

The Viability of Peer Involvement as an HIV Prevention Strategy Among Homeless Youth Vulnerable to Commercial Sexual Exploitation in Denver

Elizabeth Harrell

M.A. Candidate

Josef Korbel School of International Studies

Introduction

According to the 2013 Point-In-Time survey conducted by Metro Denver Homeless Initiative (MDHI), “there are approximately 921 youth between the ages of 13 to 24 on the streets in Denver on any given night.”¹ Homelessness is not only detrimental to the physical and emotional well-being of youth but also and according to the National Alliance to End Homelessness, homelessness increases youth’s risk to commercial sexual exploitation (CSEC).² According to the International Labour Organisation’s (ILO) definition of commercial sexual exploitation of children, one component includes “the trafficking of girls and boys and adolescents for the sex trade.” Therefore, in combatting trafficking in Denver, Colorado, one must address how youth homelessness increases vulnerability to exploitation and provide youth with the resources necessary to mitigate the risks associated with their circumstances.

¹ “The Issue,” accessed October 9, 2013, <http://www.urbanpeak.org/denver/about-us/youth-homelessness/the-issue/>.

² “Issue Brief: Commercial Sexual Exploitation of Children and Youth Homelessness,” 2, last modified November 15, 2011, accessed October 19, 2013, http://b.3cdn.net/naeh/5dc068b9cfebb00db6_wsm6iij9g.pdf.

³ “Commercial Sexual Exploitation of Children: What is Meant by Commercial Sexual Exploitation of Children?” accessed October 20, 2013, <http://www.ilo.org/ipec/areas/CSEC/lang--en/index.htm>.

Homelessness and commercial sexual exploitation are difficult problems with no easy solutions; this paper recognizes that there are multitudes of philosophies in addressing these issues. One of the most prominent concerns associated with youth homelessness and sexual exploitation is the risk of transmission of HIV/AIDS. According to the U.S. Department of Health and Human Services, homeless youth, especially in sexually exploitative situations, face a higher risk of STI/HIV transmission due to behaviors that arise through their circumstances, such as sex with high-risk/multiple partners and a low rate of condom use.³ HIV prevalence and transmission impacts the health and well-being of youth and is a grave public health concern that has negative implications for society at large. Therefore, HIV prevention programs aimed at vulnerable populations are critical in addressing and reducing the risks of HIV transmission. This paper examines the HIV prevention strategies of Urban Peak, a prominent Denver-based organization that works with homeless and at-risk youth. This paper focuses on the organization because it works directly with vulnerable homeless youth populations and provides comprehensive HIV prevention resources such as street outreach, HIV/STI testing, condom and bleach kit distribution, and referral services. As Urban Peak works with homeless youth that may become victims of sexual exploitation or are currently in exploitative situations, it should address the ways in which its HIV prevention programming can be expanded so as to better address the prevalence and risk of transmission of HIV among this population. This paper seeks to examine the organization's current lack of peer involvement as part of its programming as well as the efficacy of peer involvement as a viable strategy in reducing risk of HIV transmission among homeless youth.

Viability of Peer Involvement

According to Booth et. al, "the peer influence model is based on the premise that peers substantially influence one another's behaviors, and thus with training, peers can intervene to change one another's behaviors."⁴ Similarly and in reference to Broadhead et. al's study "Harnessing Peer Networks as an Instrument for AIDS Prevention: Results from a Peer-Driven Intervention," results suggest that peer-driven interventions are effective in addressing HIV-associated risk behaviors and that this approach is beneficial as it reaches a larger and more

³ "Program Assistance Letter: Understanding the health care needs of youth," 7-8, last modified January 24, 2001, last accessed October 20, 2013, <http://bphc.hrsa.gov/policiesregulations/policies/pal200110.html>.

⁴ Robert E. Booth, Zhang Yiming, and Carol F. Kwiatkowski, "The Challenge of Changing Drug and Sex Risk Behaviors of Runaway and Homeless Adolescents," *Child Abuse and Neglect* 23.12 (December 1999): 1296, <http://0-www.sciencedirect.com.bianca.penlib.du.edu/science/article/pii/S0145213499000903>.

diverse set of individuals within a population.⁵ Fatina Hindi, former street outreach worker for Urban Peak, notes that one of the weaknesses of the outreach team is its lack of diversity among staff and resulted hampered ability to effectively reach certain populations of homeless youth, such as African Americans.⁶ Therefore, in order to address the risk of HIV infection among homeless youth vulnerable to commercial sexual exploitation, Urban Peak should explore peer involvement initiatives as one particular means of supplementing and enriching its current HIV prevention programming so as to better reach homeless youth populations and address the risk behaviors that influence HIV transmission.

In addressing the link between youth homelessness and vulnerability of sexual exploitation, the definition of commercial sexual exploitation of children used in this paper is taken from the International Labour Organisation which states:

Commercial sexual exploitation of children is the exploitation by an adult with respect to a child or an adolescent-female of male-under 18 years old; accompanied by a payment in money or in kind to the child or adolescent (male or female) or to one or more third parties. And includes the following:

1. The use of girls and boys in sexual activities remunerated in cash or in kind (commonly known as child prostitution) in the streets or indoors, in such places as brothels, discotheques, massage parlours, bars, hotels, restaurants, etc.
2. The trafficking of girls and boys and adolescents for the sex trade
3. Child sex tourism
4. The production, promotion and distribution of pornography involving children
5. The use of children in sex shows (public or private).⁷

The National Alliance to End Homelessness (NAEH) notes that “children who are victims of CSEC and youth over 18 who engage in sexual acts as a result of coercion, fraud or force are also considered to be victims of human trafficking under federal statute.”⁸ It is important to note

⁵ Robert S. Broadhead PhD, Douglas D. Heckathorn PhD, David L. Weakliem PhD, Denise L. Anthony PhD, Heather Madray MA, Robert J. Mills MA, and James Hughes PhD, “Harnessing Peer Networks as an Instrument for AIDS Prevention: Results From a Peer-Driven Intervention,” supplement, *Public Health Reports* 113 (June 1998): 43, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1307726/pdf/pubhealthrep00030-0046.pdf>.

