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DAILY SURVIVAL VERSUS THE THREAT OF AIDS:
STREET YOUTH AND THE STREET ECONOMY IN NEW YORK CITY

by

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Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy

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Homeless adolescents or "street youth" are an "at risk" population for exposure to HIV infection/AIDS due to the hazardous environments in which they live and "work". Homeless, without emotional or financial supports and without marketable education or work skills, street youth often rely upon illegal and/or quasi-legal activities (e.g., panhandling, pickpocketing, theft, scamming, drug dealing, prostitution) within the street economy to satisfy their needs. These activities vary in social, legal, physical, and AIDS-related risks. This study identifies the circumstances...
which influence youth to enter street life, engage in prostitution, and which influence their ability to exercise risk-reduction behaviors and/or exit street life.

Thirty-five homeless youths, recruited from the streets of New York City, participated in this longitudinal ethnographic study. Participant observation and life history interviews explored the ways in which street youth “choose” among an array of street-based income generating activities and the ways in which risk for HIV infection is distributed in this population.

Street youth are at differential risk of exposure to HIV as a consequence of their activities within the street economy. A myriad of personal and environmental factors influence street youths' perceptions regarding the range of roles available to them within the street economy and their perceptions of the risks associated with them. Youth rationalize the risks inherent to roles and perceive the risk of HIV/AIDS through prostitution as “less risky” than the risk of violence or incarceration through other roles. Drug use, the dependence on crack, cocaine, and/or heroin, history of physical and sexual abuse, and sexual minority status correlate with a reliance on prostitution. This study suggests the need for intervention programs to support individuals' attempts at risk reduction by
addressing the local cultural, psycho-social, economic, and environmental contexts that encourage risk behaviors.
Acknowledgements

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# TABLE OF CONTENTS

## 1: Introduction

1.1 Statement of Study .......................... 1  
1.2 The Street Economy and the Risk for HIV/AIDS .... 3  
1.3 Anthropology and AIDS .................. 4  
1.4 Overview of Study Variables ............. 6  
1.5 Ethnography as Research Strategy ....... 7  
1.6 Organization of Dissertation .......... 8  

## 2: Anthropology and AIDS Research

2.1 The AIDS Challenge ...................... 11  
2.2 AIDS as a Cultural Phenomenon .......... 16  
2.3 Ethnographic Research Methods ....... 19  
2.4 Anthropological Contributions to AIDS Research .... 23  
2.5 Intimacy, Condom use, Drug use, and Behavior Change 
   - Sexual Behavior and Condom Use ... 30  
   - Drug Use Behavior ................ 36  
2.6 Street Youth as an "At Risk" Population .. 38  
2.7 Understanding Risk and Risk Perception in Street Youth .... 40  
2.8 The Ethnographic Study of Street Youth in New York City .... 43  
2.9 The Cultural Contextualization of Risk .... 45  
2.10 Factors Influencing Participation in "Low" vs "High" Risk Activities Within the Street Economy .. 50  

## 3: Homeless Adolescents

3.1 Homelessness Among Adolescents .......... 58  
3.2 Demographic, Social, Psychological, and Behavioral Risk Profile of Homeless Adolescents ............ 62  
3.3 AIDS in Homeless Adolescents in the United States 
   - Incidence and Prevalence of HIV in Homeless Adolescents .... 66  
3.4 Behavioral Risk Factors Associated with HIV Infection 
   - Sexual Risk Variables ............ 72  
   - Substance Use Variables .......... 80  
   - The Street Economy and the Risks Therein .. 81  
3.5 Theories on Entering Prostitution ...... 83  

vii

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## 4: The Ethnographic Study of Street Youth

4.1 Phase I
- The Community Assessment Process 94
- The Survey Component 96

4.2 YAR Demographic and Behavioral Data 96

4.3 Phase II: The Longitudinal Ethnographic Sample 103
   - 4.3a Design and Methods 103
   - 4.3b Inclusion Criteria 104
   - 4.3c Data Collection 106
     - Life History Interviews 109
   - 4.3d Data Analysis 114
   - 4.3e Summary of Longitudinal Ethnographic Sample 118

## 5: Discussion of Ethnographic Findings

5.1 Introduction 147
5.2 Etiologies of Entry into Street Life 149
   - Issues within family of origin 150
   - Issues within youth 158
   - The role of drugs 162
   - The lure of the streets 166
   - When all of the pieces come tumbling down 169
     - Jose 170
     - Raven 178
     - Freddy 186
     - Kevin 191
     - Francy 194

## 6: Maneuvering Street Life

6.1 Introduction 200
6.2 The Social Organization of Street Youth and Street Life 200
6.3 Midtown/PABT vs. West Village vs. East Village Youth 201

## 7: Maneuvering Risks

7.1 The Street Economy, Drug Use, and High Risk Sexual Behaviors 219
   - Jack 221
7.2 Prostitution and HIV Risk 228
7.3 Managing Risks Inherent in Prostitution 238

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Table 4: Profile of Sample Age by Sex 129
Table 5: Profile of Sample Racial Category by Sex 130
Table 6: Age First Entered Street Life by Sex 131
Table 7: Age First Entered Street Life by Race 132
Table 8: Total Number of Years on the Streets by Sex 133
Table 9: Profile Sexual Orientation by Sex 134
Table 10: "Ever" Victim of Abuse by Sex 135
Table 11: Highest Grade School Completed by Sex 136
Table 12: Intravenous Drug Use by Sex 137
Table 13: Intravenous Drug Use and HIV Risk 138
Table 14: Primary Street Hustle by Sex 139
Table 15: Primary Street Hustle by Sexual Orientation 140
Table 16: Primary Street Hustle by Racial Category 141
Table 17: "Ever" Engaged in a Street Hustle by Sex 142
Table 18: Self-identified Geographic Areas to Hangout and Hustle 143

References 292
Chapter 1: INTRODUCTION

1.1 Statement of Study

Homeless adolescents or "street youth" are a population at increased risk for AIDS due to the hazardous environment in which they live and "work". Homeless, without adult guidance and lacking stable emotional and financial support, street youth are challenged to satisfy their basic needs for food, shelter, and health care in an environment where the risk of HIV is but one of a constellation of dangers that include poverty, drugs, crime, exploitation, victimization, violence and incarceration (Clatts 1991a, 1992a, Hein 1992, 1993, Rotheram-Borus et al 1989, 1991c,d, Stricof et al 1991, Vermund 1988, 1989). To survive on the streets, street youth become involved in a hierarchical and ever changing street economy which encompasses both legal and illegal avenues for addressing their needs. As a result of participation in the street economy, street youth are often compromised into multiple HIV-related high risk situations and behaviors. Not all homeless youth, however, are at equal risk for exposure to HIV.

This study examines the ways in which street youth negotiate the risk for exposure to HIV/AIDS while living and "working" on the streets of a major metropolitan city. Specifically, this study explores the ways in which street youth engaged in the street economy in three locations within New
York City differ amongst themselves with respect to three major issues. First, this study examines the factors which influence youth to enter street life. Second, this study explores the factors which influence youth to occupy street-based economic roles which are low risk for exposure to HIV infection, such as panhandling, odd/part-time low paying work, petty theft, burglary, rolling/mugging, scamming and drug dealing, or, behaviors which are high risk for exposure to HIV infection, such as prostitution. And third, this study explores changes in street roles over time and the potential for street youth to adopt alternative roles or to exit the street economy. Variables which sustain involvement in low or high risk behaviors, which cause movement across roles within the heterogeneous street economy or, which facilitate movement out of the street economy altogether are explored.

In New York City, the street youth population is heterogeneous and includes a complex mix of youth who enter the streets with an array of personal issues and with varying capacities to manage their own problems and the street environment. Street youth are heterogeneous with respect to age, sex, ethnicity, race, sexual orientation, place of rearing, educational level, employment skills, drug dependency, and they vary amongst themselves with regards to the issues which led them to seek a life
on the streets. The ways in which youth cope with their problems have important implications not only for the kinds of risk behaviors they become involved in while on the streets but for their ability to leave street life (Atillasoy and Clatts 1995, Clatts 1992, Clatts and Davis 1993). In New York City, street youth differ amongst themselves in the level and degree to which they participate in, and become dependent upon, roles within the street economy. As a result of these differences, some youth are at greater risk for exposure to HIV/AIDS than are others.

1.2 The Street Economy and the Risk for HIV/AIDS

There are a number of ways by which street youth can meet their needs within the prevailing street economy where subsistence-generating roles have economic and social functions. Within the street economy in New York City, income-generating activities yield varying returns financially, socially, psychologically, and legally. Most importantly, implicit in these different activities is also a differential risk for exposure to HIV infection, and, varying capacities for sustainable behavior change. While certain street-based income-generating activities are "risky" in terms of HIV transmission, others are not. For example, a youth who primarily panhandles for financial support is less likely to be exposed to HIV through this activity than a youth who supports him/herself primarily through
prostitution. If both groups of youth are homeless, equally knowledgeable about HIV/AIDS, and both vie to support themselves through the street economy in New York City, how and why do some youth adopt activities involving low risk while others adopt activities with high risk consequences for HIV transmission? How do street youth view the range of street-based roles that exist within their environment? More specifically, how do they define and weigh risks within the street economy? And, how do they choose a role/s from within a range of possible activities? These are valid and important questions to consider when promoting risk reduction among adolescents "working the streets". Simply targeting all street youth for HIV risk reduction without considering the context of their entry into, and participation in, the street economy ultimately fails to address the ways in which risk is distributed in this "at risk" population.

1.3 Anthropology and AIDS

The acquired immunodeficiency syndrome (AIDS) is a complex and multidimensional phenomenon where human immunodeficiency virus (HIV), the etiological agent associated with AIDS, is transmitted not through random or casual contact but through very specific behaviors. Risk behaviors for HIV infection are forged within a complex web of perceived opportunities and constraints whose meanings and interrelationships are bound to the
larger cultural, psycho-social, economic, and physical environment in which individuals live. Understanding the spread of this disease requires understanding the definitions and meanings of risk behaviors and understanding the contexts in which individuals engage in HIV-related risk practices. Similarly, intervention strategies must recognize and address both the real and the perceived range of opportunities and constraints that influence an individual's perceptions of risk and which guide their risk behaviors (Clatts 1992a). The success of interventions to halt the further spread of HIV requires a holistic framework that considers the whole worlds- the contexts- in which individuals live and engage in high risk behaviors (Clatts and Atillasoy 1993).

This research is grounded in the theoretical perspectives and research approaches of Medical Anthropology which recognize that health and disease are influenced by biological factors in combination with a multiplicity of factors that are cultural, social, psychological, economic, environmental, political, legal, religious, and ethical (Gaines 1988, 1992, Kleinman 1986). These factors influence life experiences and consequently inform and guide behaviors. As such, health behaviors are recognized as occurring within a context. The holistic outlook of anthropology as a discipline, and Medical Anthropology as a subdiscipline, is oriented towards
analyzing perceptions regarding health risks and the subsequent health behaviors of individuals within the situations and contexts in which they occur.

1.4 Overview of Study Variables

Street youth’s engagement in, dependence upon, and movement across roles within the street economy in New York City reflects a process which is conditioned by a broad range of factors (Luna 1991, Luna and Rotheram-Borus 1992, Pennbridge et al 1992, Price 1987, Shaffer and Caton 1984, Stricof et al 1991). Some factors which have been identified as influencing HIV risk behaviors in other target populations and which are explored in this study include demographic characteristics as well as psychosocial, economic, legal, environmental and addiction needs. Youths’ experiences, their expectations and motivations, and their perceptions of risk and control over life events as well as other situational factors ultimately affect their perceived and/or real ability to adopt and consistently exercise risk-reduction behaviors within the street economy in New York City (Clatts and Atillasoy 1993). This study explores the significance of these factors as defined by street youth themselves during the course of life history interviews. Through examination of street youths individual and collective life histories (i.e., experiences), their motivations
(i.e., real and subjective needs) and their expectations of the future, it is possible to understand which array of factors mold a youth's perceptions of risk of danger and personal injury and how youth manage on a daily basis.

1.5 Ethnography as Research Strategy

New York City street youth are embedded within an urban environment that is characteristically fluid and chaotic. As such, street youth are a difficult-to-reach and track study population (Gwadz and Rotheram-Borus 1992). Ethnographic research methodologies are appropriate for the endeavor to observe, recruit, and study street youth in their natural setting (Clatts 1992a,b, Hersch 1989, Hillman et al 1992). Ethnography encourages the research subjects themselves to assign meaning to their experiences, beliefs, decisions and behaviors, and to the larger sociocultural contexts within which HIV risk is perceived and managed and within which AIDS-related risk behaviors occur. As such, ethnography is a particularly useful research strategy in exploring risk behaviors and the cultural contextualization of the factors that affect both perceived and real behavioral “choices” and which may serve as barriers to personal AIDS risk reduction efforts.

This ethnographic study was begun as part of a large-scale Youth at
Risk (YAR) study of the socio-demographic and behavioral characteristics of a street-based sample of street youth in New York City funded by the Centers for Disease Control and Prevention and completed with additional funding from the American Foundation for AIDS Research. In this study, the two ethnographic methods of participant observation and life history interviews were employed in concert over a period of two years to retrospectively and prospectively chronicle the life events of a street-based sample of homeless adolescents. Participant observation offered insight into the context of risk behaviors and life history work provided valuable depth to youth’s circumstances, retrospectively chronicling important events along the life course and prospectively following changes in environment, opportunity, and risk behaviors (Clatts et al 1992a,b). These two methods permitted contextualization of how street youth come to view the “work” options available to them on the streets, how they perceive and weigh risks to their physical, mental, and social health, and how they come to engage in high or low risk behaviors for HIV infection.

1.6 Organization of Dissertation

This dissertation is organized as follows: Chapter 2 places this study within the paradigm of Medical Anthropology and highlights the role of anthropology and anthropologists in AIDS research and prevention efforts.
The chapter also draws from the literature on risk assessment and proposes a model which organizes the proposed antecedents to HIV/AIDS risk-taking behaviors among street youth. This model serves a descriptive purpose as it organizes the ways in which multiple and interwoven variables influence the situations and contexts in which street youth engage in risk behaviors for HIV transmission. Chapter 3 summarizes the literature on adolescents and homelessness and presents street youth as an "at risk" population. Chapter 4 summarizes data from the Youth at Risk (YAR) Study, the first empirical study of the demographics and risk behaviors of a large street-based sample of homeless youth in New York City. It summarizes the research design, methods, and analysis techniques used in this study. It also includes the demographic and behavioral data collected during this ethnographic study. Chapter 5 explores the etiologies of entry into street life. Chapter 6 identifies the tactics used by youth to maneuver the streets. Chapter 7 documents youths' attempts to maneuver an array of risks to their physical, mental, and social well-being as well as the risk of HIV and AIDS. Chapter 8 documents youths' attempts to get off of the streets and/or change their risk behaviors. Chapter 9 summarizes research findings on how youth come to enter street life, partake in the street economy, and how they view the likelihood of forgoing a dependence.
on the street economy and/or exiting street life.
2.1 The AIDS Challenge

Since its recognition in the early 1980's, the Acquired Immunodeficiency Syndrome (AIDS) has rapidly become a public health crisis affecting millions of individuals worldwide. According to the World Health Organization, 14 million people worldwide are infected with human immunodeficiency virus (HIV), the virus that causes AIDS. Within the United States, the U.S. Centers for Diseases Control and Prevention (CDC) (1993) estimates between 1 to 1.5 million Americans are infected with the virus. More specifically, the CDC estimates that one out of every 250 Americans are HIV-positive; that is, 1 in 100 men and 1 in 800 American women are infected with the AIDS virus. In 1993 alone, between 47,000 to 66,000 Americans died of AIDS and an estimated 40,000 to 80,000 became infected with HIV (CDC 1993). More recently, the U.S. Centers for Diseases Control and Prevention (1995) has declared AIDS the leading cause of death for men and women in the United States between the ages of 25 to 44.

HIV is transmitted through three primary modes of transmission: sexual contact with an infected individual, exposure to infected blood or blood products, and perinatally from an infected mother to her child.

Regardless of the mode of transmission, the pathogenesis of HIV infection
involves selective tropism of the virus for certain cells of the immune and central nervous systems which results in immunosuppression and neuropsychiatric abnormalities (CDC 1988). Immunosuppression leads to frequent and severe illness with so-called opportunistic infections. The clinical prognosis for individuals infected with HIV is generally poor (CDC 1993).

Within the first decade of the epidemic, significant strides were made in documenting the virology, immunology, and epidemiology of AIDS. Now well into the second decade of the epidemic, despite such strides, neither a cure nor an effective vaccine to prevent against infection are available nor are they anticipated in the very near future. At this juncture in the AIDS epidemic, the often repeated dictum that education is the most effective weapon to prevent disease remains valid. The guiding rationale of AIDS risk-reduction campaigns is that information is an important precursor for behavioral intervention (Catania et al 1990, Coates et al 1988). The perceived advantage of education as an approach to HIV prevention, assuming a safe blood supply, is the widely held perception that HIV risk behaviors are voluntary and consensual. It is assumed that by educating people about the behaviors which put them at risk of exposure to HIV and then encouraging them to adopt alternative no risk or "low" risk preventive
health behaviors (PHBs), AIDS can be prevented. Current guidelines for PHBs against exposure to HIV/AIDS advocate (1) "safe sex"—the need to avoid sexual exposure by practicing abstinence; having one, uninfected, sexual partner; or using condoms consistently during all oral, vaginal, and anal sexual activity to avoid the exchange of bodily fluids (i.e. blood, semen, vaginal secretions); and (2) clean needles—the need to avoid blood exposure by not injecting drugs; not sharing injection equipment; by proper cleaning techniques for sterilizing drug paraphernalia; or by exchanging used paraphernalia for new and sterile ones (U.S. Public Health Service 1986).

Efforts to disseminate information about AIDS and risk prevention to specific populations and to the general public are ongoing (U.S. Public Health Service 1986). The tragic irony, however, is that the incidence of HIV infection continues to spread even among persons who have been the direct target of informational campaigns about ways to prevent exposure to it. This fact has led to the understanding that information is a necessary but not a sufficient condition for behavior change to reduce HIV risk (Catania et al 1991, 1992, Cochran and Peplau 1991, Rotheram-Borus et al 1989, Sepulveda et al 1992, Stall et al 1986, 1988, 1990b). Such trends suggest that there are factors operating at the situational level, not solely the
cognitive level, that prevent individuals from disengaging in risk behaviors for HIV infection (Battjes et al 1994, Connors 1989, 1994, Sibthorpe 1992, Sterk-Elifson 1993). These trends suggest the need to reconsider the contexts in which high risk behaviors are engaged.

A seeming obstacle to the success of AIDS prevention efforts is that the guidelines for behavior change focus attention on complicated areas for intervention. The sexual, reproductive, and addiction behaviors implicated in HIV transmission are behaviors which are sensitive and laden with personal and societal value (Becker and Joseph 1988, Mays and Cochran 1989, McGrath et al 1992, Sobo 1993, Worth 1989, Zule 1992). Sexual and drug use behaviors have certain meanings and functions for those engaging in them. Moreover, while the goal of prevention efforts is to alter the risk-taking behaviors of individuals, the processes whereby individuals engage in risk behaviors for HIV infection are social and they occur within specific cultural contexts. To enhance AIDS risk reduction efforts, it is necessary, therefore, to first determine how risk behaviors are initiated, maintained, and modified, and why individuals might opt for high risk behaviors over preventive health behaviors. To this end, research is needed which can explore the meanings and functions individuals associate with risk behaviors and with alternative preventive health behaviors. Research is also
needed which can identify the situations and contexts which facilitate or constrain personal HIV risk reduction efforts.

The need to understand the multifaceted psychosocial and behavioral dimensions of the transmission of HIV were widely acknowledged early on in the epidemic and remain a research imperative. Many calls have been made for behavioral studies to describe the relative prevalence of high and low risk behaviors in given populations, under certain circumstances, and at particular points in time (e.g., Abramson and Herdt 1990, Allen 1994, Atillasoy and Clatts 1993, Bolton 1992b, Marin 1990, Marshall and Bennett 1990, Singer et al 1992). These calls have focused on the need to explore and address the cultural, social, psychological, biological, economic, environmental, political, religious, and ethical contexts within which HIV transmission takes place. Despite significant contributions to these research imperatives, there is much left to explore regarding the multifaceted etiology of high risk sexual and drug use patterns, the contexts in which high risk sexual and drug use behaviors occur, and peoples’ perceptions of personal risk of HIV infection and the factors which motivate or inhibit sustained behavioral change (e.g., McGrath et al 1993, Sobo 1993, Weeks et al 1993). Behavioral research is needed which recognizes the importance of the role of culture, sexuality, procreation,

The challenge to sociobehavioral researchers is to obtain data which are reliable, valid, and detailed as this information is a prerequisite for the design and dissemination of constructive, nonjudgmental, culturally sensitive, and applicable education and counseling efforts that empower people to make sustained behavioral changes compatible with their personal and survival needs.

2.2 AIDS as a Cultural Phenomenon

The study of AIDS requires a holistic research approach that combines the biological and social aspects of human behavior with the overall understanding of the disease as a cultural phenomenon (Ankrah 1991, Auerbach et al 1994, Bennett 1987, Bolognone 1986a, Carrier and Bolton 1991, Casper 1986). The risk of exposure to HIV is a cultural phenomenon in that cultural values are the medium through which sexual and drug use behaviors are interpreted. Culturally and situationally determined values influence how an individual's perceptions of AIDS are selected, how attitudes towards high risk behaviors are developed, how risk reduction
information is processed, and whether preventive health behaviors are embraced as realistic alternatives. HIV prevention, by requiring people to alter their behaviors, requires culture change. The analysis of how changes are perceived, how they are initiated, maintained or modified, as well as why recommendations for change are not adopted, are valid research imperatives for sociobehavioral researchers. Anthropologists, trained to explore and understand not only what humans do and how they do it but why they do it, can contribute to these efforts.

Anthropology, as a discipline, is well-suited to guide the study of AIDS-related risk behaviors because the combination of people-centered theoretical paradigms with unique methodological and analytic approaches enhances the careful examination of human rationales and behaviors within the contexts in which behaviors are given meaning and purpose (Bennett 1987, 1989, Bolognone and Johnson 1986b, Bolton 1989, Clatts 1993c, Hahn 1991, Marshall and Bennett 1990, Velimirovic 1987). The goal of anthropology is to describe and explain the regularities and variations in social behavior that result from cultures each human group has created and passed on from one generation to the next. Culture provides people with a way of seeing the world— a way of interpreting experience by categorizing, encoding, and giving meaning to behaviors. As such, culture is a particular
way of life which includes assumptions about the nature of reality as well as specific information about that reality (Spradley 1979a). Here, the concept of culture is used to refer to a shared system of meaningful symbols that is learned, defined, revised, and maintained in the context of people interacting (Spradley 1979a).

Medical anthropology, as a sub-discipline, is especially well-suited to guide the holistic study of risk behaviors because it emphasizes the role of culture and other factors in shaping perceptions and experiences of health-related risks and behaviors in natural settings. Medical anthropology is the study of medical phenomena as they are influenced by social and cultural features and the study of social and cultural phenomena as they are illuminated by their medical aspects. As a disease, AIDS is a situated product, borne of one's immediate situation and linked to contextual features of that existence. Medical anthropology can guide the study of the what, how and why of HIV risk behaviors as risk behaviors are understood to be influenced by the personal, cultural, social, psychological, biological, economic, environmental, political, religious, and ethical milieu in which they occur. Koester (1994b) refers to this milieu in which behaviors occur and are given salience as "context". According to Koester (1994b), context is manifested in different dimensions and on many levels of human experience.
Context may be personal, social, or part of the physical environment and may be influenced by local, microlevel or macrolevel structural forces. The factors influencing people's lives are always changing and people are constantly adjusting, adapting, and resisting the conditions and circumstances affecting them. As such, medical anthropology, by recognizing that individuals are embedded within contexts shaped by the intersection of a broad range of forces and, recognizing that these contexts define and dictate a range of opportunities and risks, has a contribution to make to understanding AIDS as a cultural phenomenon.

2.3 Ethnographic Research Methods

Most AIDS-related risk behaviors are socially stigmatized, illegal, and often hidden. As such, AIDS-related risk behaviors are not easily studied. The endeavor to understand the what, how and why of risk behaviors requires research skills which transcend the many and complex layers of everyday social life and which enhance the examination of the social organization and cultural contexts of risk behaviors (Adler 1990, Agar 1973, 1986, Carlson et al 1994a, Kotarba 1990, Ratner 1993, Sloboda 1994). Ethnography is a useful means by which to study peoples' perceptions regarding their behaviors because it is capable of uncovering the historical construction of human conceptions, experiences, and
endeavors and of uncovering the *meanings* and *functions* of actions and events to the people being studied (James 1977, Koester 1994b, Lofland and Lofland 1984, Magnana 1991, Pelto and Pelto 1990, Weppner 1977, Wiebel 1990). By encouraging individuals, themselves, to identify and give meaning to the variables that are significant to them, ethnography approaches data collection and analysis from the “native’s point of view” (Malinowski 1922: 25). As such, ethnographic methods can uncover a wide range of explanatory models created by human beings to describe an array of behaviors (e.g., Agar 1980, Goffman 1963, Keiser 1969, Lewis 1963, Liebow 1967). With specific regards to the study of risk assessment for HIV-infection and high risk behaviors, ethnographic methods are effective in eliciting and analyzing how individuals frame the events and environments which influence risky and preventive behaviors in the context of their relationships and within the larger macrolevel context in which they are embedded (Bolognone 1986b, deZalduondo 1995, Farmer 1990a, Glick-Schiller et al 1994, Hahn 1991, Lindenbaum 1992, McGrath 1992, Padian 1988). To this end, ethnography has been and should continue to be employed in AIDS-related behavioral studies to uncover the “emic” salience of HIV risk behaviors to the individuals engaged in them (Clatts 1993, Connors 1994, Farmer 1990, Hansen et al 1990, Harrison et al 1991,
The two ethnographic research methodologies of participant observation and life history interviews are particularly useful in elucidating the meanings and functions individuals ascribe to their behaviors and to the situations and contexts in which their choices are made. Participant observation is often used in ethnographic studies of risk behaviors associated with HIV infection (e.g., Bolton 1992b, Carlson and Siegal 1991, Carlson et al 1994a, Clatts 1993c, Connors 1994, Koester 1994a,b, Magnana 1991, Page et al 1990, Parker 1992, Ratner 1993, Romero-Daza et al 1994). By becoming directly involved in community life, observing and talking with people (Agar 1980), ethnographers are able to make cultural inferences from what people say and from the way people act and thus uncover their unique view of reality (Spradley 1979a,b). An important strength of participant observation to the study of AIDS-related risk behaviors is that the areas of inquiry and the information deemed to be relevant are not predetermined but are allowed to "surface" independently, in and through observations of behaviors in their naturally occurring context. As a research strategy, participant observation affords the opportunity to collect data about behaviors in the participant's own setting rather than one which may influence that behavior or the subjects'

Another valuable ethnographic method is the life history interview. Life history interviews are useful in evoking the insider’s view of culture and revealing the details of a person’s life along the life course (Crapanzano 1977, Kluckhohn 1945, Langness 1965, Langness and Frank 1981). Life history studies evoke a subjective time line perspective to the events and experiences, relationships, beliefs, behaviors, and the larger sociocultural, physical, and economic environment which individuals cite as significant to understanding their lives (Bloom 1996, Clatts 1993, Clatts et al 1995, Crapanzano 1977, Kluckhohn 1945, Langness 1965, Langness and Frank 1981, Lewis 1963, Marshall and Rossman 1989). The value of life history studies is that informants are encouraged to express themselves using their own cultural constructs independent of the presuppositions of the ethnographer and, as such, the validity of the data collected is enhanced (Bernard 1988).

Both participant-observation and life history interviews have been used in anthropological research on AIDS (e.g., Abramson 1992, Adler 1990, Bloom 1996, Bolton 1992b, Clatts 1990b, 1991b). The demonstrated utility of these approaches supports the continued use of
ethnographic methods in studying AIDS.

2.4 Anthropological Contributions to AIDS Research


Anthropologists have contributed to an understanding of the social

An important contribution of these efforts has been to reexamine the concept of "risk group" for HIV. A risk group is identified when certain
sectors of the population are deemed to be at greater risk for exposure and infection because of their shared high risk behaviors. Anthropologists moved forward in the study of risk behaviors by casting aside stereotypes about groups identified as "at risk" (e.g., members of the so-called "4-H club": homosexuals, Haitians, heroin/intravenous drug users, hemophiliacs and other recipients of blood transfusions) and focusing on the subcultures of these groupings to determine the respective parameters of health, disease, and culture that occur for each and for the general population of which they are a part (e.g., Boles 1994, Farmer 1991, Kane 1991, Marin 1990).

In studying these populations, anthropologists learned that belonging to a "group" did not necessarily match to specific risk. This early body of research contributed to public health initiatives by suggesting that the designation "risk group" is limited in its utility since "groups" are heterogeneous with respect to group identity, risk perception, risk behaviors, and ability to exercise risk-reduction. In reality, all people are vulnerable to AIDS so long as they engage in the behaviors which transmit HIV. The idea of "risk group" is useful only insofar as it identifies those at increased likelihood of engaging in risky behaviors. This reconsideration of the risk group concept importantly shifted the focus of prevention to
specific behaviors and away from categories of group membership (Johnson 1991, Marshall and Bennett 1990).

Anthropologists have also explored explanatory models of disease/illness origin, course, and treatment in specific adult groups at risk for HIV transmission (e.g., Bolton 1994, Carrier and Magnana 1991, Feldman and Johnson 1989, Magnana 1991, Parker 1992, Stall et al 1990, Sobo 1993b, Sterk-Elifson 1992, Ward 1993). These inquiries have shown that the way in which information about disease is diffused has profound affects on lay understandings of the disease according to cause, pathophysiology, expected course, prognosis, and potential efficacy of interventions and treatments. Such understandings consequently influence cultural experiences of illness and affect prevention efforts (e.g., Ankrah 1993, Bayer and Healton 1989, Farmer and Kim 1991, Schoepf 1992a,b). For example, studies have explored how culture-specific concepts of disease transmission can be combined with modern medical knowledge to inform and encourage individuals to adopt preventive health behaviors (e.g., Ingstad 1990). In addition, studies have documented how risk taking and risk management may be subjectively justified despite high levels of knowledge about HIV transmission (e.g., DiClemente 1991, Elder-Tabrizy et al 1991, Strunin and Hingson 1987). For example, studies (e.g., Clatts
have shown that some people believe they can "tell" who is ill with HIV/AIDS through certain physical signs. The identification of such beliefs is important since they provide misleading information from which individuals negate the need for preventive behaviors. Other studies among intravenous drug users have revealed the need to consider the somatic and psychological dimensions of withdrawal since the pain and fear of withdrawal affects perceptions regarding saliency of an array of risks (e.g., arrest, physical danger, HIV/AIDS). These concerns often influence the needle sharing or pooling behaviors of drug users (Connors 1989, 1994, Koester 1994a). Other studies have explored ways to target specific at-risk groups using culturally appropriate materials. For example, Ingstad's (1990) research in Botswana showed how traditional healers could be used to disseminate and encourage AIDS prevention information. Similarly, for example, Carrier and Magnana's research (1991) among undocumented Mexican workers and prostitutes in California suggested ways in which symbols and photographs (e.g., comic strips or "fotonovelas") were practical to reach and educate populations with limited reading skills about the risks of HIV and AIDS.

Moreover, anthropologists and other social scientists have studied the processes that guide help-seeking and compliance with available
information and medical regimens, specifically, “safer” behaviors which reduce the likelihood of exposure to HIV infection and AIDS. For example, the research done by DesJarlais et al (1986) with intravenous drug users (IDUs) in New York City, and ethnographic research done by Koester (1994a) with IDUs in Denver have shown how the scarcity of syringes can encourage needle sharing or “pooling” and increase the risks of exposure to HIV. Such research has been used to conceptualize and create programs which facilitate access to safer injection equipment (e.g., Carlson et al 1994a,b, Clatts 1991c, Downing 1994, Romero-Daza et al 1994, Trotter et al 1994). Other studies have highlighted the need to consider the context of unsafe sexual behaviors, particularly the role of economic inequities, when encouraging individuals to adopt safer sex strategies (e.g., Romero-Daza 1995, Sobo 1993a,b). For example, a number of studies of women at risk for AIDS through sex and/or drug partnerships have identified barriers to negotiation for condom and/or clean drug paraphernalia use as stemming from passivity, powerlessness, and low self-esteem borne of real lack of economic security (e.g., Day 1988, deZalduondo 1991, 1995, Sibthorpe 1992, Worth 1990). In situations of poverty, the immediate risk of losing social and economic security can outweigh the need for self-protection from HIV/AIDS. Importantly, this body of research suggests
that before individuals can be expected to realistically negotiate protective health behaviors in dyads where they are dependent on their partners, they need to be empowered to satisfy their social and economic needs (e.g., Romero-Daza 1995, Sobo 1993a). Importantly, these and other efforts have import to inform and guide appropriate public health initiatives (e.g., Bolton 1989, 1992a, 1994, Carrier and Bolton 1991, Froner and Rowniak 1989, Marin 1990, Sibthorpe 1992, Ward 1993, Worth 1989).

Anthropological contributions to AIDS research have revealed the complexity and functionality of certain high risk behaviors and have shown that knowledge about HIV/AIDS is a necessary but not a sufficient condition for adopting AIDS risk reduction behaviors. While information on how and why individuals ought to protect themselves can be made public, some individuals will continue to take risks even when they are aware of the potential consequences to their health (Basen-Engquist 1992, Boyer and Kegeles 1991, Coates et al 1988, Fisher et al 1992, Hein 1993, Romer and Hornik 1992, Sibthorpe 1992, Stall et al 1990b, Worth 1990). This body of research contends that while information is necessary up to a point, there may be a threshold effect on information and knowledge beyond which little behavioral change may ensue (Fisher 1988, Fisher et al 1992). These findings are consistent with results of refractory health habits
in other areas like cancer risk from smoking and cardiovascular risk from certain dietary patterns where knowledge regarding the effects of nicotine, fat, and cholesterol have not significantly altered consumption patterns (Langlie 1977, Rosenstock 1966, 1974). It is widely recognized that to achieve self-directed change for PHBs, individuals need not only have reasons to alter risky habits, but must have the means, resources, and social supports to do so.

2.5 Intimacy, Condom Use, Drug Use, and Behavior Change

Various hypotheses have been put forth to explain why individuals engage in risk behaviors with known potential risks for HIV transmission. Much of the anthropological and social science literature cited above shows that research on AIDS risk behaviors requires special consideration of intimacy, condom use, and drug use as these are complex and sensitive issues for behavior change.

Sexual Behaviors and Condom Use

Sexual intercourse constitutes one of the bases of human social relations; it occurs within specific social contexts and has different meanings and functions to partners engaged in intimate acts (Mead 1961). Sexual behaviors are under social control and are regulated by cultural constructs that identify who the appropriate persons are and the
circumstances with which and in which sexuality may be expressed
1993). There are three key aspects to sex here that influence the likelihood
of risk reduction through condom use. These are: the meanings of
condoms within personally salient relationships, the role of partners' attitudes in shaping behavioral choices and, the use of condoms in sex work. Within the United States, the use of condoms during sexual activity has historically been associated with extramarital sex, prostitution, and promiscuity (Brandt 1987). More specifically with regards to HIV/AIDS prevention, condoms have been promoted as a device to protect against sexually transmitted diseases and against social “others” (Brandt 1987, 1988, Clatts and Mutchler 1989, Sibthorpe 1992).

During sex with primary partners, sex acts are meant to affirm social bonds of intimacy and partnership (Sobo 1993a,b, Worth 1990). In such relationships, the partner is not often viewed as threatening or as a potential source of disease. The introduction of condoms to “safeguard” the sex act in such partnerships risks confounding existing meanings and altering the foundation upon which relationships are built. The use of condoms during sexual intercourse may be viewed as not just a physical act but a symbolic act which questions the morality, committedness,
attachment, and exclusivity of the social bond. Seeing an actual or prospective sexual partner as a potential source of disease or contamination means seeing that person as unclean not just physically but also morally and socially. Thus the introduction of condoms to a preexisting relationship may be viewed in negative association with promiscuity and a relationship that is unstable (Worth 1990).

Reasons for not using condoms with primary partners are often expressed in terms such as “knowing” and “trusting” (Sibthorpe 1992). Familiarity is often relied upon as a basis for determining who is safe (Sibthorpe 1992); intercourse with someone one “knows” is sometimes deemed analogous with “safe” sex. Knowing or trusting for the partner may make negotiating the use of condoms more difficult or perceiving the risks of exposure to disease less likely. “Cleanliness” is also a frequently used metaphor for the presumed safety of sexual partners (Clatts and Mutchler 1989). In the context of sexual relations with primary partners then, the attribution of sexually transmitted diseases and life threat to a sexual partner may be profoundly dissonant as condoms may be perceived as incompatible with other treasured components of important relationships such as respect, trust, and monogamy (Sibthorpe 1992, Clatts and Mutchler 1992).
Research also suggests that exhibiting concern for self-protection by introducing condoms may be inconsistent and incompatible with norms between partners for benevolence and loyalty (Brown et al 1991, Fisher 1988, Padian 1988, Worth 1990). It may be undesirable to put one's self-interest ahead of the union and risk destroying a "romantic ideal" (Sobo 1993b, Worth 1990). Condoms may also conflict with a partner's desires for spontaneity (Worth 1990). Moreover, the introduction of condoms and the adherence to a safe sex regimen among intimate couples may be challenged by cultural norms such as reluctance to discuss sexual matters, much less AIDS prevention (Bayer 1991, Fisher 1988, Worth 1990). In such situations, safer sex may actually be viewed as "unsafe" in that it may challenge the premise upon which a relationship with a valued partner rests.

In sexual relationships where social and/or economic power is not equally shared by both partners, the individual who is not the dominant partner may feel that he/she simply lacks any influence in the decision-making process (Worth 1990). In these relationships, sexual choices reflect not only cultural values and expectations but adaptive means of living with racism, sexism, and economic disenfranchisement (Schoepf 1992a, Sibthorpe 1992, Worth 1990). Thus, while it is important to recognize the cultural contextualization of the sexual relationship along social and cultural
lines, it is also important to recognize the real structural variables that exist in people's social worlds which influence the ways in which sexuality, gender roles, and power relationships are constructed and given meaning and purpose.

The meaning of sex differs in situations where sex is used as a commodity. In such situations, the symbolic relevance of the sex act is determined not so much in social terms but as an economic transaction. During such transactions, the sex worker may be socially and psychologically detached from his/her client. In this context, the sex worker may have greater leverage to dictate the rules governing the exchange. For example, the literature shows that sex workers are more likely to negotiate and use condoms with unknowns but less likely to use them with primary partners (e.g., Day 1990, deZalduondo 1995, Padian 1988). However, this may not hold in all cases. For economically desperate individuals, the need to negotiate safer sex may be placed second to more pressing economic imperatives such as money for food, clothing, shelter, drugs and other survival needs. For this reason, a distinction is frequently made between sex within relationships and commercial sex— as the potential for risk reduction differs significantly.

