

ADDRESSING DETERMINANTS OF SEXUALLY TRANSMITTED AND BLOOD BORNE INFECTIONS AMONG STREET-INVOLVED YOUTH: UNSTABLE HOUSING AND HOMELESSNESS

BACKGROUND

This fact sheet examines unstable housing and homelessness as determinants of sexually transmitted and blood borne infection (STBBI) vulnerability among street-involved youth in Canada. It is one in a series based on an analysis of current literature and findings from Cycle 6 of the Enhanced Street Youth Surveillance system.¹ Others address mental health and mental illness; education and employment; experiences with the criminal justice system; and access to health services.

Quick facts from Enhanced Street Youth Surveillance System (E-SYS) Cycle 6:

- Between 2009–12, the most common laboratory confirmed STBBIs among Canadian street-involved youth included: herpes simplex virus -2 (“genital herpes”) (14%), *Chlamydia trachomatis* (9%) and hepatitis C seropositivity (6%).
- Street-involved youth reported the following living conditions most frequently in the three months before the survey: 11.1% were completely homeless; 25.6% did not have secure housing (e.g., couch surfing); 25.1% had temporary social or institutional housing; and only 37.6% had adequate housing (e.g., living in their own apartment, room or house).
- Among street-involved youth, 65.3% reported using emergency shelter services in the past year.

These fact sheets provide considerations for community organizations, public health professionals and federal, provincial and territorial governments of ways to address determinants of vulnerability to and resilience against STBBIs among street-involved youth. Street-involved youth are defined as youth aged 15 to 24 who have no permanent home and spend significant time on the street.²

WHAT IS THE LINK BETWEEN UNSTABLE HOUSING, HOMELESSNESS AND STBBI VULNERABILITY AMONG STREET-INVOLVED YOUTH IN CANADA?

- Homelessness is a result of a complex mix of social, cultural, economic and structural factors. For example, negative experiences during childhood, low education levels, lack of job skills, family breakdown, mental illness, poverty, discrimination, and exposure to violence increase vulnerability to homelessness and make it difficult for street-involved youth to access health services and support.³
- Street-involved youth who experience unstable housing and homelessness may also experience a variety of other living arrangements including living outdoors, staying at shelters, or with friends or family on a temporary basis (“couch surfing”).⁴



- The number one reason youth leave home and become street-involved is due to conflict, including abuse and violence within their family and home environment.⁵ In E-SYS Cycle 6, 88.2% of street-involved youth reported experiencing some form of abuse in their lifetime, the most common being witnessing violence (76.2%), followed by emotional abuse (72.0%), physical abuse (60.1%), neglect (48.4%) and sexual abuse (32.3%).¹
- Experiences of abuse have direct and indirect impacts on STBBI vulnerability and can influence sexual risks that street-involved youth take. In particular, youth who have been sexually abused in childhood may adopt negative coping mechanisms such as substance use, unprotected sex and multiple sex partners, all of which increase vulnerability to STBBIs.⁶
- Street-involved youth experience multiple barriers to housing, such as low income, discrimination from landlords and the housing system, isolation, inability to provide first and last month's rent, lack of references from previous addresses, and lack of access to housing and support services.⁷
- Homelessness has a direct impact on the physical health of street-involved youth. Poor housing conditions, such as crowding, shared bathrooms and lack of ventilation, compounded by stress associated with the violence and instability of street life increase street-involved youth's vulnerability to a wide range of physical illnesses. This includes tuberculosis, STBBIs, diabetes, liver disease and respiratory tract infections.⁸
- Stable housing has a significant impact on health outcomes, including use of health care and/or social services, adherence to treatment (e.g., antiretroviral medication), health status and STBBI risk behaviours (e.g. unprotected sex, sex in exchange for money, drugs or housing).⁹
- Conditions of poverty, violence and abuse often persist on the streets, leading street-involved youth to engage in negative coping mechanisms and risk behaviour (e.g., substance abuse, inconsistent condom use) and making them more vulnerable to STBBIs.⁵

- Lower income increases the likelihood of street-involved youth engaging in sex work to obtain money, shelter and other basic necessities for survival.¹⁰ Sex work can increase vulnerability to STBBIs.