⁶ Fatina Hindi (Former Urban Peak Street Outreach Worker), Interview by Elizabeth Harrell, October 23, 2013, Denver, CO.

⁷ “Commercial Sexual Exploitation of Children: What is Meant by Commercial Sexual Exploitation of Children?” accessed October 20, 2013, <http://www.ilo.org/ipecc/areas/CSEC/lang--en/index.htm>.

⁸ “Issue Brief: Commercial Sexual Exploitation of Children and Youth Homelessness,” 2, last modified November 15, 2011, accessed October 19, 2013, http://b.3cdn.net/naeh/5dc068b9cfebb00db6_wsm6ijj9g.pdf.

that while homeless youth organizations may work with individuals older than 18, Urban Peak serves clients until the age of 24. According to Magalie Lerman, Director of Outreach and Organization at Prax(us), homeless youth are vulnerable not only to sex trafficking but various other forms of trafficking as well.⁹ While all forms of human trafficking must be addressed, this paper solely focuses on the link between commercial sexual exploitation and youth homelessness as it discusses HIV-prevention strategies among this population.

Since homelessness is one factor that increases vulnerability of CSEC, it is important to note the prevalence of youth homelessness in Colorado and how it in turn increases this concern. According to the Office of Homeless Youth Services, the definition of an unaccompanied homeless youth is “someone who is acting day to day without the guidance of a parent or guardian, living without shelter, fixed place, or regular night time residence where he or she receives adult love, care and support.”¹⁰ As was previously mentioned, according to the 2013 Point-In-Time survey conducted by Metro Denver Homeless Initiative (MDHI), “there are approximately 921 youth between the ages of 13 to 24 on the streets in Denver on any given night.”¹¹ The Office of Homeless Youth Services (OHYS) notes that there are several factors that lead to youth homelessness such as “abuse, neglect, pregnancy, sexual orientation, or other family conflict.”¹²

While CSEC is a concern among homeless youth, it is difficult to address this issue. Foremost, it is challenging to reach homeless youth populations. Similarly, the NAEH notes that survivors may not even identify themselves as such.¹³ The NAEH estimates that “2.2 percent of children under the age of 18 who have a runaway or homeless episode, and approximately 39,000 children annually are sexually assaulted or are victims of CSEC.”¹⁴ Prax(us) notes that “little information on the scope of trafficking in the state is available, including numbers of homeless youth that are victims of trafficking since Colorado has only recently defined

⁹ Magalie Lerman (Director of Outreach and Organization at Prax(us)), Interview by Elizabeth Harrell, October 31, 2013, Denver, CO.

¹⁰ Colorado Department of Local Affairs. “Office of Homeless Youth Services 2012 Annual Report” 6, (CDLA Unpublished Report, Division of Housing, Colorado, 2012).

¹¹ “The Issue,” accessed October 9, 2013, <http://www.urbanpeak.org/denver/about-us/youth-homelessness/the-issue/>.

¹² Colorado Department of Local Affairs. “Office of Homeless Youth Services 2012 Annual Report” 6, (CDLA Unpublished Report, Division of Housing, Colorado, 2012).

¹³ “Homeless Youth and Sexual Exploitation: Research Findings and Practice Implications,” 3, last modified October 30, 2009, accessed October 13, 2013, http://b.3cdn.net/naeh/c0103117f1ee8f2d84_e8m6ii5q2.pdf.

¹⁴ “Issue Brief: Commercial Sexual Exploitation of Children and Youth Homelessness,” 2, last modified November 15, 2011, accessed October 19, 2013, http://b.3cdn.net/naeh/5dc068b9cfebb00db6_wsm6ii9g.pdf.

trafficking as a crime in the past seven years.”¹⁵ The NAEH notes that it is difficult to estimate accurate numbers of exploitation among homeless youth, as youth may not recognize themselves as victims of CSEC; they may not, for example, recognize that they are being sexually exploited when “engaging in prostitution at the request of boyfriends.”¹⁶ The NAEH also goes on to state that victims of CSEC may not be willing to come forth, as they may feel deep shame for their actions or their experiences may be too painful to disclose.¹⁷ According to OHYS, it may be difficult to track accurate numbers of homeless youth, let alone youth in sexually exploitative situations, as homeless youth are a transient population and constantly on the move.¹⁸ These factors have significant implications for programs aimed at servicing homeless youth populations, as it may be difficult to fully access and identify these populations in order to provide adequate resources.

In addressing the needs of these youth, it is critical to understand the factors that render them vulnerable to exploitative situations. According to Prax(us), homeless youth are especially vulnerable to human trafficking:

Ultimately, anyone who experiences a scarcity of survival resources becomes vulnerable to trafficking situations. This means that when people do not have legitimate means of getting the resources they need to survive, such as food, shelter and money, they are more likely to end up in human trafficking situations to get these needs met. It is the lack of access to survival resources combined with market demands and ageism that makes homeless youth so vulnerable to exploitation.¹⁹

According to the NAEH, “high numbers of homeless youth report being solicited for prostitution, and pimps actively target locations where homeless youth congregate, including on the streets, at foster group homes, and at runaway and homeless youth shelters.”²⁰ The NAEH

¹⁵ "FAQs: What Does Human Trafficking Look Like in Colorado and Denver?" accessed October 9 2013, http://www.praxus.org/about/faqs/#human_trafficking_denver.

¹⁶ "Homeless Youth and Sexual Exploitation: Research Findings and Practice Implications," 3, last modified October 30, 2009, accessed October 13, 2013, http://b.3cdn.net/naeh/c0103117f1ee8f2d84_e8m6ii5q2.pdf.

