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Personal Strengths of Homeless Adolescents Living in a High-Risk Environment

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Health-risk behaviors and associated adverse health outcomes in homeless adolescents are well documented. Strengths of these youth that contribute to their health and well-being are seldom acknowledged. The purpose of this secondary analysis of qualitative data was to identify strengths that protect homeless youth. Two types of strengths emerged: resources and self-improvement. Resources served as the foundation for survival whereas self-improvement served as a process that enabled youth to consider a more healthy future. By recognizing the many strengths of homeless youth, nurses may develop community-based programs to help this population reenter society. **Key words:** *adolescence, homelessness, personal strength*

HEALTH RISKS for homeless individuals are well documented, ranging from acute and chronic respiratory diseases to various psychiatric disorders.^{1,2} The health risks for homeless adolescents are compounded by their engagement in high-risk behaviors such as using alcohol and intravenous drugs, exchanging sex for money or food, and having multiple sex partners.^{1,3,4} Moreover, homeless youth are particularly vulnerable to sexually transmitted infections (STI) and the human immunodeficiency virus (HIV) because they often combine using drugs with engaging in sexual activities with multiple partners.⁵⁻⁹

The preponderance of research on adolescents who are homeless has focused on their

deficits and problem behaviors.¹⁰⁻¹⁸ However, a few nurse researchers have begun to identify strengths in homeless individuals. For example, Montgomery¹⁹ interviewed 7 women between the ages of 35 and 53 years who had overcome homelessness and found that they had personal, interpersonal, and transpersonal strengths such as pride, moral principles, determination, and commitment to personal relationships. These strengths served to protect them from adverse health outcomes associated with being homeless. Similarly, McCormack and MacIntosh²⁰ conducted a grounded theory study with 11 homeless males and females between the ages of 17 and 56 years and found that there were numerous pathways to health for these individuals. In particular they found that participants exhibited self-confidence and considered themselves to be the primary resource for health promotion. Rew²¹ conducted a secondary analysis of data from a convenience sample of 32 homeless youth and identified positive strategies of coping with loneliness. These strategies included making friends with other homeless youth and having a dog for a companion. Rew stated that such positive coping strategies could enable homeless

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youth to develop in a healthy manner and attenuate their vulnerability. Pender²² asserted that the motivation for engaging in health-promotive behaviors stems more from positive factors or strengths such as the desire for growth and human potential than from negative factors. The purpose of this study was to synthesize findings from 3 qualitative studies of homeless adolescents and identify strengths that might serve as motivators for health-promoting behaviors in this vulnerable population.

METHOD

A secondary analysis of qualitative data from 3 studies²³⁻²⁵ was done for the purposes of this study. All 3 studies were conducted with convenience samples from the same population of adolescents who received social and health care services from a street outreach program in a major city in central Texas. None of the participants was recruited for more than one of the studies. Data from the 3 samples were collected over a period of 5 years, then pooled and analyzed using manifest and latent content analysis.²⁶

Study 1

Focus group interviews with 32 homeless adolescents and individual interviews with 10 of these youth were done as part of a triangulated study of the relationships among sexual abuse, loneliness, connectedness, and perceived well-being.²³ Participants' mean age was 19.1 years and the majority (87.5%) was European American. Qualitative data were analyzed originally using manifest and latent content analysis. Participants reported that they felt disconnected from other people and, consequently, lonely. Most related feeling more lonely around holidays. Many of them identified positive strategies for dealing with this loneliness by making friends or having an animal companion such as a dog.²¹ Participants also identified a number of strategies they used to stay healthy and resist illness such as eating vegetables and keeping their feet dry.

