

Exploring Contextual Factors of Youth Homelessness And Sexual Risk Behaviors: A Qualitative Study

CONTEXT: HIV disproportionately affects homeless youth, and interventions to date have had minimal success in reducing sexual risk behaviors in this population. Few qualitative studies have been conducted to provide insight into the influence of homelessness-related factors on sexual risk behaviors.

METHODS: A qualitative study with a quantitative component was conducted with a nonprobability sample of 64 homeless youth aged 14–24; participants were recruited from a variety of venues in Houston between October 2013 and March 2014. Thirteen focus group discussions were conducted; thematic analysis was used to identify themes related to HIV risk.

RESULTS: Participants were predominantly black (75%), sheltered (67%) and aged 18 or older (77%). Youth discussed how the circumstances of their homelessness and the struggle to meet their immediate needs led to behaviors and experiences that put them at risk for HIV. Three themes emerged: Homeless youth frequently engage in risky sexual behavior, sometimes as a way to cope with stress; they often trade sex, either voluntarily or involuntarily, for such necessities as money or a place to sleep; and many experienced childhood sexual victimization or have been victimized since becoming homeless. Youth also described how stress, stigma and self-reliance contributed to their involvement in HIV risk behaviors.

CONCLUSIONS: HIV prevention methods that target stress and stigma while respecting youths' self-reliance may help reduce sexual risk behaviors. Further research is needed to determine suitable behavioral change techniques to address these potentially modifiable factors.

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Each year, approximately 550,000 unaccompanied youth less than 25 years old experience an episode of homelessness lasting longer than one week.¹ Homeless youth lack the basic economic, social and emotional resources required to meet their immediate needs for food, clothing and shelter; this lack of resources has dire consequences for their physical and emotional health,² and may contribute both directly and indirectly to HIV risk. Homeless youth may experience victimization;³ may engage in trade sex to secure food, shelter and other necessities;⁴ and may be exposed to other factors that negatively affect decision making, including substance use and stress.^{5–8}

Prevention interventions have had minimal impact on HIV rates for homeless youth.⁹ While the risk factors that homeless youth experience are well established, the process of decision making in this population and the environmental and contextual factors that may influence it are less clear. In a systematic review of the literature, Heerde et al. identified 38 studies that assessed the relationship between homelessness and sexual risk behaviors, and found that most did not examine the contribution of situational variables of homelessness.¹⁰ Still lacking are studies exploring how homelessness-related factors such as self-reliance and stress may intersect with HIV risk behaviors. In particular, few qualitative studies have explored the context in which

youth experiencing homelessness engage in sexual risk behaviors. In this article, we report on a study that used focus groups to explore how homeless youth describe sexual risk behaviors and experiences of victimization, and how the context of homelessness influences decision making surrounding HIV risk behaviors.

BACKGROUND

Homeless youth are among the highest risk groups for HIV infection; prevalence estimates for this group are as high as 12%.¹¹ Compared with their housed peers, homeless youth are 6–12 times as likely to become infected with HIV.¹² Homeless youth engage in sexual risk behaviors at higher rates than housed youth. They are more likely to be sexually active,¹³ initiate sex earlier¹⁴ and report less condom use.¹⁵ In one study, 70% of sexually active homeless youth reported engaging in unprotected sexual intercourse;¹⁴ in another, 62% of males and 77% of females reported having had unprotected vaginal or anal sex in the past three months.¹⁶

Some homeless youth trade sex for money, a place to stay or food because they perceive no other means of survival.¹⁷ Those who engage in trade sex, whether voluntarily or involuntarily, have 2.5 times as high a risk of having an STD as those who do not trade sex.¹⁸ Tyler reports that

older age, being nonwhite, being depressed and being solicited for sex are all predictors of trade sex in homeless youth.¹⁹ Having friends who trade sex is also associated with a higher incidence of trade sex.²⁰ Homeless youth who trade sex are at particularly high risk for HIV and pregnancy, as they rarely use condoms or contraceptives.²¹

Homeless youth also often have histories of adversity and victimization that may influence their decision making and increase their risk of engaging in sexual risk behaviors. In one study, 47% of homeless youth reported sexual abuse, 51% said that they had been thrown out of their homes by their parents and 31% reported that they had left home because of parental sexual abuse.²² Child abuse and neglect are associated with early sexual debut and increased risks of trading sex and sexual victimization.²³