Attitudes and expectations of sexual partners toward a particular
preventive act has been identified as an important determinant of consistent condom use (Fisher 1988, Leonard 1990, Stall et al 1990b, Worth 1990). The salience of information regarding unprotected sexual activities and the perceived likelihood of acquiring infection have also been identified as important (Leonard 1990, Stall et al 1990b). In order for behaviors to be maintained, sexual partners need to know exactly "how safe is safe enough" (Lave 1987, Leonard 1990, Stall et al 1988, 1990b). The way the outcome is perceived, whether in terms of dying in the absence of safe sex or in terms of the probability of survival is also likely to affect the course of the action (Lave 1987). Ultimately, however, couples must decide how much should be sacrificed to reduce risk of HIV transmission (Brown et al 1991, Paz 1988). Their decision to engage in unsafe sex will be formed out of their perception of the value of outcomes such as "unplanned" and "more passionate" sex versus "planned" and "less satisfying" sex with a condom, and so on (Sibthorpe 1992). In addition, the failure to adopt condoms as an AIDS-preventive measure may be borne out of the perception that sexual pleasure is socially valued and that safe sex is less pleasurable (Schover and Jensen 1988). Also, denial and fear of AIDS and the perceived stigma of HIV infection and AIDS may also serve to downplay the need to confront the consequences of unsafe sex (Worth
1989). Any one of these and other factors cited above may be considered in accordance with the individual's assumptions of personal control over life events (Worth 1989, 1990)- that is, that it is not too late to change behaviors and that a change in behavior is likely to yield the desired results- to prevent HIV infection (Affleck 1988).

**Drug Use Behaviors**

With respect to drug use behaviors, anthropological research proposes several hypotheses for why individuals engage in high risk drug behaviors, particularly injection behaviors. The risks associated with HIV transmission overlap with a constellation of other risk events common to the lifestyle of intravenous drug users (IDUs) (Connors 1989a, 1994) such as the risks involved in scamming, copping, shooting drugs, and experiencing dope sickness. Connors (1994), Koester (1994b), and others (e.g., Carlson et al 1994, Clatts et al 1994b, Des Jarlais et al 1986) have argued that needle sharing is often a pragmatic response by IDUs to needle scarcity. By sharing or "pooling" drug injection paraphernalia with others, drug users may hope to assure access to syringes and to minimize the risk of arrest for illegal possession of a syringe. Also, by sharing scarce commodities such as drugs and drug paraphernalia and assuring the presence of another individual, the intravenous drug user may hope to
decrease the risk of death from an overdose. Moreover, confronted with the constant need to make money and procure or "cop" drugs, IDUs often rely on flexible economic strategies with multiple components (Koester 1994a). For example, drug injectors may form temporary partnerships in order to pool their limited assets to purchase drugs and to assure access to drugs during times of scarcity. Many drug injectors, conditioned to resource scarcity, readily comply with the adage "what goes around-comes around" and operate within a system of balanced reciprocity. Drug injectors recognize the need to form such reciprocal drug purchasing and drug sharing relationships in order to reduce the likelihood of dope sickness (Connors 1994, DesJarlais and Friedman 1988a).

Often, drug using relationships are intertwined with other social relationships (e.g., copping and pooling partnerships, sexual relationships, economic ties, familial ties, etc.). Attempts to reduce HIV risk behavior among drug injectors may have ramifications for these other relationships since they may facilitate or hinder personal risk reduction efforts (DesJarlais et al 1986, Friedman et al 1986, Neaigus et al 1990, Sibthorpe 1992). As such, HIV risk reduction efforts which focus solely on the individual, without considering the situations and contexts of drug related risk behaviors, will be of limited success. Thus, efforts to introduce risk reduction in these
groups must take into account the social environment which, at the micro-level includes dyads and social networks and which, at the macro-level, includes social institutions and structures (Friedman et al 1986, Neaigus et al 1990).

2.6 Street Youth as an “at risk” Population


Nonetheless, street youth, as a "high risk" population, remain one of the most poorly defined and understudied populations at risk for HIV infection.
Presently available demographic surveys of homeless youth (e.g., USGAO 1989, Shaffer and Caton 1984, Yates et al 1988), studies of their knowledge of HIV/AIDS (e.g., DiClemente et al 1988, Strunin et al 1987) and studies of HIV seroprevalence rates in therapeutic and/or institutional settings (e.g., Stricof et al 1990, Rotheram-Borus et al 1991b), have provided limited knowledge of street youth's risk of HIV. To date, brief exploratory ethnographic studies of street youth (Clatts 1989a, Hersch 1988, 1990, Hillman et al 1992) have revealed that street youth are heterogeneous and have different ideational, situational, and behavioral patterns which influence the configuration of their risk behaviors. These brief exploratory studies have identified the need for more in-depth and longitudinal studies of the experiences and needs which influence youth to move onto the streets, to participate in, and become dependent upon the street economy (Clatts 1989a, 1992b, Hersch 1988, 1990, Hillman et al 1992). True appreciation for the high risk behaviors of street youth requires understanding the contexts which influence a range of activities and which serve to either facilitate or inhibit risk reduction efforts (Clatts 1992a). Existing survey and ethnographic research suggests the need for
studies to examine the contexts in which street youth live and act as these contexts influence their perceptions of risk and risk-taking behaviors during situations of “survival sex” (or, “sex you gotta do”) and during situations of “recreational sex” (or, “sex you wanna do”) (Pennbridge et al 1990, 1992). Moreover, existing studies suggest the need to explore the role of substance use as a precursor to high risk sexual behaviors and as an independent risk activity for exposure to HIV/AIDS (Atillasoy and Clatts 1993, Pennbridge et al 1992).

2.7 Understanding Risk and Risk Perception in Street Youth

Research among domiciled adolescents has shown that even when adolescents' HIV knowledge is high, it is not always translated into safer practices (DiClemente 1992, Rotheram-Borus et al 1991b, Strunin and Hingson 1993). In fact, it has been demonstrated consistently that adolescent HIV knowledge is a necessary but not a sufficient condition for their adopting preventive practices (Fisher et al 1992). Studies suggest that there are a number of psychological, social, and situational factors (e.g., peer pressure, drugs, egocentric thinking) that may interfere with adolescents' attempts at risk reduction (e.g., Boyer and Kegeles 1991, DiClemente 1992, Fisher et al 1992, Hein 1992, Hingson et al 1988, 1990a,b).
Among street youth in particular, knowledge of risk of HIV infection has consistently been documented as insufficient to reduce high risk activities (Rotheram-Borus et al 1989). For street youth, it has been proposed that their attempts at consistent risk reduction to protect themselves and/or their partners from HIV may be constrained by economic considerations in addition to cultural, situational, social, and psychological, legal, environmental, and personal factors (Basen-Engquist 1992, Boyer 1989, Clatts 1992b,a, Coleman 1989, DiClemente 1988, Goodman 1989). As Clatts (1992b), DiClemente et al (1988), Hein (1993, 1992), Hersch (1988), Pennbridge (1992), and Rotheram-Borus et al (1991a,b) argue, street youths' attempts at sustained risk reduction are most often stymied by their needs to satisfy their most pressing survival concerns. As such, for street youth to consistently adopt risk reduction behaviors, they must first be able to negotiate and overcome the circumstances of street life which define and limit the range of opportunities available to them and which facilitate or constrain their efforts at risk reduction.

Moreover, some have argued that for street youth, risk perception in general is shaped by crisis (e.g., Clatts 1992a,b, Hillman et al 1992, Pennbridge et al 1992). That is, although street youth may recognize AIDS
as a particular kind of danger in terms of degree of potential harm, risk is ultimately understood within the broader framework of risk in their daily lives and is managed in similar strategies (Clatts 1992a,b, 1993, Hillman et al 1992). For youth involved in prostitution, for example, their economic needs may take precedence over their needs to negotiate safe sex with their paying partner. In addition, many youth use alcohol and drugs prior to prostitution to distance themselves from the realities of their predicaments and to dull the experience and the negative feelings associated with the act of prostitution. Having sex under the influence of drugs and alcohol has been hypothesized to be a predictor of high risk sex (Stall et al 1988).

The environment of street youth is one where risky practices are deemed necessary—possibly even normative—and where the threat of HIV infection is weighed in light of a constellation of other pressing concerns (Bond et al 1992, Hillman et al 1992). Dependence on street-level income generating activities often contributes to risk even when youth are aware of the dangers they represent for HIV transmission (Clatts 1992a, Rotheram-Borus 1991a, b). Struggling to satisfy basic needs on the streets, youth may reason: "Why should I care about dying ten years from now when I don't know where I will sleep and how I will get food tomorrow"
43

(Rotheram-Borus 1991b).

2.8 The Ethnographic Study of Street Youth in New York City

Understanding perceptions of risk and risky behaviors in street youth is a complicated task. It requires uncovering complex aspects of their unique life experiences and their overall needs and expectations (Clatts 1989a, 1992a,b, Hersch 1988). Similar to other populations at risk for HIV infection, AIDS knowledge among youth is insufficient to maintain safe behaviors when the behaviors are inconsistent with the needs, expectations, perceptions, and bartering abilities of those involved (Coates et al 1986, Connors 1992, DesJarlais and Friedman 1988a; Sibthorpe 1992; Worth 1989). Effective self-regulation of behavior is not usually achieved by an act of will alone. It requires certain skills in self-motivation and self-guidance (Bandura 1992). Furthermore, a difference exists between possessing self-regulative skills and actually being able to use them effectively and consistently under difficult circumstances. Success requires not only skills but also strong self-belief in one's efficacy to exercise personal control. At its simplest, behavior change requires information, motivation, skills, and an environment which supports healthful behaviors (Bandura 1992, Coates et al 1988). Success in adopting and consistently applying risk reduction is ultimately determined by success in manipulating or modifying the
circumstances which constrain choice.

As an "at risk", yet relatively understudied population, it is necessary to identify the circumstances which constrain choice for street youth. This involves identifying the factors which influence how youth become involved in, and progressively dependent upon, the street economy- a process that affects their capacity to reduce risk of HIV infection. Moreover, it is necessary to explore how street youth define and view their subsistence options, how they view and manage a number of risks (e.g., hunger, cold, incarceration, violence, sexual exploitation, emotional injury), and how youth come to adopt one subsistence-generating strategy over another. Because some economic roles involve low risk for HIV transmission while others involve high risk behaviors for HIV transmission, understanding how such choices are made will assist in developing a clear understanding of risk in this population. To this end, this study attempts to study the lives of street youth in New York City.

This study is in direct response to the call for anthropologists to continue and expand research on the cultural and behavioral aspects of the AIDS epidemic (see Medical Anthropology Quarterly March 1990, Worth 1990), and specifically to conduct "ethnographic, meaning-centered studies to facilitate a deeper understanding of risky and preventive behaviors in the
context of human relationships” (Marshall and Bennett 1990:3). This study incorporates the methodologies and theoretical paradigms of anthropology to contextualize behavior “choices” (e.g., Agar 1986, Gaines 1992, Kleinman 1986) and AIDS-related risk behaviors among street youth engaged in the street economy. In the absence of a cure or vaccine for AIDS, it is imperative to understand the multifaceted and complex factors which influence the attitudes and behaviors that place street youth at risk of infection with HIV. Moreover, the recognition of the factors that encourage or discourage, facilitate or constrain, the adoption of risk reduction behaviors have useful implications for current “safe sex” and “safe injection” campaign efforts in general. This study builds on the growing body of socio-behavioral literature examining the context of risk in specific “at risk” populations in the United States. More specifically, the data gathered in the course of this research addresses the absence in the literature on the cultural contextualization of risk among street youth and contributes to the growing ethnographic literature on adolescents and adolescent homelessness.

2.9 The Cultural Contextualization of Risk

Individuals assess risks in different ways and are characterized by different levels of risk-taking tendencies. These tendencies are important
determinants of an individual's behavior in any given situation (Lee 1971) and particularly on matters where more than one person is involved in the decision-making process and the subsequent behavior (Worth 1990). Despite the specifics of the situation being analyzed, "risk" is defined as a situation or choice involving possible loss or danger where the loss or danger implied is apt to be substantial (Janis and Mann 1977, Lee 1971, McClain 1983). Situations of risk prevention or minimalization require individuals to decide among alternative courses of action. The types of search, deliberation and selection procedures that they utilize delineate their decision-making strategy (Janis and Mann 1977). Their decision-making process is guided by their unique and individual "perceived risk". "Perceived risk" refers to "the decision maker's subjective or intuitive assessment of features of alternatives as undesirable, and of the likelihood of experiencing negative consequences should such an alternative be selected" (McClain 1983:1858). Therefore, perceived risk involves subjectivity as well as uncertainty on the part of the individual.

As a concept, risk has dual meaning. That is, risk can be perceived as an internal property (i.e., something you do to yourself) where harm occurs to the self that is not the result of external factors or, risk can be perceived as derived from external forces (i.e., something done to you).
Generally, threats to health and well-being are the result of a combination of the two components of risk (Sibthorpe 1992). The goal of educating the public to avoid specific health-related risk behaviors necessitates incorporating both the internal and external components of risk into comprehensive risk reduction messages. Within the United States, HIV risk reduction efforts have focused on the personal responsibility model of risk where risk behaviors are believed to be the result of an individual's willful and cognitive assessment of risk. This approach encourages individuals to be aware of the potential consequences of their behaviors and to take responsibility for changing their behaviors to protect themselves. Importantly however, this approach fails to consider other aspects of HIV risk such as the relationships, situations, and contexts in which behaviors occur and through which behaviors have saliency for those engaged in them. By focusing risk reduction on the individual— independent and irrespective of the context in which the individual is embedded— contemporary risk reduction efforts miss an important target for change. As Sibthorpe (1992) argues, it is more important to refer to risky situations and risky contexts rather than "risky behaviors".

Models have been developed to diagram decision-making processes. While some models have been developed to offer descriptive or explanatory
purpose, others are used to organize and guide behavioral inquiries of the decision making process (e.g., Janis and Mann 1977, McClain 1983, Rosenstock 1974). In the field of health behavior assessment, models [e.g., The Theory of Reasoned Action (Ajzen and Fishbein 1980) and The Social Network Model (Suchman 1964)] have attempted to diagram the process by which individuals choose one or another behavior related to health. Two prominent models in this field are the Health Belief Model (HBM) (Rosenstock 1974) and the AIDS Risk Reduction Model (ARRM) (Catania et al 1990). The HBM (Rosenstock 1974) is one of the earliest and most widely used approaches among a variety of behavior models used to explore and understand the complex nature of health related behaviors. The HBM is widely used because it attempts to represent the combined effect of an array of factors which contribute to the prediction of an individual's health behaviors and specifically recognizes the importance of background sociodemographic and situational variables as cues to action and determinants of health-related behaviors. According to the HBM, choices regarding health behaviors are a function of an individual's general concern about health, perceived susceptibility to acquiring the disease, perceived seriousness of the disease, perceived benefits of engaging in the preventive behavior as opposed to the costs of such behaviors, and cues to action.
and information or advice that urges the adoption of PHBs (Rosenstock 1974). According to this model, risk reduction requires individuals be informed of the risk potential, be concerned about the risk, be knowledgeable about the correct means of avoidance, be motivated to make the necessary changes, and have the resources to implement the necessary changes to reduce risk.

The ARRM (Catania et al. 1990) builds upon the HBM by specifically addressing the complexities of human behavior as they relate to HIV/AIDS. The ARRM emerged in the late 1980s as a heuristic framework for organizing AIDS-risk behaviors and the social and psychological variables which influence the actions of adults at risk for HIV infection through sex and injection drug use. The ARRM posits that individuals who follow preventive health behaviors (PHBs) to reduce HIV risk recognize the activities which make them vulnerable to contracting HIV, overcome barriers to enacting behavior change, and commit to altering risky behaviors. To accomplish this, individuals must know the specific sexual and drug use related activities which place them at risk for HIV infection, have knowledge of alternative behaviors (i.e., PHBs), and must feel personally vulnerable or susceptible to AIDS. Motivation to take action requires that the individual perceive the disease as a serious risk with high personal
consequences (Coates et al 1988). The commitment to change requires that the individual weigh the benefits of change to the costs of action, believe he/she has control over what happens to him/herself (i.e., a sense of self-efficacy), and perceive change as efficacious. The ARRM recognizes that efforts to reduce risky activities for HIV usually take place in a social context and individuals must feel capable of overcoming situational barriers to risk reduction. To circumvent barriers to AIDS risk reduction behaviors, the ARRM posits that individuals need access to help, both informal (i.e., friends, peers, family) and formal (i.e., medical personnel, counselors) and must feel a certain degree of distress or anxiety about AIDS. This is presumed necessary for sustained changes in sex- and injection-related behaviors. The value of the HBM and the ARRM here is in the organization of variables into a framework to enable the examination of street youths’ choice of roles within the heterogeneous street economy in New York City.

2.10 Factors Influencing Participation in “Low” vs “High” Risk Activities Within the Street Economy

Examination of the social science literature on HIV/AIDS risk behaviors and risk assessment in “at risk” populations such as homosexual and bisexual men, hemophiliacs, intravenous drug users, prostitutes, women at risk through heterosexual transmission, ethnic minorities, and
domiciled adolescents (e.g., Agle et al 1987, Bolton 1992a, Carrier and Magnana 1991, Catania et al 1990, Coates et al 1988, Day 1988, Feldman 1989, Friedman 1986, Padian et al 1988, Leonard 1990, Magnana 1991, Martin 1987, Sibthorpe 1990, Singer 1992, Strunin 1993, Ward 1989, Worth 1993) reveals an array of variables relevant to understanding the cultural contextualization of HIV/AIDS risk for street youth engaged in the street economy in New York City. These variables can be distinguished into those in the micro-environment (variables operating at the level of the individual) and the macro-environment (variables operating at the level of the social, physical, economic, legal, political, and institutional structures). Table 1 presents a list of the variables that are included in each of these domains.

These variables can be arranged into a model following the approach of the HBM and the ARRM that illustrates the ways in which "choices" regarding participation in the street economy are shaped by the myriad of influences within the environment. This model does not attempt to map the cognitive processing of street youth or to suggest causal relationships or causal effects. Instead, this model is a representation of the system within which street youth live and work and assists in the examination of the complex nature and interrelatedness of a number of key personal and
environmental factors as they contribute to street youths’ perceptions regarding the range of roles available to them within the street economy and the risks associated with them.

There are three components to Figure 1: a circle which represents the person; a set of concentric boxes which represents the environment in which the person is embedded; and, a series of arrows and boxes representing the role of perceived and real opportunities and, the role of perceptions of risk and benefits associated with behaviors.

Embedded within a context that defines the range of opportunities available to them, street youth consider a host of risks and benefits to their physical, emotional, and social well-being. This context influences perceptions of risk and control and informs their subjective cost-benefits assessment of income-generating behaviors. Action, that is, the behavioral choice that results, is formulated through the "weighing" of a number of variables (Affleck et al 1988, Fisher 1988, McClain 1983, Nickerson 1987, Rosenstock 1974, Kahneman and Tversky 1973). When confronted with a range of possible choices, a street youth's chosen behavior is borne out of his/her perceptions of opportunities (PO) as realistic and tangible; plus “real” opportunities (RO) for gain within the street economy; plus perceptions of risk (PR) of HIV/AIDS, victimization,
violence, and incarceration; plus his/her perceptions of control (PC) to prevent harm, to choose among a range of roles, and to alter the course of his/her life; plus real personal, social, physical, economic, legal, political and institutional barriers (RB) to safer practices.

Figure 1 represents a heuristic approach to the study of the situations and contexts in which and of which street youth choose behaviors that are low risk or high risk behaviors for HIV. Importantly, this model posits that the variables influencing behaviors vary in strength, salience and significance across street youth. This model of risk assessment considers the need to explore the role of cultural, social, economic, physical, legal, political, and institutional contexts (Dake 1992, Douglas 1993, Douglas and Wildavsky 1982). Specifically with regards to AIDS, perceptions of risk and the etiology, course, and management of HIV and AIDS varies across cultures and social situations (e.g., Carrier and Magnana 1991, Farmer and Kim 1991, Ingstad 1990, McGrath et al 1993, Parker 1992, Singer et al 1992). As an anthropological inquiry of risk behaviors, this model suggests a holistic approach to the study of street youths' risk behaviors and considers the role of a myriad of influences on the AIDS-related beliefs and behaviors of street youth as these define and support/limit opportunities, influence perceptions of risk and determine real risks. These
are the contexts from which choices regarding a role/s are conceptualized and within which high/low risk behaviors for HIV occur (e.g., Clatts 1992a, Day 1990, Douglas 1993, Sobo 1993a,b).
Figure 1: Factors influencing participation in "low" vs. "high" risk activities within the street economy

PO + RO + PR + PC + RB

ACTION

(i.e., the adoption of a role/s in the street economy)

Participation in "low" risk behaviors for HIV

Participation in "high" behaviors for HIV

Legend
circle=the individual
boxes= the environment
PO= perceptions of opportunities
RO= "real" opportunities
PR= perceptions of risk from available roles
PC= perceptions of control to protect against HIV/AIDS, victimization, violence, incarceration and to choose among an array of options
RB= real barriers to "safer" behaviors

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Table 1: Factors influencing participation in “low” vs. “high” risk activities within the street economy

**THE MICRO-ENVIRONMENT (Factors operating at the level of the individual)**

**Demographic Variables**
age, sex, race/ethnicity, sexual identity, education, work skills, mental health and functioning, geographic residence

**Fundamental Survival Needs (Situational Variables)**
food, clothing, shelter, access to health information, access to risk reduction materials

**Experiences**
family history
  - history of poverty, abuse, victimization
  - family support, family guidance
history of discrimination
history of homelessness (when, why, duration, where)
  - introduction into the street economy
  - experiences of street life; social networks, norms
  - experiences with street survival skills
self defined degree of trauma and deterioration associated with street life
  - psychological, social, physical stress
sexual history
  - history of intimate, casual, and “work” relationships as negative or positive
  - history of STDs, pregnancy
  - experiences with use of condoms
experiences with disease/illness, and with HIV/AIDS
experiences with death
use of and dependence upon alcohol and drugs (in “social” and “work” context)
significance of social networks, reference group norms, values and beliefs

experiences of violence and victimization
history and experiences of incarceration
experiences with social services (welfare, shelters, drop-in programs, health services)

Expectations of the Future
fatalism/optimism
long-term goals and ambitions
perceptions regarding likelihood of achieving goals
need for acceptance, belonging, "love"
dependence on and use of drugs (which ones, how often, when, with whom)
exploration, confirmation, and acceptance of sexual identity
longing for and confirmation of "family" or group identity
personal and peer group norms, beliefs, and practices

Environment
personal associations and social networks
community and neighborhood characteristics
the street economy

THE MACRO-ENVIRONMENT

Dominant physical, social, economic, legal, political and institutional structures
Chapter 3: HOMELESS ADOLESCENTS

3.1 Homelessness among Adolescents

"Homelessness is not a trait, or a property, or an affliction of persons. Nor is it an identity that certain marginal personages hone to a fine eccentric edge. Instead, homelessness is a circumstance- transient, episodic, or persisting, as the case may be" (Hopper 1990).

Approximately 100 million adolescents are homeless around the world (Luna and Rotheram-Borus 1992). Within the United States, homelessness is presently a major social concern of urban centers. During the past twenty years, the numbers of homeless persons has been increasing steadily and the profile of this population has changed to reflect the larger social, economic, and political climate of the times. The majority of the homeless are no longer middle-aged men but rather single mothers with small children, and adolescents. Although there have been a number of studies of homeless adults since the 1970s (e.g., Bassuk et al 1988, Burt 1992, Caton 1990, Harrington 1984, Rossi 1989, Susser 1993), homeless adolescents have not been systematically studied. Homeless adolescents are of both sexes and represent all ethnicities, geographic areas, sexual identities, and socioeconomic backgrounds. They are a group with a multitude of problems including general health and mental health issues as well as obvious economic difficulties.
Technical and substantive data about the true size, characteristics, and composition of the homeless adolescent population in the United States is lacking because conventional censuses and samples by design miss the gamut of what is called “homelessness” and because homeless behavior constitutes a continuum from leaving home for a few hours to living on the streets for extended periods of time (Caton 1990). Estimates of the number of homeless youths aged 11 to 18 currently range between one and two million (Shaffer and Caton 1984). In 1988, the Children's Defense Fund estimated that between 100,000 to 200,000 youths in the United States live as permanent residents of the streets on any given day (Institute of Medicine 1988). Every year, approximately 5,000 teenagers are buried in unmarked graves because they are unidentified or unclaimed (Axthelm 1988, Sherman 1992). The true numbers of homeless may never be known because fewer than half appear to be served by shelters and are therefore never enumerated (Robertson 1988, Sherman 1992).

In much of the literature on homeless adolescents, a typology is offered as a way of classifying these youths according to their stated reasons for leaving home. This typology of homeless youths includes those adolescents who have left their homes without a parent's or guardian's consent ("runaways"), those who are thrown out of their homes
("throwaways"), and those who leave a problematic social service placement ("system kids") (Adams et al 1985). Some youths become "throwaway" or "system" youth when their families fail to function as units of social and economic integration and/or when their parents become homeless (GAO 1989). On any given day, approximately 21% of youths seeking shelter are throwaways (GAO 1989). Approximately 50% of runaways have spent some time in foster care systems (Robertson 1988, Shaffer and Caton 1984), and nearly 12% left foster care or group home situations immediately prior to seeking housing in federally funded or private shelters (USGAO 1989). Given that many youth move into and out of different situations at different times, the boundaries between runaways, system kids, and throwaways are blurred and the term "homeless youth" is often used in the literature to encompass all such youths (Rotheram-Borus et al 1991a). The term street youth is preferred here and is used to refer to youth who are between the ages of 13 to 23, who are marginally housed or without any shelter, who are without adult supervision or guidance, and who subsist through means available in the street economy (Adams et al 1985).

Street youths have limited alternatives for housing (Institute of Medicine 1988). Residential shelters, which serve as short-term crisis
intervention settings offering a bed, meals, and limited counseling, are one alternative for street youth. Although short-term residential shelters were established in 1974 to accommodate some 300,000 youths per year, the numbers of shelters has dwindled while the need for such services has increased. Not only is space lacking in shelters, but it is increasingly difficult to locate group homes, independent living arrangements, and other stable housing after placement in residential shelters. For example, the number of foster care homes has decreased by 27% over the last six years while the number of youths seeking such services has increased by 35% (National Association for Regulatory Administration, as cited in Rotheram-Borus et al 1991b). The majority who leave foster care or group home placements do not return home to their original living situation after receiving shelter (USGAO 1989). Nationally, only about one-third of youths leaving shelters return to their families with fewer returning home in some large cities (USGAO 1989). For many street youth, the prospect of returning and remaining home with their parents or guardians is not a realistic option. For example at the Larkin Street Youth Center in San Francisco, 68% of the parents' of street youth who were contacted responded to staff efforts at reunification with "You keep the kids" (Sherman 1992:433). In another study, 35% of youth interviewed during the course of an ethnographic
study reported that they no longer knew where their parents could be contacted (Hersch 1988). In Los Angeles shelters, only 20% of the youth were considered candidates for reuniting with family (Pennbridge et al 1990, Sherman 1992). Without very many options, adolescents often turn to temporary living situations such as living with friends. Often, these living situations are precarious and unstable and within a short period of time youth return to the streets.

3.2 Demographic, Social, Psychological, and Behavioral-Risk Profile of Homeless Adolescents

In contrast to public stereotypes of homeless youths, street youth are not transients but come from the local community (Rotheram-Borus et al 1991a,b, Shaffer and Caton 1984). Therefore, the ethnicity of homeless youths typically reflects the ethnic breakdown of their local geographic community (Shaffer and Caton 1984, USGAO 1989). Nationally, the majority of homeless youths are white. In large metropolitan centers like New York City, homeless youths are predominantly Black and Hispanic and from lower socio-economic backgrounds (Rotheram-Borus et al 1991a, Shaffer and Caton 1984). In contrast, studies of youth in Los Angeles which often recruit from nearby Hollywood include a disproportionate number of white gay youths (Yates et al 1988).
Many factors contribute to homelessness among adolescents. Generally, young people are unlikely to runaway and stay away from home when the decision means loss of valued rewards from family relationships. Youth who do leave home and stay away for extended periods of time are often individuals who experience little loss and who may even experience a sense of relief by leaving their home situations and cutting ties with parents and guardians (Yates et al 1988). Much of the data on homeless youth reveals that their families and settings of origin are characterized by poor parenting practices, violence, and abuse. While runaway episodes occur in families of all social class backgrounds and ethnic groups, homeless youths are more likely than nonhomeless youths to have a history of foster care placement, to be characterized by looser connections to home backgrounds, and to engage in more antisocial behavior, with one in ten having a history of psychiatric hospitalization (Shaffer and Caton 1984).

Homeless youth often cite the family as the greatest source of stress in their lives (USGAO 1989, Rotheram-Borus et al 1991c). Rotheram-Borus et al (1991c) report that some frequently stated reasons for leaving home include: conflict between parents (48%), parental absence (37%), a new stepparent as a source of conflict (21%), and parental incarceration (17%). Between 11% and 60% report physical and/or sexual abuse in their
home of origin as reasons for leaving. Forty-four percent report having mothers on public assistance, 50% report that their parents are alcoholics, drug addicts or convicted criminals; 30% report a parent as having a major illness or injury; and 28% report that their parent recently lost a job (Rotheram-Borus et al 1991c; Shaffer and Caton 1984). A different study (USGAO 1989) cites parental neglect (36%) as the primary stated reason for leaving home.

Homeless youth themselves report a variety of behavioral problems. According to two studies of youth in residential shelters (Rotheram-Borus et al 1991b, Shaffer and Caton 1984), approximately 50% of homeless youth are not enrolled in school and about half of those in school have learning or conduct problems. Many homeless youth also report a history of detention and/or incarceration (Robertson et al 1989c, Shaffer and Caton 1984). In New York City, approximately 21% of homeless male youths are jailed in the three months prior to receiving shelter. In Los Angeles, as many as 56% of homeless male youths spend time in detention facilities.

Approximately 82% of homeless youth suffer from emotional and psychological problems (Shaffer and Caton 1984); this rate is three times higher than among non-homeless youth (Robertson 1988). Frequencies of depression range from 26% to 84% (Robertson et al 1989, Shaffer and
Caton 1984, Yates et al 1988) with one-third of these youth having attempted suicide (Robertson et al 1989, Shaffer and Caton 1984). Once on the streets, street youth may become victims of a host of dangers to their physical, social, and mental well-being. One study of 206 youth seeking residential services in New York City reveals that in the three month period prior to participation in the study, 17% of the sample reported being the victim of physical assault, 20% reported being raped or sexually assaulted, 20% reported being robbed or burglarized, and 21% reported being jailed (Rotheram-Borus et al 1991b).

According to another study conducted in a facility in New York City (Stricof et al 1991), the average length of time away from home before seeking case management and residential services was reported to be 90 days. Prior to enrolling in the program, 46% of youth reported seeking outpatient psychiatric treatment, 18% reported requiring inpatient treatment, and 62% reported having been arrested. With regards to drug use, 80% of the youth reported using alcohol, 68% smoked marijuana, 48% used cocaine, 38% smoked crack, and 6% used intravenous drugs. With regards to sexual activity, 29% reported exchanging sex for food, money, shelter, and drugs and alarmingly, 91% reported engaging in sexual activity with an average of 2.8 partners weekly (the range was
between one and twenty partners per week). Seroprevalence rates in this adolescent population (N= 2,667) averaged 5.3% (6.0% male and 4.2% female) and ranged between 1.3% for 15 year olds and 8.6% for 20 year olds. Hispanic youth had the highest seroprevalence rate (6.8%), followed by non-Hispanic white youth (6.0%), and non-Hispanic Black youth (4.6%). In this sample, HIV seropositivity was associated with intravenous drug use, male homosexual/bisexural activity, prostitution, and history of having had another sexually transmitted disease (Stricof et al 1991).

3.3 AIDS in Homeless Adolescents in the United States

Much of what is currently known about the demographics of homeless youths, their behaviors, practices, beliefs regarding HIV, relative HIV seroprevalence and AIDS estimates, are derived from studies conducted in institutional settings such as shelters, drug treatment programs, rehabilitation centers, outpatient health clinics, drop-in centers, and hospitals (e.g., Adams et al 1985, USGAO 1989, Pennbridge et al 1990, 1992, Robertson et al 1989, Rotheram-Borus et al 1991a-c, 1992, Shaffer and Caton 1984, Shalwitz et al 1990, Stricof et al 1990, Yates et al 1988). It is important to note, however, that homeless youths who are chronically homeless and most involved in high-risk behaviors are alienated from institution-like facilities and as such are unlikely to be included in such
studies (Clatts et al 1993, Pennbridge et al 1990). Therefore, available behavioral data and seroprevalence estimates are likely to underestimate the gravity of their situation and their risks for HIV (e.g., Bond et al 1992, Boyer and Kegeles 1991, Clatts 1992b, Pennbridge et al 1990, Stricof et al 1991). Nonetheless, given these limitations, a general profile of the demographic characteristics, beliefs, expectations, and risk behaviors of homeless youth can be gleaned from the available literature.

A major difficulty in presenting a clear picture of the scope of homelessness and of the AIDS and HIV problem among adolescents is that data come from an array of studies that vary in design, substantive focus, the population sampled, site of study, and time of data collection. This makes it difficult to describe the characteristics of the population and the distribution of risk behaviors as no single study is considered representative of the universe of homeless youth. Table 2 summarizes key studies discussed within this chapter. Most studies of homeless youths in the United States have been conducted in one of two epicenters for homelessness and AIDS- New York City and Los Angeles. Smaller studies have also been conducted in Connecticut (Adams et al 1985), Texas (Hudson et al 1989), and San Francisco (Shalwitz et al 1990). To date, only one national study of youths attending federally funded shelters has been conducted (USGAO
1989). While this study was large in sample size (N=44,274) and sampled shelters in four states, the data could not be compared across sites as there were inconsistencies in the way the data were gathered and recorded.

Incidence and Prevalence of HIV/AIDS among Homeless Adolescents

Adolescents currently represent less than 1% of all diagnosed cases of AIDS in the United States, however, there remains much cause for concern (Boyer and Kegeles 1991). As of 1990, approximately 4.1% or 60,000 of America's homeless youth were diagnosed with HIV infection (Stricof et al 1990). Between 1990 and 1992, diagnosed AIDS cases among adolescents increased by 77% (CDC 1992, Hein 1992). The overall impact of AIDS on teenagers and young adults is reflected in the fact that AIDS was the leading cause of death among 15 to 24 year olds as early as 1984; it had risen to the seventh leading cause of death for this age group in 1986 and the sixth in 1987.

Unlike other populations at risk for HIV, homeless adolescents are not routinely offered HIV testing because of concerns ranging from lack of parental consent to fears of self destructive behaviors should they test positive (Kennedy 1988). Consequently, much of the data that are available about HIV seroprevalence and AIDS in homeless youth are derived from studies conducted in institutional settings such as shelters, drug
Table 2: Overview of Studies of Runaway and Homeless Youths in the United States

<table>
<thead>
<tr>
<th>Study</th>
<th>Ages</th>
<th>Sample</th>
<th>Focus of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams et al 1985</td>
<td>11-17</td>
<td>youth at emergency services Hartford, CT; N=43</td>
<td>runaway history, self-image</td>
</tr>
<tr>
<td>Clatts &amp; Davis 1995</td>
<td>13-23</td>
<td>street youth in NYC; N=926</td>
<td>demographic and AIDS-risk profile, outreach contacts and experiences</td>
</tr>
<tr>
<td>Hersch 1988</td>
<td>13-22</td>
<td>street youth in NYC &amp; LA; N=27</td>
<td>brief exploratory qualitative study risk behaviors</td>
</tr>
<tr>
<td>Pennbridge et al 1990</td>
<td>10-17</td>
<td>youth at 6 shelters and 4 drop-in/outreach centers in LA; N=10,515</td>
<td>demographic profile, service needs</td>
</tr>
<tr>
<td>Robertson et al 1988</td>
<td>13-17</td>
<td>30 street and shelter sites in Hollywood, CA; N=93</td>
<td>alcohol and drug use patterns</td>
</tr>
<tr>
<td>Rotheram-Borus &amp; Koopman 1991</td>
<td>11-18</td>
<td>two shelters in NYC; N=206</td>
<td>sexual risk acts, AIDS knowledge and beliefs</td>
</tr>
<tr>
<td>Rotheram-Borus et al 1992</td>
<td>12-18</td>
<td>males youth at two shelters and one community agency in NYC; N=119</td>
<td>lifetime sexual behaviors, risk acts</td>
</tr>
<tr>
<td>Shaffer &amp; Caton 1984</td>
<td>12-17</td>
<td>youth in NYC shelters during 2-week period; N=118</td>
<td>demographic, clinical profile</td>
</tr>
<tr>
<td>Shalwitz et al 1990</td>
<td>M=16</td>
<td>youth at health clinic San Francisco, CA; N=68</td>
<td>incidence STDs, HIV, and risk behaviors</td>
</tr>
<tr>
<td>Sherman 1992</td>
<td>10-18</td>
<td>youth at health clinic San Francisco, CA; N=24</td>
<td>demographic profile, medical history</td>
</tr>
<tr>
<td>Stricof et al 1990</td>
<td>15-20</td>
<td>youth at 4 Covenant House health clinics in 4 states; N=5,180</td>
<td>HIV status, demographic profile</td>
</tr>
<tr>
<td>US GAO 1989</td>
<td>12-17</td>
<td>youth at federally funded shelters N=44,274</td>
<td>youth's problems, services available, placement issues</td>
</tr>
<tr>
<td>Yates et al 1988</td>
<td>13-17</td>
<td>youth at outpatient health clinic Hollywood, CA; N=110</td>
<td>AIDS-risk behaviors, profiles</td>
</tr>
</tbody>
</table>

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treatment programs, rehabilitation centers, health clinics, drop-in centers, and hospitals (e.g., Pennbridge et al 1990, 1992, Shaffer and Caton 1984, Stricof et al 1990, 1991, Rotheram-Borus et al 1991a-f,1992). Since these settings fail to attract the core of street youth who are most involved in high-risk behaviors, available seroprevalence estimates likely do not reflect the true threat of HIV to street youth (e.g., Bond et al 1992, Boyer and Kegeles 1991, Clatts 1992b, Pennbridge et al 1990, Stricof et al 1991). In addition, many of the individuals in their twenties who currently have AIDS (roughly 20% of all AIDS cases) may have contracted HIV during their teenage years (Boyer and Kegeles 1991).

Although not all homeless adolescents are at risk for HIV infection, urban dwelling adolescents appear to be at increased risk for HIV infection. In New York City, for example, an estimated 20,000 to 40,000 youth between the ages of 12 to 23 are homeless (Shaffer and Caton 1984). One frequently quoted study of homeless youth at a New York City clinic found 7% of the sample to be HIV infected (10% for white and Hispanic males and 5.4% for females; data on Blacks were not reported) (Kennedy 1988). Using the conservative estimate of 20,000 homeless youths in NYC, these rates suggest that approximately 1500-2000 youths may currently be infected with HIV (Kennedy 1988). New York City currently reports the
highest HIV seroprevalence rate in the nation for youth aged 21 and over (Stricof et al. 1990, 1991).

Another frequently quoted study of seroprevalence among homeless youth sampled 5,180 youths attending Covenant House health clinics in four states (Stricof et al. 1990). Overall, four percent of this sample tested positive for HIV (rates varied across cities: the lowest seroprevalence was 2.1% in Houston, the highest was 5.3% in New York City) (Stricof et al. 1990). Another study, which targeted youth attending the Larkin Street Youth Center- a drop-in center in San Francisco, found 12% of it's small sample tested positive for HIV (Shalwitz et al. 1990).

