

THE EFFECT OF SOCIAL SUPPORT ON RISKY SEXUAL BEHAVIOR IN
HOMELESS ADOLESCENT YOUTH

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This study examines the relationship between social support and youth's high-risk behaviors. The data were obtained from the Midwest Homeless and Runaway Adolescent Project (MHRAP) in 1996. In the Midwestern United States, this study examines the hypothesis that youth with high social support will have low sexual risk behaviors. The study found that youths who had someone to turn to, a greater number of close friends, and someone they could count on were less likely to engage in risky sexual behaviors. The implications of the findings are discussed.

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TABLE OF CONTENTS

	Page
LIST OF TABLES.....	v
Chapter	
1. INTRODUCTION.....	1
Previous Literature	
Demographic Correlates	
Predictors of Risky Sexual Behaviors	
Risky Sexual Behaviors	
Social Support of Homeless Adolescent Youth	
2. METHOD.....	8
Interviewers	
Eligibility and Protocol	
Sample Characteristics	
Measures	
3. PROCEDURE.....	11
Missing Cases and Transformations	
4. RESULTS.....	12
Frequency Distributions	
Bivariate Analyses for Sociodemographic Variables	
Bivariate Analyses for Social Support and Risky Sexual Behavior	

5. DISCUSSION.....	17
Summary	
Limitations	
6. CONCLUSION.....	20
REFERENCE LIST.....	33

LIST OF TABLES

Table	Page
1. Relationship between the Respondent's Sex and the Number of Lifetime Sex Partners.....	22
2. Relationship between the Respondent's Age and the Number of Lifetime Sex Partners.....	23
3. Relationship between the Respondent's Age and Whether They Have Had a Sexually Transmitted Infection.....	24
4. Relationship between Having Someone the Respondent Can Talk to When Sad or Upset and the Number of Lifetime Sex Partners.....	25
5. Variable Descriptive Statistics.....	26

INTRODUCTION

According to the National Alliance to End Homelessness, (2007), approximately 6% of American youth are homeless every year. Although homelessness is difficult to measure, this means there are about 1.6 million homeless and runaway youth living on the streets every day in the United States (2007).

Homelessness is defined as the distinction between unhoused and unsupervised youth (Whitbeck & Hoyt, 1999). The term “runaway” refers to someone who is away from their home of residence overnight without parental consent or knowledge (National Network of Runaway and Youth Services, 1991). A youth that has been kicked out or locked out of their home is considered to be a “throw-away,” and “street youth” are those that hang out on the street and may or may not return to a home at night (Shane, 1996).

Premature independence is especially dangerous to youth because teens are without control, support, or positive influences. They are alone in the world; generally without education, shelter, food, or a way to obtain money to be able to successfully live on their own. One of the most dangerous aspects of being a marginalized youth is that they become marginalized adults because their life chances are deteriorating the longer they remain on the streets (Whitbeck, 2009).

Moffitt (1997) examined the developmental trajectories of “too-early” adulthood and found that early developmental disadvantages are perpetuated by

negative interactions and behaviors. These negative life events gain momentum the longer one is out on the street on their own, and eventually all pro-social supports are broken. The purpose of the study is to describe the social support characteristics of homeless and runaway adolescent youth, and to examine whether these supports are related to their risky sexual behaviors. Learning more about these interactions is important for the focus and the scope of prevention and intervention. This study hypothesizes that youth with high social support will have low sexual risk behaviors.

Previous Literature

Social control theory, developed by Travis Hirschi (1969), focuses on sociological forces that can predict and prevent people in a given population from participating in deviant or high-risk behaviors. Hirschi states that “delinquent acts result when an individual’s bond to society is weak or broken” (1969). When social ties are broken, one may feel lack of internal and external control, and this lack of control results in deviant behaviors. The social bonding theory, otherwise known as social control theory, consists of four main elements that buffer or restrain against high-risk behaviors. These elements are; commitment, attachment, involvement, and belief. The element of commitment refers to the investment or “stake” an individual has in conventional conformity. Their level of commitment is important because they do not want to risk losing the benefits of conformity in a given population. Attachment pertains to the emotional connection that one has with another person and the sensitivity to the opinions of

other individuals in their lives (Snedker & Herting, 2003). The element of involvement deters deviant behaviors because there is limited time and energy that an individual is able to spend engaging in conventional deviant behaviors. Finally, the fourth element is belief. This pertains to the belief that an individual should obey the laws and rules of society. It also refers to the acceptance of moral validity and internalized value systems (2003). Social control theory can be used to predict the deviant behavior of the homeless adolescent population. Previous research shows that youth with greater social support do not engage in high-risk behaviors as often as youth with negative influences or who have little or no social support. Runaway and homeless youth by definition are marginalized and detached from normative society. Their familial bonds are sometimes detached or non-existent and because of this they are out on the street due to circumstances beyond their control. It can be hypothesized that when an adolescent possesses all or some of the elements of the social bond theory, they are less likely to engage in high risk sexual behaviors. In this particular study; social support and the relation to risky sexual behaviors is examined. Although previous studies have examined homeless adolescents and their sexual behaviors, few have examined the connection between social support and the effect that it has on their sexual behaviors.