WHAT CAN BE DONE TO ADDRESS STBBI VULNERABILITY IN THE CONTEXT OF UNSTABLE HOUSING AMONG STREET-INVOLVED YOUTH?

- Integrate STBBI prevention into broader community-based interventions for youth. For example, offer STBBI testing or prevention services where street-involved youth are looking for shelter or housing support. Street-involved youth may feel more comfortable and be more willing to access health and other services if offered at the same time.
- Establish a steering group with stakeholders from housing, mental health, correctional services and primary care, focused on identifying and addressing the health needs and actions that can be taken to support street-involved youth in the community. Engaging a wide range of individuals and organizations within the community is important for a collective and local response to addressing unstable housing and related health issues among street-involved youth.
- Support the health needs of street-involved youth who are leaving foster care or group homes or being discharged from prison, hospitals or other facilities. For example, connect street-involved youth with resources and supports to help them manage their health and wellness while in transition or upon release (e.g., attend medical appointments and take medications). Developing such skills can help them become independent in addressing and managing their health needs (e.g., accessing STBBI testing, treatment and information).
- Plan and evaluate STBBI and housing-related interventions and programs, and share findings with stakeholders across sectors. For example, organize a local street-involved youth forum to share promising

practices, recommendations and areas for action related to STBBI prevention and determinants of vulnerability. Sharing evidence on programs and interventions that shows promise in improving the health of street-involved youth will help to develop more effective programs, policies and interventions.

- Build capacity in the community by increasing knowledge and understanding of risk factors for STBBIs and homelessness and by reducing the stigma and discrimination that street-involved youth experience. For example, partner with local youth organizations to launch a community awareness campaign. This can help to reduce stigma associated with homelessness and STBBIs and raise awareness of available community resources and support.

PROMISING PRACTICES IN SUPPORTING THE HOUSING NEEDS OF STREET-INVOLVED YOUTH

The following are examples of programs and resources which show promise in addressing determinants of STBBI vulnerability and building resilience among street-involved youth.

THE DOORWAY (CALGARY, ALBERTA)

www.thedoorway.ca

This program enables youth aged 17 to 24 to make choices to leave street life. The Doorway helps youth through MyPlan, a two year process that supports youth to identify their immediate needs and challenges and to plan for long-term change. By setting goals and speaking with volunteers, youth learn how to participate actively in the change they want to make in their lives.

FAMILY RECONNECT PROGRAM, EVA'S INITIATIVES (TORONTO, ONTARIO)

www.evasinitiatives.com/2012/03/27/family-reconnect-program/

This program offers individual and family counselling to youth who are homeless or at risk of becoming homeless. It explores the roles of family mediation

and reconnecting with family to address family conflict. A 2011 evaluation of the program showed several benefits for youth including reconnecting with family members, improved housing, identifying and understanding mental health issues, and better supports.¹¹

INFINITY PROJECT, BOYS AND GIRLS CLUB OF CALGARY (CALGARY, ALBERTA)

www.boysandgirlsclubsofcalgary.ca

This program provides youth aged 16 to 24 with a permanent home in the community of their choice and the support they need to maintain it and become self-sufficient. Staff help youth obtain housing (e.g., finding affordable housing options and reviewing lease agreements with youth), become self-sufficient (e.g., finding jobs, enrolling in school or training programs, and preparing resumes) and prepare for adult living (e.g., helping youth to reconnect with family, where safe and appropriate, and exploring community resources).

PHOENIX (HALIFAX, NOVA SCOTIA)

www.phoenixyouth.ca/community

Phoenix helps at-risk and homeless youth aged 12 to 24 to break the cycle of homelessness through a range of programs and services. This includes a self-referral youth emergency shelter, a 10-bed long-term youth residence, and a supervised independent-living apartment program. In addition to housing support, crisis intervention and counseling, these programs help youth develop the skills they need to live independently.

RESIDENTIAL LIFE SKILLS PROGRAM, WINDSOR RESIDENCE FOR YOUNG MEN (WINDSOR, ONTARIO)

www.wrym.ca/life-skills.html

Windsor Residence for Young Men (WRYM) offers supportive housing for street-involved males, aged 16 to 20, with the primary focus of reconciling with their families. The Residential Life Skills Program offers short- and long-term housing, addresses life skills and mental health, and helps clients make the transition into more independent and permanent housing.

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ENDNOTES

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