Study 2

Focus group interviews were conducted with a random sample of 22 homeless adolescents who participated in a large triangulated study ($N = 425$). The mean age of participants was 16.2 years. Data were analyzed using NUDIST Version 4 computer software and yielded 3 themes: (a) need for knowledge, (b) overcoming barriers, and (c) respectful interventions.²⁴ The findings from the study were used to plan a sexual health intervention appropriate for homeless adolescents.²⁷

Study 3

A grounded theory study was done to identify self-care attitudes and behaviors exhibited by homeless adolescents. Individual interviews were conducted with a theoretical sample of 15 youth whose mean age was 18.8 years. Although the majority ($n = 8$) was European American, others were Native American/American Indian ($n = 3$), Latino ($n = 2$), and "mixed" ($n = 2$). The basic social process (BSP) identified in the study was "caring for oneself in a high-risk environment."^{25(p28)} This BSP was reflected in 3 major categories: (a) becoming aware of oneself, (b) taking care of oneself, and (c) handling one's own health. Conclusions were that these youth displayed numerous life-sustaining and health-promoting attitudes and behaviors in addition to numerous health-risk behaviors.

Data analysis

For this secondary analysis, transcripts from the 3 studies were first read by the second author who had not been involved in the data collection or primary analysis of the original studies and was blind to the findings. Both authors established basic codes by using the informants' own words. Manifest content analysis was done independently by both authors to determine whether or not every code occurred in each of the individual and focus group interviews. Transcripts were then read again by both authors to identify the latent meanings. The individual codes were then reduced by clustering them into conceptually related categories. The clustered

Table 1. Resources as foundational strengths of homeless adolescent

Category	Codes
Knowledge of environment	Knowing resources Developing streetwise skills Learning who to trust Adapting to the situation
Community of peers	Building a new family Relying on others Being accepted by peers Traveling companions
Internal motivators for self-improvement	Sense of freedom Responsible for others (friends and pets) Recognizing consequences Feeling good about doing healthy things Goals for the future

categories were further sorted into 2 distinct types of strengths. Coding decisions were made through discussions between the 2 authors who arrived at consensus over time. Finding commonalities across all 3 data sets was taken as evidence of dependability.^{26(p317)}

FINDINGS

Two distinct types of strengths emerged from the data: resources and self-

improvement. Categories and codes related to resources are listed in Table 1. Categories and codes related to self-improvement are listed in Table 2.

Resources

Life on the streets is commonly viewed as a bleak, unsafe, and unfulfilling existence. In many instances this is a true picture; however, homeless adolescents have acquired resources that belie this stereotypical

Table 2. Self-improvement as a continuing strength of homeless adolescents

Category	Codes
Enacting healthier behaviors	Eating a healthier diet Increasing physical activity Using natural remedies Employing stress-reduction strategies Reducing or eliminating use of tobacco, alcohol, and other drugs
Gaining emotional maturity	Developing self-respect Increasing self-confidence Accepting range of emotions Learning one's limits
Mastering skills for the future	Using computers Practicing assertive communication Preparing for job interviews

view of them. The resources of homeless adolescents are the foundation of their strengths. Homeless adolescents have acquired knowledge of their environments that enables them to be safer on the streets and meet their basic survival needs for food, water, shelter, and some medical care. These youths develop a community of peers for companionship, guidance, and acceptance of their lifestyles. Their experiences with street life, the knowledge they gain over time, and the unconditional support they receive from their peers enhance their internal motivation for self-improvement that gives them a sense of personal fulfillment.

Knowledge of the environment

Life on the streets is not a safe situation. Homeless adolescents describe being threatened and taunted by other (nonhomeless) youths as a common experience. Many people who live on the streets and near the streets attempt to exploit homeless youths. The participants say that knowing where to find resources, developing streetwise skills, learning who to trust, and adapting to the social situation are essential to survive in this environment.

In all 3 studies, the homeless adolescents shared their detailed knowledge of the resources or options available to them to make street life a little safer. As one young man who had been living on the streets for 6 years indicated, "Know[ing] how to take care of it. Knowing that I have access to people that can help me take care of [health problems]." The participants identified resources for meeting their basic needs for food, water, hygiene (where showers and sinks were available), and better places to "squat" or sleep outside. As one 16-year-old woman explained,

People are so worried about all the homeless people not having any food, or clothing. So I mean, there are people coming down here every single day [who provide food and materials]. . . . I get free pizza on 6th street because I know the people who work at 3 pizza places.

Outreach sites that provide basic materials like socks, toothbrushes, and soap helped homeless adolescents meet their own survival needs. As one young woman indicated, "Living on the street, how hard it is for you to come up with toothbrushes and things like that safely."