A 2015 systematic review reports strong evidence linking substance use to sexual risk behaviors in homeless youth, as well as evidence suggesting that homeless youth may use substances to cope with the stigma and shame associated with trade sex and victimization.²⁴ In one study, 57–70% of homeless youth reported using substances in the last three months.²⁵ Substance use has been associated with an increased number of sexual partners and decreased condom use,¹⁵ as well as increased injection-drug use²⁶ and trade sex.²⁷

Emerging evidence suggests that acute stress can lead to risky decision making.²⁸ Stress alters underlying decision-making mechanisms,²⁹ presumably because of effects of cortisol on the prefrontal cortex, which handles executive functioning and feedback processing.^{28,30} A growing body of literature highlights the importance of real-time factors, such as stress, that influence individual-level behaviors, suggesting that stress may be an important mediator between environmental factors and sexual risk behaviors in homeless youth.^{31,32} While there is little information about the effect of stress on risk behaviors in homeless youth, several studies indicate a correlation between high perceived stress and greater frequency of sex,³³ less condom use³⁴ and less contraceptive use³⁵ in young women. Another study found that adolescent females who were better able to manage stress reported more consistent condom use.³⁶ Among homeless individuals, the chronic stress related to meeting basic needs for food and shelter may deflect attention from health promotion and disease prevention behaviors.³⁷ Also, chronic stress is exacerbated by prevailing mood and anxiety disorders,⁶ and may be a crucial factor to consider when aiming to modify sexual risk behaviors to prevent pregnancy, HIV and other STDs.

METHODS

Study Design

Our analyses use data from a larger project that explored how youth experience homelessness in an urban setting in the Southwest. We used a dominant qualitative study design with an embedded quantitative component³⁸ to address our research questions. Each youth in our sample participated in a small focus group and completed a

19-question survey that elicited demographic information and sensitive information inappropriate to inquire about in a group setting. Preliminary work with homeless youth and shelter staff suggested that focus groups would be more comfortable than individual face-to-face interviews for homeless youth and would help normalize traumatic experiences that can be difficult to talk about. The research protocol was approved by the human subjects review board at each participating institution.

Between October 2013 and March 2014, a nonprobability, purposive sample of homeless youth was recruited in Houston. Recruitment took place through street outreach and at two shelters, two drop-in centers and five magnet events (e.g., dinners for homeless youth). Health and social services providers, key informants and the local coalition of organizations serving homeless youth identified appropriate locations for targeted recruitment. Recruitment efforts and locations focused on ensuring adequate representation of hard-to-reach subgroups of homeless youth: minors; pregnant and parenting youth; unsheltered youth; and lesbian, gay, bisexual and transgender youth.

Youth were eligible for the study if they were English-speaking, were younger than 25 and were staying at a shelter or another location not intended for domicile (e.g., at a hotel, outside, in a vacant building). Using a protocol approved by the state research review board, we recruited minors from an emergency shelter run by the state's child protective services agency. Minors provided assent to participate after their court-appointed guardian signed a form permitting them to be approached about their interest in participating in the study. Once eligible youth expressed an interest, researchers provided them with more details about the study, and youth signed a consent form prior to participating in the focus groups. Only one eligible youth who was approached did not participate (because of a scheduling conflict).

Focus Group Guide and Procedures

The focus group guide was loosely based on Rew's theory of taking care of oneself, which posits that environmental and contextual factors of homelessness are related to self-care strategies employed by homeless youth.³⁹ Rew hypothesizes that homeless youth in high-risk environments take care of themselves in ways that involve self-reliance and survival strategies. Rew describes taking care of oneself while homeless as a process of making decisions and acting in ways that enhance basic self-respect and that affect health. It often involves a learned distrust of adults due to abuse and neglect, as well as subsequent self-reliance as a method of self-care. The theory builds on Orem's conceptualization of self-care and self-care agency as important factors related to how youth make self-care decisions.⁴⁰ While self-reliance may be a response to a history of adversity, it may lead to self-care practices that increase vulnerability in the high-risk environment of homelessness by deterring youth from seeking help from others.

