



Street-Involved Women

What puts street-involved women at risk?

- Street-involved women in Canada are highly marginalized and may struggle with multiple health challenges, such as unstable housing, addiction, survival sex, and an elevated risk of sexual and drug-related harms, including HIV infection¹.
- Research has found that street-involved youth tend to engage in sexual intercourse at a younger age than their non-street-involved peers and have a lower rate of condom use².
- Additionally, street-involved youth may exchange sex for certain goods, such as money, food, housing or drugs. The importance of obtaining basic survival needs will outweigh the importance of STI/HIV prevention in some cases.
- A Montreal study of street youth found that over 47% had injected drugs at some point in their lives³. Youth who inject drugs are at a higher risk of HIV infection, due to potentially sharing injecting equipment and the risk of engaging in unprotected sexual intercourse while under the influence of drugs.
- Additionally, ethnic and sexual minority street-involved youth may have an even harder time accessing HIV prevention services due to stigma and discrimination based on racism, homophobia and transphobia².
- A Canadian study conducted in 2001, explored sexual coercion among street involved adults and found that emotional and economic vulnerability, drugs and alcohol, and obligations and guilt, contributed to high rates of unsafe sex⁴.
- Gender issues such as violence against women, social and economic inequalities, as well as the biological vulnerability of women to HIV, increase a woman's individual risk.

HIV prevention efforts for street-involved women

- The social and economic context within which women live must be recognized as having a strong influence on their individual risk behaviours.
- Street outreach programs for HIV education, condom and needle distribution, as well as testing and counseling referrals are needed. When combined with broader community-wide HIV prevention efforts, these approaches can help reach the most marginalized social groups^{1,2}.

Recommendations

1. Promote studies that explore antecedents to street-involvement, such as abuse, unemployment, poverty, drug use, lack of housing options, mental illness, and sex trade work.
2. Measure attitudes toward and knowledge of HIV among street-involved youth/women.



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3. Ensure access to condoms and harm reduction programs.
4. Determine effective communication strategies for reaching a transient population.
5. Explore impact of racism and homophobia on street-involved women.
6. Study the coping mechanisms and social units formed by street youth/women and generate HIV prevention programming that is culturally competent and gender-specific.
7. Create partnerships between AIDS service organizations (ASOs), reproductive health centers, mental health services, social services, drug treatment organizations and community groups (harm reduction and detox).

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¹ Health Canada. (2002). *Enhanced Surveillance of Canadian Street Youth*. STI Section, Community Acquired Infections Division, Centre for Infectious Disease Prevention and Control.

² Department of Justice Canada. (2002). *Gap Analysis of Research Literature on Issues Related to Street-Involved Youth*. Prepared by CS/RESORS Consulting Ltd. For Research and Statistics Division.

³ Roy, F., Haley, N., Leclerc, P. et al. (2003). *HIV incidence among street youth in Montreal, Canada*. *AIDS*, 17(7): 1071-1075.

⁴ Strike, C., Myers, T., Calzavara, L., Haubrich, D. (2001). *Sexual coercion among young street-involved adults: perpetrators' and victims' perspectives*. *The Journal of Violence and Victim*. 16(5): 537-551.