Participants discussed the available health care resources and described the assets and limitations of the different health care sites. The physical location or availability of services was a crucial factor according to one 19-year-old, "because it's hard to get around if you don't have a vehicle or transportation." As another youth explained,

[Hospitals] give you lots of s—, you know, wanting ID cards and all this stuff. . . . You have to go through lots of paperwork. Stuff like that. You know, having to give out things that you really don't want to give out like addresses and Social Security numbers.

Homeless adolescents also described the poor quality of care received at hospitals. "They always ask for money. . . . Then like if you don't have any money they give you the cheapest service that they possibly have to give you."

Half of the individual interview participants specifically addressed the need to develop streetwise skills and learn to differentiate between the people one could trust from those who were not trustworthy. In response to a question about the most extreme thing he had done to survive on the streets, one 16-year-old responded, "Leaving friends, I think, would be the main one. That's the most dangerous. I lost a lot of friends." When asked for clarification, he elaborated with, "It's because the person I was to them, I really wasn't." This youth realized these "friends" were trying to exploit him and that the only way for him to be safe was to 'leave these friends.' And another youth explained, "I need to depend more on myself and [be] more streetwise. Not to be trusting everybody I meet out here. To trust myself more."

Another streetwise skill developed by homeless adolescents was being able to adapt

to social situations. Several participants described how they changed their behaviors and appearance to fit different situations. One behaves differently if one needs to access resources from a formal bureaucracy than when one is going to a "store front" clinic that specifically serves homeless people. More importantly, homeless adolescents talked about how they behaved on the streets so that others would not think they were an easy target. Young women talked about carrying knives; even though they did not feel confident in handling the knife, it was the appearance of "toughness" that was essential to avoid or remove themselves from dangerous situations.

Community of peers

The community of peers category was strongly evident in the transcripts as participants discussed specific activities including building a new family among the street culture, relying on others, being accepted by peers, and having companions to travel the streets and country. Most of the participants in all 3 studies began living on the streets as an escape from horrible home situations. Many experienced abuse and neglect at the hands of their parents or guardians (foster parents, grandparents). When they arrived on the streets, they found other youths with similar past experiences with whom they developed strong bonds. The street community is the first place that many transgendered youths have found acceptance. As one 21-year-old who has been on the streets for 5 years shared, "All the high school buddies aren't into the sexual minority type thing and I'd just be walking into some trouble [if she 'came out' to old friends]." In addition, children who have been abused found, during the time they lived at home or in foster care, that this event stigmatized them and could not be discussed with others. However, among the community of homeless adolescents abuse is a common experience and one that can safely be shared with others. This community of peers accepted them without qualification. As one runaway described:

I have like [a] family down here [on the street]. . . . People in my family [street youths] have said like 'don't go back home. They haven't done anything for you We're your family now.' I have brothers and sisters and moms and dads and everybody else.

This young woman felt cared for and accepted by her peers on the streets and indicated that she was feeling happy for the first time in her life. This acceptance by peers is a healing experience for many of these street youths.

The community of peers is a well-informed network that supports its members. Adolescents who are new to the streets relied on others for information about resources, and advice on living safely on the streets. "People that I'm around They tell me . . . like 'you need to eat. You need to watch your weight.'" However, they also relied on their peers for companionship and guidance in their daily lives. An 18-year-old who had been homeless for 3 years described how he learned to move around the country or 'travel.' "I've never [traveled the country] and the first trip I ever took was with her," because she knew about traveling by train and on the highways. Another 20-year-old woman who had been homeless for 2.5 years indicated she rarely felt lonely:

Ever since I've been traveling, I've only traveled about 500 miles by myself. . . . Somebody [is] always just around to keep me company. Keep me safe. . . . I don't like traveling alone, because every time I travel alone I get picked up by some toughs.

Internal motivators for self-improvement

Internal motivators for self-improvement emerged over time as homeless adolescents experienced life on the streets. Internal motivators include the sense of freedom, being responsible for others, recognizing the consequences of their decisions, feeling good or satisfied with efforts to be healthier, and setting goals for the future.

