted. An emphasis will be placed on survival sex and its impact on homeless youths. Efforts and strategies being used in five intervention programs for homeless youth will be reviewed. The findings will be synthesized and summarized, and recommendations will be made to offer effective components for an ideal homeless youth intervention program.

LITERATURE REVIEW

Youth Homelessness

Families, primarily single mothers with their children, constitute a significant portion of America's homeless population (Messam, McKay, Kalogerogiannis, & Alicea, 2010). While deinstitutionalization was a key component in the rise of America's homeless population, social policies which were implemented in the 1980s which involved dramatic budget cuts also attributed to the rise in both the adult and youth homeless population. A prime example of this occurred in 1981, when both the budget for Section 8, the government's program for subsidized

housing was cut in half, and the overall budget for public housing was decreased by 50%. The National Law Center on Homelessness and Poverty estimates that around 3.5 million people experience homelessness a year in America, and attributes homelessness in part to the shortage of shelter housing and affordable housing which keeps many people living on the street (Lippman, 2017).

As noted above, a number of policies and variables have exasperated the social tragedy of homelessness in America. Desperation alone in the homeless population will increase amounts of criminal behavior, yet homeless individuals are statistically at a greater risk of becoming a victim of a crime than the perpetrator (Shipley & Tempelmeyer, 2012). Could beginning to understand homelessness not as a personal failure of someone who is homeless but as a consequence of systematic failures (Zlotnick, Zerger, & Wolfe, 2013) begin to restore the dignity which has been stripped away from the homeless population today? Even if personal deficiencies were eliminated the problem of homeless would continue to exist, as the two structural trends identified as essentially responsible for the increase in homelessness in the last quarter-century: an increase in poverty and a lack of affordable housing remain (O'Connor, 2006).

Youth homelessness is momentous national problem, and researchers agree that growing numbers of youth are now living in homeless shelters across the United States or are living on the streets. Although the exact figures are unknown, estimates range from between 300,000 to 1.5 million unaccompanied youth under the age of 25 are experiencing homelessness (Schwartz, Sorensen, Ammerman, & Bard, 2008). Unfortunately, definitions of homeless youth vary as widely as the estimates of their prevalence. "Street youth", "runaways", "street kids", and throw-aways" are just a few of the terms that are used by researchers to differentiate and define the assorted characteristics of this population. Whitbeck and Hoyt (1999) maintain that any

definition of homeless youth must contain the “dual criteria” of being *unsupervised* and *unhoused*, which are commonalities which appear across the numerous categories of homeless youth (Schwartz et al., 2008). Homeless youth are at an elevated risk for engaging in early, high-risk sexual behaviors, as well as drug and alcohol abuse when they are faced with the compounding issues of being unhoused, when in the physical environments of a homeless shelter, when experiencing school disruption, stress, substance abuse issues, and an overall lack of stability (Messam et al., 2010).

These homeless youth lack safe and stable housing, and are often living on their own, or are living with other youths away from their families. Life on the street often leads to problematic risky behaviors such as delinquency, substance use, and risky sexual behaviors. Most homeless youth are embedded in social networks which include regular drug users, which making avoiding substance use incredibly difficult within the context of peer influence. Approximately 95% of homeless youth self-report lifetime substance use, while approximately 75% self-report current substance use. Illicit drug use amongst homeless youth is common in the forms of prescription drug misuse, marijuana use, cocaine use, and needle use and sharing practices are also common amongst this population (Pedersen, Ewing, D’Amico, Miles, Haas, & Tucker, 2018).

Survival Sex

The terms *survival sex*, *sex work*, and *prostitution* have frequently been used interchangeably in academic literature, but most often are used to denote various forms of transactional sex. The terms *prostitution* and *commercial sex* are most often used to mean an exchange of sex for payment, most often money, and this sexual exchange often transpires on a

professional basis. When that sexual exchange is not such a straightforward cash transaction, and when this sex exchange is not pursued on a professional basis, but instead is understood more as a consequence of economic necessity, poverty, and economic dependence, the term *survival sex* is more commonly used. Several arguments come into play about which term is the most appropriate to describe the behavior and in what context for homeless youth (Walls & Bell, 2011). For this paper, I have elected to employ the term *survival sex*, and to define this term to signify the exchange of sex for shelter, food, drugs, money, and other basic needs.

The majority of research and studies on survival sex among homeless youth are cross-sectional and disallow for the determination of causality. However, what emerges in the research is the significant risk for homeless youth to engage in survival sex as a means to get their basic needs met, and, for those youth who are engaged in this behavior, a significantly greater probability of suffering from negative health and psychosocial outcomes. With each period of homelessness that a youth experiences, and the longer that a youth stays homeless, their likelihood of engaging in survival sex significantly increases (Walls & Bells, 2011).