Demographic Correlates

Previous research shows that high-risk sexual behaviors are common among runaway and homeless adolescents. Hammer, Finkelhor, and Sedlak (2002) found that the population of runaway youth is generally divided 50% female and 50% male where females are more likely to seek help or seek refuge in an outreach center or homeless shelter than males. Sexual risk taking tends to vary by gender; where males report higher numbers of sexual partners (Booth, Zhang, & Kwiatkowski, 1999) than females. In the Youth Risk Behavior Survey, the Centers of Disease Control and Prevention (2007) found that 12% of female adolescents have had four or more sexual partners compared to 18% of males which is a difference of 6%. Although men have more sexual partners, the rates of sexually transmitted infections were three times higher for females than males (CDC, 2007). Tyler et al. (2001) demonstrated that age is significant in predicting homeless youth's risky sexual behaviors. They found that the longer the time spent on the street and initiation of intercourse, the greater number of sex partners. Race and the age at first intercourse were significant in regards to premarital pregnancy in a study by Zelnik, Kantner, and Ford, (1981) where African-Americans reported a younger age of initiation for sexual intercourse than any other race.

Predictors of Risky Sexual Behaviors

Childhood sexual abuse in the home had a direct positive effect on street victimization and sex behaviors of street youth (McCormack et al., 1986) and greater number of sexual partners according to research conducted by Tyler et al (2000). In a study of self-reported sexually transmitted infections (STI); family physical abuse indirectly increased reported number of sexually transmitted infections because they were more likely to engage in risky sexual behaviors (Tyler, Whitbeck, Hoyt, & Yoder, 2000). Tyler et al. also found that the time youth spend on the street on their own have a higher risk for engaging in high risk sexual behaviors. The lack of support, or conventional ties, often causes youth to engage in survival sex to obtain money and shelter (Silbert & Pines, 1981; Anderson et al., 1994) which leads to greater numbers of sexual partners (Kipke, O'Connor, Palmer, & LaFrance, 1995). Street youth report high numbers of substance and alcohol abuse to cope with the stress of living on their own (Kipke et al., 1997; Farrow et al., 1992), The high rate of substance use is related to higher number of sexual partners and inconsistent condom use which leads to sexually transmitted infection (STI) and unwanted pregnancy (Greene, Ennett, & Rigwalt, 1999).

Risky Sexual Behaviors

According to the CDC (2007), every year there are approximately 10 million new sexually transmitted infections among youth ages 15 to 24. Multiple studies have found that in regards to safe sex, males were more likely than

females to use barrier protection during sexual intercourse (Clements et al., 1997; Wagner et al., 2001). Tevendale, Lightfoot, and Slocum (2008) found that there were significant gender differences between STI rates; where 19% of females reported having an STI versus 2% of males. Homeless youth are vulnerable to contracting an STI because of the early initiation of intercourse, substance experimentation, and having unprotected sex (Cates, 1991). Greene et al. (1999) estimated that approximately 30% of homeless youth engage in survival sex. Youth engage in survival sex because they have little or no means of support and therefore they use their bodies for shelter, drugs, food, and money (Silbert & Pines, 1981). New HIV infections occurred among adolescents and young adults 13-29 years of age more than any other age group in 2006 according to the Kaiser Family Foundation (2008). Overall, HIV infections for homeless populations are 3 to 9 times higher than those who are stably housed (Aidala et al., 2005).

Social Support of Homeless Adolescent Youth

Homeless youth often seek help from personal relationships and social networks for support and survival. Adolescents may also look to familial support from grandparents or siblings for emotional support and advice. These relationships and connections to trusted adults, social networks, and to their extended family are important to the stability and well-being of a homeless individual, especially a homeless adolescent (National Alliance to End Homelessness, 2006). Perceived parental involvement and support was found to

positively affect safe sex behaviors (Crosby, et al. 2001). For homeless youth, many of whom have experienced abusive upbringings and emotional detachment, suffer from low self-esteem, poor mental health and engagement in risk behaviors (Kidd & Shahar, 2008). Since homeless and runaway youth have poor family ties, they rely on their peers for support (Unger et al., 1998). Their peers are generally other youth from the street and because of this they form ties with other deviant peers (Whitbeck & Hoyt, 1999). Homeless and runaway adolescents may enter into social networks on the street by coercion, for protection, by choice, or by chance (Cairns, Leung, & Cairns, 1995). Research by Kipke et al. (1998) found that youth who have friends that engage in drug use and risky sexual behaviors engage in similar behaviors. Just as social networks can have a negative effect on homeless youth Ennet et al. (1999) found that pro-social networks have a positive effect on buffering against risky behaviors. They also found that youth who reported high levels of closeness to social networks had fewer numbers of sex partners than those with little or no social support. Furthering the discussion between positive social support and sexual behaviors, youth with a strong social network were protected from out-group victimization (Hagan & McCarthy, 1997; Ennew, 1994) and youth with positive influences had decreased HIV rates, STI rates, increased condom usage, and overall fewer risky behaviors (Rice , Milburn, & Rotheram-Borus, 2007). This study will examine the relationship between social support and a homeless adolescent's high-risk sexual behaviors.

METHOD

Interviewers

The data was obtained from the Midwest Homeless and Runaway Adolescent Project (MHRAP) developed by Dan R. Hoyt and Les B. Whitbeck (1996). Six hundred and two homeless runaway adolescents were interviewed during an 18 month period from 1995 through August, 1996. The youth were interviewed by trained outreach workers who were familiar with the local street culture, who held at least a Bachelor's degree, and who had previous social service experience. The interviewers obtained the youth through local homeless shelters, drop-in centers, and on the streets in St. Louis and Kansas City, Missouri; Lincoln, Nebraska; Wichita, Kansas; and Des Moines, Iowa.