Participants described the sense of freedom they felt from the time they began living on the streets, because they were no longer

living in an oppressive home environment. This sense of freedom was an exhilarating experience and led "new" street youths to engage in risky behaviors, such as alcohol or drug abuse, and unsafe sex. But other youths described how they took advantage of this freedom to learn and gain experience. As one young man who had lived on the streets for 2.5 years indicated, "Overall, it's been pretty neat because I've seen pretty much the whole country. I've run into a lot of cool drop ins. I've met a lot of people. . . . Just been having fun." Traveling was frequently described as a positive experience, "I travel around, [it's] kind of cool sometimes." The participants who talked about taking health risks when they first went to live on the streets also identified these activities as unsafe and described how they had moved beyond these behaviors to become healthier.

Recognizing the consequences of actions was a key motivator for changing behaviors and was also a reflection of the maturation taking place as homeless adolescents dealt with life on the streets. As one young man explained, "[If] you slice your hand open, you clean it pretty quick. If you [cut] it out here you can get staph. That's the only reason I take care of myself halfway decent. . . . Some towns you can't get medical care." Being a witness to the consequences of others' behaviors, led another young man to reflect on his efforts to take better care of himself: "It was just seeing my friends fall apart and get sick and die, or stuff like that. . . . I had a friend die like 2 weeks ago here and I just happened to find her in the park. . . . It's scary." He further indicated, "I've seen other friends, you know, totally turn around and they're just fine right now." Witnessing both positive and negative outcomes was a significant turning point for this young man as he made choices about how to become healthier on the streets.

The participants described the importance of being responsible for others as a key element in their taking better care of themselves. Many of the homeless youths chose to be responsible for a dog, and several of the participants talked about being peer coun-

selors. While these are worthwhile activities in themselves, they served as a source of strength for the homeless youth. As a 15-year-old woman explained, "He's (the dog) not my kid. I choose to be responsible for him. . . . He makes you want to be healthy because you have to be healthy to be able to take care of him." And another 16-year-old woman elaborated on the effort to be responsible for a dog:

You have to have a lot of responsibility for a dog. Even in my muscles, shoulders, because when you're hitchhiking you have to carry like 20 pounds of dog food with you. . . . And I'd take her, they have like a bucket of water in the square. . . . and she'd get something to drink. You have to make sure she doesn't like go to the bathroom in the middle of the sidewalk or something.

While the dogs provide companionship, and protection from the elements (eg, a warm sleeping companion) or from predatory humans, the very nature of the human-companion animal relationship is a maturing and rewarding experience for homeless youths.

They also described their satisfaction with their own efforts to become healthier in the context of street life, which further motivated them to continue to seek a healthier lifestyle. As a 19-year-old woman indicated, "I'm a lot healthier than most people because I'm more active." Another young man who has been on the streets since 16-years-old indicated, "I feel better than I felt in the past. I haven't [done] drugs anymore or anything like that so I'm doing alright." The homeless youths were changing their health behaviors by reducing the risky behaviors they had been engaged in, either before moving to the streets or shortly on arrival on the streets, and increasing health-promoting behaviors. However, this was not an absolute change in behaviors, because many participants described holding on to some problem behaviors while concurrently enacting very healthful behaviors. "One thing I do that's not healthy is smoke cigarettes. . . . [But] you know, I walk everywhere I go. . . . It's like since I've been on the

streets so long I feel like I've built up immunities to certain things." It was the personal satisfaction derived from their efforts that served as an internal motivation to continue improving their lives.

Setting goals for the future was an outcome of these other activities, but also served as a personally defined motivator. The interview data reflect a continuum of participants' views about the future. At one end of the continuum were a few participants who indicated they avoided planning for the future. As one young woman explained, "Actually I obtain it (eg, food or medical care) day by day. I don't usually think about the day after tomorrow or next week. I think about what I am doing today. And so that eliminates all my worries." Other street youth were beginning to look beyond life on the streets and considered what could be a possible future. "If I stay off drugs and everything, I should be alright. . . . I'd like to get a place of my own. I want to go to school." Several participants had begun defining steps to take to meet their goals. One woman said, "I don't want to live like this for the rest of my life. I'm going to go back to school and settle down. I'm going to try to stay put and graduate, get a job. I've got my s— together now."