¹⁷ Ibid.

¹⁸ Colorado Department of Local Affairs. "Office of Homeless Youth Services 2012 Annual Report" 6, (CDLA Unpublished Report, Division of Housing, Colorado, 2012).

¹⁹ "FAQs: Who is Vulnerable to Domestic Human Trafficking?" accessed October 9 2013, http://www.praxus.org/about/faqs/#who_is_vulnerable.

²⁰ "Issue Brief: Commercial Sexual Exploitation of Children and Youth Homelessness," 2, last modified November 15, 2011, accessed October 19, 2013, http://b.3cdn.net/naeh/5dc068b9cfebb00db6_wsm6iij9g.pdf.

goes on to note that homeless youth who are victims of CSEC may also recruit youth into exploitation from social service programs that work with this population.²¹ The NAEH suggests that females may be coerced by a male partner: “children are often introduced to CSEC by a boyfriend who initially provides loving attention, care, and emotional support before coercing them into prostitution.”²²

In addressing youth homelessness and CSEC locally, Denver’s conduciveness to trafficking needs to be addressed. According to Street’s Hope, Denver has high rates of trafficking due to its location between two major highways (I-25 & I-70) as well as an international airport.²³ Street’s Hope goes on to state, “Colorado has become a destination point for traffickers, with many girls being trafficked along trucker routes, going from truck stop to truck stop, until they have been bought and sold across the United States.”²⁴ Prax(us) notes these highways are used to transport illicit drugs and “drug trafficking is often closely linked to sexual exploitation and trafficking.”²⁵ Street’s Hope also states that major events may also spark an increase in sexual exploitation, as pimps may view increased tourism as potential for increased economic gain.²⁶

Denver’s Urban Camping Ban has significant impacts on homeless individuals and specifically increases the risk of CSEC among homeless youth. In May of 2012, the Denver City Council passed an outdoor camping ban that, according to Kim Posey of FOX 31 News, criminalizes homeless individuals for “staying on public or private property overnight.”²⁷ Many opponents argue that this ban has significant ramifications for homeless individuals; as these individuals are pushed out of the city, service providers will likely experience further difficulty in reaching these populations and these individuals will be less able to obtain and access services from these providers due to proximity.²⁸ Magalie states:

²¹ Ibid.

²² Ibid.

²³ "Industry Trends in Colorado," accessed October 26, 2013, <http://streetshope.org/industry-trends-in-colorado/>.

²⁴ Ibid.

²⁵ "FAQs: What Does Human Trafficking Look Like in Colorado and Denver?" accessed October 9 2013, http://www.praxus.org/about/faqs/#human_trafficking_denver.

²⁶ "Industry Trends in Colorado," accessed October 26, 2013, <http://streetshope.org/industry-trends-in-colorado/>.

²⁷ “Denver City Council Passes Urban Camping Ban 9-4,” last modified May 14, 2012, accessed October 31, 2013, <http://kdvr.com/2012/05/14/denver-city-council-pass-urban-camping-ban-9-4/>.

²⁸ Ibid.

One of the biggest trafficking techniques is to isolate the person you are controlling and we say here all the time, “traffickers don’t even have to do that because the city has.” So that’s the thing, people are pushed farther away from services, a lot of people have to walk an hour in every morning just to get to a drop-in or a feeding, and they are so isolated. They are not connected to their community, so if a person is going to roll up in a car and talk to some homeless youth under a bridge and say, “Hey, you want a place to go tonight?” You can’t go into the city and you know that there is not a street light to see that happening under. Sometimes people have to stay in exploitative or violent situations because there actually is not another alternative....the impact of the Urban Camping Ban is truly horrific.²⁹

The Urban Camping Ban greatly impacts homeless individuals’ ability to access services, thereby significantly increasing homeless youth vulnerability to CSEC in Denver, as they may view exploitative situations as their only means by which to survive.

In the field of human trafficking, many organizations and individuals pursue different approaches in combatting this issue. This paper is founded on the premise that in addressing human trafficking, the needs of those who are survivors of or currently in exploitative situations must be acknowledged and met. As quality of health is a universal right and fundamental need, this paper focuses on the health concerns of these individuals and how these in turn are shaped by their circumstances, so as to better provide meaningful services. In addressing these individuals’ needs, this paper advocates the use of the harm reduction model as an important framework in mitigating risks associated with an individual’s circumstances. Harm reduction strategies acknowledge that individuals are likely to participate in high-risk behaviors and according to Marlatt et. al, “for these individuals, harm reduction provides a middle way alternative between total abstinence and continued harmful use and behavior, and thereby open pathways for change, while reducing negative consequences for both the affected individual and their communities.”³⁰ As harm reduction focuses on mitigating harmful behaviors, it should be

²⁹ Magalie Lerman (Director of Outreach and Organization at Prax(us)), Interview by Elizabeth Harrell, October 31, 2013, Denver, CO.

³⁰ Alan G. Marlatt, Mary E. Larimer, and Katie Witkiewitz eds., *Harm reduction: Pragmatic Strategies for Managing High Risk Behaviors*. 2nd ed. (New York, NY: Guilford Press, 2012), 6, http://books.google.com/books?hl=en&lr=&id=9UeIN01-fgwC&oi=fnd&pg=PP2&dq=harm+reduction+philosophy&ots=3d11WBR7NB&sig=3g88-Ja6OR4Nar1b7zZY0QGJX_8#v=onepage&q=harm%20reduction%20philosophy&f=false.

seen as one potential and effective tool with which to reduce harm among homeless youth who engage in high-risk behavior.