Eligibility and Protocol

Youth were eligible to participate in the study if they were living in a shelter, on their own, or on the street as a result of running away or being forced out of the homes of their families. Participants were informed of the cross-sectional research design, and they were assured that they could refuse to participate in the study, refuse to answer any question, or they were able to terminate the interview at any time without any repercussions. Also, the interviewers informed the respondents that their participation or refusing to

participate would not affect their current or future services through outreach agencies. Face-to-face survey interviews typically lasted about one and a half hours and respondents were given \$15 for participation. The project was approved by the Institutional Review Board (IRB) at Iowa State University. Respondents signed a statement of informed consent and acknowledgement of confidentiality.

Sample Characteristics

Of the 602 adolescents in the Midwest Homeless Runaway Adolescent Project (MHRAP), 241 (40%) were male, and 361 (60%) were female. The adolescents ranged in age from 12 to 22 years with an average age of 17 years. The majority of respondents were Caucasian 362 (60%), 145 (24%) were African-American, 20 (3%) were Hispanic, 21 (4%) were American-Indian or Asian, and 47 (8%) were Multi or Bi-Racial. When asked about their living situation within the past week, about half (49%) spent the week in a shelter, 23% were living with a friend, 14% with their family of origin, and 3% were living on the street.

Measures

Sociodemographic variables. Four variables measured sociodemographic variables: age (in years, 9999= refused), sex (1=male, 2=female, 9=refused), race (1=Caucasian, 2=African-American, 3=Hispanic, 4=American-Indian or Asian, 5=Multi or Bi Racial, 9=refused) and where they stayed during the past week (1=parents, 2= friends, 3= shelter, 4=street, 9=refused).

Risky sexual behavior. The number of respondent's lifetime sex partners (9999=refused) and the STI variable which asks whether the respondent has ever had a sexually transmitted infection such as pubic lice, gonorrhea, HIV, syphilis, or something like that (1 = yes, 2 = no, 9 = refused).

Social support. Four variables assessed the level of homeless or runaway adolescent's social support. Social support was measured by whether there is someone that they keep in touch with or talk to when they are sad or upset or when they need something (1= yes, 2 = no, 9 = refused). The number of close friends that the respondent has right now; including close friends from back home and close friends they have from the street was an ordinal variable (1 = none, 2 = one, 3 = two or three, 4 = four or more, 9 = refused). Another variable measuring social support asked if there are people in the respondent's life that they can count on to give them help and aid (1 = yes, 2 = no, 9 = refused). The final variable was measured by whether there are people in their lives that they can count on to care about them no matter what is happening to them; people that accept them totally, including their good and bad points, people who are ready to accept them when they are upset, and who are really concerned about their welfare (1 = yes, 2 = no, 9 = refused).

PROCEDURE

Missing Cases and Transformations

Listwise deletion was used to handle the missing cases. Of the original 602 respondents, 583 cases were included and 19 cases were excluded, a difference of 3%. The variable regarding the number of close friends excluded cases were more likely than included cases to have been in the zero or one friend category ($\chi^2 = 17.08$, $df = 3$, $p = .001$). The cases excluded in regards to whether a respondent has had a sexually transmitted disease (STI) were more likely than included cases to have answered that they have had an STI ($\chi^2 = 5.8$, $df = 1$, $p = .016$). These two differences between included and excluded cases might indicate systematic bias in the results. However, included and excluded cases did not differ on any of the remaining study variables.

RESULTS

Frequency Distributions

Of the 594 included cases, over two-thirds 408 (67%) of the homeless youth reported having five or fewer lifetime sexual partners. 108 (18%) reported between six to ten sexual partners and 15 (3%) reported having more than thirty sexual partners. Of the 600 included cases regarding sexually transmitted infection (STI), 511 (85%) reported not having an STI, and 89 (15%) reported they have had an STI.

Bivariate Analyses for Sociodemographic Variables

Over half (58%) of females reported having five or fewer sexual partners, compared to 38% of males. The male respondents reported higher numbers of sexual partners across all categories. Overall, females and males and the relationship between the numbers of lifetime sex partners were very similar. The relationship between sex partners and respondent's sex was not statistically significant and weak ($\chi^2 = 2.873$, $p = .720$, $V = .070$). Sixty-four (18%) females reported having an STI compared to 25 (10%) of males. The relationship between respondent's sex and whether they have had an STI is moderate and statistically significant at alpha level .05 ($\chi^2 = 6.342$, $p = .012$, $V = .103$).

Race was not statistically significant, and there was a weak association in relation to the number of lifetime sex partners ($\chi^2 = 24.024$, $p = .241$, $V = .101$).

Hispanics reported the highest percentage of sex partners 2 (10%) in the thirty plus category. Overall, Multi or Bi-Racial respondents had the most frequent numbers of risky sexual behaviors in regards to the number of lifetime sex partners. Respondent's race and STI prevalence was not statistically significant and there was a weak association ($\chi^2= 2.613$, $p= .625$, $V= .066$). However; Multi or Bi-Racial respondents reported the highest percentage of of STI occurrence 8 (17%) in the race category.

