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Literature Review  

Sexual and Maternal Health Needs of Homeless and Runaway Youth  

Introduction  

Young people who are living on the streets and in shelters, who have runaway from home, and are considered homeless face a multitude of reproductive and sexual health challenges, such as: Sexually Transmitted Diseases (STDs) and Sexually Transmitted Infections (STIs); lack of access to regular, continuous health care including reproductive, prenatal, and maternal care (which results in a reliance on emergency instead of preventative health care services); and physical and mental health problems from sexual victimization and “survival sex”\(^1\) (Klein et. al. 2000; 331). Most of the research on the sexual and reproductive health care needs of runaway and homeless youth has been compiled by academics working in the areas of psychology, social work, medicine, and public health. Additionally, non-profit agencies working to end homelessness (such as the National Alliance to End Homeless Youth) and government agencies (such as the Department of Health and Human Services’ Administration for Children and Families) have contributed reports, policy analyses, and data collection to the body of knowledge on this topic. Research in this area has focused on the causes of youth homelessness and the conditions faced by homeless youth on the streets and in shelter environments that affect their sexual and reproductive health. Such research on causes and conditions is thorough and

\(^1\) Klein et. al define “survival sex” as: “exchanging sexual acts for money, food, drugs, shelter, or protection...” (Klein et. al. 2000; 331; Walters et. al. 1999). Survival sex can be legally interpreted as prostitution depending on factors such as gender, race, age, and sexual orientation of the person engaging in survival sex (Lindquist et. al. 1989; 227). For example, women, people of color, adolescents, and LGBTQ youth who are engaging in survival sex are more likely to be arrested for prostitution than other individuals who are engaging in the same acts (Lindquist et. al. 1989).
extensive, ranging in methodologies, research questions, and goals. There are also rhetorical trends that have emerged and stayed consistent in this research.

While many vague suggestions for interventions are made in these research projects, few mention specific policies, policy proposals, or policy effects. This could be due to the nature of the disciplines that the research is emerging from—psychologists, medical professionals, social workers, and public health officials may not be trained in policy analysis. However, some mention of programs or policies would be helpful for promoting progress in this area. There has been little mention of specific policies and policy interventions (e.g. the Runaway and Homeless Youth Act—P.L. 110-378—is rarely mentioned despite its existence since 1974) in the academic literature on runaway and homeless youth. And while the collection of knowledge on causes and conditions is necessary to understand the reproductive and sexual health needs of homeless youth, it is also equally necessary to evaluate the effectiveness of current policies that are targeting this population (such as the aforementioned P.L. 110-378 and others) and suggest revisions and new policies.

Existing Literature

A large portion of the existing literature and research in this area of study relies on qualitative methods—primarily interviews of homeless youth (Lindsey et. al. 2000; Klein et. al. 2000; Beech et. al. 2003). Some of the work draws on quantitative analysis such as chi-square testing and multiple regression analyses (Barkin et. al. 2003; Greene et. al. 1998). Many projects

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2 Only Walters et. al. 1999 make a direct reference to the Runaway and Homeless Youth Act of 1974 (RHYA) (Walters et. al. 1999; 189). It is difficult to find literature in the areas of public policy and politics that specifically addressees the RHYA or other acts pertaining to people experiencing homelessness.
employ mixed methodologies (Tyler and Cauce 2002; Walters et. al. 1999; Powers et. al. 1990; Rosa et. al. 1999; Greene et. al. 1997).

The existing literature on the sexual and reproductive health needs of homeless and runaway youth casts homeless and runaway youth as powerless agents in the discussion of causes and conditions of homelessness. The literature primarily focuses on the sexual abuse and sexually “risky” behaviors (such as prostitution, survival sex, unprotected sex, etc.) of runaway and homeless youth and the effects of these behaviors on the bodies of the youth (e.g. STD and STI transmission, pregnancy, mental health issues, etc.).

For example, in the article *HIV Prevention in Street Youth*, Dr. Andrew Walters uses literature review, historical analysis, and regression analysis to argue that the transmission of the human immunodeficiency virus (HIV) is prevalent in homeless youth because of the “high risk” sexual behaviors they adopt to survive on the streets and in shelter environments (Walters et. al. 1999; 187). Walters states: “HIV risk for many homeless adolescents stems directly from their state of homelessness…” and advocates for “behavior change programs” to reduce HIV in homeless adolescents (Walters 1999; 187). Walters is one of the few authors of literature in this area who makes reference to specific policy measures, such as the Runaway and Homeless Youth Act (Walters 1999; 189), yet he fails to evaluate the policy or suggest revisions. Instead, Walters relies on vague policy suggestions [such as: “National policies and funding are needed to address the health needs of these youth…” (Walters 1999; 188)] that would require larger systemic and institutional overhauls that are unrealistic without more specific policy evaluation or planning.