While there are a multitude of health issues among homeless youth populations, this paper focuses solely on HIV transmission. HIV/AIDS transmission among homeless youth vulnerable to CSEC not only has significant implications for the health and well-being of these individuals but it is a public health concern of the utmost importance. The prevalence of HIV/AIDS among homeless youth, especially those vulnerable to CSEC, is striking and merits public recognition and attention. Not only can HIV be transferred to the population at-large, according to Walters, “when disability and death occur in young people, there is substantial loss to potential years of life, potential work and income, and potential contribution to society; thus, the social, economic, and legal sequel of HIV prevention at the public health level extend beyond the youth themselves.”³¹ Walters also argues that “since homeless youth typically lack health insurance and are unable to access parental insurance, their health care can be a cost that the public has to bear.”³² Therefore, HIV has several negative implications for youth and the greater society and demands public action to alleviate this risk.

In addressing the prevalence and risk of transmission of HIV among homeless youth, risk factors and behaviors that arise from exploitative situations must be examined. As noted previously, sexual abuse can be a factor in driving youth to run away from home and much literature suggests the link between sexual abuse and CSEC. Haley et. al notes the relationship between prior sexual abuse and survival sex:

Youths with a history of sexual abuse have odds four times higher of being involved in survival sex, which represents an important HIV risk factor for two reasons. Firstly, it may in itself represent a risk of HIV transmission as a result of the often traumatic and unprotected nature of the act. Secondly, it may also put the youths at increased risk of engaging in unsafe sex because of the associated short and long term psychological trauma which may lower self esteem and, subsequently, decrease self protective behaviors.³³

³¹ AS. Walters, "HIV Prevention in Street Youth," *Journal of Adolescent Health* 25.3 (September 1999): 195, <http://www.ncbi.nlm.nih.gov/pubmed/10475495>.

³² Ibid.

³³ N. Haley, E. Roy, P. Leclerc, J-F Boudreau, and J-F Bolvin, “HIV Risk Profile of Male Street Youth Involved in Survival Sex,” *Sexually Transmitted Infections* 80.6 (2004): 529, <http://sti.bmj.com/content/80/6/526.full>.

According to the U.S. Department of Health and Human Services, homeless youth face a high risk of STI/HIV transmission due to behaviors that may have arisen through their circumstances such as:

1. Having sex with high-risk/multiple partners
2. Prostitution
3. Low rate of condom use
4. Influence of drugs and alcohol in reducing ability to use safe sex techniques
5. Injection drug use³⁴

The Centers for Disease Control states that risk factors of transmitting HIV include “unprotected sex (sex without a condom) with someone who has HIV, multiple sex partners, and sharing needles or syringes used to prepare injection drugs with someone who has HIV.”³⁵ In examining risk behaviors of youth engaged in CSEC, Weber et. al draws the conclusion from the study “HIV Risk Profile and Prostitution Among Street Youths” that “girls involved in prostitution may be at increased risk of HIV infection due to their injection drug use and risky sexual behaviors, such as sex with multiple and high risk partners.”³⁶ Weber et. al goes on to state “girls involved in prostitution were more likely to report risky sexual partners, such as an injection drug user, a gay or bisexual male partner, a male partner involved in prostitution; reported condom use with risky partners was low for both groups of girls.”³⁷ While this study only focused on female street youths, it is important to note that males are also subject to prostitution and may face similar circumstances. These findings are considerable to note for several reasons. Injection drug use influences risk of HIV transmission, as HIV may be spread through contaminated drug injection equipment, and homeless youth may not have adequate access to resources such as clean needles. Youth who engage in survival sex may be forced to have sex with multiple partners so as to attain basic needs and sex with multiple partners increases likelihood of HIV infection. Also, sexual encounters with high-risk individuals may greatly increase the risk of HIV transmission, as these individuals are more likely to be HIV-positive as

³⁴ “Program Assistance Letter: Understanding the health care needs of youth,” 7-8, last modified January 24, 2001, last accessed October 20, 2013, <http://bphc.hrsa.gov/policiesregulations/policies/pal200110.html>.

³⁵ “HIV Transmission: How is HIV Passed From One Person to Another?” last modified June 3, 2013, accessed November 2, 2013, <http://www.cdc.gov/hiv/basics/transmission.html>.

³⁶ Amy E. Weber, Jean-Francois Boivin, Lucie Blais, Nancy Haley, and Elise Roy, “HIV Risk Profile and Prostitution Among Female Street Youths,” *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 79.4 (December 2002): 525, <http://link.springer.com/article/10.1093/jurban/79.4.525#>.

³⁷ *Ibid*, 530.

a result of these behaviors, such as injection drug use. According to Yates et. al, “the high level of multiple drug use, including intravenous drug use, and the greater likelihood of gay or bisexual male involvement, combined with a large number of different sex partners, place the young people involved in prostitution at high risk for contracting and transmitting HIV.”³⁸ As HIV prevalence and risk of transmission is of great concern among this population, HIV prevention programming is essential in addressing and lessening the risks of HIV transmission. In order for HIV prevention programs aimed at vulnerable homeless youth to be effective, they must take into account and address the factors that increase homeless youth’s vulnerability to CSEC and consequently increased risk of HIV infection. While there are many different views in how best to address the spread of HIV, this paper argues that since certain behaviors such as drug use and low condom use increase the likelihood of HIV transmission, prevention programs should address high-risk behaviors in order to prevent the spread of HIV.

While there are several effective HIV prevention strategies such as HIV/STI screening and counseling, this paper examines peer involvement as one particular HIV prevention strategy. According to Booth et. al, “the peer Influence Model is based on the premise that peers substantially influence one another’s behaviors, and thus with training, peers can intervene to change one another’s behaviors.”³⁹ In examining the viability of peer involvement, two HIV prevention programs were examined: The Boston HAPPENS Program (Human Immunodeficiency Virus (HIV) Adolescent Provider and Peer Education Network for Services), and the Teen Peer Outreach-Street Work Project. According to Woods et. al, eight agencies participate in the Boston HAPPENS Program in order to improve care for “HIV-positive, homeless and at-risk youth ages 12-24.”⁴⁰ According to Woods et. al, “the Boston HAPPENS Program offers culturally sensitive, youth-oriented care at several sites where at-risk youth congregate; street outreach, two drop-in centers, a storefront clinic, and two multiservice sites

³⁸ Gary Yates M.A. M.F.C.C., Richard G. Mackenzie M.D., Julia Pennbridge Ph.D., and Avon Swofford, "A Risk Profile Comparison of Homeless Youth Involved in Prostitution and Homeless Youth Not Involved," *Journal of Adolescent Health* 12.7 (November 1991): 548, [http://www.jahonline.org/article/0197-0070\(91\)90085-Z/abstract](http://www.jahonline.org/article/0197-0070(91)90085-Z/abstract) (accessed October 24, 2013).