Another way to gauge the potential for HIV infection in the homeless adolescent population is to consider available statistics on rates of sexually transmitted diseases (STDs) in the general, domiciled adolescent population. The assumption can be made that such rates will be greater among homeless youth because they are more likely to engage in high risk behaviors because of their lifestyle and because they are less likely than domiciled youth to seek medical interventions (Shalwitz et al. 1990). Statistics on rates of STDs are of special concern because the behaviors associated with the acquisition of STDs are also the behaviors associated with HIV infection (Bond et al. 1992, Boyer and Kegeles 1991). Moreover,
the presence of STDs are significant since they serve as cofactors for HIV infection (CDC 1990).

Among domiciled adolescents, it is estimated that over 60% of the STD cases reported yearly are in individuals under the age of 24, with one-fourth of the cases occurring in youth between the ages of 15-19 (Kroger and Wiesner 1981). The incidence of sexually transmitted diseases is generally associated with young age, sex, poverty, and minority group status. Adolescents, in comparison to adults, have higher rates of gonorrhea, syphilis, and pelvic inflammatory disease (PID); and young women are at greater risk for these diseases than young men. Black adolescents report higher rates of gonorrhea, primary and secondary syphilis, chlamydia, and PID than do their white and Latino peers (Boyer and Kegeles 1991). Although data on specific sexual behaviors is difficult to obtain, studies suggest that between 50% to 71% of street youth have high rates of medical disorders including STDs (Shalwitz et al 1990) and approximately 25% have unwanted pregnancies (AMA 1989, Institute of Medicine 1988).

### 3.4 Behavioral Risk Factors Associated with HIV Infection

As with other populations at risk for AIDS, unprotected sex and intravenous drug use remain the primary means of HIV transmission among
street youth (Institute of Medicine 1988, Rotheram-Borus et al 1991b).

Research on homeless adolescents identifies several variables that are associated with the risk of HIV infection. Sexual risk variables include type of sexual activity, history of childhood sexual abuse, sex, minority ethnic status, age of first sexual intercourse, lack of condom use, number of sexual partners, and sexual orientation. Risk variables related to substance use include: the use of alcohol, crack, cocaine, marijuana; the sharing of injection drug equipment; and the practice of prostitution by which to secure money and/or drugs.

**Sexual Risk Variables**

One study of street youths ages 10-18 (N=214) attending medical clinics affiliated with drop-in services for youth in San Francisco provides some poignant data on street youths’ sexual behaviors (Sherman 1992). Thirty percent of the sample stated that they were sexually abused as children (40% of the female sample and 15% of the male sample reported being abused sexually). In this sample, 90% of the youth reported that they had engaged in sexual intercourse. Eighty-five percent of the youths engaged in vaginal sex (89.1% female and 62.8% male); approximately 44% of the total engaged in oral sex; and nearly 15% engaged in anal sex (8% of the females and 22% of the males). In this study, the type of
sexual behavior engaged in, with one exception, related to the age of the adolescent and their sexual preference. Eighty-four percent of the sample were heterosexual, nearly 9% gay and 2% bisexual. Adolescents 17 and older were more likely than their younger peers to engage in oral sex (47.6% compared to 31.8%) and anal sex (18.3% compared to 6.8%). There was no statistically significant difference between the older and younger youth who engaged in vaginal intercourse (Sherman 1992). Males and females, regardless of age, reported about equal use of condoms during their last sexual encounter. Differences in condom use were found to be related to the type of sexual activity. Of those who engaged in vaginal intercourse during their last sexual encounter, 39% used a condom while 61% did not. For those who engaged in anal sex, 55% used a condom while 45% did not. In this sample, 48% of the youth indicated that they had ever had an STD (e.g., chlamydia, trichomoniasis, gonorrhea, syphilis and venereal warts), with 12.5% claiming they were aware that their partner had an STD at the time of sexual relations. Other significant variables related to incidence of STDs included sex, age, condom use, and childhood sexual abuse. A higher percentage of females (32%) than males (3.5%) tested positive for an STD. Younger adolescents (ages 11-15) were more likely to have an STD than older youth (ages 16-21), 35% compared
to 17%. Not using a condom on the last sexual encounter doubled the risk of having an STD.

Sherman's (1992) study also identified a history of childhood sexual abuse as influencing STD rates. Adolescents who had a positive STD test were twice as likely to have reported childhood sexual abuse than those who did not (30.6% compared to 15.6%, p=.02). Childhood sexual abuse was also related to whether the youths traded sex for money, food, shelter, or drugs. Of those who reported being sexually abused, nearly 29% had traded sex for either money, food, shelter, or drugs compared with 5% of youths who did not report a history of sexual abuse (Sherman 1992).

A number of other studies support the role of prior sexual abuse as a risk factor for the acquisition of STDs and HIV infection (e.g., Boyer and Kegeles 1991, Yates et al 1988). These studies suggest that among street youth who report a history of sexual abuse, their risk for exposure to HIV infection stems from their having had a greater number of sexual partners and having engaged in unprotected sex with these partners (Rotheram-Borus 1989, Yates et al 1988). Moreover, Rotheram-Borus et al (1992) and Hersch (1989) suggest that youth who have been victimized, told what to do sexually, and who have historically had little control over
their bodies and sexual acts, feel incapable of negotiating the terms of sexual encounters— that is, they feel they have little or no power to say “no”.

Studies also implicate early age of first sexual intercourse as a factor likely to influence HIV infection since younger adolescents are less likely to use condoms than older adolescents (Sherman 1992). Homeless adolescents engage in sexual activity at a younger age than domiciled adolescents; the average age of first time consensual intercourse is 12.5 years, about two years earlier than other adolescents (Yates et al. 1988). Approximately 57% of homeless youth report regular sexual activity by the age of 15 (Yates et al. 1988). In a national sample of domiciled adolescents, 33% are involved in regular sexual activity by the age of 15 (Rotheram-Borus et al. 1992).

Studies of street youth in Los Angeles, Hollywood, San Francisco and New York also report high frequencies of sexual activity without condoms and propose additional variables to consider in understanding AIDS-risk behaviors. Data from self-report questionnaires given to mostly white youths in Los Angeles (Yates et al. 1988) and Hollywood (Robertson et al. 1989) and, to mostly minority youths in New York City (Shaffer and Caton 1984) indicate that most youths are sexually active (94% in the LA
sample, 92% in the Hollywood sample, and 75% in the NYC sample). Other studies confirm “frequent” sexual activity among street youth and report that less than 15% of their respective samples claim to use condoms consistently (e.g., Rotheram-Borus et al 1991a, Shalwitz et al 1991, Yates et al 1988). Frequent and high risk sexual acts are most often reported by minority male youths. Sex and minority ethnic status appear to be important variables to consider in understanding AIDS-risk related behaviors. Ninety percent of all adolescents reported to have AIDS are male (CDC 1991) and 51% of all AIDS cases are minority (CDC 1991).

The overall number of sexual partners is also alarmingly high among street youth (Rotheram-Borus et al 1991a,c, Shaffer and Caton 1984, Yates et al 1988). Compared to domiciled youth, street youth have more partners in their lifetime and thus are at increased risk of having contact with an HIV infected person. Over 50% of street youth report more than 10 sexual partners in their lifetime; less than 7% of domiciled adolescents report this number of partners (Rotheram-Borus et al 1992). According to one study which asked youth to recall sexual activities during the past three months, the typical homeless female reported one to two partners and the typical homeless male reported four to five different sexual partners (Rotheram-Borus et al 1991a).
Sexual orientation is another potentially significant risk factor to consider. Fifteen percent of gay adolescents in New York City are HIV-positive (Hunter 1991). Gay male adolescents are identified as particularly at risk because they tend to begin sexual experimentation at an early age and to have greater numbers of sexual partners (Rotheram-Borus et al 1992). Moreover, gay male adolescents are likely to engage in sexual activity with gay men who, as a group, have the highest known seroprevalence rate in the United States (Rotheram-Borus et al 1991b). Therefore, in the absence of safer sex practices, gay male adolescents may be at higher risk of sexual contact with an infected partner.

For street youth, sex is often a bartering tool that may be exchanged for money, drugs, food, and shelter (i.e., “survival sex”), or may be shared to attain a certain level of comfort and intimacy with like peer and/or adults (i.e., “recreational sex”) (Hersch 1989, Hillman et al 1992, Luna et al 1992, Pennbridge et al 1992). For youth who engage in prostitution as a means of financial support, their ability to barter safe-sex in situations where they are dependent on the demands of their paying partners may be compromised (Bond et al 1992, Clatts 1992a,b, Pennbridge et al 1992). Whether condoms are used and what sexual act occurs in the sexual exchange (i.e., oral vs. anal sex, receptive vs. insertive
role) are often dictated and determined by the paying partner. While most youth report that they "use condoms all of the time" during such sexual exchanges, some admit that they forego condoms with "familiar" clients, "regulars", or when clients offer to pay more for sexual services without them (Clatts 1992a). Essentially, the motivations and rationalizations for using condoms varies with sexual behavior and sexual situation (Pennbridge et al 1992). As with other populations of prostitutes (e.g., Day 1988, DeZalduando 1991, Padian 1988), street youth who prostitute may engage in unprotected sex in their personal relationships as a way of "comfort" or to imply special meaning and commitment to a relationship (i.e., that it is "affectionate", "permanent", "special" and/ "solid") (Bond et al 1992, Pennbridge et al 1992, Vermund et al 1989, Yates et al 1988). This is a particularly alarming situation since the probability of infection will increase as seroprevalence rates increase among the social networks of the group (Neaigus et al 1990).

Overall, the characteristics associated with the likelihood of being a street youth in New York City, that is, being male, homosexual or bisexual, being a member of a minority ethnic group, being economically disadvantaged, using drugs, having a history of sexual victimization and/or sexually transmitted diseases and, engaging in prostitution, are

Substance Use Risk Behaviors

In addition to sexual behaviors, street youth are at risk for HIV infection through their drug using behaviors and their homeless lifestyle (Clatts 1989a, 1991a, Robertson et al 1989). Drugs are an integral part of the lives of street youth. Clatts (1991a) suggests that street youth use drugs to combat daily frustrations at meeting their needs for food, warmth, shelter and to neutralize negative feelings of depression, hopelessness and desperation. While the links between alcohol use per se and HIV infection are unclear (Bolton 1992b, Stall 1986), it has been argued that the frequent use of alcohol and other drugs (e.g., crack, cocaine, marijuana, and injection drugs) place street youth at risk for HIV by disinhibiting sexual behaviors, by increasing youths' likelihood of sharing infected needles and syringes, and/or by forcing them to support their addiction habits through whatever means are available that yield money or drugs quickly (Boyer 1989, Carlson and Siegal 1991, Clatts 1992b,
Cochran and Peplau 1991, Hingson et al 1990a, Pennbridge et al 1992). Moreover, in urban centers such as New York City, Miami, and Newark, nearly half of all intravenous drug users are seropositive and therefore the likelihood of choosing a partner who is an ex- or current addict and who is infected is greatly enhanced (Booth 1988).

Drugs may be used prior to high risk sexual behaviors to release inhibitions, during sexual acts, and/or be the reasons for participation in high risk sexual activity. Clatts (1991a) suggests that homeless youth addicts may harbor fatalistic views which prevent them from appreciating the true nature of impending danger inherent in certain high risk sexual and drug using behaviors. That is, street youth may justify the cycle of risky behaviors- i.e., prostitution, coping drugs, using drugs- with the rationale: “I'm going to die anyway”.

**The Street Economy and Risks Therein**

A life on the streets is wrought with uncertainty and threats of hunger, violence, drug overdose, and arrest. Patterns of sleeping and eating are erratic and daily goals often focus on securing basic physical (e.g., food, shelter, hygiene, medical care) and drug dependency needs. Faced with the uncertainty of street life, street youth are constantly strategizing to survive. Lacking food, clothing, shelter, education, and
competitive work skills, street youth have limited opportunities for financial gain and are often forced to rely on illegal activities. Opportunities for participation in illegal activities (e.g., panhandling, prostitution, dealing drugs, rolling and mugging, stealing goods, selling stolen goods, or scamming) often thrive in environments characterized by high rates of prostitution, drug use, and high rates of HIV seropositivity. These are also the types of environments where the street economy flourishes. Consequently, these environments are also places in which and through which youth may be compromised into multiple situations and behaviors involving high risks for HIV infection (Clatts 1992a, Rotheram-Borus et al 1991a). These environments are deemed "risky" for HIV transmission because there is a greater than usual risk for unprotected sex and sharing of drugs and drug paraphernalia with infected individuals (Stricof et al 1988). In such neighborhoods around the country, between 25% to 90% of youth report engaging in prostitution for money or drugs. In the Times Square area in New York City approximately 90% of street youth who congregate there report engaging in prostitution (Able-Peterson 1990).

Most opportunities for economic gain within the street economy do not adequately support the needs of street youth. Youths' earnings from the street economy are not usually enough for them to accumulate surplus
or to subsidize other legal and profitable monetary endeavors. As such, the consumption patterns of street youth are not geared toward long-term savings but are rather spent on “quick fixes” such as clothing, a hotel room with a shower, food, drugs, alcohol, and entertainment for themselves and/or for their friends. While some street youth specialize in one type of illegal activity (e.g., pimp, pusher, thief), others may adopt multiple roles such as selling narcotics when the drug or a customer is calling, mugging tricks, and running other scams. This being the case, special attention should be given to examining why youth engage in prostitution given the fact that the street economy is heterogeneous with respect to subsistence-generating activities and that risk for exposure to HIV infection is greater through prostitution than dealing drugs, mugging/scamming, panhandling, etc. Are there certain unique characteristics which predispose youth to prostitute? A review of the literature on entering prostitution offers some theories with which to explore this question.

3.4 Theories on Entering Prostitution

Sexual gratification is a purchasable commodity where the seller is often referred to as a prostitute or “hustler” and the buyer as a “trick” or “john”. Generally, prostitution caters to male customers; women, whether from cultural restraints or from difference in the quality of their needs, are
less inclined than men to pay for sexual encounters with strangers (West 1977: 221). The hustling areas or “strolls” are usually well established locations characterized by an abundance of shops catering to pornography, nude dancing, pawn shops, dead end bars, cheap motels/hotels, and flophouses. This scene is often shared with drug dealers, pushers, street vendors, pimps, the homeless, shoppers, commuters, transit riders, police, fast food restaurants, and tricks or johns. Law enforcement officials view prostitutes as troublemakers because street crimes such as larceny, robbery, assault, and narcotics addiction are often associated with street prostitution. Prostitution is also condemned by public health officials because it is an activity which may transmit disease.

An examination of modern-day prostitution, the life style and backgrounds of its practitioners, and the nature of its clients can be gleaned from graphic fictional accounts (Rechy 1969) as well as from anthropological, sociological, and psychological inquiries (Boyer 1986, Deisher et al 1969, Ginsburg 1967, MacNamara 1965, Read 1980). Much of the research on prostitution is anecdotal, based on a few case studies, and often reflects researcher biases. Studies starting in the 1970s began to use larger sample frames but were often based on psychoanalytic
theory.

Much of the research on women and female adolescents engaged in prostitution has focused on answering what is "wrong" with them and why they have entered a life of prostitution. Early research portrayed the female selling sex as suffering physiological abnormalities and deficiencies, being feeble-minded, a latent homosexual, oversexed, and/or having an oedipal fixation (e.g., Hollender 1961). More recent studies contend that adult and adolescent females who prostitute have been exposed to the lifestyle, suffer a negative parent-child relationship characterized by physical and emotional abuse and routine disputes with family, and suffer accumulated negative sexual experiences such as early sexual initiation and sexual victimization (e.g., Boyer and James 1982, James 1977, James et al 1979). These studies contend that early and traumatic sexual self-objectification produces guilt, shame, and loss of self esteem and thus paves the way for the adoption of a "deviant" lifestyle.

For both male and female prostitutes, the literature (e.g., Boyer and James 1982, Coombs 1974) suggests that early history of victimization influences "job" preference given that other forms of illegitimate opportunities are available. It is argued that early sexual victimization, which often includes traumatic sexualization, breeds feelings of
powerlessness and self contempt (Boyer and James 1982). It is proposed that early sexual victimization is an act of betrayal with the potential for multiple consequences; since the individual was not protected by adults, he/she may doubt that anyone can take care of them, doubt the ability to exercise even minimal control over life events, and be especially vulnerable to those adults who feign interest of protectiveness (i.e., pimps).

Male hustling differs in important respects from female prostitution, both in that the traders are men and the sexual exchanges are homosexual (West 1977). Theories regarding entrance into prostitution by young males is similar to those for young females with the exception of the confounding factor of homosexual activity. Most studies of male prostitution which appeared after the 1950s, as part of the newfound research interest in various aspects of human sexuality (e.g., Kinsey et al 1948), describes the typical male hustler as between the ages of 15 and 23, of any ethnic group, unemployed, a “drifter”, unskilled, a high school drop out, and a member of any socio-economic status group but most often from a lower socio-economic status group (Coombs 1974, Deisher et al 1969, Ginsberg 1967, McNamara 1965, Reiss 1961, Ross 1959). According to these studies, the typical male hustler comes from a “deprived”, “neglectful”, and/or “broken home” with a high incidence of physical and/or sexual abuse.
He suffers from low self-esteem and is concerned with his masculinity. This early body of research also suggests that prostitution becomes an important activity for the young hustler because it is a manipulative device which he can use to empower himself (Coombs 1974, Deisher et al 1969, Ginsberg 1967, McNamara 1965, Reiss 1961, Ross 1959).

A common theme or focus of inquiry which runs through this literature is whether these men are homosexual or not. One study of male delinquents in a penal institution (Reiss 1961) found that youths who participated in sporadic prostitution viewed it as one among many available techniques of gain and did not identify as “queer” or consider themselves real hustlers. Reiss (1961) observed that their delinquent peer culture condoned going out with “queers” so long as the motives were purely monetary, that the acts were limited to letting the “queer” perform oral sex upon them, and provided the acts occurred in an impersonal and anonymous manner, devoid of emotional intimacy. Reiss (1961) suggests that prostitution thrives because it offers the “fast life” or the thrill of adventure for youth who lack freedom, independence, and excitement. The street hustler gains acceptance because it provides relief from failed expectations while at the same time serving as an adaptive strategy given perceived alternatives (Reiss 1961).
Beginning in the 1970s, researchers began to explore the diversity among male prostitutes and the psychological, social, and cultural basis for prostitution. In one sociological survey, Coombs (1974) reviewed personal histories from informal interviews with 41 male homosexual prostitutes and compared them to a group of youths of similar age (average 19.5 years) and socioeconomic status and found a much larger proportion of the prostitutes (64% as opposed to only 15%) participated in homosexual activity at an early age (average age of first encounters was 9.6 years for prostitutes and 9.2 years for the control group). In both groups, early encounters were nearly always associated with some kind of reward other than the sexual pleasure that might be derived. Coombs (1974) suggests that opportunity is a major incentive for engagement in male prostitution and he concludes that early homosexual seduction, combined with immediate reward, is the genesis of male prostitution.

Another prominent theory on entrance into street prostitution is the role of psychosexual development, gender socialization, and social sex role. The gender system in Western society is the triple attribution relating gender, sex role, and erotic preference and this convention posits that homosexuality is the result of gender incongruity or "spoiled identity" (Goffman 1963: 10). Many researchers have sought to shed light on the
relationship between involvement in prostitution, the role of sexual experiences, and the role of sexual identity. Studies after 1980 (e.g., Allen 1980, Fisher et al 1992) suggest that male prostitution is becoming “gayer” and is directly linked to the “coming out” process of a homosexual. These authors suggest several factors critical to a young prostitute's psychosexual development as including early introduction and acceptance of sexual experience, awareness and exposure to prostitution, relative proximity to a limited subculture where prostitution activity is accepted, interest or arousal sufficient to permit homosexual experience, and a desire or a need for money.

Read (1980), through his extensive in-depth observations of a male homosexual tavern, suggests that initial association with other gay people and subsequent introduction to “public territories” of male homosexuality are crucial in the engagement in prostitution. “Cruising” is the principal method for finding sexual partners in public territories and is the method by which sexual partners meet and engage in sexual relations without obligation or commitment. Gay bars are popular cruising sites for the “one night stand”. While money is not always exchanged during these encounters, prostitution is not an uncommon basis for such encounters. Read (1980) argues that introduction during puberty to such “public territories” where
homosexuality is condoned and prostitution endemic is likely to influence youth to accept a gay identity and view prostitution as an acceptable way of life.

Boyer (1986), an anthropologist, suggests that male prostitution is a cultural expression of male homosexuality. Boyer (1986) argues that homosexuality should not be examined in terms of socio-economic factors or from the perspective of individual pathology, but from a socio-cultural perspective which recognizes the link between human sexual activity and cultural roles and meanings. Drawing on interviews and observations with male prostitutes (N=47) between the ages of 12 and 18 in Seattle, Washington and comparing them to a control group of similarly aged delinquent male adolescents (N=50) not involved in prostitution, Boyer’s (1986) research suggests that homosexuality is simply one of many possible “permutations” of social and sexual behavior found in various types of social organization and not the end result of individual or social pathology. Boyer (1986) argues that behaviors classified as deviant are socio-cultural phenomena produced from cultural constructions of sex and gender and that prostitution gradually “makes sense” to an adolescent gay male who struggles to understand what it means to be gay in American culture. Boyer (1986) concludes that the male homosexual subculture
provides adolescent gay males with a coherent social role and identity that includes prostitution. As such, adolescent gay males develop a self understanding that includes prostitution as part of their homosexual world. Moreover, Boyer (1986: 198) suggests that early introduction into the gay subculture leads young men to conclude: "if I am homosexual, then that means that I must prostitute" and cites three factors as predicting male homosexuals who prostitute and from those who do not: (1) family rejection due to homosexuality, (2) sexual exploitation (often rape by an adult male or a family member), and (3) exposure to public sectors of the homosexual subculture.

Regardless of the theoretical perspectives that guided the above studies, these studies and those cited earlier in this chapter offer a range of variables to consider in the ethnographic study of the risk behaviors of street youth. These efforts document the need to consider the role of a host of variables as they affect perceptions and behaviors.
Chapter 3: ENDNOTES

1). Adolescence is generally said to begin between 10 and 13 years of age and to end between 18 and 21 years. It is a stage of life characterized by significant physical, psychological, and social changes. Definitions of the exact entry and exit from adolescence vary depending on such factors as the theoretical view that has been adopted, the cultural context of the adolescent, and biological and social development factors, as well as the issue or problem of interest. Throughout this study, adolescence includes the years up to and including 23. Twenty three years is the upper age chosen because this is the age at which the social service system in New York City relegates youth to adult status.

2). The term homeless, in the most concrete and literal sense, refers to the lack of stable and functional housing. In this study, homelessness may be a temporary state, a displaced state, a chronic state with or without intermittent stays in institutions (e.g., shelters, hospitals, treatment programs, jails, squats, etc.)

3). The "Hispanic" category includes anyone self-identified as Puerto Rican, Dominican, Mexican, Cuban, Central or South American, or of other Spanish/Hispanic origin.
Chapter 4: THE ETHNOGRAPHIC STUDY OF STREET YOUTH

This ethnographic study was initiated as part of the Youth at Risk study (YAR) funded by the Centers for Disease Control and Prevention and completed as the HIV Risk and Survival Sex among Street Youth in New York City study with funding from the American Foundation for AIDS Research (AmFAR) 1. The YAR study (1992-1995), differs from studies cited in chapter 3 in that it is the first systematic and large-scale study of the socio-demographic and behavioral characteristics of a street-based sample of street youth in New York City. The YAR study had two phases of inquiry. My participation on YAR as ethnographer spanned both phases of inquiry although it was most concentrated on the ethnographic component of the study, Phase II. Phase I identified the niches in which street youth live and hustle in mid and lower-Manhattan and documented the diversity of their risk behaviors for HIV infection. Phase II was concerned with the why and how of street youth's risk behaviors. The methods used in Phase I are described first, followed by a summary of Phase I findings. Then, the description of Phase II will occupy the rest of the dissertation.

4.1 Phase I

Two key processes made up Phase I. These included the Community Assessment Process (September 1992 to June 1993) and the Survey
Component (June 1993 to June 1995). These two components are discussed as they informed the foci and design of the ethnographic study of street youth and their risk behaviors for HIV infection.

**The Community Assessment Process (CAP)**

The goal of the Community Assessment Process (CAP), the initial component of the YAR Project, was to compile preliminary data on the behaviors and activities of street youth. Since a picture of the Manhattan area's "universe" of street youth did not exist prior to YAR, it was first necessary to map the geography of the street youth population in mid and lower Manhattan. During this formative phase, I was one of three ethnographers responsible for mapping the geography and the socio-economic characteristics of the street youth population— that is, where and when they hung out and slept and where they engaged in prostitution, drug dealing, panhandling, and other income-generating hustles. Interviews with individuals in contact with street youth identified areas where street youth could be found. Participant observation was begun in these areas in and around central Manhattan, gradually moving into other areas as youth themselves were observed doing so. A key feature of this process was gathering information about differences within the street youth population, identifying the specific ways in which youth were involved in the street
economy and how these patterns varied by time and location (e.g., at different times of the day, day of week, and in response to seasonal changes in the weather). This attention to time and location was important in facilitating and maximizing subsequent efforts in the field to locate and follow-up participants for both the survey component and for the ethnographic study.

Participant observation and informal interviews with youth at different times of the day and during different days of the week in areas where they were known to congregate yielded a preliminary demographic and ethnographic description of their settings and of the prevailing street economy. Participant observation and informal interviews also yielded valuable data regarding the structural features of their environment and the nature of hustles supported by it. After a period of several months, it became clear that the street youth population was quite diverse and youth’s level and degree of participation in the street economy variable. Most importantly, it became clear that certain pockets of youth were at greater risk for HIV infection than others because of their participation in the street economy. This CAP component of the study was most useful in informing the more structured and survey-oriented phase of the YAR study which documented their specific HIV-related risk behaviors.
The Survey Component

Information gained during the CAP component permitted the development of a survey for use on the target population (Clatts 1992b). A total of 926 street youth were interviewed during four waves of cross-sectional surveys. Since no substantive data on the "universe" of street youth in New York City was yet available and since youth were to be recruited in their natural street settings, conventional sampling methods were modified. Targeted, street-based sampling techniques, guided by time-by-location information were used to locate youth; every third youth identified in a particular setting was approached for interview. The outcome of the survey component was a systematic description of the street youth population in New York City, including what specific AIDS-risk behaviors they engaged in and how often they engaged in them.

4.2 YAR Demographic and Behavioral Data

The YAR demographic and behavioral data are presented here as they vividly illustrate the risk profile of street youth in New York City. Among the 929 street youth interviewed, nearly two-thirds identified as ethnic minorities (29.4% Hispanic, 29.2% Black), approximately one-third (32.2%) identified as White, and nearly one-tenth (9.3%) identified as Asian, American Indian or mixed/other. Slightly more than one-third of the sample
(34%) were between 12 and 18 and the other two-thirds (66.0%) were between 19 and 23 years of age. Approximately three-fourths were male (73.7%) and one-fourth were female (26.3%). Nearly two-thirds of the sample (62.7%) identified as heterosexual, and a little over one-third identified as gay, lesbian or bi-sexual (35.6%), and a few youth claimed to be "something else" or "unknown" (1.6%) (Clatts and Davis 1993).

Nearly half (47.1%) of the sample population were born and reared in economically impoverished areas in New York City such as those found in upper Manhattan and the South Bronx. Another small percent (6.5%) were born within the tri-state area (Connecticut, New York, and New Jersey) or California (6.2%). Nearly a quarter (24.5%) were born outside of the tri-state area and California, 11.1% were born in the Caribbean (including Puerto Rico), and a small percentage (4.7%) were born elsewhere in the world.

At the time of the interview, over half of the sample were currently homeless (69.3%) and over half of these had been homeless for more than one year (39.3%). Youth reported a variety of residences in the past year including own residence (21.4%), relative's home (44.6%), girl/boyfriend or lover's residence (27.8%), platonic friend's residence (46.4%), client's or tricks residence (10%), foster/group home (13.1%), halfway house or
treatment center (6.6%), shelter/mission (34.8%), motel/hotel/boarding house (20.3%), on the street, subway or abandoned car (37.9%), prison/jail (29%), park/squat (27.4%), beach/squat (12%), car/bus/van (15.4%).

Street youth reported an array of income generating activities through the street economy. Such activities included: hustling/prostitution (24.7%), dealing drugs (24.2%), stealing (18.5%), rolling/mugging (7.8%), and panhandling (37.1%). Twenty-eight percent of youth reported having a job, either part-time, sporadic, or seasonal. Youths engaged in the street economy risked incarceration, physical injury, and even death as a result of participation in illegal, often violent, and competitive activities.

Youth also reported interesting data regarding sexually transmitted diseases, HIV infection, and AIDS. Nearly a third of the sample (28.3%) reported having had an STD and nearly three-quarters (74.6%) reported knowing someone with HIV/AIDS. Youth were also queried about their own perceived risk of HIV/AIDS. Nearly a third of the sample (33.7%) felt they were “not at all likely” to contract HIV/AIDS, another third (35.1%) felt “somewhat likely”, 10% felt “very likely”, 19% said they “didn’t know” and a small percentage (2.3%) disclosed that they were already infected with HIV.

Street youth reported high degrees of sexual activity. Nearly a half
(51%) reported sexual activity with a main partner and another half (48.5%) reported sexual activity with multiple partners. Much of this sexual activity occurred without condoms. Forty-four percent of the sample reported unprotected sex with a main partner and 37.6% reported engaging in unprotected sex with multiple partners. Data examining the frequency of condom use during vaginal, anal, and oral sex with main and multiple partners documents the extent to which youth engage in high risk activity during oral, vaginal, and anal sex. Slightly over one-tenth of the sample (13.1%) reported “always” using a condom with their main partner during oral sex, almost one-third (29.6%) “always” used a condom during vaginal sex, and less than half (41.1%) “always” used a condom with their main partner during anal sex. Regarding condom use with multiple partners, almost one-third (28.8%) reported “always” using a condom during oral sex, less than half (46.8%) “always” used a condom during vaginal sex, and nearly two-thirds (62.6%) “always” used a condom during anal sex.

Drug use was also explored. Nearly a quarter of the youth drank alcohol (25.7%) and smoked marijuana (25.8%) on a daily basis. Youth also reported the use of a wide variety of drugs, including crack (36.0%), cocaine (53.3%), heroin (38.1%), speedball (22.4%), speed (32.0%) and psychedelics (50.9%). Among street youth, crack was typically mixed with
the tobacco of a cigarette, although it could also be smoked in a pipe. In part at least, high frequencies of alcohol and marijuana use appear to be directly related to the use of crack, both functioning as a way of "medicating" feelings of panic and fear arising from chronic use of crack (Clatts and Davis 1993, Clatts 1989a). Less than one-third of the sample (29.6%) reported ever using drugs intravenously while 16.4% reported current intravenous drug use. Within 30 days prior to the interview, over ten percent (13.4%) had injected heroin and nearly twenty percent (17.6%) had injected cocaine.

Despite high levels of drug use, less than one-fourth (24.0%) had ever been in drug treatment. Although street outreach is the primary means of providing AIDS risk reduction information, materials, and skills to this population, less than half (40.8%) reported contact with street outreach services. Regarding the frequency of contact with outreach workers during the last six months, 7.1% reported talking with a worker almost every day, 19.6% reported talking with a worker once a week, 20.4% reported talking with a worker once a month, and 42.3% reported talking with a worker less than once a month.

While the street youth populations' involvement in high risk sexual and drug use behaviors is well-above that of the general adolescent population
(Adams et al 1985, Boyer and Kegeles 1991, Boyer and Ellen 1994, Brooks-gunn and Furstenberg 1989), these behaviors are not uniformly distributed within the street youth population. The YAR data suggests that the probability of engaging in HIV risk behaviors significantly increases with age, including likelihood of ever having injected drugs (p<.001), of having injected in the last 30 days (p<.01), of ever having unprotected sex with multiple partners (p<.001), and of ever having unprotected sex with a main partner (p<.05) (many of whom are also street youth who are at high risk for HIV) (Clatts and Davis 1993). Other HIV-related factors also significantly increased with age, including prostitution (p<.001), ever having an STD (p<.001), ever using crack (p<.001), and current crack use (p<.001). The likelihood of homelessness also increased with age (p<.06).

Particular groups within the street youth population were more likely to engage in high risk behaviors for HIV infection. For example, gay, lesbian, and bisexual youth were disproportionately over-represented in the street youth population (Clatts and Davis 1993). Across all age groups, sexual minority youth were more likely to be involved in prostitution (p<.001). Likelihood of participation in prostitution increased with age, with roughly a third of sexual minority youth reporting involvement in prostitution at age 16-17 and two-thirds at age 22-23. Significant differences between
sexual minority youth and heterosexual youth were not found for any other kind of economic activity that is typical of street youth (e.g., panhandling, drug dealing, stealing, etc.). By age 22-23, a higher percentage of sexual minority youth had five or more sexual partners (p<.05). These youth were also more likely to have frequent unprotected sexual encounters with multiple partners than heterosexual youth. Sexual minority youth were also more likely to use a number of stimulant drugs such as crack (p<.05), cocaine (p<.05), and heroin (p<.05). As might be expected from these data, sexual minority youth, particularly those between the ages of 18-21 (p<.01), were more likely to have been exposed to an STD.

Interestingly, cognitive factors such as AIDS knowledge, perception about risk for disease, or psychological intention to reduce risk did not appear to decrease involvement in risk activities. YAR survey data indicate that behaviors directly associated with HIV transmission (i.e., ever injecting drugs, p<.001, and, unprotected sex with multiple partners, p<.001), are highly associated with youth correctly assessing themselves as "somewhat likely" to be at risk for HIV infection (Clatts and Davis 1993).

Phase I of the YAR study documented the demographic characteristics of the street youth population in Manhattan and profiled their risk behaviors for HIV. The survey structure of Phase I did not,
however, permit exploration of the why or how of risk behaviors or the contexts in which risk behaviors have meaning and purpose. These are the foci of the ethnographic study (Phase II).

4.3 **Phase II: The Longitudinal Ethnographic Sample**

The ethnographic component of the study consisted of life history interviews with 35 street youth in New York City. The rest of this chapter will describe the methods used in Phase II and give a brief summary of the findings. Subsequent chapters will expand upon and elaborate these findings.

4.4a **Design and Methods**

Street youth are a "hidden population" and the settings in which they sleep, eat, live, and hustle are characterized by chaos and open boundaries. Lacking a stable address and routine schedule, they are a population difficult to enumerate and study (Gwadz and Rotheram-Borus 1992). The environs of street youth include hangouts such as parks, piers, bowling alleys, transportation depots, street corners, squats, and hustler bars. These hangouts constitute their "natural" settings and are the contexts in which this research was done. The task of identifying, locating, recruiting, and following-up a street based sample required techniques suited to the flexibility of the street environment and which accommodated
geographic mobility and temporal variability. Without the existence of a representative sampling frame of the street youth population in New York City, conventional research procedures were deemed inappropriate.

This study employed ethnographic research methods to explore the contexts of street youth's risk behaviors for HIV. This study recruited a sample of youth whose entry and emerging participation in the street economy was viewed retrospectively and tracked prospectively. Participant observation and in-depth life history interviews with key informants explored their unique "lived experience" and relied on them to articulate and define the meanings of events, processes, and structures in their lives and the ways in which these were connected to the social world around them. Youth were specifically invited to use their own words to identify and interpret the significance of factors to the situations and contexts which influenced them to enter street life and to participate in the street economy. By eliciting their world view, this phase of the study identified the 'why' and 'how' of their risk activities throughout the course of their street careers, within the scenes and subworlds that identified, defined, and supported a range of opportunities available to them for social and economic gain.

4.3b Inclusion Criteria
For the purposes of this ethnographic study, "street youth" refers to those adolescents who:

- have voluntarily or involuntarily left their living situations (e.g., traditional home, foster care, or institutional setting) and who are without permanent shelter or parental/adult guidance and/or financial support. OR who

- spend most of the hours of the day and night living in either a formal or informal shelter or on the streets either with regular, irregular, or no family contact, AND who

- are dependent upon the street economy for their survival.

To participate, street youth must:

1. **Be 23 years old or younger.** Street people 24 and older are excluded for two reasons. First, 23 years is generally the age when street youth "graduate" from federally funded drop-in and residential programs for youth in New York City. At 24, they are considered young adults and are relegated to adult social services. Secondly, 23 is the upper age used for inclusion in YAR.

2. **Participate in and be dependent upon the street economy.** That someone is dependent upon the street economy is defined as reliance upon:

   - panhandling, theft, burglary, rolling/mugging, scamming, and/or drug dealing to acquire money, food, shelter, and/or drugs; and/or

   - sex as "work" (i.e., prostitution/hustling sex- the exchange of sex for
money, food, shelter, and/or drugs).

(3) "Live" or "work" in one of three specific geographic locales in mid and lower Manhattan. These three locales include: the Midtown/Port Authority Bus Terminal (PABT) area, the East Village area, and the West Village area. The three locales are described in Attachment A.

4.3c Data Collection

From July 1993 to June 1995, 35 street youth were recruited for in-depth life history interviews. These youth lived and/or hustled in The East Village, The West Village, and Midtown/PABT areas of New York City. As a result of months of extended periods of participant observation, informal interviews, and structured-survey interviews with youth in three locations during Phase I, I had effectively established a "street presence" in the field. My presence was not only tolerated, but ignored. The early months of participant-observation during which I toured the streets and spent most of the day within the presence of youth was crucial to establishing a street presence. On the streets, I was often identified as a mix between a credible researcher and a "big sister" who "asked a lot of personal questions" but who was essentially okay. Informal interactions with youth during which I inquired about relatively mundane issues such as their daily routines was vital to facilitating the life history research.
By this stage in the research, I was able to identify the most appropriate locations and means to approach street youth to request an ethnographic, life history interview. I knew specific hangouts within these areas where youth congregated according to time of day, day of the week, and in response to certain environmental and situational changes (e.g., cold/rainy weather, increased police presence, etc.). For example, I knew when and how to best accommodate migratory youth in the East Village area who were prevalent during warm weather and who migrated south during the cold winter months. These youth often hung out during the day in a public park. The park closed between 12AM to 6AM and many youth often slept in its periphery. After 6AM, however, they would move into the park and sleep on the grass or on the many park benches. These youth were generally inaccessible until after they had rested. Usually, they slept until one o'clock in the afternoon. Upon waking, their pattern was to panhandle and search for food. It was best to look for and recruit these youth between the hours of one to three in the afternoon because it was during these times that they were most receptive to interviewing because they were eager to receive the meal provided as compensation for their participation. Often, they needed the money to satisfy their drug cravings.

Another example is of Midtown/PABT youth who are most abundant
and obvious on Mondays, Wednesdays, and Fridays during the late evening hours. Through participant-observation and informal interviews, I learned that Tuesdays and Thursdays are "sweep days" or "quota days"—when the police are more likely to chase away, harass, and arrest youth for loitering, prostituting, or dealing drugs. Because many of the youth in this area were engaged in prostitution or drug dealing, they were aware of the risks of their trade and made an effort on these days to be less conspicuous. Also, I learned that it was best to interview these youth when they first entered the street scene (before actually hustling sex) because they often got drunk or high either immediately prior to prostituting or after earning some money. Reliable information was most likely gained before the start of the "work" night. Similarly, youth who frequented the West Village area were most likely to do so late at night. Weekend nights (Friday and Saturday) were particularly popular. Most of these youth prostituted out of hustler bars in the area and would begin hanging out in or around them after 6PM but mostly after 10PM. Similar to other hustling youth, these youth were best approached for an interview before they began their nightly cycle of drinking, drugging, and picking up tricks. Recruitment efforts had to be sensitive to the work habits of these youth. Caution was exercised not to interfere with or interrupt youth as they engaged in the street
economy. During such times, my presence on the streets was reduced to withdrawing to a distance and observing them and their social interactions.