Self-improvement

Participants in all 3 studies were working to improve themselves. Three groups of strengths were identified: enacting healthier behaviors, gaining emotional maturity, and mastering skills for the future. These strengths developed out of the foundation of resources that ensured their survival and became the building blocks for growth and for looking toward a healthier future.

Enacting healthier behaviors

When adolescents become homeless either by design or default, they encounter a challenging environment with many threats to their health and safety. They soon learn where to go for necessities of food, water, and shelter, but many of them avoid health care providers owing to previous lack of

trust of adults. However, as they gain knowledge about street life and gain support from the community of peers, they are motivated to improve themselves. For many, this begins with improving their health behaviors by eating a healthier diet, increasing physical activity, using natural remedies, employing stress-reduction strategies, and reducing or eliminating the use of tobacco, alcohol, and other drugs.

Participants enacted many basic health behaviors that protected them from serious illness and injury. Many of the participants said they ate better on the streets than when they were at home because they realized the relative benefits of eating fresh fruits and vegetables rather than junk foods. A 20-year old man said, "Just watching what I eat. I don't pig out. Like, I don't go to like chips and coke. Don't drink coke at all. I try to eat all my greens when I can." Others said they had lost weight through eating right and increased physical activity. Another 20-year-old man stated, "When I first came to [city], I weighed 375 and now I weigh 220. I eat every day. I eat very healthy." A 19-year-old woman added, "Actually, we do a lot of exercise. I mean, you know, we're always walking. We keep ourselves in pretty good physical shape."

In addition to following a more healthy diet and increasing their physical activity, participants were aware of other dimensions of their health. Some participants described using a variety of natural remedies such as herbal teas to boost their health. Another young woman added, "They [my friends] give me like herbal teas when I'm sick and I have no idea what's in it, but it works." When asked how they obtained the natural remedies, a young woman in one focus group said, "You can get herbs with food stamps. There's cayenne and lemon juice and water-like supplements that if you take for like a week . . . will help out your body." One 19-year-old woman carried a bright blue crystal ball made of glass with her. She said it helped her relax and further explained, "This would be a meditation device among other things." These homeless youth lacked many of

the usual resources for staying healthy such as prescription medications, but they shared information about herbs and other things that were easy to obtain and that could help them resist illness. The street environment was fraught with stressors, yet they found ways to address this successfully. A 15-year-old woman spoke of keeping her stress level down, "I like just keep my mind clear and I read a lot. And being active. I mean, just not sitting around in the same place every day."

Many of the participants reported that they had stopped using drugs or alcohol since leaving home despite the abundance of these in the street-life setting. A 15-year-old woman stated that she "stopped drinking because I had her [dog] and the best thing to do is to be with my dog." Another 15-year-old woman also attributed her reduced drinking to having a dog. She said:

Over the past couple months since I've had him [dog], I don't drink as much. I mean, I drink occasionally, but I'm not going out every day panhandling, working for the drink. I'm responsible, he means a lot to me. You know, he makes you feel, he makes you want to be healthy because you have to be healthy to be able to take care of him.

Enacting healthier behaviors reflects a growing ability of these youth to be responsible for their own health. Street outreach programs, such as the one where these 3 studies took place, offer a variety of resources that these adolescents can access when they are ready to do so. Unlike more formalized institutions such as hospital emergency wards and clinics, street outreach centers provide opportunities for homeless youth to learn about healthier behaviors and many offer support services such as drug and alcohol counseling that are readily accessible.

Gaining emotional maturity

As homeless youth took more responsibility for their lives and their health, they gained emotional maturity. Most participants had left a turbulent home life and as they learned how to live on the streets, they developed self-respect. This increased their self-

confidence, enabled them to accept a wide range of emotions, and they began to learn their limits, which served to help them be realistic about the future. The process of gaining emotional maturity served to strengthen their self-identity, which is a major task of adolescent development. Although these youth lacked the usual sources of support from families and schools that serve to strengthen the self-identity of most adolescents, they drew support from other homeless youth and non-threatening adults they met in street outreach programs.