Homeless youths frequently engage in survival sex as a means to get their basic needs met when they are unhoused. In one study of homeless teens conducted in Los Angeles, one half of the teens surveyed reported that they have traded sex in order to meet one of their basic needs (Schwartz, Sorensen, Ammerman, & Bard, 2008). Research has identified that homeless youth are driven into survival sex and other high risk unlawful “or non-conventional” survival strategies by the lack of alternative ways to meet their economic needs and as a result of the desperate circumstances they encounter as the result of being homeless (Bell & Walls, 2011; Twill, Green, & Traylor, 2010; Warf et al., 2013).

Warf, Clark, Desai, Rabinovitz, Agahi, Calvo and Hoffman's (2013) survival sex study which surveyed homeless young women living in Hollywood, California, found that among the young homeless women they surveyed who had engaged in survival sex, the median age for their first engagement in survival sex was 16 years old, and that over half of these women first participated in survival sex while they were a minor. 8.3% were 11-12 years old at the time of their first survival sex exchange. 66.7% of the young women were homeless living on the streets at the time, 16.7% were homeless but living with their parents, 11.1% were living doubled up with friends, and 5.5% were placed in foster care. Consistent with other studies, the findings of Warf et al.'s (2013) study suggests that drug involvement, coercion, economic necessity, and involvement with peers that are involved in survival sex contribute to homeless youth's participation in survival sex. The challenges inherent to homelessness and including the necessity of acquiring food, a place to stay, and money, to meet one's basic needs are key factors to homeless youth's participation in survival sex (Warf, Clark, Desai, Rabinovitz, Agahi, Calvo, & Hoffman, 2013).

High risk survival behaviors

It is important to identify at-risk youth and to increase their social supports before they leave home as well as after they experience homelessness. Many of these at-risk youth have a history with adults in which they were repeatedly abused, mistreated, neglected, or disappointed (Schwartz, Sorensen, Ammerman, & Bard, 2008). As a result, these youth have often "put a wall up" to distance and protect themselves against adults, and have developed a strong hesitancy to trust any adults as well as to access program and service supports (Pondschn, 1993; Twill, Green, & Traylor, 2010, Schwartz, et al., 2008). This hesitancy to trust adults and to access

community supports presents a particular challenge in working with homeless youth.

Additionally, the disordered and transient nature of homelessness makes it extremely difficult to connect with these youth and to form a lasting and supportive relationship with them (Schwartz et al., 2008).

A low level of literacy among homeless youth is another significant obstacle for reaching this population through school-based interventions that aim to reduce high-risk sexual behaviors. The National Coalition for the Homeless (1990) found that more than 40% of homeless youth do not attend school. The use of high-impact coloration, symbols, and photographs in educational materials targeting homeless youths with low levels of literacy have begun to be utilized as materials that are designed to appeal to this population in providing accurate information regarding the reduction and prevention of high-risk sexual behaviors (Podschun, 1993).

Becoming a victim of a sexual assault and becoming a sexual assault victim are physical risks associated with youth participation in survival sex. Many youths make the choice to be exposed to possible victimization on the street rather than remain living in their abusive home (Yoder, et al., 2013). Once a youth is homeless and, on the street, they often attempt to achieve a sense of control over the real dangers they face while homeless by “choosing” the risks which they will expose themselves to (Schwartz et al., 2008). Some homeless youth will trade sex for an indoor place to sleep rather than choosing to sleep somewhere outside, such as on a park bench. Whitbeck and Simons (1990) contend that for many homeless youth “the process of learning to survive in the hostile environment of life on the streets actually serves to increase the probability of further victimization.” Homeless youth have insufficient access to safe relationships or safe environments, and their survival is often having to choose which risks to incur, whether those risks are instantaneous or long-term in nature (Schwartz et al., 2008).

Experiencing childhood sexual abuse and childhood physical abuse by one's parents or caregivers is correlated with an individual's increased likelihood of engaging in survival sex. This correlation suggests that the vulnerability that arises from abuse during childhood makes homeless youth prime targets for predators and potential abusers outside of the home (Walls & Bell, 2011).

A lack of sufficient resources is a major predisposing factor to both experiencing homelessness and to engaging in survival sex. A lack of sufficient resources in turn places homeless youth at a great risk of becoming infected with HIV and other STIs (sexually transmitted infections) and to encountering barriers in accessing adequate medical care. Within this grim causal pathway, when homeless youth exchange sex for food, drugs, shelter, money, or other unmet needs it contributes to HIV and other STI risk (Meacham et al., 2019).

Dangers and consequences of survival sex

Numerous studies have examined the correlation between participating in survival sex and the consumption of alcohol and other substances in both the youth and adult homeless population. Significant relationships between participating in survival sex and drug and alcohol usage have been demonstrated in the homeless youth population. The practice of exchanging sex for drugs occurs in both urban and rural areas, and the correlation between substance use and participating in survival sex appears to hold true for both female and male homeless youth (Greene et al., 1999; Yates et al., 1991; Walls & Bell, 2011).

The presence of a peer who engages in illicit drug use in a homeless youth's social circle or friend group is positively associated with the youth having participated in survival sex. Furthermore, youth that come from substance-using families appear to be at an increased risk for

participating in survival sex in comparison to youth from non-substance using families (Green et al., 1999; Walls & Bell, 2011). Studies which have focused on specific substances have found that heavy alcohol use is associated with an increased likelihood of participating in survival sex. One of the strongest established risk factors of engaging in survival sex for both the adult and youth homeless populations is the use of injection drugs (Walls & Bell, 2011).