³⁹ Booth et. al, *Child Abuse and Neglect*, 1296.

⁴⁰ Elizabeth R. Woods MD (M.P.H.), Cathryn L. Samples M.D. (M.P.H.), Maurice W. Melchionio R.N. M.S., Peter Keenan R.N. (B.S.N.), Durrell J. Fox B.A., Louise H. Chase (M.S.W., L.I.C.S.W.), Steven Tierney (Ed.D.), Virginia A. Price (M.Ed.), Jan E. Paradise M.D., Rebecca F. O’Brien M.D., Carol J. Mansfield M.D. (M.P.H.), Robyn A. Brooke R.N. (M.S.N., C.-F.N.P.), Deborah Allen Ph.D., and Elizabeth Goodman M.D, "Boston HAPPENS Program: A Model of Health Care for HIV-Positive, Homeless, and At-Risk Youth," supplement, *Journal of Adolescent Health* 23.2 (August 1998): 38, <http://www.sciencedirect.com/science/article/pii/S1054139X98000482>.

serve homeless and sex trade-involved youth near the Boston Common and Combat Zone.”⁴¹

Woods et. al notes that while the program provides a plethora of HIV prevention resources, one of its notable features is its outreach component in which peer educators have a large role in the program’s design and implementation.⁴² Woods et. al goes on to note that the outreach program contains a “Youth Advisory Board” that offers feedback on programming and helps provide materials for youth; peer educators also provide outreach to street populations as well as the community and they assist with media materials as well.⁴³ According to Woods et. al, “peer educators were trained with the “Peerleadership Preventing AIDS” Curriculum and were provided advanced, five-part training focusing on linking youth to appropriate services.”⁴⁴

Woods et. al notes that one of the benefits of the program is that peer educators gain viable work experience and skills such as writing, public speaking, curriculum, and leadership development.⁴⁵ According to Martinez et. al, another benefit of peer involvement is that youth may be more accepting and open to peer-designed and led programs.⁴⁶ According to one 19-year old injector, “prevention with squatters should be done by other squatters because they understand the lifestyle and the things that make being safe difficult, like getting drunk, or not having enough privacy, or having no water or light.”⁴⁷ While Woods et. al’s article describes the designs and features of the program, one limitation is that the authors do not address the program’s effectiveness in targeting HIV risk behaviors. Regardless, the program provides a model that can serve as a template for future health interventions.

Another model that was examined was the Teen Peer Outreach-Street Work Project. According to Podschun, this project consists of “3-5 trained teen peer educators who work alongside outreach workers within existing San Diego youth service programs to provide HIV prevention education and referral services to approximately 1,000 youth.”⁴⁸ According to

⁴¹ Ibid, 39.

⁴² Ibid, 40.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Tia Elena Martinez, Alice Gleghorn PhD, Rani Marx PhD, Kristen Clements M.P.H., Matthew Boman, and Mitchell H. Katz M.D, “Psychosocial Histories, Social Environment, and the HIV Risk Behaviors of Injection and Noninjection Drug Using Homeless Youths,” *Journal of Psychoactive Drugs* 30.1 (January-March 1998): 9, <http://0-www.tandfonline.com/bianca.penlib.du.edu/doi/pdf/10.1080/02791072.1998.10399665>.

⁴⁷ Ibid.

⁴⁸ Gary Podschun, “Teen Peer Outreach-Street Work Project: HIV Prevention Education for Runaway and Homeless Youth,” *Public Health Reports* 108.2 (March-April 1993):151, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403354/pdf/pubhealthrep00068-0008.pdf>.

Podschun, the organizations involved in this program provide outreach to locations where prostitutes congregate and “sex is practiced in public.”⁴⁹ Podschun notes that the program is based on other health models, including the Stop AIDS model, which has been adapted to better target and highlight the needs of homeless youth.⁵⁰ Podschun argues that HIV prevention programming aimed at homeless youth is critical, as they may have less means in which to access education regarding HIV/AIDS.⁵¹ Podschun notes that teen peer educators provide countless hours of “direct HIV education interventions” and provide homeless youth with safe sex kits and information in regards to safer needle use.⁵² According to Podschun, the project considers itself to be “norm-changing,” as the teen peer educators attempt to challenge and change norms among homeless youth through smaller group interventions; in turn, youth that participate will influence others within the community to “participate in safer sex and drug activities.”⁵³ Podschun argues that by attempting to change norms, teen peer educators hope to address behaviors that lead to increased HIV transmission which hopefully will provide systemic change.⁵⁴ Like the Boston HAPPENS Program, Podschun notes that one of the benefits of the Teen Peer Outreach-Street Work Project is that it allows youth to develop leadership skills and serves a population which is difficult to reach.⁵⁵ Podschun also notes that many of the teen educators come from multicultural backgrounds; the current teen peer educators are of African-American, Latino, and Asian descent.⁵⁶ Podschun argues that since the majority of these peer educators are bilingual, it further allows them to communicate with and understand the needs of a particular population.⁵⁷ Many of the peer educators are former participants in the program, which Podschun argues better allows them to identify and engage with homeless youth as they understand the issues and needs of the population.⁵⁸

According to Walters, “current HIV/AIDS prevention approaches for street youth are based on the premise that education and intervention programs must address youth’s primary

⁴⁹ Ibid, 152.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid, 152-153.