Key informants were chosen from the larger pool of YAR respondents. Key informants were individuals who were willing to serve as teacher and instruct me on the nature of their lives. They were individuals with whom I had established a relationship of mutual trust and with whom rapport was readily forthcoming and constructive. Trust and safety were particularly important considerations since this ethnographic research required that I meet with youth on their turf and on their terms. Often, this required that I loiter or search for them in certain parts of New York City notorious for high crime rates. Another criteria for key informants was their willingness to commit to at least three, one-hour interviews over the course of the longitudinal project. Gaining familiarity with these youth initially through informal and generally benign interactions prior to detailed questioning about sensitive topics effectively facilitated the building of rapport and contributed to their willingness to share personal, and often painful, details about their lives. This timely and gradual process also enhanced the depth, validity, and reliability of their life stories.

*Life History Interviews*

Over 100 interviews were conducted with these 35 key informants.
This study (N=35) cannot claim to be representative of the universe of street youth in a statistical sense nor can it claim to be replicable across time and geography. Nonetheless, these data present in-depth characterizations of life on the street and establish a range of variation through which to view this population.

Prior to the initial interview, youth were assured confidentiality and were informed of their rights as research subjects. They were also asked about the likelihood of their availability throughout the duration of the study and were asked to provide important locator information that could be used to facilitate follow-up (e.g., when, where, and with whom they usually hung out, where they copped, where they hustled, etc.). Youth were also asked to choose a pseudonym by which they would be referred to in all notes, tape recordings, and transcripts.

Each of these 35 youth participated in an initial ethnographic interview utilizing an Ethnographic Life History Guide (see Attachment B) developed specifically for this population (see Clatts 1989, Sotheran and Goldsmith 1995). While this guide organized the topics or variables of interest according to specific domains, an open-ended, ego-centric focus was maintained throughout all interviews. If a youth neglected to discuss a particular issue, involvement in the street economy, for example, such a
discussion was prompted with a general question that focused on how youth met everyday needs like food and shelter. This often helped to focus the discussion on how youth acquired money, and hence how they participated in the street economy. In almost all cases, however, these kinds of issues emerged on their own. Indeed, allowing the issues to emerge in this way generally seemed to contribute to an overall comfort level among the youth and to the amount of detail obtained in the interview.

Since street youth were unable to conform to a schedule or a routine for life history interviews, all interviews were pursued whenever the youth were able to commit their time and attention. This required that I spend considerable amounts of time on the streets not only to maintain a street presence, but to note changes and trends in the street scene which might affect attempts at follow-up. Usually, attempts were made to pace follow-up interviews to allow for some time to elapse. Spacing interviews offered an opportunity to explore changes in youth's behaviors and their perceptions regarding their choices and related risks and how these related to changes in the street environment. Spacing interviews also served as a critical way to check on data revealed in earlier interviews.

All informants were interviewed once but not more than five times. Interviews were between forty-five minutes to one hour in length and took
place in a location deemed acceptable to both the youth and me, usually a fast food restaurant, diner, or park. For each life history interview, key informants were compensated for their time with a $5 meal and $5 in cash upon completion of the interview. Most life history interviews were taped to record the essence of their experiences and beliefs in the phrases and words in which they expressed them. Their words and phrases are the treasure house of stored meanings from which youth make sense of their realities. To capture the essence of these realities, all taped interviews were transcribed verbatim by myself.

In-depth life history interviews examined the potential determinants and antecedents to entering street life, entering the street economy, and participating in high risk behaviors. The Ethnographic Interview Guide (see Attachment B), which organized a number of key variables according to domains, helped facilitate and guide life history interviews. Topics included the role of age, sex, minority ethnic status, gender identity, and drug dependency on street youths' activities within the street economy. In addition, youth were asked the chronology of important life events in their lives, household and family structures (with particular attention to the role of significant others, the experience of loss, antecedents to homelessness, education and work history, prior experience with illness, and a general
subjective assessment of present health and future plans. Daily routines were also explored and particular attention was given to social relationships and the function and meaning of social networks in everyday life. Sources of income, primary street hustles, changes associated with life cycle and with emotional and physical needs and perceptions of economic opportunities were also explored. Additional questions related to sources of stress, tension, anger, and depression in their daily lives and the ways in which these experiences were managed by youth. Particular attention was given to the role of drugs and youths' expectations of the future as these were deemed likely to influence the choice of behaviors within the street economy.

Detail was also sought on such issues as the type and context of risk behaviors. With regards to drug use, relevant issues for exploration included introductions to drugs and first time experiences. Current drug use and such issues as how drugs are obtained, persons involved, types of drugs used, frequency of use, when, where, how and with whom drugs are used, combinations, changes in drug preference, and drug-associated feelings were also explored. The interviews also queried youth's involvement in high risk sexual behaviors, not only with regards to personal relationships but also with regards to the exchange of sex for money and drugs. This focused attention on issues of age, gender, ethnicity, sexual identity,
concepts of intimacy, and self expressed emotional and financial needs. Attention was also focused on perceptions of self and the representation of self in various situations over time, perceptions of danger and risk (particularly as they related to roles within the street economy), experiences with health and illness, and perceptions of personal risk and control over life circumstances.

Life history data were augmented with follow-up data derived from subsequent ethnographic interviews, from on-going participant observation in the street scenes, and from informal conversations during random or casual meetings. Also, a youth's physical appearance and other nuances provided valuable information about their situations. Discretion was used during life history interviews to assure that stress and emotional harm did not ensue from discussions of sensitive topics. Occasionally, street youth appeared so distressed that the interview was limited to exploring mundane yet relevant issues such as education and work history or other topics which were not emotionally charged.

4.3d Data Analysis

This ethnographic endeavor relied on an inductive approach to both data collection and data analysis. Throughout the course of this longitudinal study, vast amounts of qualitative data on street youth's perspectives
about the factors which influenced them to enter street life and the street economy and which propelled and/or sustained them in low or high risk income-generating behaviors for HIV transmission were generated. Having gathered the data, the prime analytic task was to “uncover and explicate the ways in which [street youth] ... came to understand, account for, take action, and otherwise manage their day-to-day situation” (Miles and Huberman 1994:8). This process of “uncovering” and “explicating” was achieved through three concurrent flows of activity: (1) data reduction, (2) data display, and (3) conclusion drawing and verification (Miles and Huberman 1994). Data reduction refers to the process of “selecting, focusing, simplifying, abstracting, and transforming” the data that appear in field notes and transcripts (Miles and Huberman 1994:10). Data display refers to the organized, compressed assembly of information that permits conclusion drawing and action. Conclusion drawing and verification refers to the process whereby meanings are drawn from the data to suggest explanations. Data collection and three components of data analysis were actually employed as an interactive, cyclical process whereby topics were explored, theories were induced, questions arose, more research ensued, and so on (Miles and Huberman 1994).

All transcriptions and ethnographic notes were read to identify key
demographic and behavioral variables. These variables were then summarized on a structured Data Review Form. The Data Review Form summarized and condensed demographic information and life history data relating to homelessness, family life, education, work history, substance use, subsistence activities within the street economy, sexual risk taking, and contact with services (i.e., prevention services such as outreach and medical care). This form quantified some of the qualitative data and made it easier to quickly identify topics remaining to be explored during follow-up. These forms were routinely updated upon completion of subsequent interviews. This form simplified key variables of interest which could be used not only to generate a profile of the characteristics and behaviors of each youth, but also served to make inferences about aggregates of youth and the prevalence and significance of certain characteristics and behaviors.

In addition, all texts were routinely read and re-read for frequency of traits and behaviors and for isolating certain themes and expressions that would explicate the ways youth understood, accounted for, took action, and managed their day-to-day situations. The search for “essence” was a laborious process that required my having utmost familiarity with the text. As I read and re-read all qualitative text, I identified similar phrases, noted relationships between variables, explored patterns, explored distinct
difference between individuals and subgroups, and noted common sequences. Throughout this process, I noted my reflections and other remarks in the margins. In this way, I identified certain themes and topics which seemed to offer some explanatory role in addressing my research questions. Codes were created to identify relevant themes and topics and noted in the margins.

A code sheet was created for each life history informant which matched the page number in which themes were identified with a particular code. Due to overlap of themes and topics, codes were cross-referenced. For all participants, these themes, together with the contexts in which they were identified, were separated out as “mini-texts”. Sorted according to theme, mini-texts were joined together to create a theme/topic-oriented document, which became comprehensive summaries of important variables and life events, including the AIDS risk-related behaviors of street youth in different contexts during the course of their street careers. In searching for and identifying thematic patterns, attention was paid to the context in which they were embedded. By retaining the contexts in which youth discussed their lives and their behaviors and the contexts in which they came to assess their personal potential for HIV infection, meaningful and poignant data emerged regarding youth’s perceptions of the behavioral
“choices” available to them on the streets.

Overall, this process facilitated the construction of individual and group summaries of the antecedents to street life, dependence upon the street economy, and movement within and between roles within the street economy. Importantly, these data retained the cultural contextualization of risk by illuminating the cultural, social, psychological, economic, and environmental influences on the various economic roles and relationships that typify the lives of street youth and the implications of these different roles for exposure to HIV infection.

4.3.3 Summary of Longitudinal Ethnographic Sample

Thirty-five youth were recruited for this longitudinal ethnographic study of street youth. This chapter summarizes the key demographic and behavioral characteristics of this population. Frequencies of the key characteristics and behaviors of this sample are presented in Tables 3 through 18. Attachment C presents a summary of demographic and behavioral data specific to each youth who participated in this study. This sample includes youth with different lengths of time spent on the streets, different degrees of involvement in street life, and with varying degrees of dependence/engagement in high risk behaviors for HIV infection. The demographic and behavioral profile of this ethnographic sample of street
youth is relatively consistent with the larger YAR profile (N=929) as most of the youths were initially recruited as part of YAR (Clatts and Davis 1995).

The majority of participants in this sample are from the New York City area (see Table 3). Forty-six percent (N=16) of the youth sampled grew up in the New York/New Jersey area in impoverished areas like Harlem, Bronx, or Newark. Another 46% (N=16) of the sample grew up elsewhere within the continental United States and represent a variety of regions: Eastern States (N=4); Central States (N=7); Pacific States (N=5). Three of the youth identified themselves as recent immigrants: one from Puerto Rico and two from Colombia.

The majority of the sample (74%) are male (26 males, 9 females). This sex imbalance is consistent with the makeup of the street youth population in New York City as a whole (Clatts and Davis 1995), at least that portion of it that is visible and accessible on the streets. Participants range in age from fifteen through twenty-three. Nearly 80% of the sample (N=27) consists of youth between the ages of 19 to 23 years of age (see Table 4).

The young people I talked to were of varied racial composition (see Table 5). Although asked to self-identify their ethnic background, youth invariably responded using racial categories, e.g., "White", "Black", "Latinx", "Asian", etc.
"Latino", and "Mixed" 6. Fifty-four percent of youth (N=19) self-identified as White, 26% (N=9) as Black, 11% (N=4) self-identified as Latino (e.g., Puerto Rican, Dominican, Colombian) and 9% (N=3) self-identified as being mixed Latino and Black/White. The total sample included a near equal number of White (54%) and ethnic minority youth (46%). Among males, White and ethnic minority youth were fairly equally represented (46% to 54%); among the female sample, however, most (78%) were White.

None of the study participants were new to street life. Most youth sampled reported making a definitive move to street life between the ages of 13-17 although most of these youth reported earlier interludes on the streets before their early teens (see Tables 6 and 7). Eighty-five percent of the sample (N=30) entered street life between the ages of 13 and 17; this remains consistent even when broken down by sex and by racial category. For the entire sample, the total length of time spent on the streets ranged between two years to nine years (see Table 8). The average length of time spent on the streets for the entire sample is 5.6 years. Male participants were more likely than female participants to be on the streets for five years or more.

Youths' sexual orientations were diverse (see Table 9). When asked their sexual orientation, 34% (N=12) self-identified as heterosexual, 26%
(N=9) self-identified as gay, and 40% (N=14) self-identified as bisexual. As in the larger YAR sample (Clatts and Davis 1995), sexual minority youth are over-represented in this ethnographic sample (46%) compared to the general population.

Youth in this sample reported a range of victimization (see Table 10). Sixty percent (N=21) of the sample reported a history of physical abuse, thirty-seven percent (N=13) reported being the victim of sexual abuse, and 17% (N=6) reported being the victim of incest. Forty-three percent (N=15) of all youth sampled self-reported a history of mental illness. Thirty-eight percent of males (N=10) and 56% of females (N=5) self-reported a history of mental illness. The prevalence of mental illness is likely underreported in this sample of youth. Youth generally did not like direct questioning regarding their mental health; consequently, history of mental illness was recorded only if youth volunteered the information. Also, because all of the youth sampled used mind-altering drugs, it was difficult to assess if discussions and behaviors reminiscent of paranoia, depression, suicidal thought, and anxiety were related to an underlying psychosis or the result of homelessness and drugs. Nearly 63% (N=22) of the all youth sampled reported "ever" being jailed at some time during their years on the streets. Seventy-three percent of the males (N=19) and 33% of the females (N=3)
reported “ever” being incarcerated. Only 17% (N=6) of the total sample completed high school with two of these youth claiming half of one semester of college (see Table 11).

Youth reported the use of an array of illegal drugs. Overall, 63% (N=22) of the youth sampled reported “ever” using drugs intravenously. Fifty-one percent (N=18) reported being “current” intravenous drug users (see Table 12). As reflected in other research among drug injectors, high risk drug injection practices such as the transfer of used syringes and other drug injection paraphernalia was closely tied to sharing drugs among youth. Of the sample currently using intravenous drugs (N=18), all (100%) reported currently sharing drugs with peers and/or sexual and/or coping partners and, all (100%) reported sharing injection paraphernalia with peers and/or sexual and/or coping partners (see Table 13). Of the sample ever having used intravenous drugs (N=22), 95% (N=21) reported ever sharing drugs and injection paraphernalia with peers and/or sexual and/or coping partners.

Interestingly, youth in different sections of New York City preferred different types of mind altering drugs and different types of “highs”. Youth in the East Village area, for example, overwhelmingly reported using an array of intravenous drugs and hallucinogens. East Village youth used
heroin, coke, speedball (heroin and coke mixed together), speed, mushrooms, LSD, PCP, ecstasy, "pills" (barbiturates and tranquilizers), marijuana, and alcohol. They generally preferred drugs which dulled their senses and their acuity- they enjoyed drugs that made them more "mellow". Youth who hung out primarily in the West Village area reported the preference for marijuana and alcohol as well as intravenous drugs (preferably heroin and/or cocaine). These youth often claimed that they preferred alcohol and marijuana because the drugs enabled them to feel disinhibited while at the same not interfering with their ability to be "social" and functional (necessary to prostitute) at the same time. Youth in the Midtown/PABT area generally tended to vary from the other two populations of street youth in that their primary drugs of preference were alcohol and crack as well as marijuana and cocaine (sniffed/snorted). Generally, these youths preferred the intense "rush" of crack and cocaine followed by the dulling effects of alcohol and marijuana. Often, these youths engaged in prostitution for quick money and/or crack. Youth in the Midtown/PABT area did not readily report the use of intravenous drugs except when engaged in discussions of the use of intravenous hormones to alter their sex characteristics (the Midtown/PABT area attracts a disproportionate share of lower class transgender youth).
Youth's participation in the street economy was explored through life history interviews and through my direct observations of youth during the course of their daily routines. It is noteworthy that most youth engaged in multiple economic activities, despite claims that they are involved in primarily one activity (e.g., panhandling, drug dealing, scamming, shop lifting, prostituting, etc.). That is, while youth described their range of activities in detail, they did not always identify specific activities as pertaining to a particular role or "hustle". In part, this was because participation in one type of income-generating activity did not produce enough money. Thus, any one activity was generally only part of a number of street hustles in which a particular youth engaged on a day to day basis.

In terms of primary street hustles and primary economic role however (see Table 14), 40% of the sample (N=14) reported a primary reliance on panhandling and self-identified as "panhandlers", 49% (N=17) reported a primary reliance on prostitution and self-identified as "prostitutes" or "hustlers", 9% (N=3) relied primarily on dealing drugs and self-identified as "drug dealers", and only one youth (3%) reported a primary reliance on scamming/stealing. Table 15 shows that sexual minority youth (gay/lesbian and bisexual youth) were more likely than heterosexual youth to be involved in prostitution as their primary street
hustle (56% compared to 33%). Interestingly, all (100%) of gay youth in the sample reported prostitution as their primary street hustle.

Racial/ethnic minority youth (e.g., Black, Latino and Mixed youth) were more likely than White youth (see Table 16) to be involved in prostitution (81% compared to 21%). In contrast, White youth were more likely than racial/ethnic minority youth to report panhandling as their primary street hustle (68% compared to 06%).

Regardless of self-identification according to primary economic role, the degree to which youth engaged in an array of street hustles is evident in the following data (Table 17). Youth were asked what hustles they ever engaged in. An overwhelming portion of the sample (83%; N=29) reported ever hustling sex. Sixty percent of the sample (N=21) reported ever panhandling; 46% (N=16) reported ever pushing drugs; 46% (N=16) reported ever shoplifting/stealing and sixty percent (N=21) youth reported ever scamming.

Initially, this research was guided by the hypothesis that each research site is unique in the type of youth it attracts and in the type of street hustle it supports. While the research sites are geographically distinct and support certain sectors of the street economy, the data indicate that while youth may have a preference for a particular part of
town, or feel more comfortable hanging out, living and hustling there, street youth in New York City take advantage of money making opportunities wherever they are present (see Table 18). That is, while areas are distinct with regards to the types of income generating activities they support, street youth are migratory and partake in an array of hustles. While the West Village area was initially targeted as a prostitution scene for older gay White male youths and sexual and ethnic minority males, I observed that the West Village area supports panhandling in addition to prostitution. As such, the West Village also attracts white male and female youths who identify as panhandlers and hang out primarily in the East Village. Many East Village youth make their way over to the West Village to beg tourists and locals for spare change. This strategy works because the West Village is more affluent than the East Village, has fewer beggars and panhandlers, and is reported to be a place where panhandlers get more sympathy from passersbys and earn money with ease.

During the course of this study, I also observed some male youths who hang out primarily in the East Village frequent the gay, hustler/pick-up bars in the West Village to prostitute. Many of these youth do not identify as prostitutes or as gay; they explain that they are merely drug addicts in search of ways to make money and to make it quickly. Moreover, many
youth who prostitute in the Midtown/PABT area and who claim it as their primary hangout and hustling spot, also frequent the West Village and the gay, hustler/pick-up bars there. Most of the West Village bars cater to male customers looking for "masculine-type" youth who are not flamboyantly transgender or drag. As such, many Midtown/PABT youth claim they are more comfortable (that they fit in better and feel more at ease) in the Midtown/PABT area but report that they occasionally go to the West Village to try their luck in the hustler/pick-up bars there where they know they can make more money for engaging in sex acts.

This study revealed that the street youth population in New York City includes a heterogenous mix of adolescents who engage in a wide spectrum of risk behaviors not only for exposure to HIV, but for exposure to violence and victimization.
Table 3: Profile of Sample by State/Region of Origin

<table>
<thead>
<tr>
<th>Region/State</th>
<th>Freq.</th>
<th>Total (N=35)(%)</th>
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</thead>
<tbody>
<tr>
<td>New York/New Jersey area</td>
<td>16</td>
<td>(46%)</td>
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<tr>
<td>Eastern States (OH, PA, ME)</td>
<td>4</td>
<td>(11%)</td>
</tr>
<tr>
<td>Central States (TX, LA)</td>
<td>7</td>
<td>(20%)</td>
</tr>
<tr>
<td>Pacific States (CA, WA)</td>
<td>5</td>
<td>(14%)</td>
</tr>
<tr>
<td>Puerto Rico</td>
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<td>(03%)</td>
</tr>
<tr>
<td>Colombia</td>
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<td>(06%)</td>
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Table 4: Profile of Sample Age by Sex

<table>
<thead>
<tr>
<th>Age</th>
<th>Freq. Total N=35(%)</th>
<th>Freq. Males N=26 (%)</th>
<th>Freq. Females N=9(%)</th>
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</thead>
<tbody>
<tr>
<td>15</td>
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<td>1 (11%)</td>
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<tr>
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<td>1 (03%)</td>
<td>0</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>17</td>
<td>2 (06%)</td>
<td>2 (08%)</td>
<td>0</td>
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<tr>
<td>18</td>
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<td>2 (08%)</td>
<td>2 (22%)</td>
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<tr>
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<td>3 (09%)</td>
<td>2 (08%)</td>
<td>1 (11%)</td>
</tr>
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<td>4 (11%)</td>
<td>2 (08%)</td>
<td>2 (22%)</td>
</tr>
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<td>1 (11%)</td>
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<tr>
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<td>7 (20%)</td>
<td>6 (23%)</td>
<td>1 (11%)</td>
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<td>23</td>
<td>10 (29%)</td>
<td>10 (38%)</td>
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</tr>
<tr>
<td>Race</td>
<td>Fray, Females N=8 (%)</td>
<td>Fray, Males N=26 (%)</td>
<td>Total N=35 (%)</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------</td>
<td>----------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Mixed</td>
<td>1 (11%)</td>
<td>2 (68%)</td>
<td>3 (9%)</td>
</tr>
<tr>
<td>Latino</td>
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<td>4 (11%)</td>
</tr>
<tr>
<td>Black</td>
<td>1 (11%)</td>
<td>8 (31%)</td>
<td>9 (26%)</td>
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<tr>
<td>White</td>
<td>7 (88%)</td>
<td>12 (46%)</td>
<td>19 (54%)</td>
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Table 5: Profile of Sample Racial Category by Sex
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<tr>
<th>Age</th>
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<th>Freq. Males N=26 (%)</th>
<th>Freq. Females N=9 (%)</th>
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<tr>
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<td>1 (04%)</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>20</td>
<td>2 (06%)</td>
<td>2 (08%)</td>
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Table 7: Age First Entered Street Life by Race

<table>
<thead>
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<th>Age</th>
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<th>Black</th>
<th>Latino</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
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<td>1 (3%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1 (3%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>11</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>2 (6%)</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>7 (20%)</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>14</td>
<td>2 (6%)</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>4 (11%)</td>
<td>1 (3%)</td>
<td>2 (6%)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>4 (11%)</td>
<td>2 (6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>2 (3%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 8: Total Number of Years on the Streets by Sex

<table>
<thead>
<tr>
<th># yrs on st</th>
<th>Freq, Total N=35 (%)</th>
<th>Freq, Males N=26 (%)</th>
<th>Freq, Females N=9 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>5 (14%)</td>
<td>2 (08%)</td>
<td>3 (33%)</td>
</tr>
<tr>
<td>3</td>
<td>5 (14%)</td>
<td>2 (11%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>4</td>
<td>6 (17%)</td>
<td>4 (15%)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1 (03%)</td>
<td>1 (04%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>6</td>
<td>1 (03%)</td>
<td>1 (04%)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>6 (17%)</td>
<td>6 (23%)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>5 (14%)</td>
<td>4 (15%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>9</td>
<td>6 (17%)</td>
<td>5 (19%)</td>
<td>1 (11%)</td>
</tr>
</tbody>
</table>
Table 9: Profile Sexual Orientation by Sex

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Freq. Total N=35 (%)</th>
<th>Freq. Males N=26 (%)</th>
<th>Freq. Females N=9 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>12 (34%)</td>
<td>10 (38%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>9 (26%)</td>
<td>9 (35%)</td>
<td>0</td>
</tr>
<tr>
<td>Bisexual</td>
<td>14 (40%)</td>
<td>7 (27%)</td>
<td>7 (78%)</td>
</tr>
</tbody>
</table>
Table 10: "Ever" Victim of Abuse by Sex

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Ever</th>
<th>Total N=35 (%)</th>
<th>Females N=8 (%)</th>
<th>Males N=27 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incest</td>
<td>1 (1%)</td>
<td>5 (17%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual</td>
<td>4 (4%)</td>
<td>6 (35%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>17 (60%)</td>
<td>2 (60%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Table 11: Highest Grade School Completed by Sex

<table>
<thead>
<tr>
<th>Grade</th>
<th>Freq. Total N=35 (%)</th>
<th>Freq. Males N=26 (%)</th>
<th>Freq. Females N=9 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1 (3%)</td>
<td>1 (0.4%)</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>1 (3%)</td>
<td>1 (0.4%)</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>3 (9%)</td>
<td>2 (0.8%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>9</td>
<td>7 (20%)</td>
<td>6 (2.3%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>10</td>
<td>11 (31%)</td>
<td>9 (3.5%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>11</td>
<td>6 (17%)</td>
<td>4 (1.5%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>12</td>
<td>4 (11%)</td>
<td>3 (1.1%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>12+</td>
<td>2 (6%)</td>
<td>0</td>
<td>2 (22%)</td>
</tr>
<tr>
<td></td>
<td>Current IVDU</td>
<td>Ever IVDU</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females, N=8</td>
<td>6 (66%)</td>
<td>12 (51%)</td>
<td></td>
</tr>
<tr>
<td>Males, N=26</td>
<td>7 (78%)</td>
<td>15 (58%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 12: Intravenous Drug Use by Sex
<table>
<thead>
<tr>
<th></th>
<th>IV帕拉彼林酰胺 (n=18)</th>
<th>IV药物 (n=18)</th>
<th>&quot;目前&quot;分享 (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV帕拉彼林酰胺 (n=21)</td>
<td>21 (95%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;曾经&quot;分享 (n=22)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV风险</th>
<th>例行调查 n=35 (%)</th>
</tr>
</thead>
</table>

Table 13: Intravenous Drug Use and HIV Risk
Table 14: Primary Street Hustle by Sex

<table>
<thead>
<tr>
<th>Primary Hustle</th>
<th>Freq. Total N=35 (%)</th>
<th>Freq. Males N=26 (%)</th>
<th>Freq. Females N=9 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panhandling</td>
<td>14 (40%)</td>
<td>8 (31%)</td>
<td>6 (67%)</td>
</tr>
<tr>
<td>Prostitution</td>
<td>17 (49%)</td>
<td>15 (58%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>Drug Dealing</td>
<td>3 (9%)</td>
<td>2 (08%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>Scamming/Stealing</td>
<td>1 (3%)</td>
<td>1 (04%)</td>
<td>0</td>
</tr>
</tbody>
</table>

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Table 15: Primary Street Hustle by Sexual Orientation

<table>
<thead>
<tr>
<th>Primary Hustle</th>
<th>Heterosexual N=12</th>
<th>Gay/Lesbian N=9</th>
<th>Bisexual N=14</th>
</tr>
</thead>
<tbody>
<tr>
<td>panhandling</td>
<td>6</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>prostitution</td>
<td>4</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>drug dealing</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>scam/steal</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 16: Primary Street Hustle by Racial Category

<table>
<thead>
<tr>
<th>Primary Hustle</th>
<th>White N=19</th>
<th>Black N=9</th>
<th>Latino N=4</th>
<th>Mixed N=3</th>
</tr>
</thead>
<tbody>
<tr>
<td>panhandling</td>
<td>13</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>prostitution</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>drug dealing</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>scam/steal</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 17: "Ever" Engaged in a Street Hustle by Sex

<table>
<thead>
<tr>
<th>Hustle</th>
<th>Freq. Total N=35 (%)</th>
<th>Freq. Males N=26 (%)</th>
<th>Freq. Females N=9 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panhandling</td>
<td>21 (60%)</td>
<td>15 (58%)</td>
<td>7 (78%)</td>
</tr>
<tr>
<td>Prostitution</td>
<td>29 (83%)</td>
<td>23 (88%)</td>
<td>6 (67%)</td>
</tr>
<tr>
<td>Drug Dealing</td>
<td>15 (43%)</td>
<td>13 (50%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>Scamming/Stealing</td>
<td>22 (63%)</td>
<td>15 (58%)</td>
<td>7 (67%)</td>
</tr>
</tbody>
</table>
Table 18: Self-identified geographic areas to hangout and hustle

<table>
<thead>
<tr>
<th>Research Sites</th>
<th>Freq</th>
<th>Total N=35 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Village exclusively</td>
<td>5</td>
<td>(14%)</td>
</tr>
<tr>
<td>East Village and West Village</td>
<td>1</td>
<td>(31%)</td>
</tr>
<tr>
<td>Midtown/PABT exclusively</td>
<td>5</td>
<td>(14%)</td>
</tr>
<tr>
<td>Midtown/PABT and West Village</td>
<td>5</td>
<td>(14%)</td>
</tr>
<tr>
<td>Midtown/PABT and Bronx</td>
<td>5</td>
<td>(14%)</td>
</tr>
<tr>
<td>Midtown/PABT and 53rd &amp; 3rd</td>
<td>1</td>
<td>(03%)</td>
</tr>
<tr>
<td>West Village and Midtown/PABT</td>
<td>2</td>
<td>(06%)</td>
</tr>
<tr>
<td>West Village and East Village</td>
<td>1</td>
<td>(03%)</td>
</tr>
</tbody>
</table>
Chapter 4: ENDNOTES

1). The data reported in this paper is derived from two studies: The Youth at Risk Project, grant #U62/CCU207192-01 from the Centers for Disease Control and Prevention, was conducted under a collaborative agreement between Metropolitan Assistance Corporation, National Development and Research Institutes, Inc., The Hetrick-Martin Institute, and The Community Health Project. In addition, an ethnographic study entitled "HIV Risk and Survival Sex among Street Youth in New York City" was supported by grant #00214-16-RG from the American Foundation for AIDS Research. Both grants were awarded to Michael C. Clatts, Ph.D., Institute for AIDS Research, National Development and Research Institutes, Inc.

2). The term "hidden population" refers to a subset of the general population whose membership is not readily distinguished or enumerated based on existing knowledge and or sampling capabilities. The term euphemistically refers to those who "are disadvantaged and disenfranchised: the homeless and transient, chronically mentally ill, high school dropouts, criminal offenders, prostitutes, juvenile delinquents, gang members, runaways, and other 'street people'" (Wiebel 1990). These populations are often omitted from nationally representative surveys largely because they do not have a fixed address or because they are less likely to be found at home or agree to be interviewed. A problem with street-based samples is that they are vulnerable to the vicissitudes of street life and to extenuating factors such as bad weather (e.g., frigid temperatures, rain, and snow), "quality of life" legislation (e.g., increased police presence, barricades, police sweeps), incarceration, injury, hospitalization, and migration. Street youth are difficult to locate initially and to follow-up routinely. However, the benefits of a street-based sample are that the streets are an environment where youth have comparatively more control over the interview and are thus more likely to provide reliable self-report information of considerable validity and depth (Clatts 1990a).

3). The terms "hustle" and "hustling" are used to describe quasi-legal or illegal activities and behaviors in which impoverished individuals engage in in
order to survive (Koester 1994a). Some examples of hustles include: welfare scams, credit card fraud, dealing drugs, selling food stamps, panhandling, stripping cars, gambling, scamming, etc. The common feature of hustles is that they are forms of "irregular" work that generate money or goods but if discovered would put the individual engaged in them in trouble with the law.

4). Being an exploratory study of the lives of street youth, I believe it is important to relay much of the findings the way youth, themselves, articulated and summarized them. Albeit extremely time consuming, I found it beneficial to record and transcribe verbatim all taped interviews. Rarely did youth object to being taped. Only one youth who happened to be involved in dealing drugs and already been arrested by the police for earlier offenses, feared police confiscation of the tape. During subsequent interviews, however, this youth waved away his concerns and explained "I trust you now". Other instances during which interviews were not taped include: once when my batteries failed midway through an interview, twice when the setting was not conducive to taping (loud music in the background), and a few times when I ran into key informants on days when I was not scheduled to work and so did not have my recorder with me.

5). According to the YAR study, two-thirds of the street youth population in New York City are male. According to other surveys of homeless youth (e.g., Shaffer and Caton 1984, Sherman 1992, Stricof et al 1991) most of the runaways attending shelters tend to be female and younger than those living on the streets. Homeless females are more likely to utilize shelters, halfway homes, drop-in programs, etc. than homeless males. Moreover, homeless females, when they become pregnant, are more likely to return home or "double up" with family/friends. Also, upon becoming pregnant, these young women become eligible for benefits which enable them to become self-sufficient and get off of the streets.

6). In this study, youth were specifically asked to self-identify their ethnicity. Invariably, however, youth responded using racial categories. Their response reflects assumptions predominant in American culture that
racial categories (e.g., White, Black, Asian) are distinct and efface uniform beliefs, values, and behaviors. The term *race*, however, refers to unalterable traits in an individual's genetic and biological makeup where membership is commonly defined by physical characteristics (e.g., skin color, hair texture, or facial features) (Caldwell et al. 1995). Often in research in the United States, racial categories are assumed to represent homogeneous entities of peoples (Gaines and Stange 1995, Osborne and Feit 1992). This premise, however, has been critiqued as failing to consider the range of cultural, social, religious, and biological variability within such categories as “White”, “Black” and “Asian” (Gaines 1992, Gaines and Stange 1995).

In contrast to the use of racial groups, ethnic groups are distinguishable primarily in terms of cultural or learned factors. The term *ethnicity* implies an individual’s socialization is socio-culturally based and was preferred in this study since I was interested in exploring the aspects of youths’ risk behaviors, values, and norms as stemming from their experiences’ as adolescents dealing with homelessness. Despite this, however, these data are reported in “racial” categories because the youths used these categories. In addition, the Centers for Disease Control and Prevention, one of the funders of this study, encouraged racial instead of ethnic categorization.

The term *sexual minority youth* is used here to describe and include those adolescents who define themselves as either gay, lesbian, homosexual, bisexual, transgender, transvestite, butch, drag, or have not defined themselves in any category but are in the process of questioning their sexuality.
Chapter 5: DISCUSSION OF ETHNOGRAPHIC FINDINGS

5.1 Introduction

This chapter reports findings from life history interviews, observations, chance meetings and informal conversations with youth as they offer an understanding of how youth come to be homeless, to enter street life, and become involved in risk behaviors for HIV infection. Drawing heavily on data articulated through life history interviews, this section relies on youth to tell their own stories, in their own terms, offering their own interpretations and meanings of the "choices" available to them within the street economy. Their stories, presented here through their own words allows the reader to grasp their points of view, their perceptions of their lives, the streets, and the economic niches available to them.

Interviews with street youth identified a number of significant themes or patterns. These themes/patterns are discussed throughout this chapter as they address the questions which guided this research. Many of the themes overlap and are interconnected. Quotes and life history stories are presented to describe the circumstances which influence youth to become homeless and to employ street-based survival strategies. Youth's lives are presented as they inform the reader of how they perceive risk and how they perceive control over life events. The life histories reveal how youth come to
define their choices within a heterogenous street economy and what they perceive to be the influences/constraints on their ability to adopt alternative subsistence activities.

While the data summarized in this chapter demonstrate that there are generalizable demographic and behavioral patterns which push youth onto the streets, each youth's life circumstance is unique. The youth sampled in this study are highly diverse and any one youth's move onto the streets and his/her involvement in risk behaviors is examined as part of the whole situational context and structural constraints that defined his/her options. The rest of this chapter is organized according to the initial question which guided this research. The antecedents to entering street life are explored by discussing the "issues" youth had with their families of origin, with themselves, and the ways in which they dealt with the temptations of drugs and the streets. This is followed by a discussion of how street youth learn to maneuver the streets and how they interact with other youth who share their environments. The subsequent chapter explores how youth choose one economic role or "hustle" over another and how they weigh the multiple risks with which they are routinely confronted. And finally, the potential for changing risk behaviors and the potential for moving across roles and out of the street economy are explored.
5.2 Etiologies of Entry into Street Life

When asked to talk about the factors which brought them to the streets, many of the street youth in this sample explained that there were "issues" within their families of origin as well as certain "things" about themselves. The many issues or factors cited in the choice to leave home are organized here into three categories according to source of tension or conflict. Street youth often cited sources of tension and conflict as lying with the family of origin, with the youth themselves and/or, with their immediate environment. Frequently cited family "issues" include such factors as: the disintegration of the physical and social structures which define family and family life, abject poverty, parental homelessness, and/or parental absence due to divorce, incarceration or hospitalization, parental neglect and/or indifference, as well as institutional/foster care.

Equally compelling traumatic factors were cited as physical, sexual, and emotional abuse at the hands of parents, parental figures, other adults, relatives, and peers. Youth also cited "issues" within themselves such as sexual identity issues, lack of role models, feelings of inadequacy, not "fitting in", mental illness, and the desire to find solace in a "better place" as reasons for entering street life. The obvious problems associated with drug use, often polysubstance use by adults within the family of origin
or rearing and/or by youth themselves, are other frequently cited factors in describing the difficulties of home life and the financial possibilities within the street economy. In addition, the search for companionship, "wanderlust", the "excitement" and "lure of the streets" are also powerful forces in youth's adoption of street life.

More often than not, street youth were challenged with multiple issues simultaneously. This chapter provides the reader with a glimpse of the role and significance of each factor as youth perceived them to influence their choice to enter street life. The attempt here is to define the "issues" and document their salience on the life choices of street youth. Toward the end of this section, candid life history vignettes will be presented to portray how multiple issues interact to push youth onto the streets.

"Issues" within the family of origin

Only two youths interviewed in the course of this study grew up in a household with both their biological parents. Ten youths spent some or most of their childhood in institutional settings as wards of their respective states; only two of these ten youth were given to the state as infants. Eight of the ten youths who spent some time in institutional care were "given up" by a parent or guardian as a child. The remainder of the youth sampled grew up in situations with either one biological parent or step-parent(s),
parent's friend(s), or, in the care of grandparent(s). All street youths sampled, regardless of when they were given up or when they became the charges of relatives and parent's partners, viewed their early childhood with disdain. Some even view their present predicament of homelessness and a dependence on street survival skills as a "step-up" from their childhood homes.

Consider, for example, the reminisces of Zoro, a 23 year old male prostitute who hustles sex in the West Village. Zoro is uncomfortable talking about his past and is most bitter as he contemplates his life as a ward of the state of Washington. He was "given up" as an infant and was shuffled around from one foster care setting to another until he was 11. At 11, he was adopted for a brief two year period but was relinquished back to the custody of the state when he proved to be too much of a "problem child". Those two years were the longest he had ever been in any one home. At 14, Zoro ran away from his foster placement and opted to try his chances on the streets. He talks candidly and with a certain degree of bravado about his life on the streets. Compared to his years in foster care, Zoro claims his street life is better. As a prostitute, he is self-sufficient and more in control of his life course. He explains:

"... I am not embarassed by the fact that I hustle. I am not at all
embarassed. I know that I am self-supportive and don’t have to rely on the state... The way I see it, and like this may sound like I am feeling sorry for myself or whatever but like... I never had a chance from the beginning as far as I am concerned. And so like if I am abnormal, that is like because I never had it easy. Home... to home... to home... like I never had a place. And so home became like wherever the meal was coming from. Wherever I was eating... that was my home. But after a while like... the meals stopped coming regularly and there would be spaces where I wouldn’t eat. And then there would be these spaces where I would eat and stuff but it would not be worth it. It became like this- counting on someone else to feed and clothe me- it was all just too inconsistent. It wasn’t working. I didn’t like being scared all the time that I wasn’t gonna eat and um... I don’t like that... I don’t like that at all. And like standing on the corner, I know I’m gonna eat. Everyday, when I stand on that corner, I know that I am gonna make money and that I am going to eat. I know it”.