Bailey, Camlin, & Ennett's (1998) study explored substance use and risky sexual behavior engaged in by homeless youth, and their study findings revealed that among homeless youth in the age range of 14-21, survival sex was the most prevalent risky sexual behavior this population was engaging in. Survival sex occurs when the juvenile exchanges his or her body in a sexual manner for housing, food, clothing, money, or drugs as examples. Approximately 2.3% of homeless juveniles in New York are infected with HIV through survival sex behaviors. Bailey, Camlin, & Ennett (1998) also examined rates of HIV for homeless juveniles in San Francisco where percentages reported are 5.3% to 8.2%. This study references Kipke et al. (1997), which examined a street sample of homeless juveniles from Los Angeles and determined that survival sex, which included juveniles having many sexual interactions with different people and a low use of condoms, in conjunction with drug use, had a high-risk factor for HIV infection (Bailey, Camlin, & Ennett, 1998).

High rates of HIV and other sexually transmitted diseases

The leading contributors to HIV risk behaviors amongst homeless youth are survival sex/sex work, and drug and alcohol usage. Sex work patrons will generally pay more money for unprotected sex, and sex workers themselves may be willing to forgo condom usage when they are in enormous economic need. Gay, lesbian, bisexual, and transgender homeless youth are

particularly at risk for survival sex and sex work involvement. Youth who have been tested for HIV, and African American youth are significantly more likely to participate in survival sex than heterosexual, Caucasian, and youth that have not been tested for HIV, respectively (Walls & Bell, 2011). Furthermore, engaging in sex work and having peers involved in sex work are key factors which are contributing to high rates of sexual victimization of LGBT homeless youth (Ream, Barnhart, & Lotz, 2012).

Researchers have consistently shown that the longer the homeless youth are unhoused, away from home due to running away, or living on the streets, the more heavily involved they will become in high-risk behaviors, especially high-risk sexual behaviors including survival sex and hard drug usage. Researchers postulate that intervening when homeless youth first become homeless or run away from home may provide the best window of opportunity to reduce their engagement in high-risk behaviors (Milburn et al., 2012). It is uncertain whether the association between drug and alcohol usage and HIV risk behaviors is the result of the substance's effects leading to lapses in judgement during sexual encounters because some drug use with sexual activity is intentional, and the drugs are purposely being used as a means to reduce inhibitions and enhance the sexual experience (Ream, Barnhart, & Lotz, 2012).

There has been a broad call for needed empirical research to address unresearched assumptions about the mechanism of effect between HIV risk behavior and substance usage. In sex work, which is a part of homeless youth's environment whether they themselves are participating or not, it is common to forego using condoms when having sex with long-term partners as a means to distinguish these partners for sex work patrons. Condom usage boundaries also become vulnerable in states of negative emotional states or moods, and in states of emotional need. Negative emotional states are identified by homeless youth as a closer risk

factor for their engaging in high-risk HIV behavior than homelessness itself (Ream, Barnhart, & Lotz, 2012).

Increased suicide rates

Among homeless youth there are clear correlations between participating in survival sex, histories of childhood mistreatment, and mental health issues. Homeless youth that participate in survival sex are at an increased risk for suffering from depression and from conduct disorders than their counterparts who have not engaged in survival sex (Walls & Bell, 2011).

Previous studies have shown that among homeless youth increased survival sex participant is associated with suicide attempts (Walls & Bell, 2011; Warf et al., 2013). The increased suicide risk for homeless youth who are involved in survival sex, in addition to the high rates of victimization experienced by homeless youth while they are engaging in survival sex, coupled with the shame and regret that is frequently articulated by the youths involved, compel practitioners and researchers alike to identify effective interventions to prevent and end homeless youth's survival sex participation (Warf et al., 2013).

VII. Current homeless youth programs/interventions

The AWARE program

The AWARE program is an intervention program for homeless individuals between the ages of 16 and 25, which focuses on innovative group-based Motivational Interviewing (MI), and aims to reducing risky sexual behaviors and reduce alcohol and drug usage in homeless youths living in Los Angeles County. The AWARE program utilized an urban drop-in center for homeless youth and worked on finding unique ways to help homeless youth overcome barriers related to the location of services. The AWARE program findings revealed that homeless teens

who regularly used drugs and alcohol were less likely to seek services at the drop-in center. Additionally, teen who slept outdoors or on the streets were less likely to return to the drop-in center for services, and were the most likely of all program participants to engage in risky sexual behavior including survival sex. (Pedersen et al., 2018).

The AWARE program found success in being centrally located in an urban area and as a result youths faced few transportation barriers to access this center. Based upon this success of the AWARE program, a drop-in center program for homeless youth should be centrally located in an attempt to be easily accessible to youth. Furthermore, to reach homeless youth living outside on the streets homeless youth intervention programs should employ street-outreach workers to meet homeless youth living outside to connect them with services without the youths ever having to physically access the drop-in center. It is important that homeless youth intervention programs utilize outreach workers to connect with homeless youth living outside as they are greatly vulnerable to engaging in survival sex (Pedersen et al., 2018).