Using this guiding theory, we developed a semistructured interview guide meant to encourage a loosely structured,

comfortable and conversational style.⁴¹ Questions addressed experiences of homelessness that influence decision making about survival strategies and self-care; throughout the discussions, questions were modified through an iterative process in which participant responses informed subsequent questions. To open the conversation about survival strategies, the following question was asked: “We are interested in what survival strategies youth use after leaving home. Can you tell us your thoughts?” Self-care was introduced with the following question: “We are interested in youth preferences for, use of and experiences with health and social services, including shelters. Can you tell us your thoughts?” Questions related to help-seeking behaviors, where youth stay, social systems and perceived reasons for homelessness were also included as part of the focus group guide. In this article, we present findings related to HIV risk.

Focus groups were conducted by two Ph.D.-level investigators at the various community locations; they were scheduled for various times of the day during the week and on the weekends. Each group met in a private room, such as a conference room or a library, that had minimal distractions, was easily accessible to the youth and was sufficiently private to prevent nonparticipants from overhearing the conversation. Before the focus group discussion began, participants completed the brief quantitative survey. No identifying personal information was collected from the youth, and we were not able to link survey responses to responses in the focus groups.

Focus groups lasted approximately 1–1.5 hours and included 3–8 (mean, five) youth each. Groups were divided by age (four for minors and nine for young adults) and shelter status (nine for sheltered and four for unsheltered youth). Sheltered groups were divided by gender (four male and five female), and all unsheltered groups were mixed-gendered. Discussions were recorded and professionally transcribed verbatim. One group of minor youth was not recorded by request of one participant’s court-appointed guardian. During all focus group discussions, research assistants took copious field notes, which were used in the data analysis. Participants received a \$20 gift card for a local grocery store.

Analysis

A team of four Ph.D.-level analysts used thematic content analysis to develop a codebook through preliminary discussions of themes and refined the codebook iteratively to form a final set of codes. First, audio files were transcribed, cross-validated with transcriptions and cleaned. Second, the analysts conducted a cross-case thematic content analysis of the entire data set to look for common themes present in the entire sample;⁴² they discussed emerging themes and subthemes to generate final results. ATLAS.ti (version 7) was used to code the transcripts, manage the data, and organize codes and representative quotes. Confirmability of data was verified among the analysts using peer debriefing of coding, thematic analysis, exemplars and supportive

TABLE 1. Codes identified in focus group discussions examining HIV risk among homeless youth, Houston, 2013–2014; number of groups in which relevant topics were discussed; and number of times relevant topics were discussed, by selected characteristics of youth

Code	No. of groups in which discussed	No. of times discussed				
		All	Gender		Shelter status	
			Male	Female	Sheltered	Unsheltered
Stigma	6	38	29	9	31	7
Self-reliance	9	62	26	36	55	7
Stress	4	9	4	5	9	0
Risky sex	7	33	6	27	26	7
Trade sex	3	25	1	24	21	4
Victimization	6	26	11	15	15	11
Substance use	8	87	50	37	62	25

Note: The sample consisted of 64 youth aged 14–24, who participated in 13 focus groups.

quotes for the cohesion of descriptive interpretations. Third, we compared the qualitative and quantitative data regarding trade sex. Quotes presented below are labeled by youths’ gender and shelter status to demonstrate the spread of quotes across participants.

RESULTS

Sample Characteristics

A total of 64 youth participated in the study’s 13 focus groups. The majority (67%) were sheltered and were members of a racial or ethnic minority group (75% black, 13% Hispanic). Participants were 14–24 years old; 23% were minors. The sample contained key subgroups of homeless youth (19% were lesbian, gay, bisexual or transgender; 25% were pregnant or parenting; 48% had a history of or currently were in foster care; 52% were female). All minor youth were currently attending school; 35% of young adults (those aged 18–24) had not completed high school.

Focus Group Findings

Youth discussed how the circumstances of their homelessness (in particular, experiences of stigma, self-reliance and stress) and the struggle to meet their immediate needs led to involvement in behaviors or experiences that put them at risk for HIV. They described three main types of sexual experiences that heighten that risk: risky sexual activities, often used as a coping mechanism; trade sex, both voluntary and forced, often accompanied by substance use; and sexual victimization during childhood and while homeless. Males brought up substance use and stigma more than females, but females discussed most other topics more than males; sheltered youth discussed all risk-related behaviors and experiences more than unsheltered youth (Table 1). Young adults discussed more sexual risk behaviors than minors (not shown).