In the article *Service Utilization Among Homeless and Runaway Youth in Los Angeles, California: Rates and Reasons* (1999), Dr. Christine De Rosa et. al. support the types of
programs (such as the Basic Center program model) offered by the federal Runaway and Homeless Youth Act (RHYA), yet there is no specific mention of the RHYA or existent programs at any levels—federal, state, local, etc—in the article. The authors assert that runaway and homeless youth are not accessing the preventative or emergency medical services that are needed to assist with the reduction of HIV/AIDS and aid in prenatal and maternal care. The authors agree that more needs to be done on the part of service providers to overcome barriers to health care access for street youth. However, the authors also contend: “Many of these youth may have been drawn to Hollywood because of the availability of services, raising an important question about whether services are having an impact in getting youth off the streets, or if they merely provide enough services to enable the youth to continue to live the way they do…Additional research is needed to determine the impact of services on the course of homelessness among these youth.” The contradictory nature of these two points is a theme throughout the article, showing a struggle between the authors’ desires for more comprehensive reproductive and sexual health services for homeless youth on the one hand, and a questioning of the effectiveness of the services on the other hand. This argument appears to be constructed in an either/or approach—either fund services fully or not at all—which is troubling for promoting policy reform in a politically polarized climate.

In the article How Runaway and Homeless Youth Navigate Troubled Waters (2000), Dr. Elizabeth Lindsey et. al. use the language of “risky behavior” to illustrate the perceived psychological effects of sexual and substance abuse behaviors on homeless and runaway youth. Lindsey et. al. are primarily concerned with life cycle transitions and question how runaway and homeless youth—who are under more stress than youth in the general population—transition
into adulthood. The authors use literature reviews and case studies of individual homeless and runaway youth to construct a narrative that risky sexual and substance abuse behaviors facilitate a quicker transition into adulthood for these youth.

Following a similar trend of attributing sexual behaviors to sexual and reproductive health problems for homeless youth, *Pregnancy Among Three National Samples of Runaway and Homeless Youth* (1998), by Dr. Jody M. Greene et. al., compares shelter and city surveys of homeless and runaway youth to household surveys of youth living off of the streets, and finds that homeless and runaway youth have the highest youth pregnancy rates. According to the study, 48% of youth living on the streets experience pregnancy, 33% of youth living in shelters experience pregnancy, and <10% of youth living in households experienced pregnancy (Greene et. al. 1998; 370). The article also employed the language of “risky sexual behaviors” to illustrate how survival sex, sexual victimization, inconsistent use of condoms and contraceptives, and lack of access to medical services increased rates of pregnancy for homeless and runaway youth (Greene et. al. 1998; 371). The authors concluded with a plea for more funding for prenatal and maternal care for homeless youth, yet there were no mentions of specific programs, policies, or funders.

In *Homeless and Runaway Youths’ Access to Health Care*, Klein et. al. examine the access to and the use of continuous (versus emergency) health care services by homeless youth. The authors find that despite their high risk for sexual health problems associated with STDs, STIs, pregnancy, and sexual abuse, homeless youth are less likely to seek out services due to lack of trust of health care workers, lack of transportation to health care facilities, lack of health
insurance, and fear of financial burdens from health care costs (Klein et. al. 2000). The investigators relied on interviews collected from 640 sheltered homeless youth and 600 homeless youth living on the streets between the ages of 12-21, and frequently used the language of “risky sexual behaviors”, reinforcing this linguistic/rhetorical pattern in the literature on this topic.

Much of the research focusing on the causes of youth homelessness studies family structure and places much of the impetus for youth to runaway and become homeless on the families of the adolescents and young adults (Ryan et. al. 2000; Powers et. al. 1990; Tyler and Cauce 2002; Lindsey et. al. 2000; Zide and Cherry 1992) rather than on structural or institutional problems. For example, Dr. Kimberly A. Tyler and Dr. Ana Mari Cauce used interviews from 372 homeless and runaway youth in the Seattle area to study how sexual and physical abuse that occurred at home (before running away and becoming homeless) affects the youth when they are living on the streets and in shelters. The authors found that over one half of the youth interviewed were abused, one third were sexually abused, and females and sexual minorities were abused more often than male and heterosexual youth (Tyler and Cauce 2002; 1261). Tyler and Cauce write: “Biological parents were the majority of perpetrators for physical abuse whereas nonfamily members most often perpetrated sexual abuse. [The] Average age of perpetrators was late 20s to early 30s and the majority of perpetrators were male for both types of abuse. The pattern of exploitation and victimization within the family may have serious and cumulative developmental consequences for these youth as they enter the street environment…” (Tyler and Cauce 2002;1261).