CHAMP, The Collaborative HIV-Prevention and Adolescent Mental Health Family Program

The CHAMP Program was developed to respond to the increasing need to reduce HIV exposure amongst urban adolescents in inner-city populations. The main goal of the CHAMPS program was to increase understanding of HIV risk and understanding of sexual development within the urban context, and also to apply the understanding of development to the CHAMPS intervention program. The CHAMP Program was built upon evidence-based interventions which aimed to reach children and their families via schools (Messam, McKay, Kalogerogiannis, & Alicea, 2010).

Because the CHAMPS program was executed through schools, many children experiencing homelessness were missed, resulting in a large segment of the program's targeting population being missed. The National Coalition for the Homeless states that more than 40% of homeless youth in America do not attend school, and in some areas of the county the proportion

of homeless youth not attending school is much higher. In 1990, the California State Department of Education reported that 75% of the State's homeless youth were not enrolled in a school (Podschun, 1993). What homeless youth intervention programs should do differently based on this information, is accept referrals outside of the sole realm of public schools.

The HOPE Family Program

The Hope Family Program was built upon the back of the findings of the preceding CHAMPS program in an attempt to reach larger numbers of families experiencing homelessness within the initially targeted communities that the CHAMPS program failed to reach. The HOPE Family Program was pilot-tested with 8 families residing at the HELP Morris Tier II Family Shelter in Bronx, New York over a time span of 6-weeks. A key component to the HOPE Family Program curriculum was the importance of family support. The Home Family Program focused on helping families experiencing homelessness to recognize their external and internal supports and the resources which were available to them to manage stressful situations occurring both inside and outside of shelter (Messam et al., 2010).

Findings of the Hope Family Program indicated that to reach more homeless youths that programs need to take referrals outside of just schools. Additionally, findings of the Hope Family Program revealed the importance of collaborating with and accepting referrals from homeless shelters & domestic violence shelters to reach more adolescents and their families. The Hope Family Program worked on family communication about "tough topics" and life stressors homeless youth faced such as sex, drugs, STDs, puberty, and HIV infection. It was found that as parents of homeless teens who participated in the program became more conscious of the possible high-risk situations their teenage children were in, there was a slight increase in parental monitoring. Additionally, The Hope Family Program recognized the importance of addressing common "life stressors" faced by homeless youth and the importance of meeting their basic needs including food, clothing, shelter, and access to education (Messam et al., 2010).

Before working on programmatic barriers and barriers to curriculum development, the Hope Family Program authors emphasize the importance of first addressing the basic needs of homeless youth's and their family. The Hope program findings revealed that before tackling personal and programmatic barriers of homeless youth that failure to address the most basic needs of homeless youths may undermine the success and significant of any program attempted (Messam et al., 2010). Homeless youth intervention programs should work off of these insights by immediately addressing the basic needs of homeless youths including clothing, food, access to education, and shelter to lower the necessity of homeless youths of engaging in survival sex in exchange for meeting their basic needs.

The STRIVE Intervention

The STRIVE intervention was a short-term family intervention trial intended to reduce drug usage, delinquent behaviors, and risky sexual behaviors amongst homeless youth. The STRIVE intervention was created primarily to address the need for HIV prevention for homeless youth. The STRIVE intervention was additionally created to address the need for family-based risk reduction as a means to reduce both delinquent behaviors and risk-taking behaviors in recently homeless adolescents in Southern California. The STRIVE intervention was conducted in Southern California over a 1-year period in which 151 families participated. Each of these 151 families had at least one 12-17-year-old homeless adolescent in the family, and these families were randomly assigned to either a standard control condition or to a home-based intervention that included five weekly intervention sessions. The STRIVE intervention was based on family interventions which have been successfully employed to reduce other high-risk behaviors in adolescents (Milburn et al., 2012).

The STRIVE Intervention was successful working with individual homeless youth in reducing their risk-taking behaviors in the context of living on the street, but found that they were less successful with their family-based program and did not see a significant reduction in

risky behaviors though this aspect of the program. The STRIVE Intervention authors felt that antecedent family conflict problems that may have resulting in teen runaway incidents may have affected the success of the program. Findings of STRIVE Intervention indicated that intervening when homeless youth first experience homelessness provided the best opportunity to prevent youths from engaging in survival sex and other high-risk sexual behaviors. Research has consistently demonstrated that the longer a homeless adolescent spends on the street the more deeply involved they become in HIV-related sexual risk taking and in risky drug and alcohol use related behaviors (Milburn, et al. 2012). Based upon these finding, homeless youth intervention programs should focus on early intervention with homeless youths and aim to meet their most basic needs immediately to reduce sexual risk-taking behaviors in both the short-term and long-term.