•**Risky sexual activity.** Youth talked extensively about consensual sexual activities they engaged in while homeless that put them at high risk for HIV. A sheltered young adult male described going to a clinic for STD testing because “I had not been practicing safe sex.” An unsheltered young adult male related that his partner had been a prostitute: “He’s been homeless since he was 15, 16, you

“You’re gonna go sleep with someone just to sleep indoors. It gets kind of bad.”

know, and he’s over 30 now. And he smoked crack all that time. When we got together, he was prostituting. That’s how he was supporting our rooms and our food.”

Risky consensual encounters were often described in relation to negative outcomes or as a coping mechanism for stress. An unsheltered young adult female who was currently sleeping under a bridge described how she would have sex to feel good: “I don’t smoke weed, I don’t do that, so my cup of tea is having sex, and I go get my man, and we go have sex. We done did it everywhere; it’s ridiculous.” A pregnant sheltered young adult described the shame and guilt she felt about becoming pregnant after having unprotected sex while homeless: “And even if I willingly laid down with my [boyfriend], unprotected sex, I’m still in a messed up position.”

A pregnant sheltered minor who frequently ran away before going to the shelter described running away to her boyfriend’s house to cope with the stress and turmoil at home, and expressed her regret for having had unprotected sex, which resulted in a pregnancy: “We have sex a lot... But [a condom] is something that I should have used.”

•Trading sex. While only two participants reported in the survey that they had engaged in trade sex, multiple youth mentioned this behavior during focus group discussions. One reason that youth gave for trading sex was to get things they needed, such as clothes, transportation or a place to sleep. One sheltered young adult female described how the stress of needing to secure shelter can lead to trade sex: “You’re gonna go sleep with someone just to sleep indoors. It gets kind of bad.” Another sheltered young adult female described trade sex as one of the many ways she got money and secured a place to stay: “[To] get me a hotel room....I was surviving, you know? Trading sex, all that stuff.”

These decisions were sometimes influenced by youths’ desire to avoid the stigma of homelessness. An unsheltered young adult described how her strong desire to avoid appearing homeless and the resulting shame and stigma led to both crime and trade sex:

“I used to be like embarrassed [of being homeless], so I never let nobody who saw me know that I was homeless. I can’t even buy me a nice outfit...unless I go out of here and steal and rob and pop my coochie [trade sex].”

Trade sex was most frequently mentioned by female participants, though a sheltered young adult male discussed how females and males have different approaches to getting the money they need:

“People, when they run away to get to where they want to go, most girls they prostitute. I heard that one girl took another girl from here to try and get somewhere by prostituting. Mostly, the boys go to drug dealing for money or stealing.”

Another factor that influenced decisions to engage in trade sex was self-reliance. Youth wanted to make it on their own without having to admit they were homeless and needed help. One parenting sheltered young adult female related the following experience:

“My big problem is pride. I grew up in shelters and [protective custody] and all that crap. And I swore up and down I wasn’t going to put my baby into a shelter. So I swore I was going to dance or I was going to do it or what I had to do to stay out of a shelter. I would just go with strangers and just be stupid. But that was only because I had to, not because I wanted to....I didn’t do the stealing thing. I did the more body-for-money thing.”

The comments of many youth conveyed feelings of shame about the need to trade sex. One unsheltered young adult described how she ended up trading sex in spite of her reservations about it:

“You can’t survive if you ain’t got no money....So that’s why I did the stuff I did [hand gestures for sex]—for survival, not because I wanted to or I liked it....I never had to like trade sex or none of that until like this year, you know. That’s when I got to the point like, yeah, man, let’s just try it real quick, get some quick money, whatever.”

A pregnant sheltered young adult described dancing for money at sexually oriented businesses and how it caused stress, led to substance use and felt as shameful as trading sex:

“I’ve never laid down with anybody for money—ever. But I have danced for a long time, and that’s how I was making my money.... A lot comes with it—drugs, different men. You’ve got to deal with different men touching you in places you don’t want to be touched. Uncomfortable—it’s how our lifestyle is. That’s just like having sex for money. It’s just terrible.”

Another sheltered young adult talked about how she was frequently solicited by both males and females for sex. She described how she traded sex for money or for shelter at a hotel:

“You can trade [sex] for money, and I just go to my own hotel room for like a week or whatever....If you pay for my hotel for a week, you can get some [have sex with me] today.”