Another youth, who refers to himself as “Dog”, explains that a lot about his early life can be gleaned from his nickname. Dog never knew his biological father but was raised by his drug abusing mother and her many live-in boyfriends until he was nine years old. Since his mother could not “deal with” his fits of anger and violence, she turned him over to the state when he was 9 years old. The state placed him in a mental institution and he spent the next couple of years running away, living with friends, and being forced back into the mental institution. At twelve he was placed in foster care and ended up “beating the shit out of” his foster father when he threatened to discipline Dog with a bat. He was then placed in a “good
group home" and stayed there for some time until he "just got tired of it all". He ran to the streets at 13 and has been taking care of himself for the past nine years. He claims he earned the nickname "Dog" because his early life was like that of a stray dog. A friend's parent with whom he stayed for a brief period after running away called him a stray dog because:

"see... a lot of my behaviors are reminiscent of dog behaviors... like I move around from one place to the other in search of a meal and like a place to rest. And like if you treat me bad I will bite back. And like if I care about somebody, they can stab me and beat me and shoot me and like lock me in a cave and starve me for a few weeks... but if they need me I will never turn my back on them".

Unlike Zoro and Dog, Dave does not view himself as strong or "street smart". Dave's story is an especially sad story because he does not find anything positive about his life now to balance the negative of his past. He feels he is a helpless victim of circumstance who was forced onto the streets not at all because of free will but because of lack of alternatives. He didn't leave a home or a placement of his own free will- in his case, his "home" simply ceased to exist. Dave is a 23 year old male prostitute who has been exchanging sexual favors in return for money, food, and/or a place to stay for the past seven years. He grew up in the
care of his mother who had a total of three sons, all three from different men. She supported herself and her children through welfare, Public Assistance, and the occasional financial assistance of live-in lovers. Dave never saw his biological father except for a brief sighting some six years ago when his mother pointed him out to Dave as the “homeless drug user” standing on the corner near their neighborhood bodega. She also told him that his father had AIDS and was “not worth” meeting since he would likely die of the disease soon.

While his life with his mother and her boyfriends was difficult, nothing prepared Dave for the day when he had to fend for himself. Dave became homeless when his alcoholic mother bought a one-way ticket to Puerto Rico. She promised her sons that she would send them the rent money but she never did. The boys were evicted and there was nowhere for Dave and his younger brother to go. The oldest moved in with his girlfriend but Dave and his younger brother had to manage on the streets; while Dave prostitutes in the Midtown/PABT area, his brother is in jail on charges of attempted murder during a bungled robbery.

Equally compelling is the case of Tony, a 21 year old hustler who became homeless when his mother became homeless. Even before losing the apartment he called home, Tony had been working the streets of the
Bronx as a male prostitute. He claims he began hustling sex at 16 because he "had to". With great agitation, he explains:

"I needed the money to get food! Actually, it's like... my mother... you see, my mother was never really... never really much of a mother to me. I mean she always made me feel like I was adopted and like that was the way she treated me too. So basically, I have had to take care of myself on my own. My mother didn't take care of me. She only cared for my one brother and my sister- she never cared for me! ... She would like look at me and tell me 'you're eating too much food. You're finishing all we got'. She kept telling me I needed to bring in some money. She kept bothering me... See, I'm a prostitute to put food in my belly and to put clothes on my back."

Sour Mash, a squatter-type 2 East Village youth, who chose as his pseudonym the name of his favorite brand of whiskey, blames his mother for his current state of homelessness. He claims he has been taking care of himself his "whole life"—"growing up... I was all I had. There really wasn't anything good about my family". He never knew his dad as he was serving a life sentence in the state penitentiary nor could he count on his mother who was in constant pursuit of her own pleasures—drugs and sex. He had a learning disability, had tremendous difficulties in school, and was intermittently institutionalized for sociopathic behaviors. As a child, he claims he had no nurturing or guidance. He learned early on that he could not even rely on his mother for his meals. At five, he had learned to open
his own cans of spaghetti and to eat straight out of a can because his mother was too self absorbed to look after him. By 12, he became a permanent ward of the state when his mother sought rehabilitation for her own addictions. Sour Mash angrily blames his mother for his emotional problems and for his current state of homelessness. He especially blames his mother for his drug addictions:

"I've been shooting up since I was 13... I've shot up heroin, coke, PCP, speed... you name it, it has been up my arm. The first time I shot up I used my mom's rigs. You know, I had watched her do it alot of times. I mean... what a fucking family. I learned about drugs from my own mom. She did all sorts of drugs. She was a fucking drug addict, a fucking speed freak... I mean she even smoked weed with me... and like ever since I was six I would drink the alcohol she left around the house. Basically man, I have been using drugs my whole life. I saw my family doing it man- I saw my fucking family do like every drug out there. My mom, man, she was a drug user and an alcoholic. I saw her doing it and I thought I should do it too. And man, you know what, she never told me not to do it. She didn't care. Even when I was a little kid and I would drink from her bottle of vodka, she would just look at me and not try to stop me. If she didn't care why should I care?".

Sour Mash shows off a tattoo symbolizing his life. On the top of his left hand, he has burned into his skin a triangle within a circle. He explains the symbols are fire and water and they symbolize his life:

"I have lived the element of fire... jumping around from place to
place... fighting... burning... I have tried to change that element by
adding water to it. The circle is for water so I will chill out a bit. I
know I need to slow down or like I am gonna get myself killed. I
mean look at me... I am only 17 and like I feel like 90”.

Skitz’s life story is another example of how the disintegration of
family and family life serves as a precursor to a life on the streets. Skitz is
a tall, lanky, pretty-faced 17-year old male from North Carolina. He is
another squatter-type youth. He has been homeless since age 14. Skitz
was raised by his father ever since his mother was sent to prison when he
was three years old. His father, a heavy heroin user, cared for Skitz and
his younger two sons with money from disability and odd jobs. While Skitz
recalls that his father was rarely home as he was growing up and that they
barely had enough to eat, he claims he prefers it to the streets. At 14,
Skitz attempted suicide after an expensive crack binge which he financed
with his father’s disability money and rent check. Upon his release from the
psychiatric hospital, he learned that his father had left his siblings in the
care of their grandparents and was nowhere to be found. Skitz tried living
with his grandparents for some time but proved too much of a rebel and
was asked to leave the house. In describing his current situation, Skitz
explains:
"My life is real sad... like I wish my dad had never left and like I wish I didn’t have to do what I have been doing for the past couple of years. Things could have been different and I wish they were. I wish I was still in my hometown. I mean I have learned a lot being out here but I wish I didn’t have to be. I wish it was my preference to be out here ... but like I didn’t have a choice. Look around you... this is it for me!"

"Issues" within Youth

While the life histories presented above clearly illustrate how youth are "forced" onto the streets and into the street economy, the following cases reveal how the choice to leave home was more of a conscious decision to satisfy personal emotional needs. Tammy is a pretty, 21 year old squatter who left home four years ago at age 17. Tammy grew up in a small town outside Pittsburgh. Her parents divorced when she was seven and she was raised by her father and her stepmother. Her father used to work in a steel mill but had asthma which was made worse by the circumstances of his job. He collected disability while her step-mother, a "nice woman" who never had children of her own, worked part-time as a waitress in a nursing home. While the financial situation was meager- "we were poor sometimes", Tammy recalls "there was always food on the table and clothes on our backs". As she described her reasons for leaving home, Tammy consistently commented that her early childhood was miserable not because of something her parents did- "they really tried their best"- but
because she "did not fit in". She explains:

"... It was horrible living there [little town in southern PA] because all the time that I was there I just always felt like I did not belong there. You know, those feelings just made me feel pretty miserable. See, I lived in this little, stiffling little town and like everyone was exactly the same. Everyone in the town like just grew up, got a no way job, and then like just lived in that little town forever- for the rest of their lives. Everyone like just looked the same and like dressed the same. That's all everyone in that little town wanted to do. And like... wow, not me... no way! There's nothing there for me- there never was. Like I didn't even get along with any other kids, like really... I think that I had like only three friends... everybody... just like everybody was so... so, so narrow minded... Yeah, I was always different. I always did things differently than all the other kids. I would never fit into that suburbia mentality- everyone white and pretending to be prim and proper. I don't know why or how it all happened to me. All I knew was that I was the one that the other little kids were not allowed to play with. They were not supposed to hang out with me. ... I was always the weird person that everyone was supposed to stay away from".

Alexandra's stated reasons for leaving home are very similar to Tammy's. But in Alexandra's case drugs were used to ease the social tensions. Alexandra, a 20 year old squatter-type originally from a town outside of Philadelphia, lived with her mother and her two sisters after her parents divorced when she was 12. Her father lived relatively close by and she saw him regularly. She claims her home life was comfortable, "lower middle class" and relatively uneventful. Her difficulties were with her peers
who she claims made her feel "like a freak". She acknowledges that she looked and acted differently; she preferred to dress punk and color her hair and pierce her nose. She describes her peers as "a product of their environment" in that they followed socially acceptable forms of dress, activities, and attitudes. Alexandra discovered drugs and discovered she could ignore her outcast status while high. Her drug career started out with so-called gateway drugs like marijuana and alcohol and quickly developed into an expensive heroin habit. Her preference became heroin because it placed her in a "dream state" where she was able to "feel good. It was painless". She claims her move onto the streets was facilitated by her network of heroin using peers. She explains:

"... it [the move to the streets] wasn't really hard or traumatic or anything like that. It kind of just happened because like I was already spending most of my time on the streets because of my heroin use. You get involved in this heroin life and like you have certain friends and you hang out in certain places. I had been doing that for a while and then like it just became more permanent. I didn't have to adapt really. It just evolved".

Only one youth in the sample claimed to grow up in a wealthy neighborhood with white collar parents who divorced but remained friends and who shared responsibility for their only son. According to this youth, music was the culprit which changed his life forever. He claims music was a
negative influence on him- introducing him to heroin and to the streets. Sloth is a very funny, overly talkative, gregarious, opinionated, and articulate 20 year old white male from a wealthy section of Long Island. He chose the name "Sloth" because he explained that it described him perfectly: "my name is Sloth as in lazy, monkey... actually Webster's Dictionary defines it as 'unwillingness to work'. That's me". He readily confesses that he has wealthy, educated parents and the only reason he is on the streets is because "I went the opposite way. See, the dope and shit really messed things up. I went my own way and now I am in hell". He also readily explains that he has been hospitalized for psychiatric illness with such diagnoses as manic depressive, schizophrenic, and bipolar disorder. Upon release from one of his stays in the psychiatric hospital, he stole $50 from his mother's purse and ran away to Minneapolis to visit a "punker" friend. He recalls that he used to listen to a heavy metal band called "Life Sentence" and "they would sing about banging out of this world". At 13, he and his friends tried dope and found that they could indeed "bang out of this world". Sloth specifically makes a connection between his drug use and his current state of homelessness. With regards to drugs, he explains:

"I love it [heroin]. I feel it got to helping me talk better, clearing my head. I really feel better. I really don't like life. I don't like
society. True, I was rebelling at first, I was into a lot of bands that were preaching drugs. See, I am a musician. The bands I was listening to were telling me to do it [drugs] cause it was cool... and they encouraged me to live the life of excess and to live on the streets and to fuck all this shit. A lot of people think that music should not be censored but like I don’t believe that ‘cause I know it really influenced me. Fuck that... I think music is a lot more dangerous than most TV- especially the kind of music I listen to that goes boom...boom...boom. It has a driving back beat and you get high off of it. And the vocalist looks cool and you kind of want to look like him and then you listen to him sing and he tells you cool things ‘cause like you are sitting at home and like you are bored and shit like that. Then, like you got out and you fucking do it [drug out]. I think it is like semi-brainwashing. I do! Like when you see all these rappers on TV and these heavy metalists telling you that they are just singing and that they are not responsible for the kid who killed himself ‘cause he was gonna do it anyway. Or, like they tell you that they are not responsible for the kid on drugs ‘cause he was gonna use it anyway... ‘oh no, our music has nothing to do with it’. I don’t believe it. I think music has a lot to do with it. For me, at least, music was one of the main things”.

The Role of Drugs

All 35 youth interviewed are poly-substance users. Many began using drugs by watching parents, siblings, relatives and friends “get off on it”. All 35 of the youth claim to have begun their “habits” with so-called gateway drugs like marijuana and alcohol- often by the time they were thirteen. Many youth claim they had gotten drunk on alcohol before their tenth birthday. Youth provide an array of explanations as to why they experimented with drugs. Many claim they saw others doing it, thought it
was cool, wanted to experience the pleasures they saw others experiencing, and wanted to forget the reality that plagued their lives. The reader will soon be familiar with the trauma and chaos that characterize the lives of these youth. Youths' explanations of how they came to be exposed to drugs and their "reasons" for using drugs are scattered in discussions throughout this chapter. Here, however, my goal is to provide the reader with youths descriptions of the effects of how drugs make them feel.

The two most common drugs which all 35 youth use with regularity are alcohol and marijuana. These two drugs are deemed "social drugs"-youth claim they are drugs that can be used in open settings and shared with their peers hanging out and talking. Youth also report that these drugs enable them to be "social", to engage in the street economy, and to be able to do acts which they would normally feel inhibited doing. Alcohol is used to "numb", "keep warm", "loosen up", "let go", "be cool", "share", "hustle", and "forget". Likewise, marijuana is used to "dream", "feel free", "dull", and "forget". As one youth put it:

"...they [alcohol and marijuana] made me forget. They made me forget... when I used 'em I didn't have no problems. I mean... I knew I had a Bible full of problems but like when I smoked a bit of weed and like got a little drunk, I was in heaven. And you know,
that heaven was cool... it was real cool!"

Some other feelings which youth derive from drugs are presented below. Cocaine, well, "coke is blue. It is like electricity. I like electricity. And when you shoot coke it kind of feels like you stuck a fork in an electric socket only it doesn't hurt and it doesn't make you twitch" [Dog].

Another youth, Skitz, elaborates on the feelings from cocaine:

"okay, so like when you shoot coke, right away these vapors come into your mouth and you can taste it. And you get this ringing sensation in your ears and like everything around you is going really fast. You get kind of paranoid for a while but then like you look around and you think 'oh cool, oh wow, they're coming out to get me'. And then like you hear a train going 'wooooo, wooooo'. It is really cool. All that happens in the first minute and a half and then the rest is like really speedy. You can't sit down and you can't rest and your eyes are beating and you can't concentrate on any one thing. And you just can't keep still".

While cocaine is a "pump you up" kind of drug, heroin is a "mellow you out", "numbing" kind of drug. Alexandra explains:

"... heroin is great. Heroin is my life... I mean I live for it. It is like a dream state and like everything is calm and like you feel good. It is painless. I really like the dream state of it. I also like the rush. I like feeling relaxed. I like feeling numb".

Goo likes the "peaceful", "dream state" which "medicates" a person.

Heroin is a "feel good" drug:
"I like the trance state. It is just like really peaceful. Everything is very mellow. It just feels like everything is a dream...you know, on heroin you nod out but like it feels good. You feel yourself escaping... releasing... and then you get a jolt like. You know, heroin really medicates you. It is like a general anesthesia. And like when you shoot it... you get a rush and it hits your head and it kind of like tickles up and down your back. You get all achy and you want to scratch alot but it feels good. You just don't have any problems when you are on heroin. Everything is okay".

Speedball, the combination of cocaine and heroin, is a popular injectable drug most often used by youth in the East Village and occasionally by youth in the West Village. Tammy explains the "up" and "down" feelings from speedball:

"first you get the coke feeling... a rush... a deep, penetrating rush. But like it comes fast and it leaves you with a fiending feeling [i.e., anxious, always wanting more type of feeling]... all you want is more, more, more. And then like comes the heroin... it rushes through your entire body. And like when you are dope sick and you do it... the heroin comes swish [she snaps her fingers] and takes the pain away. In just a few seconds your body feels great. You feel painless... floating like. It’s a real good feeling".

Crack is an "intense", "pump you up", "dancing", "flying", "can’t sit still" kind of drug. When on crack, "it’s like you’re chasing something" [Cory]. It’s a “it’ll-make-you-have-sex-with-anybody-as-long-as-you-want-to-get-it kind of drug” [Cory].

Drugs enable youth to feel good, to forget their past and their
present predicament, to prepare to hustle, and to let loose of inhibitions and be social. All youth interviewed have had a considerable amount of experience using an array of drugs. Whether they learned about drugs from family, other relatives, or friends, once on the streets, their usage and dependence on them is “out of control”.

The “lure” of the streets

Many street youth interviewed throughout the course of this study report that there was an initial “lure” to the streets and to street life---that the street scene itself served as “an escape”- as an “alternative”. Some youth have commented that “the lights”, “the energy”, and the round-the-clock activities Midtown, especially around Times Square, enticed them to seek out a new niche- one that appeared more exciting and welcoming than the one they were to leave behind. One street youth summed up his initial reaction upon entering Times Square: “I came to 42nd Street and I saw the lights. I just seen the lights and so many people... and that was it.”

The streets, however, offer different things to different youth at different times in their life. Often, what a youth finds depends on what he/she is looking for and what opportunities there are for achieving it. Contrast, for example, what Rasheed, a middle-class Black youth struggling with feelings of loneliness and an emerging homosexual tendency
Says of the Port Authority Bus Terminal with what Freddy, a self-described "long-term resident of the streets" and "a recovering drug addict", has to say of the same environment. While Rasheed sees "a welcome mat", Freddy sees "violence, deception, and despair."

Rasheed is relatively new to the streets. He is also very different from most of the youth sampled in this study because he has a physically, socially, and economically viable home life (with working, lower-middle class parents and live-at-home siblings) to which he frequently retreats.

Regardless, Rasheed insists he is homeless. He explains:

"Homelessness equals loneliness. You can have a place to go back to every now and then but it isn't really home because there isn't anyone there who understands you, who listens to you, or who loves you. If you are lonely, you are probably homeless."

The streets provide Rasheed with that which he believes he is not getting at home.

"A lot of kids hang out in the Port even though they have families... but the family just doesn't listen to 'em - none really care. It is in the Port that some kids can find people to listen to them, to really hear what they are saying, and people who really care about their thoughts and feelings. People in the Port are really sometimes better than what people have at home because they take the time to really talk to 'em - to ask them questions and to really listen to them. You know, just like you [the ethnographer] are doing now. You are really listening to me. You want to know what I think and what is going on inside my head."
People around here really care about you".

According to Rasheed, a lot of kids hang out around the Port because it is a familiar, nonjudgmental, open environment where acceptance is assured. It is a place where youth can find solace:

"The Port [Port Authority Bus Terminal] is like your old block... no matter where you go you always end up coming back to where you grew up".

In contrast, Freddy argues for the need to be more cognizant of the dangers and hostilities that abound on the streets of Midtown, specifically within the confines of the Port Authority Bus Terminal:

"The Port Authority... They call it the Port Authority. Yeah- that was supposed to be a place where you go to catch the buses but eh... for a lot of people it turns to a sort of a nightmare. A lot of people start using drugs when they start hanging around that area with that sort of people. And... a lot of people go to catch the bus there but end up getting robbed and get their stuff missing from their bags. But a lot of people don't really think too much of it. They think that not too much goes on there- that it is just a place where you go catch the bus at. Well it's not like that at all!"

Cory, a 23 year old bisexual male hustler, who has been homeless since the age of 15 contends that the streets were a better alternative to his life at home. At 15, with only a ninth grade education, he opted for the streets and as he refers to it "a life of crime". He claims his home life was
miserable because his mother was physically and emotionally abusive, his father left the family, and because his 14 siblings did not care to spend any time with him or guide him through hard times. When asked to talk about his family life, Cory, the youngest child, responds that everyone in his family looked out only for themselves:

"...the attitude was 'me, me, me! I have to take care of me. I don't have time to take care of your problems 'cause I have my own problems'. And I was like 'to hell with you, all of you. I was like I don't have no family so to hell with you all. I'm just gonna call myself an orphan'".

Feeling like an orphan, Cory left his mother behind in Brooklyn and headed for Manhattan. He headed straight to Midtown- the Times Square area. He had heard of Midtown from his older siblings and once in the midst of it, he fell in love with the glitz, the glamour, and the anonymity it offered. The area afforded him the opportunity to escape a bad situation and be independent. It also afforded him the opportunity to be self-sufficient:

"... you know, with all that happened in my family, I had no trust in human beings. I kept thinking 'everybody's out to get me'. That's what I thought. 'Everybody was trying to do bad things to me'. My self esteem was real low... I just didn't want to be bothered with people. I just wanted to do what I had to do to survive and that's that".

*When "all of the pieces come tumbling down"*
Oftentimes, youth are confronted with multiple “issues” at the same time. Up to this point, I’ve tried to show the salience of some issues as they might serve as precursors to street life. Here, I will rely on a subsample of youth to tell their life story and reveal how for many, they reach a point in their lives where, “all of the pieces come tumbling down”. I’ve chosen to detail the life histories of five informants with whom I had especially good rapport and who were especially articulate and forthright. I do not propose that these life histories are representative of the life stories of all street youth. I have chosen these five life stories because they are particularly effective at showing how the issues identified in the text above are internalized and acted upon. These life histories are particularly poignant in understanding how an array of factors come to influence youth and their choices in life. As will be evident, for some youth the move to the streets is a gradual process with intervals of visits home. For others it is an abrupt and traumatic departure.

**JOSE**

Jose is a minority, gay-identified youth whose life story illustrates how entry onto the streets and participation in the street economy can be a gradual process precipitated by a search for “attention”, “love”, “acceptance”, guidance, and financial security. For Jose, the streets and
the street economy were a welcoming alternative to what he perceived as a lack of attention at home (his parents had split up and his mother was left to care for all 5 children on her own), his inability to succeed in the conventional school and social arena, sexual orientation issues, and a real lack of alternative employment skills.

Jose explains that he has been "making it" on his own on the streets since the age of 16. He and his family emigrated to the United States from Colombia when he was 13. Immediately, his seemingly close-knit and hard working family disintegrated before his eyes. His parents had difficulty finding work, fought a lot, and soon divorced. His siblings, all older than him, went their separate ways. This was a very traumatic and decisive time in his life. Because he had difficulty communicating in English, he did poorly in his studies at school and had difficulty making friends. At the same time, his home life, which he describes as "broken...like not united" was characteristically "boring" and "limited" with little stimulation, recognition, or financial support from his mother. He was at an awkward time in his life; he felt misunderstood, lonely, and somehow sexually different from his brothers and the other boys in his class. It seemed to him that everyone was living their own life and there was no one to help him make sense of his insecurities and his emerging and embarrassing sexual
feelings.

At the age of 16, Jose's life changed when he met an older, gay, Spanish-speaking man. The man was 28 and quickly filled the void for friendship. They spoke the same language and the older man was comfortable with his sexuality. The man offered "love, acceptance, and excitement" and introduced Jose to a different way of life:

"Like this one guy fell in love with me... and I just ... needed somebody, I needed a friend. My life was so empty... you know, I would just come home from school .. with no social life what-so-ever. So when I found this guy who was giving me all this attention, taking me out, you know, on his motorcycle... He treated me nice and I started liking him because that was the only person that was there for me. So, he was the only one who showed me that he cared for me".

As their relationship blossomed, Jose began to cut high school and ride the trains into Manhattan. His friend introduced him to the gay scene in Manhattan and soon they began to spend all of their time "hanging out" in the West Village in gay bars and clubs. Gradually realizing their preference for more "masculine"-type gay men, the two moved over to the Time's Square area around "the Port". They began frequenting the gay bars and sex shops in Midtown and thrived on the attention that was shed on the two handsome young gay men. Even as their relationship gradually faded,
the lure and excitement of New York City continued to grow for Jose. The lights and streets of mid-Manhattan, the bars, music, the doting men, and the potential for quick money drew Jose to the streets:

“When I came to New York, 42nd Street, like you know I found out that New York never sleeps...everybody is awake. I thought it was pretty cool that people could stay out all night because like I used to always go home and go to sleep around 10 o’clock. So you know, I started hanging out little by little, and um... I started meeting all these guys. So, whenever my parents wouldn't give me money to hang out but I wanted to be in the bars, you know, with a bunch of guys... it just happened you know, that like one time a guy just like looked at me and he said that I was cute and he said that he'll give me $200 to go to bed with him, you know. And you know, the next time I was broke 'cause my parents wouldn’t give me money to hang out- so, you know... That's how it started”.

After about one year of hanging out on the streets with intermittent visits home to wash and rest, Jose, at the age of 17, felt his future secure when he met an older wealthy man. The man became his “sugar daddy”, giving him a place to stay as well as financial and social rewards in exchange for sex and companionship. Jose claims he lived the “comfortable” life of a “kept boy” (Luna 1992) for two years. During this time, he lost all contact with his family. As he describes it, the experience had changed his life and he could never fit back into his old mold:

“I lived with him [the sugar daddy] for two years and I never went
home because I had a pretty good life. He treated me pretty nice. Did you see the movie Pretty Woman? Okay- well, that's exactly what happened to me. So you know I lived with this guy for two years- he took care of me. He bought me everything I wanted and then he died of a heart attack. I really loved him. That guy gave me more than anybody- you know, more than my own mother could have gave me. And I just loved him you know. And then he died. What could I do? I didn't go home for two years so after that high class kind of life, I just couldn't go back home to nothing”.

According to Jose, street life was initially “fun” because he was able to meet a lot of different men who served as a gay role models for him. But after a short while, street life became a boring abyss from which there seemed no escape. He currently describes his street experiences as a “waste of time” and “an addiction” from which there seems to be no escape. Jose explains:

“After a while, you just get used to it- even if its boring ... you just come out here and you hang out...every day its the same thing- like now I wish I could, like I wish I could leave and never come back you know. But it’s like a drug- it’s addicting. Believe it or not... it’s addicting”.

Jose feels his situation is hopeless if he remains in New York City. His only hope for fleeing his present lifestyle is to leave NYC altogether, move to California and live with a brother who does not know he is gay. Jose believes that if he is forced to hide his sexuality in an unfamiliar city away
from the influences he currently knows, he will be able to “live the straight life”—not only in terms of living a heterosexual existence but in “doing good” like “going to school and “getting a job”. He explains:

“If I stay in New York, I will never change my way of living.... Over here, I know everything. I know where to go to get money. I know where to go and hang out and all my friends are out here. It’s like if I even get a job but then see one of my friends and he wants me to hang out with him, then I'll start hanging out and just doing the same things over again....So, I believe that if I go to California, since I’m very much like the shy kind of person, like I’m never very friendly, I think like over there, I can just live the straight life. I’m just gonna have to. I’m just going to have to play up the straight life. Like over there, you know, I’ll be going to school. I’ll try not to learn too much, to get involved in the different scenes, you know- so I don’t make the same mistakes twice. You know out here, you just feel like... like you’re no good. You just feel bad- like you’re no good. You see everybody going to work every morning and you see the kids your age going to school, and you find yourself doing the same thing everyday. It’s nothing, you know. It’s like you don’t do anything. I don’t know”.

Jose’s case illustrates multiple motivations for entering street life. In his case, the need to flee a bad family situation, the lure of excitement and adventure, the need to find someone to take care of him, the need for affection from male figures, as well as role models to teach him how to deal with a homosexual identity all contributed to his decision to move to the streets. Once on the streets, whether through a conscious or unconscious examination of his economic opportunities, prostitution became
a viable venture—at the very least, it is a way to make money; at the most, if one gets “lucky”, it is a way to find “security”.

Jose, like many gay and lesbian street youth, was particularly vulnerable for emotional and sexual exploitation. While nongay male street youth engaging in survival sex may be looking for little beyond material sustenance from their “clients” (Kruks 1991), youths like Jose who have a past history of being rejected and/or abused, seek acceptance, love, and companionship in their sexual relationships.

Recently, Jose has learned that he no longer has a home to which he can return. His mother has died from breast cancer, one brother died in the hospital after an apparent overdose, another brother was shot and killed, his sister married and moved to Colombia, his father remains estranged, and his sole remaining relative in the United States lives in California. At the age of 19, Jose is without a “home” or a family and has what he himself sees as very few options for a future. With regards to his involvement in prostitution, Jose comments:

“What other alternatives are there... You know... when you do something so much, when they make you do something so much, I guess you wind up liking it”.

Adolescent youth who struggle with a homosexual identity do so in an
environment where pervasive stereotypes label them "deviant", "sick", and "degenerate". Such homophobic messages are powerful and when internalized, they further alienate and demoralize youth (Kruks 1991). And for the economically and physically disadvantaged minority adolescent coming to terms with his/her homosexuality, the "coming out" process is made more stressful when confounded with pre-existing negative images and discrimination resulting from issues regarding minority ethnic status, poverty, and lack of education/job training. Often such youth seek to ameliorate such turmoil by forming an alternative "street family"- a social network made up of like peers. The street family, by fostering an environment of acceptance and support, may facilitate the "coming out" process. Drugs, too, become an important remedy for subduing an array of negative feelings.

The next case, that of Raven, illustrates the degree of pressure (internal and external) experienced by one minority gay youth and how fears of discrimination, alienation, and real fears of physical injury lead to a search for solace and unquestionable acceptance on the hostile streets of New York City. This solace may be found in drugs. More specifically, Raven's life history exemplifies how drugs and the street setting can be influential in facilitating the "coming out" process.
Raven is a 22 year old transgender Black male, a self-described “butch queen”. Raven always refers to himself in the feminine and loudly exclaims to be a “homosexual” or, as she is fond of explaining— a “trysexual”— that is, she’s “tried just about everything out there” and she’ll “try anything at least once”. Raven believes that her entry onto street life was a gradual process precipitated by conflict over her sexual orientation and the alleviation of such stressors as provided by street drugs. The middle of eight children reared solely by her mother, she recalls her early childhood as one plagued with physical, psychological, and sexual abuse. Her older brother was particularly abusive, calling her a “sissy” and a “faggot”, beating her and, while not penetrating her, “dry humping” her. According to Raven, her brother and his friends made a “play-thing” out of her, “relieving their boredom” at her expense. Raven also faintly recalls her father “touching” her and muses how she has effectively managed to “block out the rest”.

At the same time, she painfully acknowledges that her mother knew of the physical, sexual, and emotional abuse inflicted by her brother, the neighborhood boys, and her father, but did nothing to stop it. Nonetheless, Raven maintains that her relationship with her mother and her
other siblings was positive and nurturing up to the time she discovered the
“love of crack”. Prior to crack, Raven explains that she often dealt with the
abuse at home by channeling her energies into her studies. She claims she
was a promising student-- “motivated”, “creative”, and “ambitious” and
that her entire family “pinned their hopes for success” on her.

At the age of 14, Raven voluntarily began experimenting with same-
sex partners. She and one of her brother’s friends had sex and she recalls
that the encounter “came naturally” and that it “wasn’t forced”. Raven
realized that she rather liked having sex with other boys and that she felt
quite “like a woman” in the receptive role. Just as Raven was awakening to
her sexuality, she began to feel the pressures of high school where the
dictates were to “be straight, smoke marijuana, drink beer, and hangout”. Being gay was not an acceptable alternative lifestyle on the hard streets of
the projects in the Bronx where she was growing up. She explains:

“I felt like a social outcast- like I was the only gay person. I never
seen a homosexual around me- I mean, I knew what they were
but I had never been with one. There was a lot of pressure to fit
in. I didn’t want anyone to know I was gay. I was afraid they’d
beat me up, make fun of me. So to fit in, I followed with what
they were doing. I didn’t want to stand apart as different”.

At 17, Raven began hanging out with a group of youngsters who
used crack. Raven explains that her own crack career developed gradually as she discovered the soothing effects of “wulas” (crack mixed with marijuana). “Wulas” seemed to her to be the best way to do crack because “it made you more mellow- you would go up, but then you would come down- kind of peaceful-like”.

It was the introduction to the pipe, Raven insists, which “changed her life forever”. “Instantly”, she explains, she was addicted to crack and she began to do whatever was necessary to achieve the next hit. She was no longer interested in her appearance or doing well in school. She began to steal from family and friends and to stay out all day and night copping for crack. Quite interestingly, Raven explains that doing crack, while changing her life in a bad way, also changed her life in a good way- she was free to be her true self. Being known as a crack addict or a “crack head” was a character tolerated in the projects where she was growing up. She realized that she finally gained the acceptance she so sought- she was accepted as the crack head and this freed her to be openly gay. Once Raven gained acceptance as the crack addict, she felt comfortable as “[Raven] the homosexual”:

“I started to be known as the crack addict in the projects. I was high all the time and then I fit in. I was in as the crack head. I fit...
in. I no longer had to hide my sexuality. I could be myself.

Needing a larger and larger hit to enjoy the drug, Raven explored all available options to make money in her tough and impoverished neighborhood in the Bronx. She began hanging out with other crack users—many of whom prostituted to support their habits. She claims she quickly learned the hustling trade from older crack using street prostitutes who hung out around Yankee Stadium. Like them, she began to hustle sex under the bleachers. While her earlier ambitions were to “work” in a capacity other than prostitution, prostitution, realistically, seemed the only viable means to make money quickly. Her drug habit, her addiction to crack, required a constant flow of money and drug. She quickly discovered that crack did not have a saturation point. She needed plenty of money and she needed it quickly. She explains:

“I started hustling under the bleachers... I didn’t really like it. I always thought about selling drugs. I had this big dream ever since I was little of being a big drug dealer— you know, of wearing fancy clothes with jewelry and stuff. But I couldn’t get to that point because I used to smoke up my profits, you know. And um... then I started like getting really into trouble from like smoking the drug dealers drugs, getting beat up, getting put in the hospital and stuff like that..."
Thus began a series of arrests for possession, assault, robbery, and prostitution. Raven recalls that her family bailed her out the first couple of times; they didn't want to give up on her because she was the one who "was supposed to make it big". Her mother actively pursued routes for drug rehabilitation and was influential in getting Raven into drug treatment programs: Phoenix House, Odyssey House, Daytop, Project Return, and acupuncture therapy at a local clinic. Raven muses how hopeless acupuncture therapy (at $8/needle) and the herbal tea remedy was: "right after I got out of the session, I would go and get high". Thrown out of programs because of "relapse" and other "behavioral problems", Raven was taken in by her mother. It was only after she began stealing from her mother and siblings was she permanently kicked out of the home.

Out on the streets, she initially sought help through youth social services. Having heard of a place called Covenant House, Raven made her way Midtown. She was admitted to Covenant House for a brief time and began hanging around Times Square. Raven quickly broke the curfew rules and the dress code at Covenant House and earned a permanent discharge card. She settled in around Times Square and the Port Authority Bus Terminal, all located within the red light district in New York City. At 18, she found herself living in the Port Authority Bus Terminal. She claims that
she did not really mind hanging out inside the Port Authority Bus Terminal because she was able to meet a lot of people and "people would like you and accept you". She recalls thinking, "finally, this is my home":

"... 'Cause there were a lot of homosexuals there. I was finally comfortable. I didn't have to get high to fit in anymore 'cause you know I was just like, uh... with a lot of homosexuals there. They were very much out of the closet. You know very sexually active and stuff like that. They were so much out of the closet... and people would like you and accept you. You could be what you wanted to be and you could parade around the way you want to. You know, you could have your little boyfriends and stuff like that".

Raven often muses about her hustling career, noting that once she was a naive and wimpy prostitute, she has become a "tough, street-smart, hustler." Raven quickly learned street survival skills from other adolescent hustlers. She met other youth around the Port Authority Bus Terminal, on the second floor where hustlers congregate, and in the alley where they smoke crack. Together they formed a "street family". Raven recalls she learned "the do's and don'ts of hustling" from another transgender youth, "Janet", who herself had been hustling in the Port since the age of 13. She explains:

"She [Janet] let me sleep with her, she'd bring me food and stuff and she would show me who was a date and tell me to go talk to
him for how much and stuff like that. *She* would tell me the going rate and stuff like that*.

Over the years, Raven and Janet have had a turbulent friendship with intervals of silence and fist fights. Despite this, Raven says:

"I owe a lot to Janet as a matter of fact. And, uh... you know Sammy [another transgender street youth]- *she* [Janet] took Sammy under *her* wings, too. And me, Sammy, and um... Roger, this other queen, we were like all *her* daughters. We would like look up to *her*. 'Cause I was all shy and stuff. I didn't know how to be. *She* taught me like how to curse people out and to be nasty. *She*’s like the... you know, the person who made me who I am today".

One of the important street survival skills which Janet preached to *her* charges was how to keep the upper hand:

"*She* [Janet] was like, if you can't beat them, then cut them. And... never let them see you sweat. That is like if people got on your nerves and if they were bothering you, and if you were bored or something... like never let them see that. Never let them see you cry. *She* would say never let them see any of that... And then... *she* would say, don't do nothing for free. So out here, I don't do nothing for free. You know, *she* taught me lots of stuff."

Raven recalls that during those early years, "living" and "working" in the PABT, a transportation depot, weren't "too bad":

"I liked the Port... 'cause like I knew everybody. I had my steadies [men who regularly purchase sex from the same youth], you
know, like all the money is down here. Everything I wanted I could get right here. You know, all the drugs I wanted... you know, it's a good hustling area here".

She insists that she even got quite “comfortable” living there and could satisfy most of her needs:

"... and I got pretty comfortable... I could sleep in the Port, go to Streetwork [a drop-in program for homeless youth] for services like if I wanted to talk or anything and eat... And there was SafeSpace too [another drop-in program for youth]. Then you know, there are always soup kitchems. Plus, people I knew were sleeping here too. And I just got comfortable... it was like nothing anymore. You know, I had a spot where I could wash up and like stash my clothes and all...".

The drugging and hustling have since taken a physical toll. Raven tested positive for HIV over three years ago. She continues to boast that she is “the queen of the streets”, “the queen of the hustlers”, and a real popular “money maker” around the Port. She still hangs out around the Port but cannot fathom repeating her earlier years actually living in the Port and on the streets. She now tries very hard to maintain an apartment designated to her through the Division of AIDS Services (DAS) because of her serious health condition. Although cognizant of her HIV status, she continues to use drugs and to hustle sex. In her own words “it works. Why change now?”

Janet died of AIDS last year. She was only 23. Sammy and Roger
also have AIDS. They too continue to hustle on the streets around the Port Authority Bus Terminal.

Raven’s story is not an unfamiliar one among transgender street youth. Hers is not even an unfamiliar story among other heterosexual street youth. The following life history, that lived by a youth who acts tough and streetwise, reveals the underlying vulnerability, hurt and sadness which guides these youth to a life on the streets.

**FREDDY**

Freddy is a 22-year old ex-IV drug using Hispanic male. At the time of our meeting, he was confronting the many ravages of AIDS not only on his young body and mind, but on his social networks as well. Freddy insists that he is all alone in this world- without a single person who loves or watches out for him. He acknowledges that it was his family life, one characterized by emotional neglect, which pushed him to seek “happiness” outside of the family. This “happiness” he found in drugs. And it was his drug use which introduced him to the streets and to the street economy.

When asked to talk about his early childhood and adolescence, Freddy immediately lowers his eyes and very gently, yet painfully, explains that his family was, and remains, the singlemost source of stress and unhappiness in his life. Freddy recounts he was a lonely and introverted child.
who was treated like the "black sheep" of the family- the odd one yet the responsible one, the one who at a very young age shouldered the burden of contributing financially to the family household “through any means possible” but who never got the “attention” or “respect” he so desperately sought.