Adolescent's age was significantly related to the number of lifetime sex partners ($\chi^2=109.516$, $p= .000$, $V= .248$). Respondents between the ages 17 thru 19 reported the highest frequency of sexual partners across all categories. The older the respondent, the higher the number of lifetime sex partners. Nearly all (96%) of respondents age 12-13 reported having zero to five partners. The number of sex partners and the respondent's age was statistically significant and the strength of was moderate.

Respondent's age and STI prevalence was found to be statistically significant with a moderate association ($\chi^2= 21.755$, $p= .000$, $V= .191$). The older respondents reported higher STI prevalence. Those between the ages of twenty to twenty-two reported that 20 (30%) have had an STI versus 49 (77%) that have not. We can compare this to those ages fourteen to sixteen with 19 (9%) reported having an STI and 203 (91%) have not. Similar to the sex partners variable; the older the respondent, the higher reported risky sexual behaviors.

Bivariate Analyses for Social Support and Risky Sexual Behavior

The respondent having someone that they keep in touch with when they are upset or need something was weakly and not significantly related in the full sample and weak to the number of lifetime sexual partners ($\chi^2= 1.849$, $p=.870$, $V= .056$). Although there were no significant differences greater social support was related to fewer sexual partners in the given population. Of the youth with someone to turn to; only 3 (12%) had over thirty partners and 335 (70%) had five or less. Of the 592 included cases, 482(81%) had someone to turn to, and 110 (18%) did not. Also, having someone there when you need something or need to talk to was not significantly related to the occurrence of sexually transmitted infection ($\chi^2= .059$, $p= .809$, $V= .010$).

The majority of respondents (63%) reported having four or more close friends. The relationship between the number of close friends and the number of lifetime sex partners was statistically significant and moderate ($\chi^2= 31.801$, $p= .007$, $V= .134$). Most (81%) of adolescents with one friend reported having five or fewer sex partners compared to the 2% of those that reported having more than thirty sex partners. Of the youth with no close friends, 4 (15%) had thirty or more lifetime partners. On the other hand, respondents with four or more close friends had five or fewer partners 55 (15%). However, the fewer close friends an adolescent has, the higher frequency of sex partners. The number of close friends did not affect whether or not a respondent had a sexually transmitted infection. The relationship was not statistically significant and weak ($\chi^2= 1.414$, $p= .702$, $V= .049$).

There were no statistically significant differences between the respondent's reported number of lifetime sex partners and whether they have people in their life who are able to help ($\chi^2 = 2.714$, $p = .744$, $V = .068$). In regards to the prevalence of an STI there was a weak, statistically insignificant relationship ($\chi^2 = .356$, $p = .551$, $V = .024$). The number of sex partners and the relationship between the number of people they can count on was not statistically significant and weak ($\chi^2 = 3.718$, $p = .591$, $V = .079$).

Having people in their lives that they can count on buffered against higher numbers of sex partners. Three hundred seventy-five (69%) with support had five or fewer partners compared to the 13 (2%) that have had thirty or more partners. Seventy-two (66%) of youth without anyone they can count on reported five or fewer partners compared to those in the thirty plus category 3 (3%). It is also important to note that 22% without anyone they can turn to or count on reported having six to ten sex partners versus the 17% that do have that support. The relationship between having an STI and whether they have people they can depend on was not statistically significant and weak at alpha .05 ($\chi^2 = .003$, $p = .955$, $V = .002$). The distribution among all categories was almost exactly equal.

The number of lifetime sex partners and whether an adolescent has had an STI had a moderate, statistically significant relationship ($\chi^2 = 61.833$, $p = .000$, $V = .323$). Of the youth that reported having less than five partners 30 reported having an STI versus the 376 respondents that have not had an STD. Among those that have had between twenty to thirty lifetime sexual partners; 6 (36%)

have had an STI and 11 (65%) have not have an STI. As the number of sex partners rose, so did the prevalence of an STI.

DISCUSSION

Summary

The first goal of the study was to describe the effect of social support on homeless and runaway adolescents' risky sexual behaviors. Most (80%) of the respondents reported having someone that they can talk to when they are sad or upset. Similarly, approximately 88% of youth interviewed reported having people who are willing and able to help and people they can count on for emotional and material support. Consistent with previous research having greater prevalence of social support buffers against youth's participation in risky sexual behaviors (Ennet et al., 1999). This is true for the correlation between the number of close friends and the number of lifetime sex partners. The results indicated that homeless youth who do not have any close friends reported higher numbers of lifetime sex partners compared to those with four or more close friends who reported having fewer sex partners. The evidence shows that social support for adolescent buffers against the number of sex partners. Youth that have someone they can count on no matter what also reported fewer numbers of lifetime sex partners than those who were completely on their own. This supports the hypothesis that higher social support leads to fewer risky sex behaviors.

As expected the respondent's age influenced the number of sex partners-- older youth report higher numbers of sex partners. The older homeless adolescents simply have had more time to engage in sexual behaviors, whether

or not on the street, than the younger ones. Also, those with higher numbers of sex partners also reported having a sexually transmitted infection (STI). Higher occurrences of sexual encounters with different people greatly influences the chances of contracting an STI. An at-risk youth may not have access or knowledge of proper barrier protection, they may engage in sex for survival, and they may have been victimized while on the street.