Other youth engaged in trade sex because of coercion by others. One unsheltered young adult described how she got involved with trading sex after meeting someone while homeless and found herself needing to come up with money:

“The prostitution came in whenever I met a certain person, and he said he was going to be there for me. He ended up being there for me for only a little bit, and then he went broke. And then he needed money....He’d make me go out and ho for money.”

Several youth described being forced to use substances while trading sex or voluntarily using substances to deal with the stress, stigma and shame of trading sex. One sheltered young adult described the shame she felt about being forced to have sex: “Prostitution. And it wasn’t me that wanted to do it. People forced me to do it....I’ve been shot up with heroin while I was pregnant. I had miscarriages, pregnancies, pregnant now. So it’s tough.” The frequency of pregnancies described by this young woman likely indicates lack of contraceptive use and sex without a condom.

Finally, an unsheltered young adult described how she was forced to use substances while trading sex to get money and the stress of not having a place to stay:

"He [the man she is staying with] needed money...so he started to shoot me up with heroin while I was sleeping. He'd make me go out and ho for money. That way, I could pay rent. If you don't pay your rent, where you gonna stay? And that was a fear of being back out on the street by myself."

•Victimization. Participants described both childhood sexual abuse before they became homeless and experiences of sexual victimization while homeless. One sheltered minor female described the shared experience of sexual abuse of youth in the child protective services shelter: "[We are] really hurting. Because most of us...were abused or raped." Additionally, many youth who described childhood sexual abuse reported not using condoms, having multiple sexual partners or trading sex—all of which increase the risk of HIV and may have been related to their history of abuse. A sheltered young adult, who had been a teenage mother and subsequently had had multiple partners, related the following:

"[My mother] straight sold me and my little brother—mainly me—for crack whenever I was younger. And she'll still do it to the day. She tries to convince me all the time. I'm like, 'Why?' Her rule was 'No penetration; you're good. You can do whatever you want; just don't penetrate.' Basically, as long as they didn't put their dick inside of me, they were good to do whatever else they wanted to. Playing with me—all kind of weird shit that I have to have dreams about now and I gotta think about."

A pregnant sheltered young adult described being abused by her mother's boyfriend as a child and then spending her teenage years in foster care: "He molested me from the age of 10–12 and penetrated me. [Child protective services] took us from the home, and because my mom was on drugs, we was gone at a young age."

Several participants, both male and female, talked about how youth are victimized once they are homeless. One young adult noted that when girls "don't want to give it up [have sex],...that's when you have your rapes....And it happens to dudes, too."

Several participants described being drugged and raped while homeless. A sheltered young adult spoke with a fierce sense of self-reliance as she related her experience: Noting that she was under the influence of substances when she was raped, she continued, "So I had to be like, I'm not letting nobody hurt me no more....I'm going to just do me." A pregnant sheltered young adult who had been drugged and raped described the stress of waking up in the hospital to find out what had happened: "I woke up in the hospital, and they told me, 'You have chlamydia and you're pregnant. You have all these drugs in your system.'...I didn't know how to take all that in at one time, plus I have no place to go."

Another pregnant sheltered young adult expressed the stress she felt regarding being drugged and pregnant:

"I went from 135 to 111 [pounds]. So I didn't have time to be depressed, because I was so worried about my health and what was going on because the drugs that they laced me with. It did something to my body on the inside, because I was pregnant, too. So the pregnancy, the drugs and then plus everything that's going on. Then I started having anxiety problems. My heart rate is too fast. My blood pressure's too high."

A pregnant sheltered young adult described how prior to seeking help at a shelter, she had sought mental health services to help her deal with the stress of being sexually victimized while in a coercive relationship with a much older man:

"I checked myself in for suicide thoughts and depression because I was [staying] with this 53-year-old who did crack, and he wanted me to stay there for my body....I just kept lying about my periods....I can't have sex with my period."

One parenting unsheltered young adult described how she escaped intimate partner violence to find herself in another sexually risky situation:

"[My partner] hit me in my eye and stuff, and threw me across the room, and he tried to set me on fire. He stabbed me in my heart. He hit me with a sledgehammer, a knife, and then I became homeless again. I was kind of staying with a couple of friends that I thought were my friends. They were perverts. I'm not even talking about just men perverts. Like, they got women perverts. They feel like...if they let you stay there, you have to follow their rules."