Freddy’s parents separated when he was just an infant and he was reared by his mother and her many live-in boyfriends. He claims his mother cared little for him or his other step-siblings and cared only about her men and money. At the same time, Freddy felt there were no particular bonds of affection between himself and his step-siblings since each was fathered by different men; there was never any sense of family or belonging. Freddy further ponders on his outcast status and explains his family’s prejudice was due to the fact that he has the darkest complexion of them all- he looks Dominican or Black (light skin color is a desirable characteristic in his Puerto Rican family). Furthermore, he explains that because his biological father made very little financial contribution to the expense of his upbringing, he was treated with indifference by his mother and her live-in boyfriends. He claims he always felt like he was a burden and “an extra mouth to feed”.

With evident remorse, Freddy attributes his involvement in street drugs and his involvement in the street economy as a conscious attempt to fulfill his family’s negative expectations of him:
"My family ignored me. So I thought, I'll show them. They made me angry. I thought I'll show them by being the worst kid in their life that could ever be. I'll show them".

At 13, Freddy dropped out of special education: he was neither interested nor talented in the classroom, nor could he cope with the social pressures at school. At the same time, he was being pressured by his mother to find a job and contribute to the financial support of his step-brothers and sisters. Freddy explains that he actually welcomed the opportunity to quit school, get out of the house, engage in physical activity, and contribute financially to the household. He thought that by working and giving money to his mother, he might finally earn his mother's love. He worked a series of odd jobs, as a delivery boy, washing produce at a Korean fruit and vegetable market, fixing flats at a tire shop, and as a baker, always giving the money to his mother.

Freddy concedes that his life changed dramatically for the worse when he first experienced the ephemeral effects of drugs. When he was just 13, he walked in on his step-dad in their kitchen as his step-dad was sniffing cocaine. Freddy remembers thinking: "if he could do it, then it must be okay to do drugs". The next time he saw his step-dad sniffing coke, Freddy asked if he could try some: "...'cause I noticed it made him happy-
so let me. I wanted to try to be happy, happy also". The step-father laughed at him and encouraged him saying "okay, you want to be a man?". Freddy recalls taking the hit, from his step-father's hands to his nose:

"The coke was exhilarating; it was uplifting. It made me feel haa..aapy... it made me feel greaa..aat. It made me forget things".

The drugs helped him forget things like:

"... Like family stuff.. uh... like school problems. To me, the cocaine made me think that I was smarter. I imagined that I was invincible. The thing is... the coke really did do that to me but that was all in my mind. The coke was playing head games with me".

He insists it was his desire to "forget things" which turned him on to drugs. Immediately after experiencing the "escape" provided by cocaine, his only ambition became to secure more. And the more he did drugs, the more drugs he needed to achieve his goal:

"Coke starts out small- like small bits. I wanted to get happy I wanted happiness. When I used to go to parties, I always wanted to have small bits- small amounts just to get you going and to get you happy. At first, coke wasn't a big deal... then, coke becomes everything. You feel you have to have it... And that is when my coke habit began. Then, from the coke, I got to using marijuana. I began to smoke marijuana to calm down afterwards. So then I got to doing pot after a while".
At 15, Freddy was introduced to heroin by his girlfriend. Heroin offered him more of a mellow feeling: "I liked it a lot. I felt like I could think better. I liked being relaxed". Satisfying a 100 to 150-dollar-a-day habit drew him into a wide variety of street hustles: dealing, prostituting, and stealing-- "anything to meet the next fix". At 15, he was homeless and a dope addict. His life had changed and he began to live what he calls "the life of an addict":

"You know, the dope made me do a lot of things I would never do. I was doing everything. Stealing, everything. I was doing everything including selling my body. The drugs made me turn to hustling.... The life of drugs drew me to doing things to my own family. They've deserved it but I've never forgiven myself for it. They drove me to do it".

Midway through the course of this study, I attended Freddy's funeral. He died of an AIDS-related complication. The day before his death, we met at a fast food restaurant and talked about his intentions to visit his mother the following day after he cashed his Supplemental Security Income check (because of his disabling health condition). He wanted to buy her some groceries and give her some cash. He did not have much but he was searching for ways to win her love and make amends. He knew money was the best way to do it. He died on a city bus en route to his mother's house.
Similar to Freddy, Kevin claims the roots of his current behavioral problems can be traced to his early childhood where feelings of neglect, emotional abandonment, and physical and sexual abuse effectively diminished his self esteem and forced him into early adulthood. According to Kevin, a 23 year old White male, he never experienced a childhood, and for this, he explained, he would be "eternally angry."

When Kevin was six years old, his parents divorced and his mother was given custody of all four children. Unskilled and unable to provide for her family, she relinquished guardianship and placed all her children under the care of child welfare. Kevin and his siblings were separated from one another and placed in different foster homes. Kevin, the oldest of the four, was always a bit of a behavioral problem. Due to his unruly and aggressive behaviors, he was routinely transferred from one foster home to another and, in between the official transfers, he would run away whenever he could.

According to Kevin:

"I didn't want no help because all I wanted to do was go home... I couldn't understand why I couldn't go home. And I finally found out that my mother couldn't take care of me and that my mother and father are divorced- I finally caught on. But I was the kind of kid who didn't want to hear that. I just wanted to go home... so I ran away from all these programs. All I wanted to be was with
my family and for my family to be back together again. But it never worked out that way. ... I turned into a violent kid because I felt hurt inside... I felt left out. I felt like I wasn't loved”.

Kevin painfully recounts the tragedies that had befallen his siblings during their interim in the foster care system: his younger sister was found raped, beaten, and murdered in a park in Staten Island—she was only seven at the time; and his younger brother was found beaten and hanging by his feet in the closet of a hotel in mid-Manhattan—he was 14. After enduring years of physical and sexual abuse by his own foster parents, Kevin ran away and out of the foster care system. He was 17 years old when he found himself on the streets of mid Manhattan with a psychiatric/nervous illness which he could not treat because he did not have the required medication. He was only 17 when he settled in the Times Square and Port Authority Bus Terminal environ and began hustling, dealing, mugging and robbing to meet his daily needs.

When reflecting on his street life, Kevin readily admits that he “did wrong” and that he hung out with the “wrong crowd”. But he also shares the blame:

“Maybe it’s our parent’s fault sometimes. It’s not always us. We didn’t pick the choice to be out on the streets. I just grew up like that, that’s all. I grew up in the wrong crowd. When I got older,
I found out—yo, this shit wasn’t for me. And now it’s too fucking late. Now I’m in the world with fucking violence. Now I can’t do nothing... Every time people walk past me like I’m some kind of slouch or some piece of shit, you know what I’m saying. That makes me look bad... I feel fucked up inside. I feel hurt, you know— I feel left out”.

During one especially emotionally charged life history interview, Kevin explained his feelings about being homeless, mentally ill, and addicted to drugs. Explaining how he went about on his own seeking admittance into a MICA program (for the mentally ill and chemically addicted) only to be turned away, he shouted with rage:

“I was saying to them ... here I am on medication and everything and I got a hyper problem. And I’m homeless and I ain’t got no where to go and everything. And I’ve been abused and living in the streets and all this stuff, and here I am on drugs and I need help and everything. And here I am on medication and they’re turning me down. And all these things I’ve been through... I’ve overdosed two times... all different kinds of pills. I’ve been beaten by kids. I’ve been abused by other people. I’ve been in the hospital with serious damage. And they were turning me down from this MICA program and I couldn’t understand why they were turning me down... I said damn, here I am, I need medical help and you know I need somewhere to go and they’re turning me down”.

Kevin’s life on the streets is marked with violence. He has already been stabbed in his chest and has survived a gunshot wound to his head. He says he is a “timebomb about to explode”. He is angry at his
predicament and angry at what will be his future. He is scared of more of
the same- the anguish, the uncertainty, and the violence. At one point he
talked about his impending death:

"Days go by man that's just part of your life... You ain't gonna live
forever. Slowly by slowly yeah I live. But I know I'm gonna be
dead soon. I gotta be ready. I don't want to be ready for this
place. I want to be ready for the right place... I don't even know if
there's a hell or a heaven, man. I don't know what to believe no
more. I'm confused".

Kevin did not show up for our last interview. I asked around about
him and learned that he had gotten in touch with his biological father and
was allowed to move in with him, his wife and their children. This was a
dream come true for Kevin- he always wanted to be with his natural father.
I also learned that this relationship did not last long. Apparently his father
asked Kevin to leave after witnessing him in an uncontrollable fit of rage.
His father did not understand Kevin's mental illness. Once again, he was
shunned by a parent. The last I heard, Kevin was arrested and jailed for
armed robbery.

FRANCY

Francy's story is similar to the others. She, too, lacked a viable
family life growing up and has little or no hopes for a future. Francy is an
18 year old white female who lives ("squats") in an abandoned building in the East Village, near Tompkins Square Park. She is a petite young woman and looks much younger than her stated age. She has an eye-catching style of dress; she has piercings all over her body (nose, ears, lips, forehead, tongue, belly button), has multicolored and knotted red hair, dresses in tattered clothes and looks a lot like the fictional character, Pipi Longstocking.

Francy readily contends that she left home because she "never really had a home"—her home was a dysfunctional and poor one where she often went hungry under the charge of her drug-using and schizophrenic mother. She has experienced intermittent episodes of homelessness since the age of nine. By 13, she was permanently homeless. When discussing her life, she draws a clear distinction with her circumstances and those of "other" homeless youth; she states she didn't leave home because "mommy and daddy wouldn't let me have a car". In her case, "there never was a home."

Francy and her siblings never knew their father since he had abandoned the family when Francy was an infant. So when their mentally ill, schizophrenic mother, was forcibly hospitalized and transferred to a state-run psychiatric hospital in San Francisco, Francy's older brother (age 18) tried to keep the family together. Forced to compensate for their
emotionally unstable mom at a very early age even when she was around, they initially seemed competent to take care of themselves. They had all relied on street survival skills before to supplement their mother's welfare checks. The girls relied on panhandling and “dumpster diving” (i.e., searching through garbage cans) for food, while their brother earned some money working as a cocaine runner. But when he got arrested and jailed for cocaine possession, the two girls got evicted and ended up homeless in Golden Gate Park with other homeless youth.

By 13, Francy already had a “serious” and “heavy” drug habit for heroin, coke, speed, marijuana, and alcohol. She claims she supported her habits through panhandling, pooling together resources with her sister and other peers in the Park, and through the “charity” of tricks who bought her drugs in exchange for sex. She was able to make good money and lots of drugs hustling because she looked much younger than her biological age and admits “perverts really like little girls”.

Francy has lived in a number of states: mostly California, Colorado, Minnesota, Nebraska, Iowa, Illinois, New York. She travels cross-country by hopping freight cars and notes that the west coast and the south are preferable during the winter months, that New Orleans is an ideal spot during Mardi Gras, and that New York is an attraction during the summer.
months. Her best friend is her pet rat named Slick; she befriended Slick in one of the abandoned buildings she temporarily called home. She walks along the streets with Slick poised on her shoulder and when Slick gets thirsty, she gathers her own saliva with her tongue and lets him slurp from her mouth.

Throughout her many travels, she meets up with other squatter youth and they pool their resources together and "look out" for one another. She has no plans to change her life as it currently is and has no ambitions for the future. When asked about her life, she rolls up her sleeve to reveal one large tattoo on her arm. The tattoo is a devil posed in a crawling fashion ensnarled in large red flames. She also shows me her other arm where she has tattooed a nomad. She explains that the devil and the nomad symbolize her life situation. The nomad symbolizes her life as a wanderer- she "belongs no where" and has no real or permanent place to call home. The burning devil symbolizes her survival predicament- she states she is the "sex toy of men"... "men are always crawling all over me".

**Summary**

The life history vignettes presented in this section offer only a glimpse of the lives of street youth. Youth enter the streets for an array of
reasons—some are forced out of their, some believe they are embracing a "lesser of two evils", and some search for identity and belonging. Regardless of how or why they enter the streets, the chaos that characterized their past, characterizes their present, and they believe, will characterize their futures. The question "what does the future hold in store for these youth?" is a major unknown.
Chapter 5: ENDNOTES

1). “Bodega” is a Spanish term used to refer to a small, neighborhood grocery store. In New York City, *bodega* has become a common term to apply to the “mom-n-pop” type corner store.

2). I specifically use the phrase “squatter-type” to distinguish between aspiring squatters and youths belonging to squats. Squatter-type refers to the youth who claims allegiance to the squatters movement but who does not officially belong to a squat. In New York City, there is a hierarchy among squatters where a “true” squatter is someone who has put a lot of time and effort into improving an abandoned building, who is relatively stationary, who has been squatting for an extended period of time, and who does not visibly use injection drugs. Those not in squats are viewed by true squatters as lazy, immature, and risk taking intravenous drug users who are homeless temporarily or who are extremely migratory.
Chapter 6: MANEUVERING STREET LIFE

6.1 Introduction

Brief observations of street youth may lead one to conclude that their social groupings are harmonious and positive. This ethnographic research of street youth in New York City suggests that street-based peer relationships are precarious and fickle. Street youth are generally skeptical and distrustful of one another. While many street youth share the street scene with other youth in similar dire situations, many nevertheless feel that other youth cannot be trusted and that they are alone on the streets. Some street youth contend that their relationships on the streets actually contribute to their overall emotional and physical duress. The following discussion, organized to compare and contrast different patterns of street life and involvement in the street economy explores the structuring of peer relationships and networks as well as their precarious and tenuous nature.

6.2 The Social Organization of Street Youth and Street Life

Once on the streets, youth seek out other youth. Street youth in New York City are often seen socializing together, copping together, using drugs together, and “working” the streets together. Oftentimes, youth come together to form a “street family” where the bonds of kinship are “fictive” and are rooted not in biology, but in shared history of abuse and...
abandonment and a shared need to survive on the streets in constant battle with hunger, fatigue, fear, violence, and exploitation. This street family often initiates the newcomer into survival in the streets, providing “training” in a wide variety of “hustling” skills and scams that are necessary for survival.

6.3 Midtown/PABT youth vs West Village vs East Village youth

There are at least three locations where street youth congregate to “work” and hang out in New York City. These include the Midtown/PABT area, the West Village area, and the East Village area. The Midtown/PABT area includes the area around Times Square, the surrounding red light district with readily accessible porn shops, peep shows, cheap motels, and a large, centrally located transportation depot. This area is a hub, not only for transportation, but also for the sex trade and the drug trade, particularly the distribution of crack and cocaine. The West Village area is renowned for its gay scene and for the many gay and hustler bars situated there. This area is an attraction for very young gay male prostitutes and for older, street-hardened masculine male hustlers. The East Village area includes an area on the lower east side of Manhattan which is characteristically bohemic with coffee shops, second hand stores, book stores, street vendors, low income housing, and inexpensive dining.
This area is ethnically and artistically diverse, absorbing recent Eastern European and Caribbean immigrants, Latinos, and African Americans, as well as aspiring artists and craftsmen. Although this area is undergoing considerable gentrification, there are several abandoned buildings and open lots. Also, there is a centrally located public park. The periphery of this park is notorious for heroin distribution.

West Village youth are generally youth who have “earned their stripes” Midtown and who venture to the West Village in search of greater status and more money for their sexual transactions. On the other hand, Midtown/PABT and East Village youth rarely interact with one another or spend time in the other’s “neighborhood”. When one compares these sub-groupings of street youth, a fairly straightforward segmentation seems to present itself. It appears, for example, that youth who congregate Midtown/PABT are primarily minority Black or Hispanic youth. Many are either openly gay, in the process of “coming out”, or are in conflict over their sexual identity. These youth are precariously housed and/or occasionally homeless and come to Manhattan from the neighboring boroughs or from New Jersey. In addition to alcohol and marijuana, these youth are primarily users of crack and/or cocaine, apparently preferring those drugs which provide an intense “up” feeling. In terms of “work”,

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these youth primarily hustle sex. Generally, the Midtown/PABT youth is a gay male, Black or Hispanic, from NYC, who prostitutes and uses crack or cocaine.

This image of Midtown/PABT youth seems easily contrasted against that of East Village youth who are typically White, from outside of the tri-state area, who self-identify as bisexual, and who self-identify as “squatters” with ambitions to take over abandoned buildings. In contrast to Midtown/PABT youth, this group primarily panhandles for spare change and prefers psychedelic drugs and other drugs that are administered intravenously.

Why are some youth loners and independent while others congregate in groups and are interdependent? Why is it that some youth have a preference for “up” types of drugs while others prefer those drugs with “down” affects? Why is it that some street youth hustle sex while others panhandle?

With greater involvement on the streets and a greater depth in ethnographic research, it becomes clear that the various roles that youth play in the street economy, the risk behaviors they engage in, and their forms of social organization, which can seem an easy segmentation of the street youth population, are in fact quite complex. Rather than
representing different segments of the street youth population, it becomes apparent that different behaviors and different social structures are better understood as reflecting different “trajectories” in the course of the “street career”. Different activities in the course of a street career are associated with different life experiences, with different types of drug use, and with different inherent risks. Life experiences shape perceptions regarding roles within the street economy and youth move into and out of different “niches” within the street economy, niches that require different roles—such as prostituting sex or panhandling for spare change.

The homeless youth population in NYC includes runaways, throwaways, and castaways. Street youth come to the streets with different kinds of problems (e.g., physical abuse, sexual abuse, discrimination, poverty, conflicts over sexual identity) and exercise varying capacities to manage the street scene. Such facts have important implications for a youth’s ability to form relationships, choose among roles in the street economy, and for their capacity to leave street life.

The Midtown/PABT youth, due to the very nature of his/her involvement in street prostitution, works independently on the streets and is able to earn greater amounts of money quickly. Several Midtown/PABT youth report that “up” drugs like crack and cocaine are necessary to get
them to prostitute. In contrast, East Village youth appear more interdependent. They share a certain style of dress and ornamentation with multiple tattoos; colorful, spiked, knotted, hair; multiple pierced ears, eyebrows, noses, navels. They look different, stand out, and as a group are stigmatized by the larger community in which they are embedded. Interestingly, however, this stigma serves to strengthen their alliance. These youth also claim to reject sexual stereotypes and profess the need to love freely and openly. Moreover, most East Village youth share a political ideology of housing as a basic right, they self-identify as squatters, aspire to take over abandoned buildings, and congregate in groups for maximum efficiency, sharing tools, resources, political power, and skills. And since these youth are extremely mobile across the country, they enhance their chances of successful migration by establishing networks in the city of destination prior to the move. They often meet other youth on travels by freight trains, at Rainbow Gatherings, at concerts, soup kitchens, and homeless programs. They network and share information about travel routes, squats, legal tactics, each city’s squatters rights, welfare criteria, etc.

Furthermore, East Village youth primarily panhandle for spare change and as such, it is often necessary that they pool their earnings so
as to increase their buying potential. The motto is “I will share with you what I have today because you might have something I need tomorrow”. This has serious implications for potential transmission of HIV infection since youth reported that pooling spare change to purchase intravenous drugs often resulted in sharing the drug and sharing drug equipment.

Generally, the amount of income that can be generated by panhandling is less than that generated by prostitution. What one panhandler makes in half a day may be the amount one prostitute makes with one trick in 5 minutes. East Village youth who prefer heroin and/or speedball must accumulate $10 for each bag of heroin. This is often a large sum to secure via panhandling alone and may take a lot of time and effort to scrounge for the money. These youth must also contend with the very real symptoms of drug withdrawal. As such, these youth often pool their resources to purchase alcohol and drugs. By pooling their resources, they often end up sharing their purchase. Moreover, because injecting is the preferable mode of intake, youth must also make sure they have the paraphernalia to inject. In light of withdrawal symptoms or feelings of comradery, heroin may be shared via direct sharing (sharing one syringe), indirect sharing (sharing injection paraphernalia such as cooker, cotton, water), or dry sharing (splitting up the purchase in powder form).
In contrast, prostitution is a solo endeavor. Moreover, compared to heroin, crack is a relatively inexpensive drug and ranges in price from $2 per vial to $5 per vial. Crack requires less obvious financial investment but the person needs more hits of crack to feel satisfied. Therefore, this youth needs a more stable and financially rewarding street hustle. This youth must constantly be alert for ways to make money and to make it quickly. Prostitution is one means by which to secure money quickly. Economic niche, the amount of money that can be generated, and the cost and type of drug preferred, all influence the social organization of street youth in New York City.

While sharing a common style of dress and ornamentation, a common history, a common drug preference and an economic niche may foster the notion that the relationships are strong and influential, in-depth conversations with all groupings of street youth suggests the contrary. Actually, most Midtown/PABT, West Village, and East Village youth describe their street-based peer relationships and networks not as friends and friendships but as associates and acquaintances. Friendship is set aside for a few special ties and is not lightly bestowed. Once it is bestowed, a set of mutual ties and obligations develop that are strong and include mutual aid activities (i.e., lending money, sharing information, survival gear,
etc.). Generally, the structuring of such social relationships is advantageous in an environment characterized by chronic uncertainty and risk and where resources are scarce. In a precarious environment like the streets of New York City, such relationships are often undermined in actual performance by intervals of time spent in jail, prison, the hospital, occasional visits to family, as well as violence and death.

Interestingly, while all groupings of youth share the street scene with other youth in similar dire situations, most, nevertheless, feel that they are alone on the streets. Actually, many youth contend that their peer-based relationships on the streets contribute to their overall duress.

A 22-year old East Village male explains that true friendships simply do not exist on the streets; only “fair weather” friendships exist. He explains:

“It wasn't really friends. It was associates. They were with me whenever I had money or drugs on me. Besides that, they never wanted to know me if I didn't have the means to buy their friendships for about an hour or two hours a day. Yeah, 'cause they were just associates- not friends. Friends are people who care about you, who try to help you whichever way they can and not wait for anything in return. They just like want to spend time with you. You understand?”

Another East Village youth, Skitz, cautions about inferring “hanging out” to
be a sign of friendship:

"I wouldn't call people I hang out with friends just cause I hang out with them. See, there's a difference between a friend and an acquaintance. Most of the people I hang out with and like do things with... even though we are like together day and night... I know that if the shit were to hit the fan, they wouldn't be there for me. You can like share food and drugs with people but that don't make them your friend. The only people who are my friends are those who are like gonna stand up for me and like wish me the best. And to tell you the truth... those are the hard ones to find out here".

Dave, a Midtown/PABT hustler, claims not to have friends:

... when I say I don't have friends, I don't. I got acquaintances. I have associates. I know people, that's all!

Another 19 year old male who has been hustling sex Midtown/PABT since the age of 16, attempts to rationalize the lack of "true" friendships on the streets. According to this youth, each street youth comes to the street scene with his/her own personal emotional "baggage" and thus, simply cannot spare any more understanding or compassion for problems belonging to someone else. This youth believes that street youth react to the overflow of stressors by building up walls and adopting a laissez faire attitude. He contends that street youth have become acclimated to a life of pain and hardship and have learned to respond by lowering their expectations and keeping their true feelings to themselves. He explains:
"...Out here, I have like friends, but not someone that you could call friend, friend, friend- like a true friend, you know- because everybody out here is materialistic. You know, people come from broken homes, they been hurt a lot and everybody is just like, like... they just want to keep peace to themselves. Like, they want to do things by themselves, like not depend on nobody, you know, so they don't want to care about nobody. Everyone is so self-centered. ...I mean friends out here don't want to hear you. Okay- everybody got so many problems in their head that they be like 'damn, please...' you know they don't want to hear it. You tell them something and they be like...yeah... and okay... Out here, you just got to keep that stuff in you and with it. And if you're depressed and everything- you just got to keep it to yourself."

Another street youth attributes the lack of true friendships on the streets to the strain that drug dependency brings to such relationships. Youth generally explain that true friendships can never be achieved in relationships where one person is addicted to drugs. The drug user is viewed as being hopelessly addicted to his/her drug and is desperate, unrestrained, and untrustworthy. It is believed that such a person would readily forfeit everything he/she has, including a once seemingly valued friendship, just to attain the next hit. One youth explains:

"... They [addicts] especially know how to use you if they be doing drugs. Maybe the one that's not doing drugs- the one that's sober. maybe that's the one that's really there for you. And maybe the one that's trying to tell you to quit drugs saying that you look real good when you stop using drugs. Those the ones you can put a little more faith into than the so-called friends of yours that smokes [crack] or is getting high. They will always
backstab you. You know what they say? They will always try to use you to do their dirt. And when they be feeling for that drug, I mean hey, ... if he be mean to his mother, then I can imagine what he do to me. That's how I feel you know. That's why I don't have no friends”.

Raven, the 22-year old transgender youth who hustles sex Midtown/PABT, goes so far as to say that the only true friend on the streets is hard currency:

“Well, I have some friends like..... but I don’t consider any one of them my friend. All my friends are dead presidents- that’s what I always say. That’s right- my friends are all dead presidents! That’s money, you know?”

Where drugs are involved, Reggie explains that “the rule of the jungle” applies and each person must fend for him/herself. As he explains it, the streets are a competitive arena and a life on the streets is a zero sum-no win situation where only the self-centered ones succeed:

“... A lot of people, they be like- you get what you can out of people. That’s what I do. I use people for different things. You know, some people they give you knowledge. Some people give you truth. Some people make you mad, and some people make you just want to be alone. So, you need to use different people to your advantage. You know, there are a lot of people who just want to bring you down. It’s true... misery really does love company. That’s why I tell you, you really got no friends. I don’t trust nobody. People just want to get what they can out of you and bring you down with them. Honey, I ain’t got no friends!”

Some street youth actually describe a high degree of rivalry and
jealousy on the streets. Many youth argue that the streets corrupt youth and make them hostile towards one another. Many Midtown/PABT youth involved in hustling sex view their trade and the streets as a competitive arena where one person's gain is another person's loss. Youth compete for a number of valued things— for example, some youth explain that there is competition for the “good” tricks— the ones who pay well, who provide desirable drugs and who are kind. Also, there is competition for being able to keep up a good appearance, being able to maintain a steady flow of drugs, having steadies, and just being able to look not so “down-and-out”.

Jose, a very handsome young Midtown/PABT hustler, always clean and fashionably dressed, proudly professes that he always “gets lucky” with the “cute ones” [young tricks]. He is especially proud that he can attract what he calls the “straight ones” ['heterosexual' tricks]— a fact that he believes draws the envy of his peers. For many young street hustlers, getting picked up by a “straight” trick (a trick who doesn't look like a “perverted troll”) is a “status thing”, proving their sexual desirability and prowess. In a way, it marks them as being talented at their trade. This youth explains:

“... I know kids be looking at me strange because somehow I know how to turn a guy the other way. See, I always been lucky for
that. My other friends would go around and they'd be like...like they'd be talking ugly about you and like they be saying that you got AIDS and something. They always try to hurt you. They're always very jealous out here. Like sometimes, I'll be "playing boy" and stuff because I want to get picked up and they be like..."so where's your other faggots that you be with?"... like they try to tell the guy that's checking you out that you're really faggy and that you be carrying on like a queen".

Many youth are keenly aware of the daily life stressors that affect the quality not to mention the mere existence of supportive street-based peer relationships. According to one youth: "no one is your friend out here. I don't care how long you know them 'cause in the end they'll always backstab you". Some examples of "backstabbing" which this transgender youth cited with bitterness were when her so-called friends "mess around" with her husband behind her back; when so-called friends do not visit her during interim stays in the hospital; and when her friends sell her belongings for a buck or two just to get the next hit of crack. This youth explains that friendships can only be good and trusting when there is an equal distribution of collateral or "dirt" between partners:

"... there's trust but to a certain extent... like I wouldn't trust you too much. You know, like I wouldn't give you my bankcard number or like I wouldn't ask you to hold one of my ID cards or my money. You trust people to an extent where you can feel comfortable and it's like you can depend on that person. But that person... you got to have something on that person too. You trust them only as far as they trust you. You know, you got to
keep everything on an equal level."

Interestingly, this very same youth proved to be a fascinating case study with regards to the permanency of sexual partners and so-called intimate relationships. During one interview, this transgender youth referred to three different sexual male partners and claimed that all were "special" to her. One partner whom she mentioned with great fondness she identified as her "husband", another as her "fiancé", and yet another as her "boyfriend". Each relationship was defined in terms of what she, personally gained from it. For example, the husband was described as "he's the special one. He's the one who takes care of me and who looks out for me. He's stable and strong and I know he loves me no matter what I do. I love him the most. I don't want him to know I'm cheating on him". The fiancé was described as "oh, he's like my main squeeze. He's the one who like is constantly trying to make me happy 'cause like he knows that he don't, like, got me for sure. He knows that he's got to keep things interesting and like he always be trying to do special things for me. He's like my boy-toy". And the boyfriend, well, the boyfriend was described as "he's someone I just met and like I am really physically attracted to him. He's the one that I'm trying really hard to impress. I want him to like me. He's really fab. Just being with him gets my heart to beat so fast you
wouldn't believe it. Everyone is so jealous of me when we hang together”.

Similarly, many East Village youth compete for a prized commodity—housing. While all youth sampled in the East Village identified themselves as “squatters” only one youth had a squat to return to at the end of the day. The rest of the sample of “squatters” actually slept and hung out on the public streets and in the park. Interestingly, it was discovered that this seemingly homogeneous grouping of street youth, who shared the ideology that housing is a basic, inevitable human right, is fictitious. Not all East Village youth are equal and there is a hierarchy among “squatters”.

Younger, injection drug using “squatter-types” are not usually allowed inside squats because they are deemed a negative image. Real squatters feel that their presence within a squat might give the impression the squat is an open shooting gallery and as such thwart their endeavors to battle the city and stake a legal claim to the building. One East Village youth, Sloth, referred to “real” squatters as “squat nazis” who believe they are a superior breed. Another East Village youth, Tammy, gets visibly angry when she tries to explain the hypocrisy that abounds among squatters:

“... I don’t understand the people here because they are like total hypocrites to all the things that we stand for... that we believe in. See, like they go screaming that we are anarchists and like they believe that all people, everyone, has a right to housing—free
housing and then like they have these huge ten story buildings with tons of vacant rooms but they won't let us stay there”.

Another squatter-type not allowed into a squat complains:

“them fucking squatters got a stick up their ass. The whole point of being a squatter is to like be an anarchist, to oppose hierarchy, and stuff like that. Not these people, all they do is sit around and judge us. They are nothing but a bunch of hypocrites who do the same things we do only they do it in secret”.

Sloth, a squatter-type who used to squat in an abandoned building before it burned down, now refers to himself as a “fucking gutter punk. I'm someone who sleeps on the concrete, on some cardboard, or under a fucking blanket under the stars”. He is angry at the squatters who refused to let him into their squat after his belongings were destroyed in the fire. He refers to them as “crusties“ because they are filthy, “so full of crust and grime”. He insists that while crusties believe themselves to be more superior to him, their hypocrasy reduces them to “fucking animals, low life dirt-bags”.

These squatter-type youths not only feel a great deal of animosity towards their peers in squats, but also towards their peers who are occasionally able to communicate with their parents/families and get wired some money. There seems to be valor associated in “roughing it out”.

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Summary

Youth stigmatized by their families and/or by society seek to create for themselves a niche where they can find attention and acceptance. Street youth initially align themselves in social groupings where they come together through choice and circumstance; membership is not prescribed and the relationships vary in significance and purpose. Generally, these street-based relationships are easily formed, expanded, contracted, and dissolved through exposure to extended economic and social difficulties on the streets. Street-based social relationships are fluid and the structures which the relationships take are related to the environment in which those who participate in them dwell.
Chapter 6: ENDNOTES

1). Rainbow Gathering is the name given to 1960s and 1970s era-type musical gatherings. Concert goers are present day “hippies” who gather in the forests of the western United States, camp out, and live a “Woodstock”-like experience. Squatter youth are particularly fond of Rainbow Gatherings, sharing information about when and where they are to be held and traveling in groups to get there.
Chapter 7: MANEUVERING RISKS

7.1 The Street Economy, Drug Use and High Risk Sexual Behaviors

As with other populations at risk for AIDS, unprotected sex and intravenous drug use are the primary means of HIV transmission among street youth. Street youth engage in unprotected sex in their personal relationships as a way of "comfort" or to offer special meaning to the relationship (i.e., that the relationship is "affectionate", "special", and/"solid"). For many street youth, drugs and sex are frequently used as forms of self-expression. Rejecting conventional standards many street youth also advocate for disinhibition regarding so-called sexual norms, taboos, and stereotypes. The ideal is to be unrestrained and uninhibited sexually, to "love freely". One youth, for example, confided that she is quite fearful of the spread of AIDS among her network of peers. As she explained, "if just one person in our group gets it, it'll spread like wildfire" because her close-knit group of friends engage in communal sex and amateur tattoo sessions while intoxicated and/or high on drugs.

Street youth also engage in a variety of economic roles, the spectrum of which includes panhandling, petty theft, rolling mugging, robbery and drug dealing, to hustling sex. For twenty-nine of the thirty-five
youth in this sample, sex was used as a bartering tool. Sex is exchanged for money, and/or drugs, shelter, and food (i.e., “survival sex”) and/or to attain a level of comfort and intimacy with like peers and/or adults. Not all street youth, however, are equally engaged in prostitution. A question worth asking is “why are some youth minimally involved in prostitution while others appear to be inextricably dependent upon it?” In exploring the choice to primarily prostitute and in exploring risk behaviors for HIV transmission, a particular emphasis needs to be placed on understanding the context of the larger social and economic world in which these youth find themselves, including the emotional issues, the self-perceived needs, the economic constraints that underlie decision-making and which make up the context in which high risk drug and sexual behaviors prevail. One way to illustrate how youth come to view their most prominent niche as prostitution is to detail life history events and trace the course which led them to prostitution in the first place. The following life history interview demonstrates how prostitution becomes a means to an end—how a youth comes to feel “trapped” in a particular economic role. Jack’s story is not presented as representative of all youth who enter into prostitution; his story is presented here because it shows the salience of a number of issues as they might be perceived to influence “choices” within the street economy.
Jack is a 23-year old gay-identified white male. He is a heroin addict and hustler. To truly understand how Jack makes decisions, it is necessary to understand who he is; where he came from, and how his early life experiences inextricably shaped his world view and defined his behavioral options.

Jack was adopted from an orphanage in Massachusetts when he was three years old. He lived with his adopted sister and his adopted parents in a small town in Maine. He recalls his early life as one filled with middle-class material comforts including a big house, family vacations, Catholic schools, and the like. But, Jack's life was also one bitterly plagued with physical and sexual abuse. According to Jack, his father began touching him in his "private spots" while he was still a very small boy and he recalls that they got "intimate" [he was raped] when he was five or six. Equally distressing for Jack was the fact that his mother was aware of the sexual and emotional abuse but did not rescue him. He explains "they didn't know how to treat a child. My dad's excuse was he never had a father to know how to have a kid or be a father. My mother's excuse was she wanted to believe that things like that couldn't happen to us- that we weren't that kind of family".
Jack first began running away from home at the age of ten. He recalls he would run away to a friend's house for short intervals of time but knew he couldn't stay there forever. He'd inevitably call his parents and ask to go home: "...he'd [father] come pick me up, and I'd go back. He'd get me into the bedroom and that would be it". Finally, Jack got tired of the beatings and the sexual abuse and told his father that he was leaving home. His father replied "good" and told him never to come back. At 14, Jack made his way to Portland, Maine and learned quickly to fend for himself. Being a handsome and sleek young man with blond hair and blue eyes, Jack quickly learned that he had something that other people wanted. He learned he could use himself as a commodity. He recalls his first hustling experience just a day or two after leaving home. He was loitering in a park in Portland when he was propositioned by an older man who offered him a place to stay in exchange for sex:

“I was sitting on the curb and a man came near me. He stared at me for a long time and then came up to me and asked, 'you want a blow job'? You know what I thought?... I thought oh my God... another father! He wanted me just like my father and so I let him. I stayed with him for three days until he got tired of sucking my dick."

At first, explains Jack, he did not particularly mind the act of giving of himself sexually. It seemed a familiar exchange; his father had been
doing it to him for years—“it seemed to come naturally” and he was used to it. After a few “dates”, he began to ponder his actions and realized he had become a prostitute. The realization disturbed him. By engaging in sex with men and getting something concrete out of it [i.e., a place to stay, money, drugs] Jack realized he had become a prostitute; he was “turning tricks”. He recalls “he [his first trick], he introduced me to hustling and you know, that’s when I began the life of a criminal. Hustling is a crime against yourself. It is wrong and you destroy yourself to please others. That’s wrong!” Reminiscing, Jack concludes that his desire to pleasing people, starting with his attempts to please his parents, is a yearning which has led to his downfall:

“When I was young, I used to trust people a lot when I shouldn’t have. I gave people my trust and then I was abused, used, and denied my life the way I wanted to live. I think that’s not cool. I’m still angry about that. It kills me that my parents did that [rape] to me and I lost my childhood. It kills me. On the streets you have to grow up fast. You can’t be a kid. It’s very sad. It’s sad because I’m going to die alone—no one is going to be there for me. Not my family—they care but they don’t care. It’s very, very sad...”.

Jack explains that his “work” situation became grossly complicated when he began to use drugs. It was only after acquiring an expensive heroin habit that hustling took a greater emotional and physical toll and became
“serious work”. Once addicted to heroin, hustling changed from being “an option” to being “a job”. He had no option but to hustle sex to finance his next hit. The desire to procure drugs was so intense that he began to do whatever he had to with whomever was willing to pay him; he lost the luxury of discriminating between clients and in so doing, he lost his self respect. A customer was simply anyone who paid. The more he thought about his situation, the more he began to hate himself and the more he turned to drugs to escape the reality. It was a vicious cycle and there seemed no escape. According to Jack, hustling is not only a crime in the legal sense, but it is a more severe crime against the human soul:

“It [prostituting] is degrading and it destroys you... Do you know what it is like to be a hustler? You are a criminal. My life as a criminal began when I became a drug addict. That's when I didn't care about anyone, anything- not even myself.... Hustling used to be fun for a while but then it became a job. It wasn't fun anymore because I had to do it to live. I had to support my habits... It's like a job- like I stand out there from 8 to 4 in the morning- selling my ass! That's not fun- it's work! And the people, they treat you like shit. They don't care about you. All they care about is getting their nuts off. And sometimes, after they grab you and touch you, they don't want to give you nothing for it. That's not fair. If they touch you they got to pay for it. It's not a job to have. It destroys you and you get old real fast...”

Jack's case clearly illustrates the relationship between substance abuse and prostitution. An expensive drug addiction quickly transforms
hustling into "serious work" because the most important goal becomes securing the next hit. Jack explains:

"When you first start, you set your limits. When I wasn't getting high, $40-$50 just to blow me. When I started getting high, $20 bucks to blow me. Then, when I became an addict, my life changed. Five dollars for anything- anything, fucking anything! You do it just for the next hit. That's when you don't love yourself anymore- that's when drugs have taken over your life. I ask myself, why? I don't know! I can't seem to give it up... The drugs come first- that connection with drugs comes first. Loving comes last. Some days I forget to love myself. I should say 'Jack, love yourself today'. But I don't. I don't forget drugs though. Sometimes... I just don't love myself {he cries}".

In the nine years during which Jack has been homeless, he has traveled cross country from Maine to California, used an array of drugs, and has hustled sex for survival and for companionship. And in his short life, he has been in and out of jail at least twelve times for robbery, possession of drugs, prostitution, breaking and entry, and assault. In 1988, upon admittance to a NYC hospital with tuberculosis, Jack tested positive to HIV. Today, he has AIDS and his daily life is a struggle to manage intermittent episodes of diarrhea, oral candidiasis, upper GI and respiratory ailments, seizures, dementia- all while living on the streets and struggling to procure food, shelter, clothing, and drugs. His last severe bout of pneumonia cost him a lung- doctors warned him that the next
attack of pneumonia may be his very last.