The Teen Peer Outreach-Street Work Project

The Teen Peer Outreach-Street Work Project was introduced to address high rates of HIV infection in the target population of homeless youth living on the streets of San Diego, California. The Teen Peer Outreach-Street Work Program was developed and designed to train three to five youths as peer outreach workers to provide HIV prevention to some 1,000 homeless youths living on the streets of San Diego. These adolescent peer outreach workers once trained were matched with adult outreach staff members who worked in three pre-existing programs which provided services to homeless youths. The Teen Peer Outreach-Street Work Project was successful in providing over 1,000 safer sex packages to homeless youth which contained lubricant with nonoxynol-9, condoms, information about proper condom use in both Spanish and English, and bleach and water solution which was labeled with illustrations of proper needle hygiene for homeless youths who inject drugs (Podschun, 1993).

The designers of the Teen Peer Outreach-Street Work Project operationalized the project with the understanding that HIV prevent outreach programs cannot successfully operate on their

own and are the most successful when there are integrated with services which provide homeless youths their basic needs. As a result, the Teen Peer Outreach-Street Work Project provided the homeless youths that they engaged with food, shelter, and clothing assistance. Each of the youth service programs the adolescent teen peer outreach workers and their adult street outreach worker partners worked with operated a shelter, and as a result concrete and immediately assistance was able to be offered to homeless youth. If a homeless youth chose to engage in services and ultimately enters a shelter, the HIV educational messages which were taught by the outreach workers on the street could be reinforced in the shelter (Podschun, 1993).

VIII. Recommendations for implementation of components for a successful homeless youth intervention program

Effective homeless youth program components

Effective components for an ideal homeless youth intervention program reach beyond the scope of traditional services, and should offer substance abuse prevention and treatment, aid with obtaining formal employment, conduct trauma screening, and offer trauma informed services, trauma treatment, and sexual health interventions for this population. Effective homeless youth programs addressing the problem of survival sex will assist homeless youth by operating under the theoretical assumption that both the absence of control and the presence of strain on homeless youth can push homeless youths to engage in delinquency and risk-taking behaviors (McCarthy & Hagan, 1992). The effects of external factors on juvenile delinquency are especially relevant among juveniles experiencing homelessness, as the situational stressors that homeless youth experience are extreme (Schwartz et al., 2008). The desperate and extreme circumstances that homeless youth find themselves in and a lack of alternatives for meeting

economic needs propel these youth into illicit survival strategies, most of all survival sex (Warf et al., 2013).

Effective intervention programs aim to prevent homeless youth's participation in survival sex by assisting them with the challenges inherent to homelessness. Effective intervention programs can operate as a one stop hub for homeless youth to come to, where staff will help meet the basic needs of these youth by connecting them with a place to stay, food, clothing, and connections to other services and community resources. Effective intervention programs often employ a street outreach worker or a street outreach team that aim to connect to homeless youth living outdoors and in other places not meant for human habitation. Street outreach will work with homeless youth who will not come to a program's hub location or who are unable to get there so that they too can be connected with resources to prevent them from participating in survival sex. Effective programs will take referrals from local schools, juvenile justice officers, local law enforcement agencies, local hospitals, and the local sexual assault crisis center to get homeless youth connected to 24-hour facilities and additional programs which help homeless youth. Homeless youth programs and services must be geared toward helping these youth overcome barriers related to the location of services, access services, and reduce their risky behavior by delivering services directly to youth where they temporarily reside via street outreach workers (Pedersen et al., 2018).

Effective homeless youth programs will help decrease homeless youths' engagement in survival sex by helping them meet their basic needs and providing them assistance, support, and resources to keep them off of the streets. Furthermore, these programs will incorporate sexual health education as an intervention strategy in hopes of reducing and preventing homeless youth from engaging in risky sexual behaviors including survival sex. Effective homeless youth

programs must aim to address the dangers and consequences of engaging in survival sex. The dangers of survival sex include high rates of HIV and other sexually transmitted diseases, increased suicide rates, and experiences of shame and guilt amongst other negative mental health outcomes of engaging in survival sex (Walf et al., 2013).

Long-term sexual relationships should be examined and researched in the future as potentially part of the HIV risk context for homeless youth. Unless HIV education programs for adults and teens alike address situations that are specifically faced by their clients, clients will continue to make assumptions and underestimate the risks associated with their behaviors. Programs that serve homeless youth should aim to provide mental health interventions and counseling to their clients that address and remediate negative emotional states (Ream, Barnhart, & Lotz, 2012). High risk sexual behavior is common along homeless youth, and this population therefore experiences relatively high rates of sexually transmitted diseases (STDs) including hepatitis and HIV infection, with prevalence rates of these STDs ranging from 2% upwards to 40%. Given the high rates of sexual risk-taking behaviors of homeless youths, this population can greatly benefit from engaging in risk reduction programs (Pedersen et al., 2018).