⁵³ Ibid, 153.

⁵⁴ Ibid.

⁵⁵ Ibid, 152.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid, 153.

needs, and that these programs should be implemented by peers and trustworthy adults.”⁵⁹

Walters argues that in order for HIV prevention programs to be meaningful, “they must take into account the demographic and life circumstances of street youth.”⁶⁰ While Podschun highlights many theories in which peer involvement may be beneficial in addressing HIV-related high-risk behaviors, he is vague in his claims and does not expound upon them with supporting evidence, examples, or data. Several studies, however, report findings that are similar to Podschun’s claims; for example, the studies suggest that peer leaders are effective in decreasing harmful behaviors among their peers. Regardless of the lack of support of Podschun’s arguments, his claims are thought-provoking and deserve further consideration of viability.

In addressing the effectiveness of peer intervention in HIV prevention, one study on peer intervention suggests that peer initiatives can influence individuals’ behaviors so as to minimize risk. In the study “Outreach in Natural Settings: the Use of Peer Leaders for HIV Prevention Among Injecting Drug Users’ Networks,” Latkin notes, “injecting drug users were recruited and trained to educate and influence their drug and sex network members about HIV-related behaviors.”⁶¹ The study took place in Baltimore, Maryland between 1994 and 1995 and survey results were taken from 36 peer leaders and 78 participants in this program.⁶² According to Latkin, peer leaders were trained prior to street outreach that focused on the vulnerability of HIV transmission among this population and addressed the behaviors that increased risk of HIV such as sharing needles and lack of condom use.⁶³ Latkin notes that in evaluating the effectiveness of this program in influencing behaviors, pre and post-intervention surveys were administered to participants. According to Latkin, the study’s results found:

The leaders’ risk network members, compared with controls, were significantly more likely to report greater needle hygiene (as a result of the intervention); therefore, in the IDU community, training peer leaders as HIV educators may promote HIV

⁵⁹ Walters, AS. "HIV Prevention in Street Youth," *Journal of Adolescent Health* 25, no. 3 (September 1999): 192, <http://www.ncbi.nlm.nih.gov/pubmed/10475495>.

⁶⁰ Ibid.

⁶¹ Carl A. Latkin PhD, “Outreach in Natural Settings: The Use of Peer Leaders for HIV Prevention Among Injecting Users’ Networks,” supplement, *Public Health Reports* 113 (June 1998): 152, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1307737/pdf/pubhealthrep00030-0155.pdf>.

⁶² Ibid, 151.

⁶³ Ibid, 153.

prevention among the leaders' risk network members and others at risk of acquiring and transmitting HIV.⁶⁴

Another study, "Harnessing Peer Networks as an Instrument for AIDS Prevention: Results from a Peer-Driven Intervention," suggests that peer interventions are effective in influencing and promoting positive behaviors. According to Broadhead et. al, the study compared the results of a "traditional outreach intervention" (TOI) versus a "peer-driven intervention" (PDI) among various locations in Connecticut.⁶⁵ Broadhead et. al notes that in this study, the traditional outreach intervention is comprised of "professional outreach workers" who provide HIV prevention education, referrals to health services, and distribution of items such as condoms, while the peer-driven intervention utilizes peers to perform the same services as employed outreach workers.⁶⁶ According to Broadhead et. al:

Comparisons are based on the number and representativeness of injecting drug users (IDUs) recruiting at each site, the effectiveness of HIV prevention education, compliance rates with AIDS risk reduction recommendations, and relative cost; analyses are based on 552 initial interviews and 190 six-month follow-up interviews conducted during the first two years of each intervention's operation. Both interventions produced significant reductions in HIV risk behaviors, as measured using self-reports. The PDI outperformed the traditional intervention with respect to the number of IDUs recruited, the ethnic and geographic representativeness of the recruits, and the effectiveness of HIV prevention education. The findings suggest that given guidance and nominal incentives, IDUs can play a more extensive role in community outreach efforts than the traditional model allows. The findings also suggest that both interventions reduce HIV-associated risk behaviors, but the PDI reaches a larger and more diverse set of IDUs, and does so at much less expense.⁶⁷

While these studies suggest that peer-led efforts may be effective in influencing safer behaviors that minimize risk of HIV, these studies do not measure the interventions' impacts on HIV prevalence rates within these communities. Regardless, these studies suggest that peer

⁶⁴ Ibid, 151.

⁶⁵ Broadhead et. al, *Public Health Reports*, 42.

⁶⁶ Ibid, 43.

⁶⁷ Ibid.

involvement may be a meaningful HIV prevention strategy, as it shows potential in shaping and influencing individual behavior in reducing risk of HIV.

In designing HIV prevention programs, possible limitations and drawbacks must be examined so as to better plan effective and meaningful programs. According to Walker and Avis, the most common issues that arise with peer involvement efforts are as follows:

1. A lack of clear aims and objectives for the project
2. An inconsistency between the project design and the external environment/constraints which should dictate the project.
3. A lack of investment in peer education
4. A lack of appreciation that peer education is a complex process to manage and requires highly skilled personnel
5. Poor training of peer educators
6. A lack of clarity around boundary issues and control⁶⁸

Walker and Avis note that a lack of clarity of objectives often arises with peer led programs, and this makes it difficult to evaluate the success of the programs.⁶⁹ Walker and Avis note, “objectives should be realistic and should adopt good management practice by being specific, measurable, achievable, realistic and time-specific; once the project’s aims and objectives have been agreed it will be possible to design appropriate evaluation methods in order to assess the project’s impact.”⁷⁰ Walker and Avis also note that peer-led programs’ designs often do not take into account the contexts in which they are situated, nor important factors such as resources or time.⁷¹ Walker and Avis argue that it is critical that future programming take this into account so as to better meet the needs of this particular population.⁷²

Walker and Avis suggest that another common limitation of peer-led efforts is a lack of attention and focus on these efforts: “clear investment in peer education should be made in terms of human and economic investment.”⁷³ As many organizations lack resources such as money, time, and staffing, this is a concern that needs to be addressed when examining the implementation of such a program. According to Walker and Avis, peer-led initiatives often lack proper management, trained staff, training for peer educators, and boundary limits between peer

⁶⁸ Sali Ann Walker, and Melanie Avis, “Common Reasons Why Peer Education Fails,” *Journal of Adolescence* 22.4 (August 1999): 573-574, <http://www.sciencedirect.com/science/article/pii/S0140197199902506#>.