Race played an interesting role in regards to having an STI. Multi or Bi-Racial youth were more likely to have an STI than any of the other races (35% versus less than 20%). This supports the research conducted by Yoonshun et al. (2006) which found that multiracial adolescents report higher rates of risky or problem behaviors because of the lack of perceived ethnic identity and racial discrimination. In this study, African-Americans were less likely than all other racial categories excluding Hispanics to have an STI. These findings rejected previous research that found that African-Americans reported proportionality higher numbers of sexually transmitted infections, specifically HIV and AIDS than any other race (National Institute of Health, 2006; Weinstock, Berman, & Cates, 2004).

Limitations

The following limitations should be kept in mind when interpreting the results of this particular study. First, the data was collected thirteen years ago in 1996, so the results may be inconsistent with the homeless and runaway youth of

today. Second, homeless populations are difficult to monitor and measure because of their instability and transitional living situations. Third, the sensitive nature of the questions asked and self-reported data may have caused some youth to report lower numbers or refuse to report on their participation in high risk behaviors. Fourth, the results may not generalize the characteristics of other homeless youth across different regions of the country (Thompson, Maquin, & Pollio, 2003). Finally, the study did not look at the types of social networks whether they provided pro-social support, or whether the support was negative from deviant or marginalized peers. Notwithstanding these concerns the results of this study suggest that social support plays an important role in buffering against risky sexual behaviors in the population of homeless and runaway adolescents.

CONCLUSION

The results found in this study are an important contribution to the literature surrounding the homeless youth population, adolescent social support, and high-risk sexual behaviors. The majority of homeless and runaway adolescents stay in shelters, and because these agencies are their main source of material and emotional support, they could shift their policies toward providing more social support to help at-risk youth. The goal of runaway and homeless youth shelters and agencies should be not only to provide basic needs such as food and shelter, but they should focus on getting these youth off of the street. Research has shown that the longer one spends on the street; the harder it is for them to get off the street and back into normative society. It is imperative that the cycle of homelessness is broken as soon as possible; for a marginalized youth's life-course-trajectories are one in which they become marginalized adults (Moffitt, 1997). The current study used data from the MHRAP in 1996, future research could be conducted to obtain updated information. There is lack of research following the lives of homeless youth into adulthood. A longitudinal study looking at the homeless population would be difficult and ambitious but the findings would be infinitely significant for the homeless populations and policies and practical applications of agencies and non-profit organizations. (Whitbeck (2009) carried out a longitudinal study of homeless adolescents that shows the difficulty and ambitiousness required, and important policy and practical implications

arose from his study.) Finally, the type of social support would be useful in regards to the effect of social support on risky sexual behaviors. This particular study looked at social support in its entirety, where future research could examine the effects of positive social support and the differences between the effects of negative social support on high risk sex behaviors.

In conclusion, this study examined the relationship between social support and a homeless adolescent's high-risk sexual behaviors and found that youth who had someone to turn to, those who had a greater number of close friends, and those who had someone that they can count on were less likely to engage in risky sexual behaviors than those without such social support.

Table 1

Relationship between the Respondent's Sex and the Number of Lifetime Sex Partners

(N = 594)

Column % Row %	Respondent's Sex			
		Male	Female	Total
Sex Partners	0	16 (38)	16 (58)	16 (96)
	1 thru 5	49 (117)	55 (195)	53 (312)
	6 thru 10	20 (47)	17 (61)	18 (108)
	11 thru 20	8 (19)	8 (27)	8 (46)
	20 thru 30	3 (8)	3 (9)	3 (170)
	31 Plus	3 (8)	2 (7)	3 (15)
	Total	100 (237)	100 (357)	100 (594)

*Numbers in parentheses are actual numbers of respondents.

$$\chi^2 = 2.873, df = 5, p = .720$$

$$V = .070$$

**Not significant at alpha level .05.

Table 2

Relationship between the Respondent's Age and the Number of Lifetime Sex Partners (N = 593)

Column % Row %	Respondent's Age					
		12 -13	14-16	17-19	20-22	Total
Sex Partners	0	64 (16)	26 (58)	7 (19)	5 (3)	16 (96)
	1 thru 5	32 (8)	54 (120)	56 (155)	42 (28)	52 (311)
	6 thru 10	0 (0)	12 (26)	22 (62)	30 (20)	18 (108)
	11 thru 20	4 (1)	6 (14)	9 (25)	9 (6)	8 (46)
	20 thru 30	0 (0)	2 (4)	3 (7)	9 (6)	3 (17)
	31 Plus	0 (0)	1 (2)	3 (9)	6 (4)	3 (15)
	Total	100 (25)	100 (224)	100 (277)	100 (67)	100 (593)

*Numbers in parentheses are actual numbers of respondents.

$$\chi^2=109.516, df= 15, p= .000$$

$$V= .079$$

**Significant at alpha level .05.

Table 3

Relationship between the Respondent's Age and Whether or Not They Have Had a Sexually Transmitted Infection (N = 599)

Column %	Percent Number of Respondent's Age					
Row %		12-13	14-16	17-19	20-22	Total
Sexually Transmitted Disease	Yes	4 (1)	9 (19)	17 (49)	29 (20)	15 (89)
	No	96 (25)	91 (203)	83 (233)	71 (49)	85 (510)
	Total	100 (26)	100 (222)	100 (282)	100 (69)	100 (599)

*Numbers in parentheses are actual numbers of respondents.

$$\chi^2 = 21.755, df = 3, p = .000$$

$$V = .191$$

**Significant at alpha level .05.

Table 4

Relationship between Having Someone Respondent Can Talk to When Sad or Upset and the Number of Lifetime Sex Partners (N = 592)

Column % Row %	Percent Expressing Someone to Talk to			
		Yes	No	Total
Sex Partners	0	17 (80)	15 (16)	16 (96)
	1 thru 5	53 (255)	51 (56)	53 (311)
	6 thru 10	17 (84)	22 (24)	18 (108)
	11 thru 20	8 (36)	8 (9)	8 (45)
	20 thru 30	3 (15)	2 (2)	3 (17)
	31 Plus	3 (12)	3 (3)	3 (15)
	Total	100 (482)	100 (110)	100 (592)

*Numbers in parentheses are actual numbers of respondents.