Severe lack of intervention initiatives

One important but less studied risk factor among homeless youth that is seldom addressed in homeless youth intervention initiatives is a history of childhood trauma. Childhood trauma has been associated with delinquency and criminal offending amongst non-homeless youth populations, and years of research has linked housed youths' histories of physical abuse, neglect, and sexual abuse with subsequent criminal arrest records for both violent and non-violent offenses. Surprisingly, little research has been conducted to examine exposure to

childhood trauma as a risk factor for criminal justice involvement for homeless youths. The severe lack of research in this area is extremely alarming given the high rates of childhood trauma experienced amongst homeless youth (Yoder et al., 2013). Research indicates that the majority of homeless youth have a history of familial abuse prior to their becoming homeless, and experience high rates of both sexual abuse (29%) and physical abuse (47%) (Tyler & Cauce, 2002). In fact, homeless youth who have ran away from home frequently report that it was the familial trauma and abuse experienced at home which was the primary reason that they left home (Yoder et al., 2013).

Theoretical rationale: combination of Hirschi's (1969) control theory linked with Agnew's (1985) strain theory

Contemporary sociological criminology is frequently characterized by its concentration on developmental factors and background factors which are assumed to generate criminal and delinquent behavior. This concentration has resulted in an array of theoretical explanations which highlight childhood and adolescent life experiences that lead to delinquency. These life experiences take place within the family, among peers, or at school. Looming in the background of this orientation is the unanswered question of how far back such causes may be tracked, and this question has animated a renewed interest amongst criminologists in propensities of the causation of delinquency and crime (McCarthy & Hagan, 1992).

Lost in these theoretical perspectives frequently are foreground causes of crime and delinquency, which are often the focus of the study of potentially criminogenic situations, such as the harsh realities of contemporary street life (McCarthy & Hagan, 1992). Components for an ideal homeless youth intervention program can assist homeless youth by operating under the

theoretical assumption that both the absence of control and the presence of strain on homeless youth can push homeless youths to engage in delinquency and risk-taking behaviors (Schwartz, Sorensen, Ammerman, & Bard, 2008). An integration of control theory and strain theory can span the developmental, background, and foreground aversive factors and conditions that indicate which youths are the most likely to become homeless, and once homeless are the most likely to engage in high-risk survival behaviors and delinquency (McCarthy and Hagan, 1992).

The theoretical rationale for a combination of Hirschi's (1969) control theory linked with Agnew's (1985) strain theory is based on the assumption that both the absence of control and the presence of strain on homeless youth can push homeless youths to engage in delinquency and risk-taking behaviors and free them for it (McCarthy & Hagan, 1992). These theories are extended by the incorporation of situational variables and conditions that are faced by homeless youth that are frequently acknowledged in delinquency causation theories. Hirschi's (1969) control theory proposes that delinquency is a response to encountering structural impediments which stand in the way of attaining socially determined goals and success. There are numerous negative outcomes which are associated with youth homelessness including increased criminal justice system involvement, including significantly higher rates of crimes committed by homeless youth in comparison to their housed counterparts (Yoder et al., 2014). The structural impediments faced by homeless youth present as adverse situations themselves which can compel individuals to commit crimes, and thus impact crime causation (McCarthy & Hagan, 1992).

The theoretical basis for a combination of Hirschi's (1969) control theory linked with Agnew's (1985) strain theory accepts the roles that developmental variables and the background environment from control and strain theories play in delinquency. Classical Mertonian strain

theory asserts that when an individual encounters adverse situations and structural impediments that get in the way of their attainment of success and socially determined goals, that an individual's response is engaging in acts of delinquency. Agnew's (1985) strain theory recasts Classical Mertonian strain theory by suggesting that delinquency can also be a response to an individual living in an extremely punishing and painful environment. This perspective is extremely relevant to homeless youth who often flee one set of adverse situations such as abuse in their home only to find themselves in another punishing living environment faced with the challenging and often dangerous circumstances of living on the streets (McCarthy & Hagan, 1992).

Homeless youth frequently engage in theft, prostitution, drug sales, and panhandling as a means to earn income for shelter and food. While the participation in these kinds of risky behaviors is a common way for homeless youth to survive street life, the illegal nature of many survival behaviors repeatedly positions homeless youth in the criminal justice system (Yoder, Bender, Thompson, Ferguson, & Haffejee, 2014). Consistently, experiencing hunger leads to theft of food, problems of hunger and lack of shelter can lead to serious theft, and problems of unemployment and a lack of shelter produce survival sex. Many of the major problems of homelessness derive from the conditions of homelessness itself, including the problems of sustenance, safety, and security that homelessness produces (McCarthy & Hagan, 1992). The conditions of homelessness and street life itself are important beyond the scope of theoretical relevance, there is, of course, significant program and policy relevance in that street situations faced by homeless youth can be changed.