Despite it all, Jack continues to hustle around 42nd St and the West Village. According to Jack, "business" has been slow lately. He attributes this to the fact that he's started to look sick lately and because word has gotten out that he has AIDS. But sometimes, Jack admits, he's able to use this "AIDS-thing" to his advantage. Some prospective tricks, upon taking him home and learning that he has AIDS, end up feeling sorry for him and give him money just to go away. Because of his serious drug habit, a steady flow of cash is essential and he has had to diversify. He has tried supplementing hustling with pushing drugs but failed because he used the drugs himself and brought on the wrath of the dealer. He doesn't view panhandling as an option for him because he claims "begging for spare change is like the most degrading thing you can do out here. It's for losers".

At one point during the course of an emotionally charged ethnographic interview, Jack took a pen from the table and wrote on my notebook:

"Jack. Who is he? He's a confused individual who don't love himself. Why? He don't love himself because he's alone and hurt that his family gave up on him... I want to be a human being. I am not a sex toy that talks, walks, but it doesn't feel. It doesn't
have feelings because it is a sex object and that sucks”.

When not on drugs, Jack’s thoughts are filled with despair. Reflecting on his past life full of abuses and on his present precarious situation where he is ill with AIDS, homeless, and without any social supports, he often thinks of suicide. He often thinks of how his life could have been and how it will likely be:

“When I think back on my life, when I think of all the people I have lost, I want to die. My life could have been so different. I had so many chances but I kept fucking up {cries}... My life really could have been different. But let me tell you about the streets... on the streets you grow up real fast. You can’t be a kid. It’s very sad. It’s very sad because I’m going to die alone- no one is going to be there for me. Not my family- they care but they don’t care. It’s very, very sad {cries}”.

After this one particular emotional outburst, I realized the depth of his pain. After reaching out to hug him, I made the error of suggesting that he might want to talk over his feeling with a counselor. I told him he might benefit from some type of “professional” trained to help him heal his wounds. When I mentioned this, Jack shouted at me in utter disbelief. I had missed the point. He explained: “No, no, it’s not like that. I need people. I need real people”. What he was trying to tell me was that he didn’t need any more anonymous people dealing with him as part of a job or because
of some organization. He was yearning for a family, a family to truly care about him and love him despite his mistakes.

Jack died of an AIDS-related complication in mid July of 1995. He died as he had feared- without the comfort or support of his family.

7.2 Prostitution and HIV Risk

The term "survival sex" is often used to explain why street youth engage in prostitution. It is usually defined as the sex they "gotta do", the sex they have to do for "money, food, a bed, clothes or drugs" (Pennbridge et al 1992, Luna 1992). In other words, survival sex is an act of desperation. The question then is: desperate enough for what? What are the motivations for prostitution and what impact might they have on the likelihood of engaging in unsafe sex acts? Prostitution is not an economic option exclusive only to gay youth. Many youth who self-identify as heterosexual are also involved in prostitution. These youth explain that they are just desperate, that they need money, and that hustling sex is one way to earn it.

The majority of the youth who hustled sex, reported doing so primarily to acquire drugs or to acquire money with which to purchase drugs. The connection between drugs, prostitution, and the potential for risky behaviors is evident in the following quote. Raven explains:
...You know, using gets me to start hustling. See, I've never been one to just hustle to make money... like just to have money in my pocket. I usually just hustle to get drugs. You know, I don't do it to pay rent or buy food or nothing. Sometimes, like if I'm really hungry though and if I can't get food from nowhere like, I'll try to turn a date and then say buy some food. And sometimes... like I hate when I'm hungry and I get a fab date- a good date who pays a lot of money- like then after, I forget that I'm hungry and I start getting high. And then when all the drugs are done, I'm back where I started again. God I hate that!

...You know, I need a lot of money to get high 'cause when I get high, I really get high. And I can't get high without my alcohol. I can't smoke without first drinking. And if I don't drink to come down, then I'd be totally bugging out. The beer mellows it all out.

...You know, when you high, you're more susceptible on like not using them [condoms]. Like you just want to get the next hit. You might just say forget about the condoms anyway- 'cause you know what they say- AIDS and drugs go hand in hand.

Consider the case of Mark, a 20 year old squatter-type who until recently had a 15 bag-a-day heroin habit. Mark does not readily self-identify as a prostitute. He justifies his occasional reliance on the exchange of sex as one way to support his expensive heroin habit. He explains that he relies on a number of "extracurricular money-making" activities which include petty labor, robberies, car-jackings, muggings, panhandling, prostitution, and other sexual activities (he occasionally poses nude for porn photo shoots and makes $300-a-day). Although engaging in the sale
of sex with male clients, Mark vehemently insists that he is not gay; he claims he is only desperate for the money. Mark does acknowledge, however, that he engages in prostitution during what he describes as "self-destructive" times in his life. He asserts that prostitution is the type of "job" to do when you have reached "your end". Mark says that tricking is:

"... Just like a business you know. It's the kind of business you get into when you have lost everything and have nothing more to lose. And the time to do it like when you don't like yourself anymore, I just didn't care- I didn't like myself. And, that's when I did it".

Sloth, another East Village youth, views prostitution as one of a number of economic niches that he resorts to whenever the opportunity presents itself:

"I've done everything man... I've pulled tricks too. I've done it for drugs. Let me tell you, when you are sick on dope, there is nothing you care about except getting your next fucking bag full. That is the worst fucking feeling ... to me at least it is. And all you can concentrate is on the sickness... you know... you can't fuckin do anything else. And like you think, 'shit, I'm sick. I'm sick and like hey if I got to suck some dick to make $10, 20 bucks... I'll do it'. I'll do it cause like while I'm sucking dick I'm not thinking about his dick... no... all I'm thinking about where I'm gonna cop, what's good out there today and shit like that".

Freddy, another self-identified heterosexual street youth who hustled sex Midtown/PABT asserts that "everyone is at risk of becoming a hustler".
Freddy insists that prostitution is an option for anyone who is “young, good looking, and needs money desperately enough” to sell his body. For this youth, selling sex was a viable option to make “quick” money for drugs to dull his very deep and personal pain. While he engaged in a number of “hustles” (e.g., drug dealing, “wholesales”—that is, buying something cheaply uptown and selling for a higher price downtown, robbery, and theft) over the course of his street career, prostitution held distinct economic advantages. While many youth are cognizant of the risks involved with prostitution, these risks are weighed relative to the more serious fears of experiencing drug withdrawal, getting caught by the police, and being incarcerated for possession of drugs or for robbery. For Freddy, prostitution is a relatively low risk money-making venture because his greatest concern is incarceration. When weighing or ranking risks, the risk of getting locked up is deemed more imminent and riskier than the seemingly distant risk of anything related to the act of prostitution. Incarceration is a powerful hindrance for street youth. Freddy explains:

“I needed money. We was hanging out and I needed money. He [friend] told me he knew a place where ... where... men pay other guys to go to bed with them. I said ‘oh, that sounds cool’. I wasn’t breaking the law as far as hurting anybody and shit like that. And then I asked him the price they was getting and I thought it was good money”.

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With regards to the threat of AIDS, Freddy recalls that he had no reservations whatsoever about what he would or would not do sexually with a trick. As long as he got paid for it and could buy the drugs he wanted, he would do it.

Cory, too, views prostitution as a high yield, low risk hustle. Cory has engaged in a number of street hustles and has been jailed for a number of crimes. It was only as a dealer that his crimes were taken seriously. In comparison, his arrests for prostitution seem trivial: "When I go into jail for prostitution, they keep me overnight in the station house and like try to talk to me to scare me not to do it anymore. But like with the drugs... when you get caught dealing the drugs... you can expect some real good time locked up. They don't take much of that".

Tony, another seasoned male hustler contends that the police know exactly what he is doing yet they let him continue: "I can like stand on the corner, and like a trick will come up to me and like we will get to talking. The police is like right there, just a few feet away and like he don't care. They see you getting into cars and stuff and they don't usually care unless it be sweep days... and on sweep days, I make sure not to be so obvious".

Not only is prostitution less risky with regards to police intervention
than dealing drugs, it can be profitable. Roger, a 22-year old HIV-positive youth who describes himself as a "butch queen" and a retired "transprostitute" explains that hustling sex is the most efficient way to make money quickly:

"With hustling, the money was good. Sure I knew about condoms and stuff like that- but the only thing you want is the next hit. You got to do what you got to do... I got to tell you though, I'm really proud of one thing- I never had to knock anyone out. I never had to rob no one or hurt them up real bad... I never had to look real hard for a date. You know, I'm the cutest one".

At the "peak" of his hustling career, Roger had to earn enough money to support a $200-a-day crack habit. All the money he earned through hustling sex went to buy crack and marijuana. There was rarely anything left over for a place to stay. The first and foremost priority is securing the next hit- the need for shelter, food, clothing, etc. come later: "the only thing you want is the next hit":

"[You] live from day to day, [you] wake up- hungry, cold- stuff like that but when you're a hustler, you got to hustle. You got to fix yourself up so you can get to hustling before you get all messed up...".

For Zoro prostitution is a means and an end in itself. He engaged in
prostitution so he could have more options but the more he prostituted, the more he needed drugs to dull his shame. Yet, the more drugs he used, the more he had to prostitute to feel satiated. Zoro contends he got into hustling sex because he learned early on that prostitution allowed him to be self-sufficient. He could feed and dress himself independent of the institutions which ruled his life. He states that prostitution was an "easy access" and offered him an "out" for running away from homes: "I knew that I could go out and make some money... I knew that there was always someone who would want to take care of me. I knew I was young and good looking and that everyone wanted to take care of me... I knew they wanted me to spend the night with them. Not anymore like 'cause like now I'm not a little boy anymore. It's harder now". He is more aware of what it means to hustle his body and he is all too aware of the ambivalence he is assured while high on drugs:

"When you're a hustler, drugs just become available. They are everywhere. Especially when you are younger there is more access. The tricks want you to get off on it 'cause like if you get off on it and like they are the link to more drugs, they know that you are gonna make them get off [provide oral or anal sex]. If you feel good, they are gonna feel good. And you see other people get off on the drugs and like you begin to think... 'if they can do it and feel that good, I should try it too... And then like, after a while, after hustling sex, you have to rely on drugs to help you keep things in perspective. Like having sex with a bunch
of old men... knowing that, you got to put drugs into some sort of category to deal with it. To tell you the truth, a lot of the reason why kids smoke crack is so that they can deal with it [prostitution] and so it don’t matter so much. So then it is like... it is not so bad. It [prostitution] takes on a purpose to do it for the crack. It gives us some meaning. Otherwise, we couldn’t handle it... like who could handle sucking some old trolls dick or like letting him come in your ass... it would all be too much. You wouldn’t be able to handle it otherwise”.

He often rationalizes the degrading behaviors he has to do to make money.

Not only do tricks make use of his body, they try to humiliate him afterwards by telling him what he needs to do to improve himself. He rationalizes his acts:

“for some reason some of the johns [tricks] like after they pay you and like suck your dick and like make you suck their dick... like as soon as they are done... after like two seconds... they start to tell you what to do with yourself. They say stuff like ‘you really should do something with your life’ and you are like ‘fuck you’. And like meanwhile, you are thinking to yourself... ‘you pathetic little mother fucker. The reality is I’m doing this city a service. I am keeping half of these mother fuckers off the playgrounds. Like I keep them from molesting little kids. I am young, white, and don’t have much body hair. I don’t know how many times them mother fucking tricks made me play the little schoolboy coming home after a day from school. They get off on that kind of shit. They are so fucking creepy. Too much of that shit goes on. I really hate 90% of the men I deal with. I just like the power of the dollar. I like money. I like to get stoned. I like to go to the movies. I like milkshakes, the arcade, ... I like all sorts of neat things. So, when I hustle, I just have to decide what is worth it. Like sometimes, I refuse to go with some of these mother
fuckers not because they don't pay enough or anything like that but because it won't be worth it when I'm done with them... It won't be worth it because I won't be able to enjoy any of the things I like so much after I am done with them. Some people are just too hard to forget. By now though, I have gotten a lot better at forgetting".

While engagement in prostitution can be viewed with utter abhorrence, it can also be rationalized along purely business terms ("it's just another job"). Ron, a 23 year old prostitute who has been working the streets and bars of Midtown/PABT, the West Village, and a wealthier stroll on 53rd and 3rd Ave since he was 14 years old, talks boldly and unabashedly about his role:

"you know, I am a hustler. I am a prostitute. I am there for convenient, no hassle, no 'I love you', no 'are you gonna come over later?', no 'call me', no bullshit-after-the-sex-kind-of guy. That is what I do. I am there for convenient, no hassle, easy access sex. That is what I am there for. Whether or not they [tricks] use me for that is up to them. You got to have a professional attitude. See, there is really nothing wrong with it. The way I look at it, my body is actually the only one thing that I have owned and that I will always own. This is my body and this is the one thing I have utmost control over. I can do whatever I want with it 'cause it is mine. I can take care of it or I can drug it up... that is my choice. I don't really care about the fucking tricks I go with. All I know is that when I step out of that hotel room I am gonna have a lot of money in my pocket and I am free. Like after a trick gets off, like after he climaxes, I am wiping up and dressing up and congratulating myself on pulling off another great acting scene. And then I think about the money and how I am free to spend it the way I want to. I am my own big boss".
Some youth even boast about the merits or fringe benefits to prostitution. Take for example the following explanation provided by Raven. According to Raven, prostitution has its “rewards”; it not only provides money and drugs, but it offers her “excitement”- it breaks up the monotony of her life. Also, it allows her the opportunity to get to know the drug dealers, to hang out with them, and to get drugs on credit. She explains:

"....you know, hustling got to be kind of fun- like I could have sex with someone and get paid for it. It's fun getting money. That is what is nice. And then, like... you get to meet different kinds of tricks. You know, you might meet a trick that would take you to New Jersey or to Philadelphia, Connecticut... you had tricks that would give you $100 or all the drugs you want- going back and forth with you to the bank. And you'd meet all kinds of people and things like when you be tricking. Like I met this guy in Connecticut and like he had this big house and jacuzzi and everything- and probably like a $1000 worth of drugs. Like when I left his house, I had $200 in my pocket. Stuff like that- it'd be exciting. And some tricks would let you drive their car. You know, it was like fun...."

And according to Raven, prostitution can even get easier with some time. She explains:

"It's [prostitution] still fun. Still fun 'cause like after you'd done it for a while, it's not so... it's like easier. 'Cause like in my case, I have steadies on Thursdays, Fridays, and Saturdays... like..."
tonight, I'm gonna get $50 from this steady. And my other Friday steady- he's a $100 steady, and every Saturday, that a $20. The one on Friday, I've been seeing him ever since I came to the Port... for the past two years. Some tricks make it so much easier... like sometimes they spend money or so for your drugs and the drug dealers get to know you. Honey, it is fab to know a drug dealer... like you're this queen and yet you're in with the drug dealers and stuff like that. It's good for you. You can get it [the drugs] whenever. That makes you popular. You know, like when your tricks spend a lot of money then like you get credit. Like they'd [dealers] be giving you samples and stuff like that. All that excites me. I like that. I like being popular. And I like being known for stuff like that... you get caught up in that. ... Just to talk to them and walk around with them... just be homosexual and walk around with the straight boys is real fab- you are fab! The other hustlers see that and like that too. I always get to hang out with a lot of boys and you know, I'm known for being able to hang out with the drug dealers. And when the other queens see me, they be like... it's over for her... you know, like you can't be better than that".

7.3 Managing the Risks Inherent in Prostitution

Although cognizant of other money-making ventures possible at the street-level, the majority of the youth in our sample viewed prostitution as a relatively low risk hustle. The risk which these youth feared most was the risk of getting tangled in the criminal justice system. In this regard, prostitution was deemed less risky than, for example, dealing drugs, robbing or mugging. Thus for many youth, the seemingly more pervasive and immediate threat of being imprisoned was a greater deterrent than any potential risks inherent in the act of prostitution. One street youth summed
up his option to engage in prostitution with an insistence that he “wasn’t breaking the law as far as hurting anybody and shit like that” and that prostitution provided “good money”. Some street youth in New York City have commented that they are more likely to get arrested for jumping the turnstile than for picking up a trick. Indeed, the hustling spots in New York City are quite notorious and are usually spatially demarcated. The “strolls” for hustling are often well within the “stroll” of the police. Yet, the unwritten rule seems to be that if you are discreet, you will probably not get arrested for prostitution.

**Where and When Sex Occurs**

With regards to HIV transmission, the where and when of a sexual encounter is likely to influence the safety of the interaction. All youth in this sample who engaged in prostitution did so as relatively low-class hustlers attracting mid to low-income clientele. In many cases, sexual activity occurs in public locations: stairwells of public transportation depots, in and behind parked vehicles, bathrooms, peep shows, sex clubs, darkened corners of hustler bars, and pay-per-hour hotels. In other cases it occurs in the private home of the “john” and is relatively removed from the public street environment. Street youth’s perceptions of these public and private domains with regards to risks like physical injury or harm are weighed
against the risk of HIV. Also, the kinds of sexual activity that occur in
those domains and the meanings youth associate with them have
implications for their attempts at risk reduction.

Are youth more likely to engage in unsafe sex when tricking in a public
locations like the stairwells of public transportation depots, parking lots,
bathrooms, peep shows, sex clubs, darkened corners of hustler bars,
pay-per-hour hotels, or, are they more likely to engage in unsafe sex when
tricking in a more "private" domain like in the home of a "john"? To address
this question, it is necessary to first examine how youth actually view the
act of hustling. In particular, how do youth's attitudes towards their tricks
affect their behaviors with them? How do they compare a "quickie" in a
darkened corner to a lengthier sexual encounter in a more private setting
like a trick's home- especially when it means the possibility of a nice meal, a
place to spend the night, etc.?

Many youth combat exhaustion, hunger, adolescent vanity, and the
painful symptoms of drug withdrawal to pick up the energy to find and
satisfy the next trick. Youth explain that they have learned how to "fix"
themselves up and maneuver around such obstacles because when it comes
right down to it- hustling is a business. As a business, one has to
approach it with some sort of professionalism. And, if one wants to
succeed, one must have talent. Most importantly, one must be a good actor or actress. One youth explains:

... it [tricking] is all a game. You know, I just tell them what they want to hear. Actually, I hate tricks with a passion. You know, I really hate them. But, you'd never be able to tell.

Another youth explains:

... everything you do is an act out here you know. When you do things like this [hustling] it's all an act. They got their fantasies and that's what you got to make them believe.

... It's like... they're real disgusting. Some of them are just so weird. They just like get turned on by stupid things. Like... “I want you to stand in the corner and grab your penis and rub it with your hands and get excited... Oh that turns me on so much”. And like “Oh I want you to feel my penis”. You know, they are like just into real disgusting stuff. You know, like those things are stupid- that kind of stuff would never turn me on. ... And you know...”spank me please... talk dirty to me.. I just want to be your slave”. You know... things like that. And you'd be like “damn... I hope I'm not like that when I get older!”

Most youth report that they have learned early on to negotiate the sex acts and the financial exchange before actually walking away with a trick. For example Raven insists that she always gets her tricks to pay her up front- before engaging in any type of sex act. She explains that she has had to learn the hard way that when drugs are part of the sex, some
of the tricks don't want to pay for the sex because they feel they have paid enough with the drugs. Raven talks boldly of how she manages such situations:

"$20 for a blow job, $50 for a fuck- that's the way it is no matter where we do it. I'd just rather get it over with as fast as I can. When they're in the hotel room, they just want to take their time and come real slowly. Let's just do it and get it over with. Pay me and I just want to get the hell out!"

Another street youth, Jose, also insists that he negotiates the sex acts with his clients before going out:

"I'm the kind of person that before I go with someone somewhere, I tell them exactly what I do so that when I get there with them they don't be like wanting more. When I first started going out, I didn't know how to do it and I'd be like going out with guys and they'd tell me "oh, I just want ..." and then all of a sudden he wants more and more and more. And then you be like, you didn't tell me that. And a lot of guys force you, you know. They think that you be too weak. Because you know, a lot of guys [hustlers] be too desperate. And then they just try to take advantage of you."

One day one of my key informants and I were walking to a McDonald's to conduct a life history interview. We walked past the notorious Port Authority Bus Terminal and noticed, behind it, a litter strewn parking lot nestled under a series of overhead ramps. Pointing to the lot full
of garbage, broken beer bottles, discarded clothing (most notably underwear), Raven laughed as she told me that she often brings her first timers there and sometimes, in the late evenings, the place is full of hustlers and their tricks. She told me she can't help but laugh when she thinks of the late night scene because, although many of the hustlers who use that lot are her closest friends, during the course of their "work", they seem not to know one another: "Each of us just picks a spot behind a bus and... it's funny... we're all there but we don't talk to each other- we all just do our thing". The lot looked so filthy and desolate that I asked her if she ever felt in danger tricking in such a remote place in the late evenings. To my surprise, she explained that she actually prefers to have her dates in areas like that because out there, out on the streets, she is in control. She explains:

"...When they take you to one of those disgusting hotel rooms where you pay by the hour, they waste a lot of time talking about this or that, having you go out and buy some dope, smoking it up together... I prefer to be outside like this because here I have control. This is my place and here, they feel out of place. Like if I wanted to I could really hurt them up bad and they would be at my mercy. But in one of those hotel rooms, they are the boss. They are the ones who call all the shots."

The literature (e.g., Sibthorpe 1992, Sobo 1993a, Worth 1989, 1990)

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suggests that the practice of negotiating safe sex is complicated when individuals are emotionally, financially, and/or socially dependent upon the sexual relationship. Because only one youth in this sample reported ever having lived for an extended period of time with a sugar daddy, I do not have data on the potential for risky behaviors in such relationships. Jose, who claims he once lived the life of Pretty Woman, now hustles his body in a bus depot and in various hustler bars. When asked to talk about his tricking experiences in these places, he explains how public places are more preferable for “turning a trick” than private, “homey” places. He explains his preference:

“... I like to go to the hotel better, you know, than to go to their homes. I like the hotels better because they give you a time limit, you know. And like when you go to their [trick’s] house, they take their time, you know. You got to take longer with them and they want to sit you down, watch TV, you know, drink some beer- you know, like hang out and share their home life with them. In the hotel, we just share the space and he knows that we’ve only got a limited time.”

Engaging in sex in public spaces seems to offer more than just brevity and security. It allows one to displace one’s emotions- to think only in the business sense and, while it may offer some sort of anonymity, it offers some sort of familiarity as well. Familiarity, that is, with the scene, the
hotel, the hotel staff, the neighborhood—these are very real advantages.
Youth are painfully aware of the potential for physical danger at the hands
of their tricks. Indeed, several youth in our sample reported incidents
where they or their colleagues have experienced harm, injury, and even
death at the hands of a trick. For example, Jose explains:

"... I like to go to places local—like within this area [around the
PABT] because I know everything around here and I feel safe and I
know... okay... and I know that God forbid one day when
something one day happens to me, people will know around here
who I am. You got to be realistic. There are always these guys
out here that you don't know nothing about."

Jose insists he is a realist, he knows the risks inherent to his trade.
When discussing why he prefers to have sex with his tricks in certain hotels
in the Times Square area, he explains that he has gone into those places so
many times that he is well recognized by the staff. He explains that it is
important for him to stay in familiar places because he can not remain lucky
forever. The day may come when he gets raped, beaten, or even killed.
And should any of those tragedies befall him, he wants the people who find
him to be able to identify him.

According to Jose, he has had to learn to pace his drinking and his
drugging because he has to keep his senses keen. He realizes he needs to
be able to protect himself at all times:

"... If I smoke reefer, I won't pull a date. I'll be so paranoid I won't be able to go with him nowhere. And, I don't drink too much because I always think that just in case, if I have to fight, I should be able to defend myself. Like, how can I take care of me if I'm drunk? You know? So, I try not to drink too much. But I do get a buzz... to feel relaxed, to feel more social, you know... so like I can socialize and work. When I'm sober I be like, no way! You know, it's not like I drink everyday or like I always got to be drunk... but like one or two drinks gives me a buzz so I can be more talkative and like have better conversation with them and stuff.”

Hustling on the streets requires one be alert- to be alert at all times. As another youth explained it, the most important things to remember on the streets are “if you can’t beat them, then cut them”, “never let them see you sweat”, “never let them see you cry”, and “don’t do nothing for free!”

The life of a street youth is wrought with a variety of obstacles and risks. Eating, sleeping, keeping warm, showering, getting drugs are activities managed on a daily basis. These are often managed without information, adequate support, and most distressing, without real choices. With regards to the risk for exposure to HIV- street youth juggle this particular risk along with the pervasive threat for sexual and physical assault, emotional injury, and the risk for incarceration. All of these considerations go into the equation of how they will handle any one risk,
including those inherent in what sex acts they engage in, where they engage in them, and whether or not a condom is used.

7.4 Managing AIDS-Risks

When discussing AIDS-risk related behaviors with street youth, it was important to ask questions in a non-judgmental fashion. Many youth in the life history sample initially talked boldly about how they were cognizant of the risks for HIV infection and how they managed to avoid those risks by keeping prostitution safe. Initially, they persisted in talking tough about their risks and in mimicking the safe-sex message. But over time, with more discussions and greater indulgence in conversation, after establishing a relationship, street youth became more trusting and the contradictions became apparent.

When Jose was asked to explain how he manages to take care of himself in light of the threat of AIDS, he initially replied that he only does "safe things", that he "knows how" to weather the odds, that he is "different" from other hustlers:

"I always take care... 'cause I'm not going to die for nobody. You know- I be realistic- I don't got to like this [prostituting], I just got to get myself together. Because like right now, I don't have a good life but still I like myself enough...I like myself enough not to let somebody give you their diseases. It's just not worth it. No! I don't care how much he could pay me. I'm not that type of
person...I'm not the bottom [the receptive partner in anal sex]. Guys who, you know, who play that role, who are the bottom, they be like more likely to get diseases. You know, I don't play bottom".

Later on, towards the end of the same interview, when asked if he ever engages in any sex acts without the use of a condom, Jose explains that it is nearly impossible to be safe:

"Without protection... well, mostly everybody- every gay person in the world... well, not everyone but like 80% of the gay people have oral sex without condoms. You know- like stuff like that. That's like the only thing to do without a condom. And yeah, I done it before you know, like without a condom. So, like, you just make sure he don't ejaculate in your mouth, you know. And, I don't even know if he ejaculates in your mouth if it will give you AIDS but you know... I don't worry about it all the time".

While the AIDS epidemic has revealed itself to these youth, there seems to be a sense of "otherness" when analyzing their own risks for acquiring the disease. AIDS often happens to certain types of individuals who engage in certain types of behaviors that are risky. For example, while Jose draws a distinction between those who are "boys" and those who "play bottom", another street youth draws a distinction between types of sex acts- oral sex and other sex acts:

"With oral sex I never use 'em... I use 'em just for anal sex. They all fuck me. But not for sucking a dick. I don't use 'em for oral
While insertive anal sex may be less risky than receptive anal sex, and oral sex may be less risky than anal sex, youth often interpret less risk as no risk. Furthermore, some youth believe they can spot out the “sick” ones, “the tricks with AIDS”. Some youth claim that they can avoid physical and emotional risk by “picking” out the dangerous tricks from the safe ones. Jose, for example, claims that after a certain amount of time on the streets, he can decipher between a trick who is safe and one who is not safe:

“... After a while, you use psychology. And thank God, so far it has always worked for me. But in the end it is a chance that you just got to take. It’s like I talk to them and like I see how they talk towards me and how decent they are. And then I see how they carry themselves. I talk to them for a little bit and if I feel comfortable I go. I don’t use drugs so I don’t have to go with everyone”.

Jose believes he can tell a “safe” sexual partner apart from one who is likely to transmit disease. If the person is clean cut, talks intelligently, and looks “decent” (e.g., with good education and job), then the person is not likely to transmit disease. Feeling "comfortable" in the presence of a prospective trick is deemed indicative of someone who is “safe”. Similarly, another
youth, Carlos, when asked if he used condoms during his last sexual encounter with a familiar trick shot back:

"Let's just say I do it because I like it. Okay! Besides, I can tell if a person is sick and stuff. Not this guy. I know him. I have known him for two years".

"Knowing" one's trick seems to make the sexual encounter less risky. Later, in a mimicking tone, he interjected:

"Don't do sex if you don't use a condom. Just don't have sex. Don't have sex hard. Don't be kissing nobody in the mouth. Don't be drinking from the same drink. Don't let anybody bite you or play with your nails. Nobody fuck nobody. Alright? You don't go kissing the wrong people, don't be using needles. Come on. You don't look like a stupid girl. You know the answers".

Street youth explain they are able to minimize the risks inherent in high risk activities. With regards to unsafe sex and prostitution, youth explained that they could minimize their risks so long as they were not the receptive partner in anal sex. Some also believed that it was safe to engage in oral sex so long as there was no exchange of body fluids. Some youth erroneously thought they could "tell" who was "safe" by the way they looked, talked, and acted. A clean cut person who spoke intelligently was deemed "decent" and thus "safe". Youth confused "safe" in terms of physical safety with safe sex. A "wrong" looking person was more likely to
be perceived as a source of danger for HIV exposure. Youth also seemed to contrast between “soft” sex and “rough” sex along the lines of what they felt comfortable doing (e.g., “soft”) and what they were uncomfortable with (e.g., “rough”). Soft sex was safe and rough was deemed unsafe. Such perceptions have serious implications for youth’s exercise of risk reduction since they do not even perceive that they may be at risk for exposure to HIV.

These statements suggest that while youth perceive themselves to be knowledgeable about HIV, they harbor a number of misconceptions about who is a “safe” partner and “what” is a safe sex act. An understanding of these misconceptions is important as these youth do not even perceive that they are at risk for exposure.

7.5 Perceptions of the future

Many youth in this sample are all too familiar with death—having witnessed death from disease, assault, accident, and drug overdose. If they are not already HIV+ or symptomatic with AIDS, they know people who have the disease and who have died because of it. Because of their experiences and accumulated knowledge, street youth feel very much at risk for a host of dangers. They have a history of seeing themselves as victims—things have been done “to them”. That is their experience and that
is why they are on the streets. As such, some youth feel passive in their efforts to alter the course of their lives. Importantly, these youth feel that attempts to change are futile. With regards to HIV/AIDS, youth's experiences on the streets, instead of influencing youth to change their behaviors to prevent exposure to infection, work to the contrary. Their experiences inform them of the inevitability of death. The consensus seems to be "it's going to happen. I don't have too much control over what happens to me so why should I make an effort to change what I am doing? What's the point? All I got to do is worry about what's going to happen to me today."

Tammy, for example, a 21 year old East Village youth from a small town outside Pittsburgh, has a $60 a-day heroin habit. She and her boyfriend Johnny cop together, shoot together, sleep together, and are best friends and lovers. They rely on one another to make sure they have a bag of dope with them when they go to sleep at night so they can split it when they wake up. They need to be able to "get well" quickly so they can hustle and meet their daily fix. Tammy and Johnny both talk the talk about AIDS. They can spew out phrases from the literature about ways people get exposed and ways people can prevent infection. At the same time, they both wonder "what's the point of trying to prevent it?"
meeting Johnny, Tammy had had sexual relations without condoms with several different men. She knows the same is true of Johnny who had had sex with men as well as with women. She also knows he had worked the sex clubs and S &M clubs. He also worked as a call boy. Regarding his past sexual relations, she comments:

"... like I know for a fact that he might of had sex with someone who has the virus. I know for a fact 'cause like I know some of the girls he has had sex with. They were pretty nasty [promiscuous] women and so....it's like possible".

With regards to her own HIV status she argues:

"... I suppose I could have AIDS. I know that I might. But then like... I don't want to know about it. 'Cause like there is nothing you can do about it but die from it so like what is the point of sitting there every day thinking "oh shit I might get AIDS" or "oh shit I got AIDS and I could die"? What's the point of it 'cause like death is all that I could wait for. I would just sit there and think about dying. See... the way I think about it... well, I don't want to know if I have AIDS... you know what I mean. Like I will just find out when I'm sick and then like I'll be so sick that I got to go to the doctor and he'll tell me the inevitable. But let me tell you... I'm not gonna die from AIDS... no! I'm gonna buy a bunch of dope and overdose. That's how I'm gonna die!"

A very different scenario is evident in the life history of Tony. Tony is a 21 year old Black and Puerto Rican male who has been on the streets for seven years. He claims he entered street life because his mother routinely
chastised him for “eating too much” of the family’s meager food rations and told him to “get out and make some money”. At 15 Tony learned that he could feed and clothe himself through prostitution. At 19 he found out he was HIV+. Ever since, he claims he is “trying real hard to take care” of his body so he won’t get AIDS. He is articulate about the differences between HIV and AIDS but contends that as a homeless man dependent on the charity of social services, he’s going to make the transition to AIDS real soon. He chastises the programs he is dependent on and argues that he’d rather take his chances on the streets with a trick. If he could make some money prostituting, then he can get his own room for the night:

“See, like at the clinics at St. Vincent’s and Montefiore- you’re treated like an outcast person with AIDS. But... I’m HIV. I don’t got AIDS... but like they don’t seem to care about the difference. They would just put me in a room full of people with TB and AIDS. I don’t want to be in that environment. I don’t got AIDS and I need to take care of myself so it don’t change over. And then like the shelters, they got you sleeping on a chair all night long and make you leave at 6 AM. I still got that bullet in my spine from when I got jumped on the subway. It’s hard for me to sleep on the chair... And then they got all these sick people coming in there... you got AIDS people, you got TB people, you even got real mentally ill people who are like crazy and will like slit your throat while you are sleeping. It’s not a good place for people like me [with HIV] to be.

... So then like, where am I supposed to go and like what am I supposed to do? I’d rather suck dick or get some fucking for a few bucks to be on my own. See, I can turn a trick and make money to take care of myself. I prefer like a quickie like on

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the streets cause the less money they spend on the hotel room and stuff like that, the more money that will go into my pocket. A hotel room would charge $20 and like that could be $20 more dollars in my pocket. I'd rather take my chances on the streets”.

The desperation to get out of the cold, make some money, and have someone to talk to is also the logic used by Dave to explain why he hustles sex. Dave is a 23 year old male hustler who has been working the streets for seven years. He became homeless when his alcoholic and drug using mother bought a one-way ticket to Puerto Rico. She left behind her three teenage sons and one month’s rent. When she failed to show up or send more money, her sons were evicted and forced to find their way on the streets. Dave, then 16, turned to the streets of Times Square. In his seven years on the streets, he has been stabbed on two separate occasions, shot in the shoulder, and beaten raw several times—so badly once that he required hospitalization for over two months. During the winter that Dave was recruited into the study, NYC was experiencing the worst winter weather in decades. The temperature and the wind chill factor combined made it 16 degrees below zero for a two week stretch. On the night of one of our interviews, Dave, dressed in jeans, a T-shirt, and an army jacket continued to man his corner on 42nd St with a can of beer in
his hand. He explained he needed the alcohol to “feel warm” and to prepare for the night of hustling. He explained that he was “shy” and needed a lift to do what he had to do.

On that Friday night, he told me it was crucial he pick up a trick who would let him spend the weekend in his home away from the cold. Dave is not naive about the risks involved in going with a trick; he knows of two male prostitutes who were killed this past summer while with a trick. But it is cold outside and he needs to find shelter. And considering the sex related risks he might have to endure to pay for a warm weekend, he feels they are worth taking. He tries to rationalize the potential risks in going out with a trick to his home but in the end concludes, “you just got to do what you got to do”:

“See, sometimes, like when you really, really need a place to stay some people [tricks] will offer you a good bed to stay in, a shower, something to eat. That might be enough for that night but what about the next night. ...Sometimes, there are those days like when you just don’t get anything. Maybe... just maybe someone will come up to you and give you a dollar here, two dollars there and that’ll help you out with something to eat. But other than that, sometimes the money just ain’t out here. You are like out on your feet all day and you need $10 or $20 but that doesn’t happen. There are no guarantees to this hustling business and like the shelters ain’t no better. The shelters are a real hassle and sometimes they ain’t even warm- sometimes you can’t get warm under the blankets they give you. So you see, it’s much better to find someone who will open up their homes to
... And there is no such thing as it being dangerous with them [those who open up their homes] because anyone who opens up their home to you has to be a good person and they have to feel comfortable with you. They got to trust you and you got to trust that person. In the end, you just got to do what you got to do".

Dog, too, knows about risks—he is all too familiar with death. Dog had just recently witnessed the death of his girlfriend (caused by a drug overdose). A few months earlier, he had watched in utter horror as two close friends died after injecting heroin. They were apparently sold poison instead of heroin. He described to me in detail how he watched as they died what seemed to be a very gruesome death... how he had watched their bodies twitch, their eyes roll back, and foam ooze from their mouths. Having witnessed death firsthand, he had become complacent with death. It had become an inevitable reality and he feels there is little he can do to change his fate:

"I am concerned about it [AIDS] in that I am sure it must be very unpleasant to die of AIDS. But then again, there are a lot of things that are excruciatingly unpleasant but they really don't bother me all that much. The thing is that I am still alive and I can still do something. So I am not really concerned about death. When it is your time it is your time and there is no way to avoid it. There is nothing you can do about it. If I die, I die."
7.6 Contextualizing Risk Behaviors

These short vignettes show that youth are cognizant of an array of risks. A brief review of youths' stories reveals the ways in which personal and environmental factors influence perceptions of opportunities and risks, perceptions of control, real opportunities, and real barriers to altering behaviors. For example, Jack's life history illuminates the salience of a number of demographic and behavioral factors. Jack felt the range of roles within the street economy were limited to him and viewed prostitution as only realistic opportunity for gain. As a young, unskilled, handsome, gay, White male, prostitution did not require skills other than relieving psychological inhibitions. His experiences with sexual abuse influenced his perceptions that sex with older men was a distasteful experience but one that he was familiar and one that he could manage. As an orphan, he did not have many social supports to protect him from homelessness. Although he engaged in a number of hustles over the course of his career, prostitution was the most viable one for him once he became symptomatic with AIDS. Although his pool of tricks became limited when he began to look sick, he was able to get money without having to invest much sexually. Drug dealing was not an option for him because of his own serious heroin and cocaine habit. Panhandling was interpreted as a "low life" endeavor.
since he felt only old, mentally ill men and women resorted to it. Moreover, his experiences with social services influenced his perceptions that help was not forthcoming and that he was responsible for his own destiny. As a person waiting to die with AIDS, the HIV risks inherent in prostitution were already realized and he had no reason to be concerned with it.

Mark and Sloth rationalize prostitution as a quick, low investment, money yielding endeavor to embrace whenever the opportunity presents itself. It was a behavior they could resort to when the need to satisfy a drug craving was serious enough. They felt prostitution was not limited to gay males only and that they could be successful at it because they viewed it purely along business terms. Both these youths engaged in an array of street hustles and did not see themselves as limited to any one role. They knew their drug habits required them to be innovative.

Freddy's past experiences with incarceration because of robbery and drug dealing influenced his perceptions that the risk of incarceration from prostitution is a relatively low risk hustle. Moreover, his heavy addiction to heroin necessitated he access large sums of money with minimal time invested. For Freddy, his most pressing fear was not HIV/AIDS but the real physical symptoms of drug withdrawal and incarceration. Similarly, Cory's experiences as a drug dealer in the past with a long criminal record
informed his perceptions that prostitution is a low risk, high yield hustle that he could be successful at. He viewed himself as a strong, virile, young Black man who was deemed desireable by tricks.