It should be noted that any kind of abuse (especially the abuse of minors) is horrific and is abhorrent, and my next comments do not attempt to defend abusers or their actions. With that
note in mind, it is important to examine what the literature on the sexual and physical abuse of homeless and runaway youth misses. The literature that focuses on the abuse of homeless and runaway youth by families completely ignores structural, institutional, and cyclical problems that facilitate abusive behaviors (e.g. the “cycle of violence”\(^3\)). Adding, to this literature, information on why abusers abuse and how patterns of abuse relate to homelessness and poverty would be beneficial for a more complete understanding of the cycles of abuse and violence, and how these cycles can be curtailed for homeless and runaway youth.

Some of the rhetoric and terminology used in these works—such as “risky sexual behavior” and the extensive focus on the words “victim” and “victimization”—while technically accurate may not capture the entire picture of the sexual behavior patterns and the general humanity of homeless and runaway youth. “Risky behavior” is a term that has been accepted and canonized in the academic literature on homeless and runaway youth (across the disciplines of psychology, social work, public health, and medicine) without any interrogation of the assumptions, biases, or connotations implicit in the phrase itself. The way in which this term is used in the literature implies that the youth have access to all of the information they need to fully assess the risks involved with actions such as survival sex, unprotected sex, prostitution, etc., yet it seems very possible that a situation of asymmetrical information could arise when runaway and homeless youth are making decisions regarding sex and sexual health. If runaway youth

\(^3\) The “cycle of violence” refers to patterns of abuse that occur between partners and within families. The cycle of violence has four phases: the tension building phase, explosion phase, reconciliation phase, and cycle frequency/duration phase. These four phases can be repeated over and over again within families and social circles for long periods of time—e.g. generations, decades, etc. (Spradling 2014). Discussing patterns of abuse and motivations for abuse in this literature on the abuse of homeless and runaway youth would give a more complete picture of the situations faced by homeless youth. Additionally, a nuanced focus on abusive patterns would add more information to the policy agenda setting and the policy proposal stages of the policy making process.
and homeless youth do not fully understand the consequences and the effects of the “risky sexual behavior” emphasized in the literature, then to them as individual actors, there is no assessment of risk and thus no “choice” or “decision” regarding potentially unsafe sexual practices.

It may also be that some homeless and runaway youth clearly understand the consequences of the “risky sexual behavior” but they may not see or have the means to make less destructive choices. This scenario also implies that risk must be perceived and defined differently than is usually the case in a situation of perfect information and perfect access to alternative choices. Despite his own use of the terms “risky sexual behavior” and “risk behavior” throughout his work, Walters (1999, page 193) aptly notes: “Researchers and practitioners do not fully understand [homeless] youths’ socially constructed acceptability of risk…. [for example] the negative implications of becoming infected with HIV and living with HIV disease are minimized and perceived as no greater or less risk than living in an abusive home or on the streets.”

Additionally, the literature makes it clear that homeless and runaway youth are victims—they are victims of abusive adults, victims of unjust institutional arrangements and socioeconomic statuses, etc. While this is true and the emphasis on victimization makes sense coming from these disciplines (and is necessary for provoking action in favor of this target population), I worry that the absence of a discussion of the determination, perserverance, and bravery of these young people as individual actors may not fully represent them as agents. While homeless and runaway youth are definitely victims, they are also people with personalities, strengths, weaknesses, interests, etc., and the intense focus on their victimization without any acknowledgment of their humanity in this literature is troubling. It causes these young people
become statistics without acknowledgment of their impressive feats and great personal strengths within oppressive systems.

**Conclusions**

The academic literature on the sexual and reproductive health needs of homeless and runaway youth shows positive intentions but relies on language and rhetoric that needs further interrogation. Additionally, more attention to policy-specific critiques and suggestions are needed in this literature to increase policy and funding initiatives in this area.

**References**


22Following is the corrected version of this article in its entirety. *Journal of Adolescent Health, 24*(6), 449-458. doi: 10.1016/S1054-139X(99)00040-3

