Position

Healthy Teen Network maintains that housing is a universal human right, and by extension, a right all Americans should enjoy equitably. Furthermore, we recognize the centrality of safe and stable housing to achieving whole health. Accordingly, we support policies, programs, and practices to ensure permanent, safe, and affordable housing for all as a matter of both human rights and human health.

Healthy Teen Network understands that the absence of safe and stable housing contributes to negative health outcomes for youth and puts youth experiencing homelessness in situations that may heighten their risk-taking behaviors, including sexual behavior. Accordingly, youth experiencing homelessness should have access to comprehensive sexuality education and optimal sexual and reproductive health services. Sexual and reproductive health services should be designed and delivered with consideration for homeless youth such as by developing and implementing sexual health interventions designed specifically to address the unique needs and life circumstances of homeless youth and by integrating SRH services into facilities and programs serving them.
Issue

The unique context for sexual decision-making among youth experiencing homelessness includes that they may be more sexually active\(^1,2,3,4\) and may have an earlier sexual debut.\(^5\) Homeless youth may be more disengaged from school and family—determinants that have been associated with risky sexual decision-making and greater pregnancy risk.\(^6\) Youth experiencing homelessness are also more likely to have survived a history of abuse\(^7,8\), and more likely to experience sexual assault\(^9\) or other unwanted sexual experiences.\(^10\) Research has also shown that homeless youth are more likely to be addicted to illegal substances than their housed counterparts, which further increases their risk of sexual victimization.\(^11\) Homelessness among teens is associated with higher rates of dating violence perpetration and victimization, especially among those with a history of child maltreatment.\(^12\) If a young person experiencing homelessness identifies as LGBTQ+, research has shown them to experience more substance abuse, more mental illness, and to have more sexual partners than straight homeless youth.\(^13\)

Some youth experiencing homelessness report that safe sex practices are largely not discussed with partners or friends.\(^14\) Relationship factors in condom use are complex for homeless youth, with trust and love, relationship commitment status, HIV testing, and assessing risk through reputation of promiscuity all playing a role.\(^15,16\) Migratory subgroups of homeless youth, such as “travelers” report more partners, and more casual or need-based sex than other homeless youth.\(^17\)

In addition to this complicated picture of high levels of consensual and non-consensual sex, youth experiencing homelessness often report engaging in “survival sex,” which is trading sex for money, drugs, clothing, food, or

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of those interviewed, many report not wanting to have sex, but doing so because they lacked alternatives. This led to feelings of hopelessness associated with mental illness and suicide attempts. Young people experiencing homelessness are also especially vulnerable to commercial sexual exploitation.

The consequences of the complex context for sexual decision-making among youth experiencing homelessness include a higher risk of STIs and HIV, higher risk of unwanted pregnancy, and higher likelihood of intended pregnancies than their housed peers. If a young woman is pregnant while homeless, she is likely to be at high risk of low birth weight and high infant mortality, unlikely to get prenatal care, have limited information about abortion access and cost, and more likely to self-induce abortion than her housed peers.

Health interventions for homeless youth often seek to maximize known protective skills, such as goal setting, decision-making, self-reliant coping, and to promote healthy attachment, social support, self-efficacy, and positive sexual self-concept. They do not usually consider their sexual and reproductive health needs.

In general, there are few studies about sexual health interventions for homeless youth. These studies are rated poorly by prevention scientists and tend to be overly focused on substance abuse treatment. Promising intervention models include low-caseload, individualized mental health case management, mobile social

worker-nurse teams, skill-focused HIV prevention programs based on social learning theory, multi-systemic Ecologically-based Family Therapy (EBFT), and the integrated community reinforcement approach (CRA) with drop-in centers. Continuity of care is a major challenge, with homeless youth among those least likely to return to the same sites and providers for health care. Research shows that mobile apps for youth and mobile providers can help with continuity. Intervention studies also note that among homeless youth, needs and skills vary sharply by gender and by sexual orientation, so separate programs may be indicated.

Supporting Information

Homelessness among youth is a pressing social problem, with the U.S. government reporting almost 4,000 children and youth homeless on a given night in 2016. Recent studies show much higher prevalence, with 4.5 percent of households surveyed reporting a 13-17 year old family member who had run away, was homeless or was living temporarily in another household (“doubled up”) over the previous 12 months, and earlier national studies estimated 1.6 or 1.7 million youth having spent at least one night homeless in the previous 12 months. Child maltreatment, family homelessness, running away, and identifying as LGBTQ are all well studied risk factors for youth homelessness. Once homeless, young people are at a far greater risk of being the victim or perpetrator of violence, and of suffering a range of health problems.