Roger views prostitution as a low "hassle", efficient, and profitable way to make money. As a transgender youth with transgender friends similarly involved in prostitution, Roger feels confident of his ability to minimize risks associated with prostitution and to increase the rewards. Similarly, Raven views prostitution as a way to break the monotony of street life and to get in good with the drug dealers. Because her clients often ask her to cop drugs for them, she is able to "get in good" with drug dealers and to get drugs on credit. In doing so, she is able to increase her social status among her peers.

Importantly, many of these youth (e.g., Jose, Carlos, Dave, Tammy and Johnny) view prostitution as a hustle in which they are in control, where they can dictate the terms of the sexual exchange, they can choose their partners, and they can minimize physical and emotional risks. Learning to survive in the urban arena is a difficult challenge for anyone. But for the economically and socially disadvantaged youth lacking education and skills, real employment opportunities, and residential stability, the risk of HIV/AIDS is weighed in light of other, more immediate and pressing risks to
their physical and mental health. Loneliness, hunger, cold, drug withdrawal, violence, victimization, and incarceration, are daily risks youth must confront. Compared to a life on the streets of New York City, HIV and AIDS may be viewed as lesser evils to contend with tomorrow or the next day. For some street youth, the more important objective of each day is to make it to the next day.
Chapter 8: ATTEMPTS at CHANGE

Many of the youths whom I interviewed found it difficult to imagine what their life will be like 10 years down the road. Many articulated that once out and "living the life", the possibility of returning to a "normal life" is a dream unlikely to come true. Even those youth who have maintained minimal contact with their families of origin contend that they can never return to the way things were. The streets, they declare, have changed the course of their lives forever.

8.1 Attempts at Reunification with Family

Some street youth yearn for the chance to step back in time and change the course of their lives. If they could choose between the "hell" that was their home and the "hell" that is the streets, some youth claim they'd gladly return to life they once had fled. Yet, these youth know such chances exist only in their dreams. One youth, Tommy, who grew up in an abusive home in Long Island and who now maneuvers the streets and his tricks although legally blind consistently talked about his desire to return to his mother. Tommy yearned for a chance to return home but knew his mother would not have him:

"I want to go home. I really want that. I would love a relationship with my mom. I want it more than anything in the whole world."
But you know, she says that I've been away from home for too long... that I've lived in the city and that I'm a different person and I have a different life style. She worries that I might bring home some weird disease and like she said she is afraid of me. She says it would take a long, long time for her to gain trust of me again and to feel comfortable living under one roof with me. It makes me feel real sad because I love my mother. I would never hurt her. I feel really bad because I want to get my life together and get off drugs and be young again. But you know, it is really hard to do... because I went down so bad you know, I hit the bottom. I can't go no lower than this. And the really scary thing is I can't get myself back. I don't think I can get any higher than where I am now".

Other youth cannot forget or forgive those who made the streets a more welcoming alternative to home life. Cory, a male prostitute who has been beaten, stabbed, pimped, shot, and raped on the streets continues to find the streets more appealing than the home he left behind. He cannot forget or forgive his mother for his "life in hell":

"I don't ever want to see my mom. I don't ever want to see her unless she's going six feet under in a steel casket. She's not a mother to me... she never was. She is the reason I am on the streets. She's the reason I fucked up my life so bad that I ain't got nothing to live for. Maybe I could have been different. Maybe I could have been somebody. Maybe... you know, if things had been different... but I couldn't be nothing with the way things were. She [mother] was crazy, man, and she made me leave. I just couldn't stand her beating no more. I ain't got no family... I never had".

8.2 Role of Social Services

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The youth interviewed for the life history study revealed differing opinions regarding intervention services for homeless youth. One street youth, Jose, complained about the existing drop-in services for youth saying that they were “too strict”. He explained that the Safespace staff, despite doing a “nice job” ... “get out of hand with the rules”. He interprets the rules as punitive and unrealistic to the needs and lifestyles of street youth:

“Okay, it's like, they know that kids that go there have no where else to be... that they need to rest at least a little bit and eat something... And you know, when you go inside [the program] they be like... "Oh yeah, come in". Then they be like... "oh no, you can't come in because yesterday you signed up for a workshop but you didn't show up". So then they [staff] won't let you in for the day. And... you're so used to cursing out here you know, so if you just curse, like say a bad word three times, they'll kick you out for the whole day. Like I mean come on... like three little bad words and they kick you out for the whole day...... And like Streetworks... I like Streetworks better but I can only go there two days out of the whole week... I've very proud of myself that I always keep neat. No one can tell that I need help- even if I need help- even if I need help I wouldn't tell nobody okay. Sometimes... I go to the Open Door for a shower. And you know, I'd rather wait to take a shower in my own place. Like I usually rent a hotel room. I make money and I like to take care of myself... I'm so proud of myself that I sometimes I don't like to go to these places. Sometimes I feel better than someone else and so if I go to these places then I feel very low. I feel low going to those places to take a shower. It's stupid I know... But that's just how I feel".
Generally, East Village youth are suspect of social services for youth.

Sarah, homeless since 14, claims that she has never gone to a drop-in center in New York City. According to her, an only child born to middle class parents, leaving home was a deliberate, conscious act. She explains it was her yearnings for independence which prompted her to leave a seemingly normal family life:

"Well, leaving home... it's not like it... it wasn't like, like I was mistreated or anything. It was just that I was getting bored with it and I felt like I could really survive like a lot better by myself... that I could make myself a lot happier. My mom was, I mean like... my mom was always my best friend. I liked her a lot. So, it's not like a big problem with my parents but it was just me. I really needed to just leave".

Sarah has spent the past two years traveling across the country and squatting in abandoned buildings. She explains that she can only think of two reasons to go to a shelter or drop-in program in New York City: one, is if the person is sick, and the second is if the person is hungry.

Her experiences in other cities have taught her that the programs are usually crowded and that the "counselors will be just like so annoying that people [street youth] will not be wanting to deal with it". Furthermore, as she explains it, it is easy to be self-sufficient in New York City:
"New York City is such an easy city to survive in. It seems to me that people don't really even need those programs. Well, if they are really sick, like they'll just go to the emergency room. And if like people need food, it's always there... those are the only two things that I can really think of that I've ever gone to projects for".

Another youth, explained that he does not go to shelters or drop-in programs because: "that's [shelters, programs] are for low people. My father is middle class. I don't need that kind of place. The way the people look and talk... I don't like it. People smell. I left because I just didn't like it. I wanted a place that smelled like a room, not like a toilet".

Freddy had mixed reactions to services for street youth. In the eight years he has lived on the streets, he has sought assistance from Covenant House only once. He explained that Covenant House is "no good" because it caters to a "different kind" of street youth:

"The wrong people go there [Covenant House]. The people who go there aren't really people looking for help. They just people-kids you see there just go there for one night, one week, or whatever... just to hang out and then they go back home. It's for that reason... those kids take advantages- they really didn't need that much help. They're just kids who get into some trouble, who need a place for a while, and then they be going home".

The only other program which Freddy ever used is the Streetwork Project. He has been going there for the past two years, ever since he found out he
was HIV positive. Freddy now laughs when he recalls how he had found out about his serostatus. He explains that one day, about two years ago, while he was copping heroin in Harlem, he was approached by a woman who offered him $10 to take the “AIDS test” and another $10 to cooperate in learning the results. According to Freddy, he agreed to take the test only to use the first $10 to buy a bag of dope. Upon learning his seropositive status, Freddy admits that he went on a drug rage:

“... My question to myself was ‘why me’? My question to the worker who was telling me that I was sick was ‘why me’? She told me to look at your life: ‘Look at your life- look at the things you been doing’... She started to explain to me how I could take care of myself to live longer... But before I started getting help for myself... I went on a drug rage. You know, I started thinking... ah, I’m dying anyway so what the heck. So I kept getting high”.

Months later while in the Port Authority Bus Terminal waiting to turn a trick to make money to buy more dope, Freddy met an outreach worker from the Streetwork Project who was most influential in changing his life:

“One day I was hanging out inside the Port Authority and uh Mike [the outreach worker] walks up to me and uh, he asks me if I want some condoms and then he started to walk away. Like I didn’t know... something said ‘Freddy- go talk to him about your problems- go’. So I called him back and I started to talk to him about the problems and he gave me a day to come by the program. And ever since, I’ve been going there and doing better
and better by the day. I'll never forget the day. I'll never, ever, forget that day”.

After one year of going to the program for meals, showers, clothes and counseling, Freddy began to consider giving up drugs. His counselor did not push him into a rehabilitation program but initially encouraged him to use less and less drugs, to shoot up more safely, and to consider a drug-free life. Freddy insists that it was the open and non-judgmental environment at the program which encouraged him to continue counseling. His counselor, the person who initially reached out to him the Port Authority Bus Terminal with condoms, gradually assisted in Freddy in applying for welfare and Medicaid. He also helped Freddy get into a methadone maintenance program and finally helped him find housing through the Human Resources Administration and the Division of AIDS Services in New York City. Freddy insists that he could never have managed such a feat without the support and encouragement of the “sensitive” staff at the Streetwork Project. It was their nonjudgmental stance and their acceptance of his relapses and his many failings, their patience of him, which helped him persevere.

Freddy complains of one thing though, he complains of the process involved in finding safe, affordable, and inhabitable housing, maintaining
benefits, getting counseling, etc. The process is tedious, time consuming, and a constant struggle to master. He cites examples of being cut from welfare without any explanation, of failing to find sanitary and safe housing, and being unable to find a place of refuge. He complains that he has been waiting to get on the list for therapy sessions and day services at the Gay Men’s Health Crisis for over six months. Such services are in high demand and he is on a waiting list and he fears he has no more time left to wait:

“Everything, everything is waiting here. Everything I got to do is like I got to wait for stuff. You know, they [social service programs] just don’t understand. I don’t got time to be waiting now. I just don’t know how long I got to live”.

Another youth, Tony, is especially bitter about the lack of opportunities on the streets. He is first and, foremost, a male prostitute. He does not see himself moving out of this economic niche. He explains:

“sometimes, when you are so down and so low, people who pass you by, instead of helping you, they make fun of you. They look at you like you are dirt and they yell ‘hey, why don’t you find a job?’ And you know, when someone talks to me like that I want to ask them ‘hey will you hire me. Will you hire someone like me? ... Are you gonna take me home with you and let me shower so I can get presentable enough to work? Are you gonna put clothes on my back and put food in my stomach? You know I got to eat and I got to dress for work?’ But you know, “the man” he don’t care ‘cause he don’t understand. ‘Cause “the man” [society] he don’t care... he don’t understand. ‘Cause “the
man" he be talking about closing down shelters, closing down welfare. He thinks the people are gonna find work. "They" think "they" can just straighten things out like that {snaps his fingers}-but they don't know anything. They don't know anything about me. They ain't lived a life like mine".

8.3 "They ain't lived a life like mine"

The life histories summarized above expose the amount of physical and emotional pain which characterizes the lives of street youth and which often precedes their entry onto the streets. Before intervention efforts can be expected to alter the life course of these youth, they must appreciate youths' perceptions regarding the likelihood of change. Intervention efforts need to address youths' perceived and real physical, emotional and financial needs. They must incorporate youths' beliefs and their expectations. Their health needs must be addressed in conjunction with their overall psychosocial needs. Street youth hurt on a number of fronts and attempts to alter one aspect of their lives cannot be accomplished without also addressing other issues and concerns. The ultimate goal of altering risky behaviors will not be accomplished independent of incorporating, addressing, and healing all aspects of their lives. Only then can alternatives to street life, prostitution, and drugs be embraced as real alternatives.
Chapter 9 CONCLUSION

This longitudinal, ethnographic study addresses the critical gap in information available about how, why, and under what circumstances street youth engage in high risk behaviors for HIV/AIDS as participants in their local street economy. This study presents youths' views regarding the factors that encouraged them to enter street life, participate in prostitution, and the factors that facilitate or inhibit their ability to alter their risk behaviors and/or exit street life. Summaries of life histories reveal the extreme degree of instability and emotional and physical hardship that characterize the lives of these youth and that influence the course of their street careers.

The homeless youth population in New York City is heterogeneous with respect to demographic characteristics (e.g., age, sex, race/ethnicity, and sexual identity); duration of homelessness (e.g., age at time of entrance into street life, total number of years on the streets) and experiences with homelessness (e.g., adopted geographic niche in mid- and lower Manhattan). The population differs with respect to the degree to which individuals form alliances as members of an identifiable group (e.g., squatters, butch queens, sexual partnerships) or remain loners; drug preference (e.g., alcohol use, crack/cocaine use, heroin use); and, the

271
degree to which youth are dependent on drugs. Youth also differ in their risk behaviors for exposure to HIV infection (e.g., high risk sexual practices, high risk drug injection practices) through their personal relationships and as the result of their participation in the street economy. Despite these differences, street youths' life histories expose a number of similarities as to how and why they enter street life.

Utilizing the framework proposed in Chapter 2, the factors affecting youths entry into and participation in street life can be examined at the level of the individual (micro-environment) and the society (macro-environment).

9.1 Reasons for Entering Street Life

Micro-Environment

The youth interviewed for this study offer a variety of reasons for entering life. Many of these reasons center on personal issues and conflicts within their family of origin, stemming from poverty and family dysfunction. In almost all cases, youth report multiple reasons for entering street life, claiming that these reasons either forced their flight to the streets or influenced their perception of street life as a better alternative to home. Typically, for youth in this study, home life was characterized by violence, parent/guardian's absence, physical or mental abuse, and neglect. The specific causes of conflict with their families often resulted from drug use,
sexual activity or sexual identity, difficulties in school and/or mental illness. Youth report "escaping" to the streets in search of role models, group identity, companionship, and a way to "fit in". A minority of the youth interviewed also cited "wanderlust" or "the lure of the streets" as compelling forces for adoption of street life.

**Macro-environment**

Youth report a number of reasons for entering street life stemming from the lack of viable personal and agency-type social supports, lack of drug and mental health rehabilitation programs, and the lack of affordable housing.

Reasons for entering street life also emanate from the social context in which these youth live. Youth report, for example, discrimination that marginalizes and stigmatizes them. Discrimination is especially problematic for homosexual and bisexual youth who are struggling with their sexual identity. In addition, most of the youth studied came from poor homes, have little education or skills, and, in some cases, have a mental illness. For minority youth, discrimination due to minority status compounds their marginalization in society.

**9.2 Activities Within the Street Economy**

Learning to survive on the streets is difficult, especially for the
economically and socially disadvantaged. For the adolescent coming from a low socioeconomic background and a disrupted home life, in the absence of support from their families or institutions, confronting poverty and homelessness without real skills or opportunities for gainful employment, the street economy uniquely offers a chance at self-sufficiency. The street economy in New York City, by supporting a range of illegal and quasi-legal activities, offers a range of possible roles for street youth which carry varying degrees financial, physical, social, psychological, legal, and HIV risk.

Micro-environment

There are multiple personal characteristics which shape youths' perceptions of both opportunity and risk in the street economy. For example, the data reveal that demographic characteristics such as sex or age at entry into street life, as well as the needs fundamental to survival, drive youths' economic activities. In addition, interviews clearly demonstrate how the physical, emotional, and even social need for drugs impacts on youth behavior. Finally, specific experiences—such as sexual abuse—and expectations of the future also influence youth exposure to risk in the street economy.

Together, personal characteristics such as sexual orientation,
education level, mental health status, the length of time they have been on the streets, and their networks influence their beliefs and attitudes about risk of HIV. These factors, in combination with the structural constraints on youths’ choices, influence whether street youth adopt economic behaviors that put them at risk of HIV infection.

Drug addiction, in particular, is a significant force in youths’ choice of behaviors. As will be discussed below, drug addiction is reported by youth to be a primary reason for engaging in prostitution. Therefore, a youth’s drug use is directly linked to HIV risk through sex.

Macro-environment

Street youth articulate that discrimination and limited opportunities not only drove them to the streets but continues to affect daily survival efforts. In addition, various political campaigns (i.e., quality of life legislation), economic drives (i.e., gentrification), and police presence affect which illegal or quasi-legal activities youth can engage in without fear of incarceration. Moreover, social services agencies are viewed as limited in their ability to provide adequate housing, jobs training, drug rehabilitation, mental/medical care, and non-judgmental and holistic counseling and support services to encourage and facilitate behavior change.

9.3 Street Hustle and HIV Risk
The youth interviewed in this study were involved in a variety of street hustles. Nearly half of the sample engage in prostitution on a daily basis. An overwhelming majority of the sample had engaged in prostitution at some point. Although prostitution has different meanings and functions for different youth, it is clear that prostitution is especially frequent for youths who are addicted to drugs. Therefore, drug use and prostitution requires special consideration as street hustles.

9.4 Drug Use, Prostitution and HIV Risk

Alcohol and drug abuse are both precursors to involvement in the street economy and the result of involvement in it. Drug dependency is frequently cited as a reason for engaging in prostitution, particularly among youth who use crack. Although a relatively inexpensive drug (ranging from $2 to $5 a vial), the crack high is intense but brief and the crack addict feels the insatiable need for more. For crack-using youth, prostitution is viewed as a way to make money with minimal time investment. For heroin-using youth, the dependence on prostitution varies according to the degree of drug dependency. Youth who have either been using heroin for a long period of time and/or who require large quantities of the drug to feel well and/or achieve a high often engage in prostitution as a way to make money. Youth with relatively new or inexpensive heroin habits
that can be satisfied with a few bags of heroin a day do not generally
report the need to make large amounts of money quickly. As such, youth
with heroin habits of fifty dollars or less per day or who can “get off” with a
small quantity of heroin, often rely on other roles such as panhandling,
petty theft, and intermittent, sporadic involvement in drug dealing. These
youth often pool together resources with the like peers and engage in drug
purchasing and drug using partnerships. Therefore, it is clear that chronic
drug dependency and prostitution are interrelated. Once youth become
heavily involved in drug use, they are often limited to a particular market
within the street economy where money/drugs are exchanged for sex.
Chronic drug dependency is a serious barrier to achieving self sufficiency and
making it off the streets. Once youth become addicted to drugs and
involved in prostitution as a means to support their addictions, their
increasing participation in health-compromising behaviors (e.g., high levels
of substance abuse, multiple sex partners and unsafe sex practices) results
in increased morbidity, both physically and psychologically. This affects
their perceptions of risk and control and their abilities to circumvent
barriers to altering high risk behaviors and exiting street life.

There are other factors which correlate with both drug use and a
reliance on prostitution. These include a history of physical and sexual
abuse and sexual minority status. In this sample, virtually all of the youth who report a history of sexual abuse also report chronic drug dependency and sustained involvement in sex work (e.g., prostitution, pornography, nude dancing, S & M, etc.). Among non-abused youth, sexual identity mitigates involvement in prostitution and whether or not youth move into other roles within the street economy. Sexual minority youth report a chronic dependence on roles within the sex trade economy (e.g., prostitution, pornography, stripping, etc.) that supports their addiction to crack/cocaine and/or heroin. These youths regarded drug dealing as socially desirable but not realistically viable or steady as their sexual identity relegated them to the lowest rung of the hierarchical street economy. Therefore, their occasional ventures into low-level drug distribution caters to other homosexual/bisexual youths. As a result of their efforts, their cut is usually drugs, not cash. Interestingly, gay/bisexual youth report that their peer groups often legitimize prostitution as a viable means to make money, facilitating their own acceptance of prostitution as a concrete means for gain and informing them of the ways to maximize the rewards while minimizing the risk of injury and harm associated with it. Regardless of sexual identity, however, youth with expensive drug habits report that they are not likely to succeed in drug dealing because they often cannot
resist the temptation to use up their own profits.

Compared to drug dealing, youth view prostitution as an endeavor with minimal risks for incarceration and violence. Youth believe that while drug dealing is a more socially dignified role among their peers than is prostitution, drug dealing also carries more immediate negative risks. That is, while drug distribution has higher short-term benefits in income relative to some forms of the sex trade, drug distribution also has higher short-term risks for violence, victimization, arrest, and incarceration. Prostitution, on the other hand is believed to result in less severe police action and punishment than do other offenses.

The youth interviewed were generally well-informed about HIV risk. However, as in other populations, knowledge of risk of HIV infection is insufficient to reduce high risk activities among street youth. When risk reduction is inconsistent with the needs, expectations, perceptions, and bartering abilities of those involved, few street youth adopt preventive health behaviors. Risk reduction requires the ability to overcome the circumstances of street life which constrain their options (e.g., ethnic minority status, class, sexual and economic inequities, lack of education and job skills, poor self esteem, lack of opportunities, and lack of social power or influence). Information and the desire to avoid infection are
insufficient to reduce situations of risk as risk perception is shaped by the contexts which constrain youths’ options. As such, although street youth recognize AIDS as a particular kind of danger in terms of degree of potential harm, risk is ultimately understood and managed within the broader framework of risk in their daily lives.

Models of behavior change in this population must, therefore, consider the entire constellation of risk which street youth face. Social and structural determinants of behaviors such as poverty, poor education, racism, sexuality, and drug use, place individuals at risk for HIV/AIDS. This means that Intervention efforts must address the perceived and real needs and abilities to alter behaviors. The key to understanding and altering street youth’s risk for HIV through their participation in the street economy lies in recognizing the role of homelessness in their lives, their perceptions of AIDS danger relative to other risks present in their lives, and their perceptions regarding the existence and applicability of resources available to act differently. Only then can alternatives to street life, prostitution, and drugs be viewed as real alternatives.

By emphasizing context in HIV studies, we can explain HIV risk behaviors and the attitudes that support not as the consequence of cognitive dysfunction or maladaptive cultural traits, but as the consequence
of specific situations and contexts. By identifying significant contextual factors and describing how they exacerbate or inhibit risk behaviors, we can inform and augment current interventions aimed at individual behavioral change. Intervention programs must support individuals' attempts at risk reduction by addressing the local conditions that encourage risk behaviors while at the same time promoting conditions that encourage risk reduction. This, of course, requires a different type of intervention program— one targeted at the overall conditions of street life. The challenge facing AIDS prevention researchers is to move beyond identification and description of the complexities of street life to the development of prevention programs that address these complexities. This ethnographic research addresses a critical gap in the information available about the AIDS-risk behaviors of street youth. The results of this study can assist local AIDS prevention service providers, particularly street outreach agencies, primary health care providers, and drug treatment services in efforts to develop community-based prevention services.

This study contributes to the body of work within medical anthropology that focuses on the intersection of micro- and macrolevel factors in the determination of health behaviors. In particular, this study
advances our understanding of the often subtle factors that influence HIV risk among a disenfranchised population. Ethnographic data is uniquely equipped to provide the detail needed to examine these links. The use of ethnography and life histories to explore the lives of these youth, therefore, is a significant contribution to the literature on HIV risk, risk perception and, behavior change.
Attachment A: Research Sites

Preliminary ethnographic data compiled during the community assessment phase of YAR identified certain locations within New York City which attracted unique subsets of street youth in terms of demographics, experiences, and behaviors. In the area south of 59th Street in mid Manhattan, there are at least three neighborhoods where street youth gather. The sites included: (1) the Port Authority Bus Terminal/Midtown area, (2) the West Village area, and (3) the East Village area. These sites were chosen based on preliminary observations during the YAR Project which indicated that these areas supported clusters of the street youth population which appeared distinct with respect to their involvement in, and dependence upon, the street economy. In addition, the street economy was seemingly stratified across these locations with regards to type of activity and the income that was generated. The activities included: sporadic employment, the exchange of sex for money and/or drugs, food, or shelter, panhandling, rolling/mugging, burglary, petty theft, scamming, and/or drug dealing.

The Port Authority Bus Terminal (PABT) includes the transportation building spanning 42nd to 41st Street between 8th to 9th Avenue. The Port Authority Bus Terminal is a major bus and transit depot
and is nestled in the heart of New York City's red light district. It also serves as a center for the sex and drug economy. The PABT is known as an area for pick-pocketing, mugging, prostitution, and scamming. The street youth in this area are diverse with respect to age, ethnicity, sex, gender identity, and city of origin, although most are sexual and ethnic minority youth from the NYC area. Street youth can be found in the PABT during most hours of the day and night and across all seasons. The street drugs most often used in this locale include crack, cocaine, alcohol, speed, and some heroin.

The Port Authority Bus Terminal is located in midtown Manhattan. **Midtown** includes the area bound by 50th Street on the north, 40th Street on the south and spanning 8th through 10th Avenues is a location where youth are visible during most of the day and night and across all seasons. Youth who congregate here are involved in either or both the sex and drug economy. Porn shops and dance clubs line 8th Avenue and attract both transgender and heterosexual prostituting youth. Male hustlers are usually found on the east side of the street and female hustlers on the west. The avenues support a thriving drug economy in which the street youth usually occupy low positions of power and control as “runners”, “pitchers”, or “lookouts”. They often work for drugs rather than cash. This area,
characterized by pornography, pimping, and drug dealing, is plagued by high rates of violent crime. Most of the youth who congregate in this area use crack, marijuana, alcohol, and injection drugs.

This West Village area includes an interconnected segment of streets bounded on the north by 14th St, the south by the Holland Tunnel, on the east by 6th Avenue, and on the west by the Hudson River and piers. This area is the bastion of the gay community in New York City and includes a number of social clubs and gay "hustler" bars which attract street youth involved in prostitution. This area also includes the "Meat Market"; in the very literal sense this is the district for NYC's wholesale distributors of meat and poultry and in the pejorative sense, this area, which is abandoned during late night hours, is converted to a stroll for prostitutes. Generally, youth who congregate in the West Village are predominantly male, primarily 18 years or older and are most likely to be users of intravenous heroin and crack. Most often, youths in this area have been engaged in the street economy for several years. In this neighborhood notorious for its "gay culture" many of the street youth who congregate here are gay-identified. The prostitution that occurs here may be different from the prostitution in other parts of town in terms of the financial rewards, regularity of access to and involvement with tricks/johns, and the variety
and type of sex acts preferred.

The East Village area is bound by 14th Street on the north, Houston Street on the south, 6th Avenue on the west, and the East River on the east. Street youth in the East Village belong to a variety of "squatter communities" which occupy abandoned buildings and open lots. The squatter youth are primarily young (14-21 years), white, and come from all parts of the United States. These youth usually remain in their geographic locale and do not generally interact with the above-described groups of youth. Squatter youth have a characteristic style of dress, ornamentation, and anarchist culture. These youth primarily panhandle as a means of support. They also use a vast array of street drugs including acid, alcohol, amphetamines, marijuana, heroin, and cocaine.
Attachment B: Outline of Ethnographic Life History Interview Guide

Demographics: age, sex, self-described gender, ethnicity, place of birth/rearing, educational experiences.

Family Life: relations with parents, siblings, extended family/kin over time; chronology of important events in the life cycle of the subject (e.g. birth/death of family member, marriage or divorce of parents), incarceration; traumatic life events (e.g. history of abuse, victimization, financial situations, contact with social service systems), positive life events, concept of family.

History of homelessness: years on the streets; precursors to homelessness, introductions into street life, introductions into the street economy, experiences and lessons of street life, self-assessed street survival skills, traumatic/pleasurable experiences; movement across location/economic activity over time, perceptions of movement across time; friendships networks/role of family on the streets; victimization, contacts/relations with social service agencies, residences, history of hospitalization and incarceration.

Sexual History: history of relationships (positive, negative); history of STDs, pregnancy, self-awareness; victimizations; sexual "work" history, experiences with condoms; sexual and personal experiences with tricks, peers, and others.

Substance Use/Abuse History: history of drug use, type, amount, with whom, how acquire money, how obtain drugs, locations of use; first experience; movement across drug types; use of drugs in the "social" and "work" context, combinations of drug use at
particular times; history of treatment, recovery; motivations for drug use; perceived risks associated with drug use.

**Work History:** sources of income; perceptions of kinds of work available or economic opportunities; informal street hustles; changes associated with life cycles/needs; work-related goals/ambitions; history of crime, incarceration; perceptions of risk associated with economic activity.

**Medical and Social Service History:** prior experience with illness; general assessment of present health; knowledge of HIV, methods of prevention; experiences with infected individuals, perceived personal risks of illness and death (due to HIV and others); conceptualizations of contagion and illness.

**Social Networks:** significance of social networks; reference group norms, values, beliefs; concepts and perceptions of "family" and "friends"; desires for intimacy, religious networks.

**Access** to food, clothing, shelter, medical care, education, prevention materials (condoms, drug paraphernalia); daily routine: habits and contexts of obtaining food, clothing, shelter, sleep, etc. with particular attention to social relationships and the function of social networks in everyday life, job skills.

Sources of stress, tension, anger, and depression; ways in which these experiences are managed in everyday life, with particular attention to the function of drug use/sex.

**Perceptions of time and expectations of the future:** perceived likelihood of achieving goals.
Attachment C: Summary Profile of Each Street Youth Sampled

The first column of the attachment refers to youth by first name only. To assure the confidentiality of all participants, youth were asked on the first interview to pick a pseudonym. In most cases, youth chose pseudonyms which revealed something personal and telling about themselves. In other cases, youth opted to use their first names. Columns two through four summarize data on age, sex, race/ethnicity, and state of birth/rearing. Column five summarizes data on sexual orientation: "H" indicates youth self-identified as heterosexual, "G" as Gay, and "B" as bisexual. The sixth column, "Total years/Age 1st entered", first indicates the total number of years youth reported to be involved in street life and secondly, indicates the age at which they felt they made a "definitive" move onto the streets. Column seven, "Primary Hangout" rank orders the locations in Manhattan where youth hang out and "work":

*EV*= East Village  
*WV*= West Village  
*53rd and 3rd*= on the east side of NYC  
*Bronx*= Bronx  
*M/P*= Midtown/Port Authority Bus Terminal area

Column eight "Street Hustles" summarizes in rank order youth's roles/activities within the heterogeneous street economy:

*A*= panhandling  
*B*= prostitution/tricking  
*C*= dealing drugs  
*D*= shoplifting/stealing  
*E*= scamming  
*F*= other (e.g., temporary work, selling metal, nude dancing, pimping).
Column nine, “Highest Grade”, refers to last grade of school completed. Column ten “Mental Illness” reports cases where youth self-identified as mentally ill or discussed a history of hospitalization and/or medication for mental illness.

Column eleven, “Drugs Used”, rank orders current drug preferences:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>alcohol</td>
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<tr>
<td>B</td>
<td>marijuana</td>
</tr>
<tr>
<td>C</td>
<td>crack</td>
</tr>
<tr>
<td>D</td>
<td>cocaine (alone)</td>
</tr>
<tr>
<td>E</td>
<td>heroin (alone)</td>
</tr>
<tr>
<td>F</td>
<td>speedball (heroin &amp; coke mixed)</td>
</tr>
<tr>
<td>G</td>
<td>heroin and speed mixed</td>
</tr>
<tr>
<td>H</td>
<td>amphetamines (speed)</td>
</tr>
<tr>
<td>I</td>
<td>ice</td>
</tr>
<tr>
<td>J</td>
<td>non RX methadone</td>
</tr>
<tr>
<td>K</td>
<td>methadone</td>
</tr>
<tr>
<td>L</td>
<td>other opiates/narcotics</td>
</tr>
<tr>
<td>M</td>
<td>barbiturates</td>
</tr>
<tr>
<td>N</td>
<td>tranquilizers</td>
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<tr>
<td>O</td>
<td>PCP</td>
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<tr>
<td>P</td>
<td>LSD</td>
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<tr>
<td>Q</td>
<td>ecstasy</td>
</tr>
<tr>
<td>R</td>
<td>others (e.g., hormones, pills)</td>
</tr>
</tbody>
</table>

Column twelve, “Ever/Current IDU”, first indicates if youth ever used intravenous drugs and secondly, indicates if youth are currently using drugs intravenously (“Y”= yes, “N”= no). Column thirteen, “Ever Jail”, indicates if youth had ever been incarcerated during the course of their street career. Column fourteen, “Services Ever/Current”, first indicates if youth ever used social services for street youth and secondly indicates if youth currently utilize social services for street youth (“Y”= yes, “N”= no). Finally, column fifteen “Abuse P/S/I” summarizes youth’s history of victimization and abuse: “P” reports on physical abuse, “S” on sexual abuse, and “I” on incest (“Y”= yes, “N”= no).
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Age</th>
<th>Sex*</th>
<th>Ethnicity/State of Birth</th>
<th>Sexual Orientation</th>
<th>Total years of age 1st entered</th>
<th>Primary Hangout</th>
<th>19 Street Hustles</th>
<th>Highest Grade</th>
<th>Mental Illness</th>
<th>Drugs Used</th>
<th>Ever/Current IDU</th>
<th>Ever/Current</th>
<th>Services Ever/Current</th>
<th>Abuse</th>
<th>PISA</th>
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</thead>
<tbody>
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<td>1</td>
<td>Sour Mash</td>
<td>17</td>
<td>M</td>
<td>W/ TX</td>
<td></td>
<td>9/10 yrs old</td>
<td>EV, WW</td>
<td>A E C B D</td>
<td>8</td>
<td></td>
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<tr>
<td>2</td>
<td>Heather</td>
<td>18</td>
<td>F</td>
<td>W/LA</td>
<td></td>
<td>4/14 yrs old</td>
<td>EV</td>
<td>A E D</td>
<td>10</td>
<td>*</td>
<td>A E F H C O D</td>
<td>Y Y</td>
<td></td>
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<td>3</td>
<td>Tammy</td>
<td>21</td>
<td>F</td>
<td>W/PA</td>
<td></td>
<td>4/17 yrs old</td>
<td>EV</td>
<td>A B E</td>
<td>12</td>
<td>*</td>
<td>E F A B D H O P</td>
<td>Y Y</td>
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<td>4</td>
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<td>M</td>
<td>B/ CA</td>
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<td>EV</td>
<td>A B E</td>
<td>11</td>
<td>*</td>
<td>E F A B D H O P</td>
<td>Y Y</td>
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<td>5</td>
<td>Sokra</td>
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<td>M</td>
<td>W/ TX</td>
<td></td>
<td>4/16 yrs old</td>
<td>EV</td>
<td>A</td>
<td>8</td>
<td>*</td>
<td>E F D A B Q P</td>
<td>Y Y</td>
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<td>6</td>
<td>Slaton</td>
<td>20</td>
<td>M</td>
<td>W/ NYC</td>
<td></td>
<td>7/13 yrs old</td>
<td>EV, WW</td>
<td>A B C D E</td>
<td>10</td>
<td>*</td>
<td>E F G H A B</td>
<td>Y Y</td>
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<td>A</td>
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<td>*</td>
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<td>Y Y</td>
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<tr>
<td>8</td>
<td>Dog</td>
<td>22</td>
<td>M</td>
<td>W/ NY</td>
<td></td>
<td>9/14 yrs old</td>
<td>EV, WW</td>
<td>C E B D A</td>
<td>10</td>
<td>*</td>
<td>E F D A B Q P</td>
<td>Y Y</td>
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<td>9</td>
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<td>A C B</td>
<td>12</td>
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<td>A E F H Q P D</td>
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<td>Erin</td>
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<td>W/ TX</td>
<td></td>
<td>4/14 yrs old</td>
<td>EV</td>
<td>A E C</td>
<td>8</td>
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<td>E F D A B Q P</td>
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<td>E F D A B Q P</td>
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<td>Marine</td>
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<td>W/ CA</td>
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<td>Sarah</td>
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<td>Scott</td>
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<td>Francy</td>
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<td>A B D E</td>
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<td>A B F Q O P</td>
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<td>Doc</td>
<td>23</td>
<td>M</td>
<td>B/ TX</td>
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<td>M P</td>
<td>E D B C</td>
<td>11</td>
<td>*</td>
<td>A B C D P</td>
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<td>B E D C</td>
<td>11</td>
<td>*</td>
<td>A B C D E O P F Q</td>
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<td>20</td>
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<td>M P, WW</td>
<td>B D</td>
<td>10</td>
<td>*</td>
<td>A B C D</td>
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<td>21</td>
<td>Jaron</td>
<td>23</td>
<td>M</td>
<td>B/ NJ</td>
<td></td>
<td>7/16 yrs old</td>
<td>M P, Brons B</td>
<td>12</td>
<td></td>
<td>*</td>
<td>A B C S R</td>
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<td>M P, Brons B</td>
<td>C E</td>
<td>10</td>
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<td>A B C D E F H Q</td>
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<td>22</td>
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<td>M P, WW</td>
<td>B E D C A</td>
<td>9</td>
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<td>E F A B D C H</td>
<td>Y Y</td>
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<td>19</td>
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<td>B</td>
<td>10</td>
<td>*</td>
<td>A B C D</td>
<td>N N</td>
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<td>26</td>
<td>Shaye</td>
<td>15</td>
<td>F</td>
<td>B/ NY</td>
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<td>Brons, M P</td>
<td>B</td>
<td>10</td>
<td>*</td>
<td>A B C</td>
<td>N N</td>
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<td>22</td>
<td>F</td>
<td>W/ HOL, Ny, NY</td>
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<td>8/14 yrs old</td>
<td>M P</td>
<td>C D E P lumps</td>
<td>11</td>
<td>*</td>
<td>A B C D E F H P</td>
<td>Y Y</td>
<td></td>
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<td>Brons, M P</td>
<td>B E C e</td>
<td>12</td>
<td>*</td>
<td>A B C D H I</td>
<td>N N</td>
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<td>Rashade</td>
<td>22</td>
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<td>B/ NY</td>
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<td>M P</td>
<td>B</td>
<td>10</td>
<td>*</td>
<td>A B C D</td>
<td>Y Y</td>
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<td>B A</td>
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<td>W/ WA</td>
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<td>W V, M P</td>
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<td>W/ NYC</td>
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<td>W V, EV</td>
<td>B A</td>
<td>9</td>
<td>*</td>
<td>D A C H M N B</td>
<td>Y Y</td>
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<td>Mental Health</td>
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<td>Length of Illness</td>
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<td>Other Notes</td>
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<tr>
<td>John Doe</td>
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<td>M</td>
<td>White</td>
<td>British</td>
<td>Catholic</td>
<td>Single</td>
<td>Engineer</td>
<td>Yes</td>
<td>Healthy</td>
<td>Depression</td>
<td>St. Mary's</td>
<td>1 year</td>
<td>2/1/2023</td>
<td>Healthy</td>
<td>Discharged</td>
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<tr>
<td>Jane Smith</td>
<td>32</td>
<td>F</td>
<td>Hispanic</td>
<td>Mexican</td>
<td>Mormon</td>
<td>Married</td>
<td>Nurse</td>
<td>No</td>
<td>Depressed</td>
<td>Anxiety</td>
<td>Mercy</td>
<td>6 months</td>
<td>3/1/2023</td>
<td>Unhealthy</td>
<td>Transferred</td>
<td>To another hospital</td>
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<tr>
<td>Robert Johnson</td>
<td>45</td>
<td>M</td>
<td>African American</td>
<td>Jamaican</td>
<td>Hindu</td>
<td>Widowed</td>
<td>Lawyer</td>
<td>Yes</td>
<td>Healthy</td>
<td>Stroke</td>
<td>Bellevue</td>
<td>2 years</td>
<td>4/1/2023</td>
<td>Healthy</td>
<td>Discharged</td>
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Note: This table represents a portion of a larger dataset for a medical record. It includes patient information such as name, age, gender, race, ethnicity, religion, marital status, occupation, work from home status, mental health status, diagnosis, hospital name, length of illness, discharge date, length of stay, discharge status, and other notes. The data is organized in a tabular format for easy reading and analysis.
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Boles, J.

Bolognone D.

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