$\chi^2 = 1.849, df = 5, p = .870$

$V = .056$

**Not significant at alpha level .05.

Table 5

Variable Descriptive Statistics

Variable Name	N	Mean	SD	Min	Max
Dependent Variables					
Sex Partners	594	1.362	1.089	0	9999
Sexual Transmitted Infection	600	1.85	.356	1	2
Independent Variables					
Someone to turn to	600	1.19	.389	1	2
People who help	602	1.13	.332	1	2
Support no matter what	602	1.09	.284	1	2
Number of close friends	602	3.45	.837	1	4
Demographic Variables					
Age	601	17	2.016	12	22
Sex	602	1.60	.490	0	1
Race	595	1.733	1.194	1	5

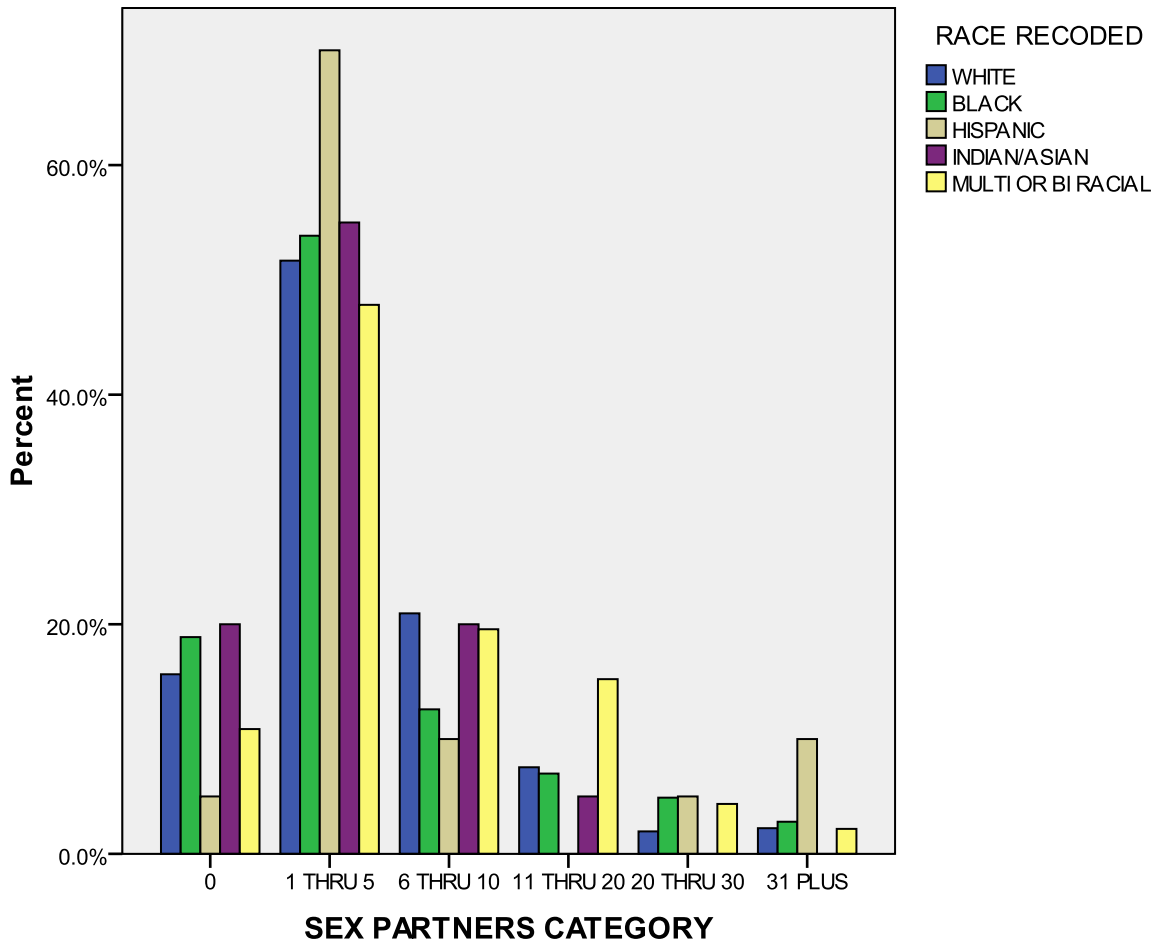


Figure 1. Relationship between respondent's race and the number of lifetime sex partners.