Trauma informed services/ trauma treatment

Compassionate approaches to the problem of homelessness include; forming alliances between law enforcement officers, street case workers, and homeless advocates, the development of sensitivity training to police officers, creating day centers for the homeless, and developing educational and training programs which help homeless individuals become more self-sufficient (Amster, 2003). Based on the current state of literature on youth homelessness, it is important to further investigate how experiencing different forms of childhood trauma may lead to differing degrees of engagement in survival behaviors, substance abuse, and offending behaviors, and to differing degrees of criminal justice system involvement. It has been well documented that youth often flee their home to escape abuse within their home of origin. Still, even after leaving their traumatic situation to escape abuse youth are frequently overcome by the residual sensations, emotions, or reactions related to the trauma they have experienced. The unresolved feelings from early trauma can lead to poor coping skills and to poor self-regulation, and thus can place homeless youth at great risk for engaging in risk taking behaviors and illegal behaviors.

Having a better understanding of the relative influence of childhood trauma may inform the development of trauma-sensitive homeless youth prevention programs (Yoder et al., 2013).

Homeless youth who are receiving community-based care where treatment services are delivered should be provided services which specifically address the symptoms of experiencing trauma. Typical trauma treatment includes cognitive restructuring, relaxation, self-talk, role-playing, enhancing coping mechanisms and skills, and may include exposure treatment, which is often in the form of a trauma narrative which aims to help youth work through any anxiety associated with their traumatic experiences. This approach has recently become widely accepted for treating youth with delinquent behavior by including safety planning, behavioral management skills, and including psychoeducation components in trauma treatments. Research has found that

delinquent youth that receive trauma treatments are better equipped to work through their childhood trauma and also to recognize the associations between their criminal behavior and their traumatic experiences (Yoder et al., 2013).

Principles of trauma-informed care should be applied to settings where homeless youth can connect to and receive social services. For example, in supporting housing programs and facilities for homeless youth, this can include having guest policies and flexible curfews for participants. Additionally, features that facilitate privacy for participants such as locks on doors and dressers, providing private rooms, and maximized participant choices wherever possible should be included in programs that assist homeless youth (Meacham, Bahorik, Shumway, Marquez, & Riley, 2019).

Principles of trauma-informed care applied in a homeless shelter setting can mean providing a daytime shelter for youth and not just an overnight bed, which provides a daytime refuge for these youth, but not forcing them to leave during the daytime. At a free-meal program applied trauma-informed care can include providing female-only mealtimes or possibly even providing meal delivery services to homeless youth. Female-only spaces and participant options which can include working only with female management and staff members in all homeless youth service provision settings may enable both agency and social support which expands choices, recovery, and safety (Meacham et al., 2019).

An obstacle faced by social service providers in providing trauma-informed care services to homeless youth is the lack of standardized trauma screening processes to identify youth with childhood trauma histories. Without standardized and systematic screening tools and processes for trauma experiences and symptomatology, service settings for homeless youth may fail to recognize the need for trauma-informed care services among the youth participants that they

serve. Furthermore, the broader juvenile justice system is failing to understand and address the role that trauma plays in the etiology of homeless youth delinquency and how rehabilitative efforts for these youth can be significantly enhanced through the adoption of trauma-informed approaches. For example, one study (Riggs-Romaine et al.) found traumatic childhood experiences noted in approximately 71% of files of juveniles involved in the juvenile justice system, and only 6% of these evaluation files included a trauma-informed care recommendation (Riggs-Romaine, Sevin-Goldstein, Hunt, & DeMatteo, 2011). This highlights the need for better trauma identification and the intense need of the integration of childhood trauma experiences in service delivery for both housed and unhoused youth involved in the justice system throughout the entire decision-making process (Yoder et al., 2013).

A structural issue which contributes to the prevalence of survival sex among homeless youth is the lack of alternatives for these youth in meeting their economic needs. Assistance with obtaining formal employment, job creation, job training, and job placement, accompanied with advocacy for systems which are more responsive to the economic needs of homeless youth are greatly needed in programs and services which aid this population. At a more fundamental level, work and interventions that address the issues in the home that lead youth to run away from home or which result in their being thrown out of the home are vital in decreasing homelessness and the subsequent need to engage in survival sex. This includes programs and services which will assist homeless youth by offering substance abuse prevention, no-cost drug and alcohol treatment for youths and their parents or caregivers, as well as related forms of counseling and family support (Walls & Bell, 2011).

IX. Summary and conclusions

Interventions for homeless youth that aim to reduce and prevent survival sex and other high-risk behaviors should aim to address the significant risk factors which are leading the homeless youth population to harmful outcomes. Consequently, current homeless youth services should address employment and financial resources, help secure transitional or stable housing, and should address substance use and treatment, all while employing a trauma-informed care approach. Such homeless youth programs should recognize and consider the possible cognitive, social, or emotional challenges which are associated with traumatic childhood experiences. The incorporation of trauma screening, trauma informed care, and trauma treatment should be provided in homeless youth programs alongside efforts at addressing the significant risk factors of survival sex, substance use, and other high risk survival behaviors (Yoder et al., 2013).