Increasing emotional maturity was evident among participants in all 3 of the studies. Participants talked about developing self-respect and self-confidence through the process of taking care of themselves and their pets while living on the streets. A 20-year-old transgendered youth reflected this growth when he said,

I've come a long way. I know I've come a long way because I used to be very bad. I used to disrespect people. I did not want anybody talking to me. I wanted to be by myself when I was 18. When I was 19, I started opening up a little bit more. I let people stay with me on and off. But now that I'm 20, I've learned that I am growing up. I do need to take responsibility. I need to maintain a job . . . I need to learn to respect myself, you know, and care for myself.

One 16-year-old woman reflected self-confidence when she said she had to "be prepared for anything." The challenging environment of living on the streets was filled with unpredictable situations, and survival in this environment built one's confidence in being able to handle anything that might happen. A 16-year-old man said, "I depend on myself more than I ever did." Another 16-year-old man described how things had changed for him since coming to live on the streets:

When I first got on the street . . . it was rough, it was real rough, but I learned to make the best of it on my own. The best of it was not to be always partying . . . to apply for jobs, you know, to get my life on track instead of just wasting it out just sitting on the street and not doing anything.

Participants also exhibited emotional maturity by accepting their emotions, recognizing multiple dimensions of themselves, and learning their limits. One of the 16-year-old women said, "I like being unhappy when I'm unhappy and I like being happy when I'm happy. I used to get depressed pretty regularly, but since I've been on the streets, I've actually been a lot happier." An 18-year-old talked about developing a variety of friendships since coming to the streets, which reflected a growing awareness that she had multiple dimensions:

Yeah, like we have a lot of different friends in a lot of different groups and it's just because we have rather different parts of ourselves that are similar to them and [some] that are exact opposite to them but are similar to someone else in another group.

Speaking of his limitations, an 18-year-old man added, "Well, I've known that drugs aren't good for me for a long time. I've got to give up a lot of things. Move forward."

Recognizing that they could experience a variety of emotions and enjoy multiple aspects of themselves, including their limitations, strengthened the participants to persist in their efforts to be healthier in spite of a relative lack of structure in their daily living. For many, this led to setting goals for the future and mastering new skills that would enable them to meet these goals.

Mastering skills for the future

Mastering skills for the future involved learning how to use computers, practicing assertive communication, and preparing for job interviews. As one 19-year-old man said, "I like computers. I like programming and writing software and stuff." Another 20-year-old man described this process when he said that he and his best friend "occasionally go up to Barnes and Nobles and read. We also go to the library sometimes. We work on the computers and we have a couple of friends who aren't on the street, so we go up and talk to them."

Practicing assertive communication was an important skill to help these youth plan for a healthier future. All of them were very

much aware of the threat of HIV/AIDS and the women, in particular, understood that assertive communication was a way of protecting themselves from that threat as well as the threat of an unplanned pregnancy. One 18-year-old woman described an interaction with her steady boyfriend:

I said, hey, you know, either use a condom or we're not going to have sex. I said, think about it. I said, if we were to have sex without a condom, you know, what are we going to do if we have a kid? You know, we don't have the money to take care of a kid. We don't have anything. You know, we don't even have our own apartment. I said, how are we supposed to do that?

Many of the youths in these studies were working at temporary jobs, but were hoping to find full-time employment. A 19-year-old woman described this process when she said, "[It would be helpful to have] job training and housing—more ways to get off the street, more job options. It seems like most places don't want to hire me. Job training would be helpful because I don't really have any work experience." A 20-year-old transgendered youth summarized mastering new skills for the future by saying:

The streets are a stepping stone. You can't go anywhere and do anything if you just sit on your tush all day and talk about drugs and getting disoriented. It's just like turning little things around. Little bad habits and making them into good habits. I just enrolled in the School for Healing Arts and I'm going to be a masseuse. I want a job.