DISCUSSION

Our findings suggest that when youth are on their own, they engage in survival strategies such as trade sex to get their immediate needs met despite reservations about engaging in those activities and the increase in risk to themselves and others. In particular, immediate needs for housing or money appear to supersede youths' prioritization of safety and negatively impact health-related decision making. Other studies have reported similar results. For example, one study found that homeless HIV-positive youth and adults whose housing status improved over six months reduced their odds of substance use and unprotected sex by half; in contrast, those who remained homeless had no reduction in risk.⁴³

Many youth reported experiences of stigma or shame attached either to their homelessness or to the strategies they used to survive. Such experiences, and youths' resulting reluctance to disclose their housing status, create challenges to identifying youth who are homeless or unstably housed in order to connect them to needed services.⁴⁴ Service providers and school staff are not typically trained to recognize signs of homelessness or inquire about unstable housing in ways that promote honest disclosure, and this may contribute to a homeless youth's impression that he or she does not receive the same degree of respect as a person who is not homeless.⁴⁵ Providers should be aware of the stigma of homelessness and its effect on disclosure,

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and should be trained to use nonstigmatizing language and behaviors when offering services and resources to youth experiencing unstable housing or homelessness. Additionally, providers should be equipped to discuss housing and resources available to all youth who are or anticipate being unstably housed. Providing youth with linkages to housing options and necessities, particularly during the transition to early adulthood, may reduce the felt need that drives engagement in trade sex and may therefore decrease HIV risk behaviors in unstably housed youth. This warrants further research as a critical intervention point.

In addition, the experiences described by many participants were intense and traumatic. Providers should be aware of the likelihood that these youth have experienced trauma as they assess for health problems, and should be ready to connect them with mental health resources to assist in dealing with associated symptoms.

Youth described the survival strategies they employed in an effort to preserve their self-reliance while dealing with the complicated tasks of securing secure food, shelter and other necessities. Self-reliance certainly may have beneficial elements for youth who are homeless and on their own. However, our findings indicate that it may also impede a youth experiencing homelessness from asking for help to meet basic needs, as was the case for the participant who “was going to do...what I had to do...to stay out of a shelter.” This aligns with other research findings indicating that self-reliance may impede help-seeking behaviors.^{46,47} The desire to “just do me”—a phrase young people use to convey a sense of self-reliance—may lead to survival strategies that put youth at increased risk for HIV. Respecting youths’ need for self-reliance while providing outreach and support to those experiencing housing instability may be integral to developing trusting relationships and transitioning youth off the streets.

Findings from this study align with emerging research suggesting that stress may increase sexual risk taking,^{33–35} and with more established research suggesting that youths’ risk of engaging in trade sex may be heightened by past trauma and by victimization while they are homeless.^{17,48,49} Adding to the literature, our data suggest a bidirectional relationship between stress and sexual risk behaviors in homeless youth that increases the risk of HIV: Youth described how the stress and pressure to secure housing led to trading sex and how trading sex led to stress and shame. More research is needed to investigate the relationship between stress and sexual risk behaviors in homeless youth. Additionally, research is needed to build on Rew’s theory of taking care of oneself to develop a comprehensive theoretical framework that takes into account real-time experiences of the themes that emerged here—stress, stigma and self-reliance—and how they may influence HIV risk in homeless youth.

Limitations

This study is not without limitations. The purposive sampling methods used and the relatively small sample size limit the ability to generalize findings to other populations of homeless youth. Additionally, the data did not allow for

direct comparison of survey and focus group data at the individual level. A comprehensive assessment to determine the correlates of sexual risk behaviors in homeless youth is warranted. Additionally, using ecological momentary assessment strategies to determine proximal predictors of sexual risk behaviors would provide further insight into real-time influences on sexual risks in homeless youth.

Conclusion

HIV prevention interventions for homeless youth have been only marginally effective thus far.⁹ To improve their efficacy, researchers, providers and policymakers should consider the impact of contextual factors related to homelessness. Our results provide preliminary data to support the need to address the issues of stress, stigma and self-reliance in developing interventions to connect homeless youth to services; they also suggest the need for further examination of how these issues may intersect with HIV risk factors by influencing homeless youths’ decisions to engage in risky behaviors and to resist seeking help.

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