Related clinical implications include the importance of assessing and documenting individual youth that are experiencing homelessness or are at high risk of becoming homeless. Understanding the competing needs for survival which homeless youth are faced with that may negatively influence their proclivity to engage in high-risk behaviors, while also being prepared to coordinate referrals to social service agencies and programs that assist homeless youth (Meacham et al., 2019). Many homeless youths view survival sex as a necessity. Engaging homeless youth who are considering engaging in survival sex in a dialogue prior to their involvement in survival sex about the potential risks and dangers associated with the behavior may be useful in either preventing their participant or reducing some of the risks associated with the behavior. Brainstorming alternatives to survival sex with homeless youth, and connecting

these youth with resources and referrals to meet their basic needs can alleviate some of the pressure they feel to participate in survival sex (Walls & Bell, 2011).

References

- Amster, R. (2003). Patterns of exclusion: Sanitizing space, criminalizing homelessness. *Social Justice*, 30(1 (91)), 195-221.
- Bailey, S. L., Camlin, C. S., & Ennett, S. T. (1998). Substance use and risky sexual behavior among homeless and runaway youth. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, 23(6), 378-388.
- Lippman, M. (2017). *Law and Society* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Mccarthy, B., & Hagan, J. (1992). Mean Streets: The Theoretical Significance of Situational Delinquency Among Homeless Youths. *American Journal of Sociology*, 98(3), 597-627.
- Meacham, Meredith C, Bahorik, Amber L, Shumway, Martha, Marquez, Carina, & Riley, Elise D. (2019). Condomless Sex and Psychiatric Comorbidity in the Context of Constrained Survival Choices: A Longitudinal Study Among Homeless and Unstably Housed Women. *AIDS and Behavior*, 23(3), 802–812. <https://doi.org/10.1007/s10461-018-2280-5>
- Messam, T., Mckay, M., Kalogeroiannis, K., & Alicea, S. (2010). Adapting A Family-Based HIV Prevention Program for Homeless Youth and Their Families: The HOPE (HIV prevention Outreach for Parents and Early adolescents) Family Program. *Journal Of Human Behavior In The Social Environment*, 20(2), 303-318.
- Milburn, N., Iribarren, Rice, Lightfoot, Solorio, Rotheram-Borus, & Duan. (2012). A Family Intervention to Reduce Sexual Risk Behavior, Substance Use, and Delinquency Among Newly Homeless Youth. *Journal of Adolescent Health*, 50(4), 358-364.
- O'Connor E. (2006). The cruel and unusual criminalization of homelessness: Factoring individual accountability into the proportionality principle. *Texas Journal on Civil Liberties & Civil Rights*, 12(1/2), 233-275.
- Pedersen, E., Ewing, R., D'Amico, B., Miles, A., Haas, E., & Tucker, J. (2018). Predictors of Retention in an Alcohol and Risky Sex Prevention Program for Homeless Young Adults. *Prevention Science*, 19(4), 459-467.
- Podschun, Gary D. (1993). Teen Peer Outreach-Street Work Project: HIV prevention education for runaway and homeless youth. (1992 Secretary's Award for Innovations in Health Promotion and Disease Prevention). *Public Health Reports*, 108(2), 150-155.
- Ream, G., Barnhart, K., & Lotz, K. (2012). Decision Processes about Condom Use among Shelter-Homeless LGBT Youth in Manhattan. *AIDS Research and Treatment*, 2012, 659853.

- Riggs-Romaine, C. L., Sevin-Goldstein, N. E., Hunt, E., & DeMatteo, D. (2011). Traumatic experiences and juvenile amenability: The role of trauma in forensic evaluations and judicial decision making. *Child and Youth Care Forum, 40*(5), 363-380.
- Schwartz, M., Sorensen, H., Ammerman, K., & Bard, S. (2008). Exploring the Relationship Between Homelessness and Delinquency: A Snapshot of a Group of Homeless Youth in San Jose, California. *Child and Adolescent Social Work Journal, 25*(4), 255-269.
- Shipley, S., & Tempelmeyer, T. (2012). Reflections on homelessness, Mental illness, and crime. *Journal of Forensic Psychology Practice, 12*(5), 409-423.
- Tyler, K.A., & Cauce, A. M. (2002). Perpetrators of early physical and sexual abuse among homeless and runaway adolescents. *Child Abuse and Neglect, 26*, 1261-1274.
- Walls, N., & Bell, S. (2011). Correlates of Engaging in Survival Sex among Homeless Youth and Young Adults. *The Journal of Sex Research, 48*(5), 423-436.
- Warf, C. W., Clark, L. F., Desai, M., Rabinovitz, S. J., Agahi, G., Calvo, R., & Hoffmann, J. (2013). Coming of age on the streets: Survival sex among homeless young women in Hollywood. *Journal of Adolescence, 36*(6), 1205–1213.
- Yoder, Jamie Rae, Bender, Kimberly, Thompson, Sanna J, Ferguson, Kristin M, & Haffejee, Badiah. (2014). Explaining Homeless Youths' Criminal Justice Interactions: Childhood Trauma or Surviving Life on the Streets? *Community Mental Health Journal, 50*(2), 135–144. <https://doi.org/10.1007/s10597-013-9690-7>
- Zlotnick, C., Zerger, S., & Wolfe, P. (2013). Health care for the homeless: What we have learned in the past 30 years and what's next. *American Journal of Public Health, 103*(2), S199-205.