DISCUSSION

Findings from this secondary analysis add to a small, but growing, body of work that focuses on the strengths of homeless people. Montgomery¹⁹ describes the personal, interpersonal, and transpersonal strengths of formerly homeless women who succeeded in building new lives for themselves. Montgomery's findings are similar to those in the present study in that internal motivators (a form of personal strength) come from within

the individual, and serve as a source of energy for accomplishing the necessary tasks of daily living as well as working on future goals. Findings in both Montgomery's study and the present study highlight the importance of interpersonal relationships in supporting, protecting, and guiding homeless individuals as they negotiate life on the streets.

The family has been identified recently as an important environmental factor in protecting adolescents from engaging in health-risk behaviors.²⁸ For most of these participants, the family of origin did not provide such protection. However, these youth displayed great strength in making the decision to leave their homes and rely on themselves in another challenging environment. Their initial survival demonstrated their ability to recognize and access resources that were both internal and external. Despite the negative influence of their families, these youth reached out to connect to others and sought companionship from other homeless youth. They relied on each other for support and information to make their survival secure. Moreover, they were able to accept each other at a very authentic level and some even described new relationships that felt more like a "family." These findings extend those of Study 1²³ that were limited to strategies homeless youth use to deal with feelings of being disconnected from others.

Street youths reported they had become very skillful in finding resources, and learning how to get along with various people on the streets. They talked about trusting themselves more, and feeling good about their efforts to take care of themselves. As they pointed out, they were doing a much better job taking care of themselves than parents or guardians had done at home. This is very similar to McCormack and MacIntosh's findings²⁰ of increased self-confidence that homeless adults gained as they learned how to accomplish tasks that would enable them to improve their health and maintain their safety while living on the streets. Participants in the present study demonstrated a great deal of knowledge

about health, the risks inherent in life on the street, and how to remain healthy by adapting to this new environment. These findings extend those of Study 2²⁴ that focused specifically on sexual health knowledge.

In addition to the general processes for self-care in a high-risk environment identified in Study 3,²⁵ this secondary analysis found specific resources that homeless adolescents use to motivate them to engage in health-promoting behaviors. While this study focuses on the strengths of homeless adolescents, this is not meant to discount the significant negative events that led adolescents to leave their homes initially, nor to overlook the fact that many homeless youths continue to experience a lack of connectedness to others, and feelings of loneliness.²³ Consistent with findings from Study 3, reanalysis of data from all 3 studies emphasizes that the negative aspects of the street environment can serve as the stimulus to build and draw on an individual's personal strengths. Affirmation of these strengths can motivate these youth to engage in behaviors that are health-promoting.

In contrast to previous studies of homeless youth that have identified the high incidence of substance abuse^{1,3,4} and STI,⁵⁻⁹ findings reported here emphasize the positive actions taken by many homeless youth. These strengths included reducing or eliminating alcohol and tobacco use and practicing safe sex through the conscious decision to use condoms. Internal strengths emanating from a sense of freedom, taking responsibility for pets and friends, feeling good about doing healthy things, and setting goals for the future are similar to the findings in Montgomery's study¹⁹ of homeless women. The youth in the present study described a carefree attitude that to some may sound irresponsible but, in fact, represents an escape from the oppression of a hostile home environment. Having survived such an environment and encountering a different set of challenges on the streets, these youth displayed their strength in taking responsibility not only for their own life and well-being, but a willingness to

assume further responsibility for the life and well-being of new friends and animal companions as well.

CONCLUSIONS

Despite society's assumptions about the bleak outlook for homeless adolescents, findings from this analysis reveal numerous strengths among this population. Specifically, these youth have witnessed and experienced many negative adult role models and life events in their homes of origin and out on the streets. However, they describe a growing vision of life beyond the streets and engage in strategies that move

them slowly and cautiously toward this vision. Nurses may be more successful in working with these youth by emphasizing their strengths rather than focusing on their limitations. Using Pender's health promotion framework,²² strengths may be affirmed as motivators for health-promoting behaviors. Moreover, nurses can be advocates for positive community-based responses to assist these young people in their efforts to become productive members of society. Findings of the strengths of homeless adolescents are important for nurses and other health providers in planning interventions to improve the health and well-being of this disenfranchised group of adolescents.

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