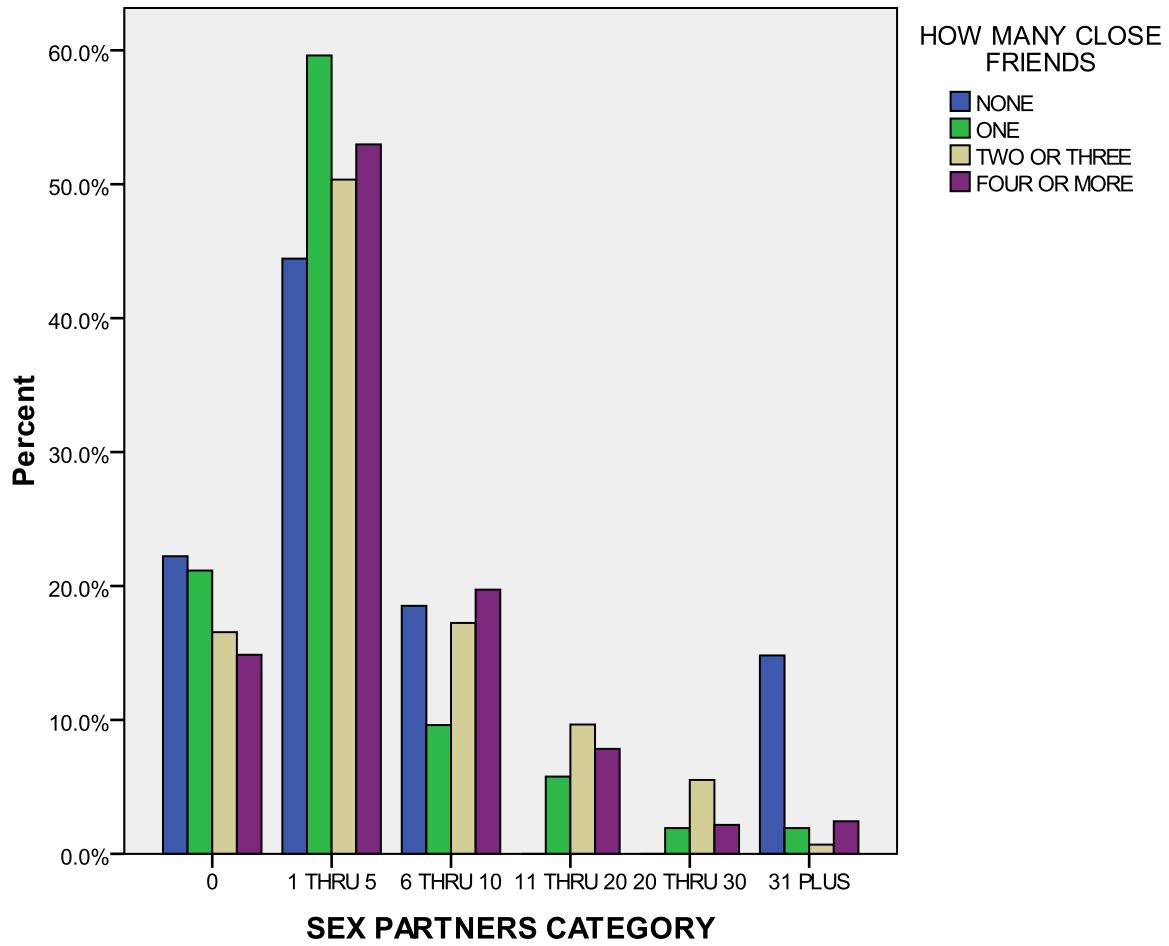


Figure 2. Relationship between the number of close friends and the number of lifetime sex partners.