⁶⁹ *Ibid.*, 574.

⁷⁰ *Ibid.*

⁷¹ *Ibid.*

⁷² *Ibid.*

⁷³ *Ibid.*, 575.

educators, staff, and clients, which can potentially impede the success of a program.⁷⁴ This paper will further explore these limitations and their impacts in discussing the possible implementation of peer involvement efforts at Urban Peak.

Urban Peak, a prominent Denver-based organization, works directly with vulnerable homeless youth populations and provides comprehensive HIV prevention resources such as street outreach, HIV/STI testing, condom and bleach kit distribution, as well as referral services. As Urban Peak works with homeless youth that may be victims of sexual exploitation or are currently in exploitative situations, Urban Peak should address the ways in which its HIV prevention programs can be expanded so as to better address this health concern. While Urban Peak is currently providing meaningful services and its prevention program has many different components, this paper seeks to examine this organization's current lack of peer involvement as part of its programming and the efficacy of peer involvement as a viable strategy in reducing risk of HIV transmission among homeless youth who are vulnerable to sexual exploitation.

In assessing Urban Peak's HIV prevention services, Fatina Hindi was used as a point of contact, as she is a former Urban Peak street outreach worker and former Health Intervention Knowledge Education liaison to Urban Peak (as of September 2013). Qualitative information was gathered through a survey that was presented as a series of questions through an interview with Fatina. This survey was not aimed to be replicated in other studies; rather, it was merely to assess Urban Peak's current HIV prevention programming as well the strengths and weaknesses of that programming as well as the receptiveness of the organization in implementing peer involvement as a viable prevention tool. As this research on peer intervention strategies was conducted prior to the interview and the author is a previous volunteer at this organization, the majority of questions focused on the potential efficacy of peer involvement as one singular prevention strategy. Therefore, it is important to note that while there are several meaningful and potential avenues in which to focus HIV prevention efforts, the questions focused on one single aspect of prevention, peer involvement.

Urban Peak is a Denver-based non-profit organization that provides comprehensive services for youth ages 15-24 who are homeless or at risk of becoming homeless. According to Urban Peak's website, "Urban Peak provides numerous programs and services that are founded on the principles of trauma-informed care to assist youth in reaching their potential and living a

⁷⁴ Ibid, 575-76.

successful life off of the streets.”⁷⁵ Urban Peak’s website goes on to state “to provide trauma-informed services means that we understand an individual’s experience of trauma impacts every area of human functioning-physical, mental, behavioral, social, intellectual and spiritual.”⁷⁶ Urban Peak’s Services include street outreach, case management, education and employment services, transitional housing, night and day shelter, life skills courses, and mental health evaluations.

Urban Peak offers a plethora of HIV prevention health services. Most notable are its street-based outreach efforts that target homeless youth in vulnerable and exploitative situations. According to Fatina, one of the program’s strengths is its focus on building relationships and assessing youth needs; instead of deciding which services are appropriate for youth, outreach workers engage with youth in order to assess a particular individual’s needs.⁷⁷ Some examples include clothing, higher education, health services, and shelter. Fatina states that another strength of the outreach program is that it is a “low-barrier service,” meaning that all youth can access this service regardless of if they have been restricted from other Urban Peak programs.⁷⁸ As a result, Outreach is better able to access the wider homeless youth population.

According to Fatina, increasing condom use and encouraging dialogue of safe sex is an effective method in targeting sexual risk behaviors that influence the risk of HIV infection.⁷⁹ Because drug use is another risk associated with HIV infection, bleach kits are a means to mitigate this risk. By distributing these items, outreach workers are not only meeting the direct needs of youth but are building relationships and trust in order to help youth feel comfortable in accessing services. Urban Peak also provides free HIV/STI testing which allows youth to identify health problems and seek appropriate treatment services in a timely manner. Fatina notes that besides providing bleach-kits, Urban Peak provides needle education where youth learn the importance of using clean needles in reducing the risk of HIV infection.⁸⁰ By providing the means as well as knowledge of safe practices, Urban Peak hopes to alleviate some of the harm associated with drug use. Urban Peak also has a comprehensive sex education program that

⁷⁵ “About Urban Peak: Organizational Overview,” accessed October 9, 2013, <http://www.urbanpeak.org/denver/about-us/about-urban-peak/about-urban-peak/>.

⁷⁶ Ibid.

⁷⁷ Fatina Hindi (Former Urban Peak Street Outreach Worker), Interview by Elizabeth Harrell, October 23, 2013, Denver, CO.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

addresses sexual behaviors associated with higher risk of STI's/HIV. In educating youth about these risks and exploring means through which to engage in safe sex, Urban Peak strives to promote positive attitudes towards safe sex and encourage safer practices.

