



Coming of age on the streets: Survival sex among homeless young women in Hollywood



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ABSTRACT

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This study examined childhood physical or sexual abuse, involvement in dependency or delinquency systems, psychiatric hospitalization, and suicide as possible risk factors for survival sex among homeless young women. Homeless young women were found to have similarly high rates of childhood sexual abuse, dependency and delinquency systems involvement, and psychiatric hospitalization. Homeless young women involved in survival sex disclosed higher rates of attempted suicide and reported marginally higher rates of childhood physical abuse. Analysis of qualitative data showed that those engaged in survival sex were motivated primarily by desperation to meet basic needs including a place to stay, food and money, and one third mentioned that peers commonly were influential in decisions to engage in survival sex. Others were influenced by coercion (10%) or pursuit of drugs (10%). Young women engaged in survival sex generally experienced regret and shame about their experience.

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It is estimated that in the United States over one million youth under age 18 are homeless each year, about half of whom are females (Hammer, Finkelhor, & Sedlak, 2002). Estimates of homeless young adults ages 18–24 in the United States range from 750,000 to 2 million (Whitbeck, 2009); samples of the young adult homeless youth population are disproportionately male (Toro, Dworsky, & Fowler, 2007). The numbers of homeless youth and their profiles differ depending on the source of the data, definitions of homelessness used, age ranges of youth surveyed, and sampling strategies and methods employed (Toro et al., 2007; Toro, Lesperance, & Braciszewski, 2011; Whitbeck, 2009).

Homeless young people consistently identify conflict with their parents as the primary reason for their homelessness (Robertson & Toro, 1999) (Toro et al., 2007), and conflicts related to step-parent relationships, sexual activity, pregnancy, sexual orientation, school problems, and alcohol and drug use contribute to youth homelessness (Toro et al., 2007). In addition, homeless youth often cite physical or sexual abuse from parents or caregivers as their reason for leaving home (Toro et al., 2007; Whitbeck, 2009). Regardless of the cause, homeless youth confront the challenge of surviving without the support of parents and family, with a poor education and without marketable job skills. As a result, many homeless young people turn to strategies such as panhandling, shoplifting, stealing, dealing drugs, and prostitution or survival sex (i.e.,

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participating in sexual acts in exchange for money, food, lodging, clothing, or drugs) in order to survive (Ferguson, Bender, Thompson, Xie, & Pollio, 2011; Greene, Ennett, & Ringwalt, 1999; Robertson & Toro, 1999; Tyler & Johnson, 2006; Whitbeck, 2009). Estimates range that from 10% to 50% of homeless youth become involved in survival sex (Greene et al., 1999; National Alliance to End Homelessness, 2009), with estimates varying due to sampling strategies (e.g., street vs. shelter youth, urban vs. rural), age of participants, and differences in definitions (i.e., whether the definition is restricted to the exchange of sex for money or includes exchange for food, a place to stay, or drugs). Though engagement in survival sex is not limited to youth that are homeless, there are no credible or supported estimates of the size of the problem in the general youth population (Stransky & Finkelhor, 2008).

There are significant health risks associated with involvement in survival sex including exposure to sexually transmitted infections (STI's), exposure to HIV, involvement in serious drug use (including injection drug use), increased risk of pregnancy, and victimization through sexual and physical assault (Ferguson et al., 2011; Greene et al., 1999; Halcon & Lifson, 2004; Tyler & Johnson, 2006; Whitbeck, Hoyt, Yoder, Cauce, & Paradise, 2001). In addition, researchers have demonstrated that engaging in illicit survival behaviors may exclude young people from the labor market and force them further into the underground street economy, especially if they are arrested and convicted (Ferguson et al., 2011), and failure to help homeless young people acquire job skills and find employment opportunities as they enter into adulthood places them at risk for chronic homelessness (Tyler & Johnson, 2006).

Previous studies have identified multiple factors associated with survival sex participation among homeless youth including physical and sexual maltreatment (Greene et al., 1999; Whitbeck et al., 2001); drug use (Whitbeck et al., 2001), particularly heavy drinking and injection drug use (Halcon & Lifson, 2004); suicide attempts (Greene et al., 1999); length of time on the street, with recent runaway and shelter-using youth showing less involvement than street dependent youth (Greene et al., 1999); affiliation with peers involved in other illicit survival strategies (Whitbeck et al., 2001); participation in other types of non-sexual deviant subsistence strategies (Whitbeck et al., 2001); and coercion or pressure from friends or partners (Tyler & Johnson, 2006); perception of continued social support from home and older age at first run were negatively associated with survival sex (Whitbeck et al., 2001).

A previous study of runaway adolescent females' involvement in survival sex found that it was running away that put them at risk for survival sex, not a prior history of child sexual abuse (Seng, 1989). The only prospective analysis of entry into survival sex among homeless young women did not show a history of child sexual abuse to be an independent predictor of initiation (Weber, Boivin, Blais, Haley, & Roy, 2004); in this study, injection drug use, frequent drug use (more than two times/week), use of heroin, PCP, and acid, and having a female sexual partner were predictive of involvement.

The question still arises whether homeless young women become involved in survival sex primarily as a consequence of previous traumatic events and experiences, or as a response to the exigencies of homelessness and the particularly desperate circumstances they confront. Despite the prevalence of survival sex among this young and highly vulnerable population and the obvious potential for grave and negative outcomes, there is surprisingly little research on homeless young women's involvement. This study characterizes the early experiences of a cohort of homeless young women with a history of involvement in survival sex and compares them to the experiences of homeless young women who had not been involved, and describes influences on and circumstances of initial involvement for those engaged, in an effort to better understand the pathways into participation.

The findings from this study may be useful in shaping effective interventions for decreasing initiation of and participation in survival sex by homeless young women.

Method

Participants

Homeless young women, ages 18–24, seeking medical care at designated service sites for homeless youth in the East Hollywood area of Los Angeles, California were recruited to participate in this study. Service sites included an established clinic for homeless and at-risk youth and as well as five homeless youth-specific agencies providing drop-in center services, shelter, and/or transitional living. Young women were screened by one of the regular health care team staff (case manager, nurse practitioner, or physician) for involvement in survival sex as part of the routine psychosocial assessment process. Medical services were provided by the same team at all of the sites. All young women (18–24) who were homeless (i.e., reported living in a shelter, transitional living program, park, street, abandoned building, motel, or doubling up/couch-surfing with friends) and reported any current or past involvement in survival sex (described as exchanging sex for food, drugs, money or a place to stay), were asked by the person doing the assessment if they were interested in learning more about a research study. If they indicated they were, they were connected with a trained research assistant to complete the consent and enrollment process. Thirty (30) homeless young women seeking medical services at the same sites who did not disclose survival sex but met the other study criteria were recruited in the same manner to serve as a comparison group. None of the identified young women declined to be surveyed.

Survey administration

Consent was obtained by a research assistant, and young women were surveyed utilizing an Audio Computer Assisted Self-Interview (ACASI). The research assistant was present throughout the process to answer questions if needed; all surveys were

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