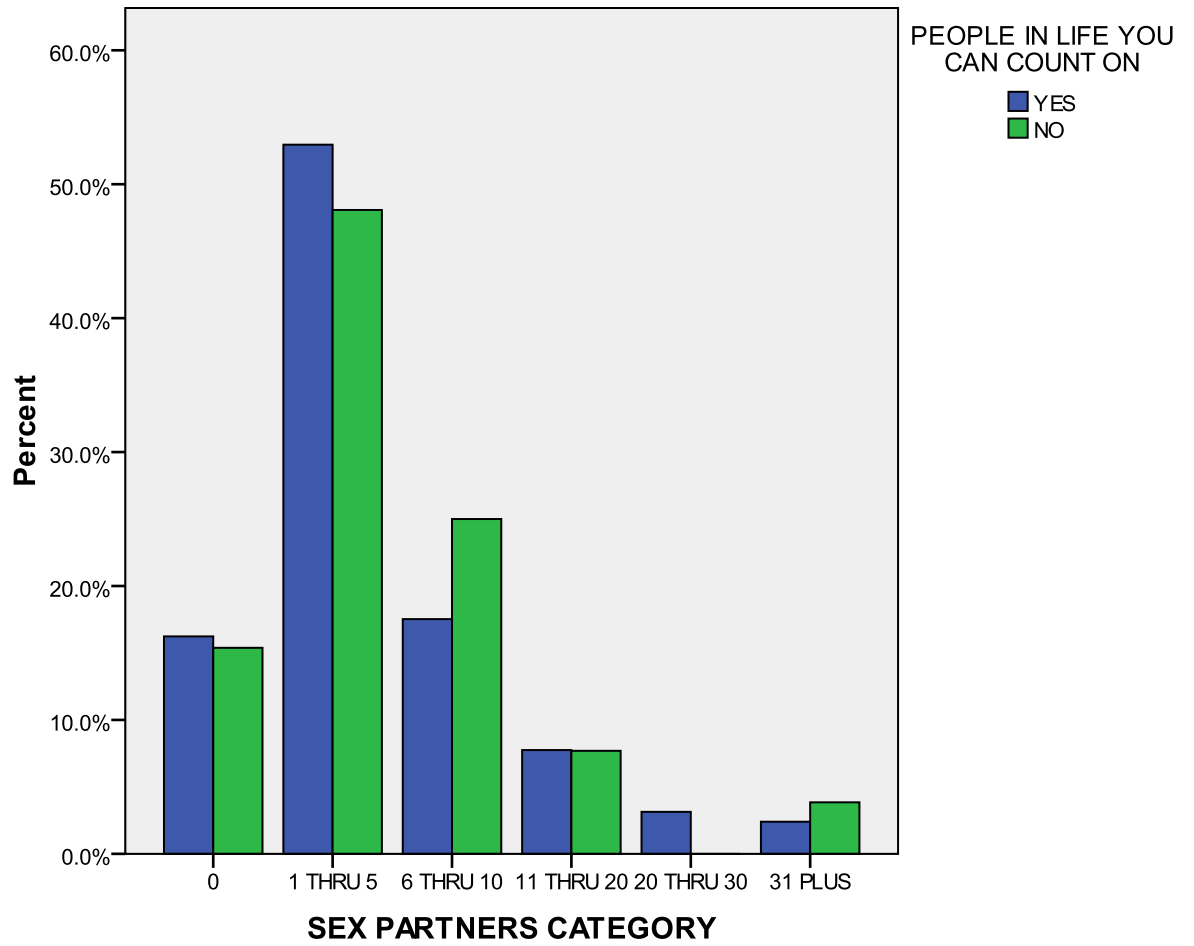


Figure 3. Relationship between having people in their life they can count on and the number of lifetime sex partners.

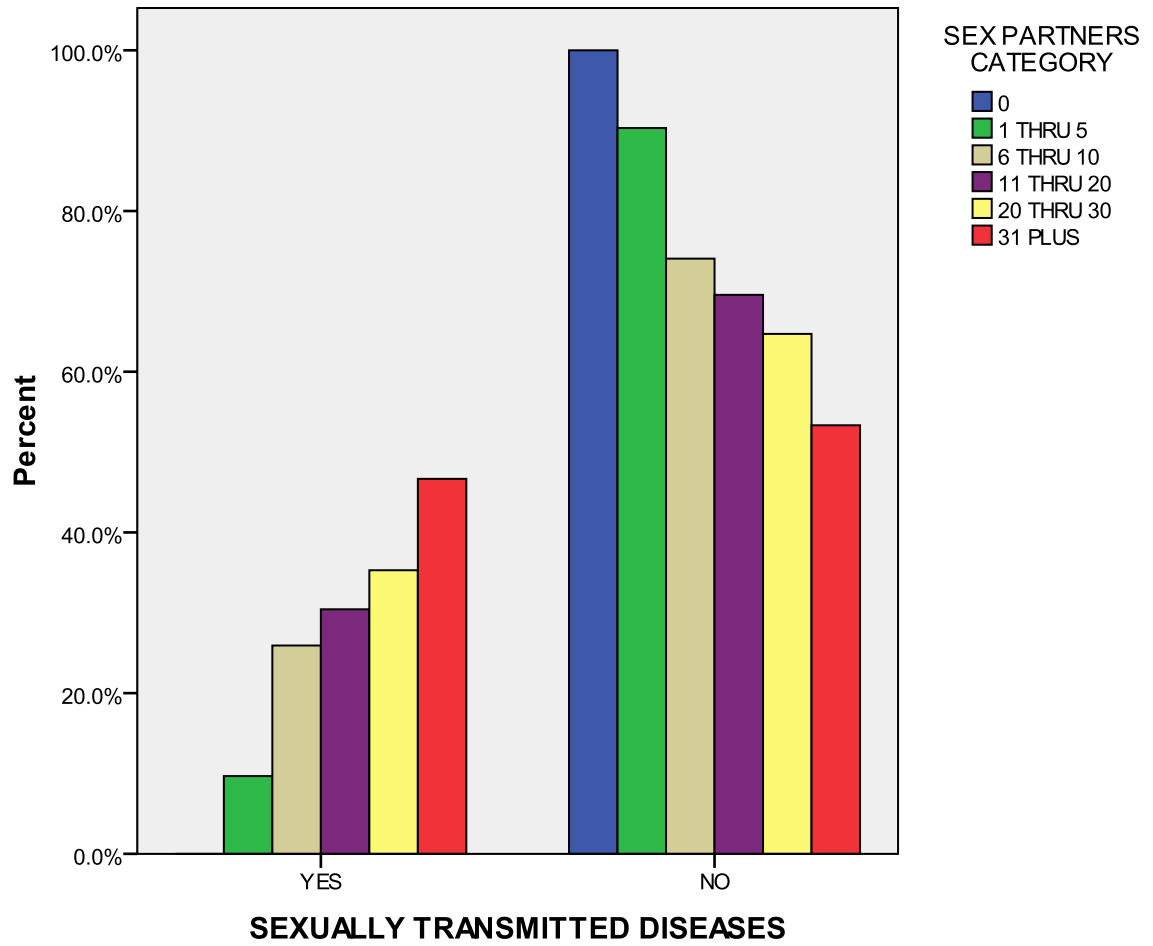


Figure 4. Relationship between the number of lifetime sex partners and whether or not respondent has had a sexually transmitted infection.

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