While there currently is a lack of peer involvement in HIV prevention strategies, Fatina suggests that youth involvement is an area of great potential through which Urban Peak could explore further in addressing HIV prevalence.⁸¹ Fatina notes that one of the weaknesses of Urban Peak is its lack of diversity among staff and as a result, its inability to effectively reach certain populations of homeless youth such as African Americans.⁸² Podschun notes that peer leaders of diverse backgrounds may be better able to reach and engage with these populations, provide culturally appropriate services, and better understand the needs of the population.⁸³ Therefore, Urban Peak could utilize peer leaders of diverse backgrounds so as to better reach these populations. Fatina notes that peer leaders of a certain community are also better situated to address and impact attitudes and behaviors that are influenced by culture. For example, Latino peer leaders would be effective in understanding and addressing ideas of machismo, which can lead to an increase in IPV and subsequently exploitation.⁸⁴ Therefore, utilizing peers and their knowledge should be seen as a potential avenue through which to aid HIV prevention efforts and mitigate the risks associated with this population's circumstances. Because youth from diverse backgrounds could better access these populations on the street, this could be a means of better distributing supplies such as condoms and bleach kits which reduce the harm of HIV infection.

Fatina suggests that smaller, informal peer-led discussion groups may be an effective means of promoting open dialogue around high risk behaviors, as youth tend to congregate and live in large communities on the streets.⁸⁵ Youth are often a difficult population to reach and the disconnect has been recently exacerbated by the Urban Camping Ban; these small peer-led initiatives may be a means by which to promote knowledge to the homeless youth community at-large. For example, Fatina notes that peer-led discussion groups could address high risk behaviors that increase the transmission risk of HIV/AIDS such as lack of condom use, sex with

⁸¹ Ibid.

⁸² Ibid.

⁸³ Podschun, *Public Health Reports*, 152.

⁸⁴ Fatina Hindi (Former Urban Peak Street Outreach Worker), Interview by Elizabeth Harrell, October 23, 2013, Denver, CO.

⁸⁵ Ibid.

multiple and/or high risk partners such as injecting drug users, and sharing needles.⁸⁶ Smaller groups would be utilized so as to more easily facilitate and manage discussions. In turn, Fatina suggests these smaller discussions may encourage open dialogue of safer sex practices and positively shape attitudes which in turn can be transferred to the larger community through participants in these programs.⁸⁷

While there are many potential benefits involving peers in outreach efforts, there are some additional factors to consider when working with homeless youth, as well as potential obstacles to its viability. In providing services to survivors of or currently in exploitative situations, it is critical that they must not experience further harm. In regards to former outreach and peer involvement efforts, Fatina notes:

There have been complications with having a peer outreach team with Urban Peak in the past, with power differentials and dual relationships between youth and other youth, youth and staff. The lines seem to get a little blurry for youth and youth have abused their roles in the past. With the past experiences in mind I don't think it would be impossible to have a healthy peer outreach program, it kind of happens unofficially as youth tell each other about Urban Peak, but the program would need to offer training and have a very specific, limited scope of what the peer mentors' roles would be. I think the drop-in center would be a great place to start that kind of leadership program, and then outreach could be an area where they practice a specific skill set.⁸⁸

According to Fatina, many homeless youth might lack appropriate emotional or coping skills and there is potential for unequal power dynamics between peer youth and mentee. Therefore, clear roles of leadership need to be established.⁸⁹ Fatina argues that it is necessary to provide youth with training and give them direct guidelines as well to properly supervise and monitor all programming.⁹⁰ Without these guidelines in place, this may be a potentially harmful situation not only for the mentee but the peer leader as well. This is critical, not only to support the emotional well-being of all youth involved, but to avoid potential power abuses. Also, by clearly establishing leadership roles and guidelines, peer youth are better aware of expectations and the

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Fatina Hindi, email message to author, October 27, 2013.

⁸⁹ Fatina Hindi (Former Urban Peak Street Outreach Worker), Interview by Elizabeth Harrell, October 23, 2013, Denver, CO.

⁹⁰ Ibid.

program has more focus, allowing it to be more effective. According to Fatina, obstacles of implementation may include staff limitations and resources.⁹¹ Urban Peak tends to be short-staffed and taking into account employees' multitudinous responsibilities, they may not have the time to adequately train and monitor peer youths.⁹² As many non-profits have limited budgets, Urban Peak may not have the means to provide the resources necessary for properly training youth. Therefore, if Urban Peak decides to pursue formal peer involvement initiatives as part of its programming, program goals and objectives must be clearly defined, youth must be given clear roles and responsibilities, and Urban Peak should specifically allocate funds for training, staffing, and monitoring.

While there are potential obstacles of peer involvement, Fatina suggests that Urban Peak would be receptive to expanding these efforts.⁹³ Currently the homeless shelter facilitates a youth council where youth are able to provide feedback and ways in which to improve services at the shelter. In expanding peer-involvement at Urban Peak, Fatina recommends that the Drop-In Center, due to its casual atmosphere, would be an effective medium in which to facilitate informal peer-led discussions on topics of importance which in turn can be expanded into other areas of programming.⁹⁴ Therefore, peer involvement may be a viable option that can be implemented to improve HIV prevention efforts through promoting open dialogue of risk behaviors associated with HIV transmission.

Conclusion

Youth homelessness is an important issue that has significant implications for the physical and emotional well-being of youth and can render them vulnerable to commercial sexual exploitation. While there are many facets of homelessness and commercial sexual exploitation that need to be addressed such as increased access to shelters, it is important to address the needs of survivors and individuals currently in exploitative situations and to mitigate the risks associated with their circumstances. As quality of health is a universal need and right, it is critical to highlight the health concerns of homeless youth that may arise out of these exploitative situations. Of notable concern is the prevalence and risk of HIV infection.

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Ibid.

Trafficking is not only a moral imperative, but a public health issue that demands greater attention. Failure to address this concern has ramifications for vulnerable homeless youth, as well as society-at-large. HIV prevention programs are critical in combatting HIV/AIDS and in order to be meaningful, they should address risk behaviors that arise through exploitative situations that increase risk of infection. Peer leadership is one component of HIV prevention programming that has many potential benefits, as peers may better be able to engage with individuals who are experiencing similar circumstances. Therefore, in addressing the issue of commercial sexual exploitation among homeless youth in Denver, peer leaders should be seen as important resources whose voices may be utilized to empower the individuals with whom they work.

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