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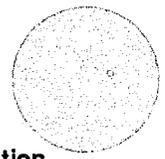


Special Report: Runaway and Homeless Youth

University of Pittsburgh Office of Child Development

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Every day, thousands of runaway and homeless youth are living on the streets of our cities without adequate food, shelter, health care, or financial support. The US Department of Health and Human Services, Administration for Children and Families estimates that there are 1.3 million runaway and homeless youth in the United States every year. The National Network of Runaway and Youth Services, Inc. estimates the number may be closer to two million (1*). This report highlights statistical and study findings about these youth and the issues that affect their lives.

The following definitions, used by the Runaway and Homeless Youth Network (RHYN) of Allegheny County (PA), tell us who these youth are. A runaway youth is any individual under 18 (or 18 to 21 and eligible for education) who is away from home at least overnight without permission of guardians. A homeless or throw-away youth is any individual under the age of 21 lacking a fixed regular supervised home who is currently living in an unsupervised and/or temporary setting (e.g., shelters, hospitals, abandoned houses, and cars.)

Demographic Findings

Most homeless youth (55%) are male, while most runaways are female (65%). Homeless youth tend to be older than runaways. Most homeless youth are white, but African-American youth who are homeless are disproportionately represented when compared with the larger population. These youth come from families with varied economic circumstances and are not predominately from poor families receiving public assistance. Urban states and rural states have nearly identical percentages of homeless youth (2).

Runaway and homeless youth today are both older and younger. There are many more 18- to 21-year old homeless adolescents than a decade ago. And there are more chronic, younger runaways, as young as 10 and 11 years old, who have already been on the street for a year or more (3).

Family Problems

Both runaway and homeless youth report very troubled family situations. For ex-

ample, 29% of runaway youth and 26% of homeless youth report physical or sexual abuse; 36% of homeless youth and 18% of runaway youth report parental neglect; and 11% of homeless youth and 8% of runaway youth were subjected to domestic violence.

Individual Problems

In addition to family problems, school problems, such as, poor grades, school attendance/truancy, trouble relating to teachers, and learning disabilities are common. Approximately one-fifth of runaway and homeless youth report drug or alcohol abuse problems. Pregnancy, suspicion of pregnancy, or sexually transmitted diseases were cited by 14% of homeless females (2).

Though youth workers realize that running away from a bad environment may be a sign of healthy coping, the majority of homeless and runaway youth have serious mental health problems that most likely include depression, and approximately 10% of youth are possibly suicidal. Many youth shelter users have psychiatric profiles largely indistinguishable from adolescents attending a psychiatric clinic (3).

In many areas, mental health resources have been targeted for younger children, and with no money and no system referral, it is difficult for older adolescents to get help — even at shelters. In two separate studies of youth who were excluded from shelters at intake, it was reported that the most common reasons for exclusion were severe emotional problems (e.g., psychosis), suicidal threats, drug addiction, and intoxication (3).

Problems Related to "Street Living"

Exposure to the elements, the absence of a clean domicile, and no opportunities for bathing contribute to many physical ailments, particularly gastrointestinal, respiratory, and genital-urinary problems which are common among street youth. The unsanitary condition of street life promotes the spread of Hepatitis A and B, head lice, pubic lice, scabies, and impetigo. Most street youth eat one meal a day at most. The typical shelter meal provides only one-third of the daily calories needed for

growth and is deficient in iron, calcium, protein and vitamins (3).

Survival sex, AIDs, and pregnancy are real problems. Nearly four-fifths of adolescent female prostitutes have been identified as runaways, and a sizable number of young male prostitutes are runaways as well. With few legitimate alternatives to earn money, youths turn to prostitution, pornography, or the sale of illegal drugs. Exchanging sex for drugs is also common among homeless youth and, according to the Centers for Disease Control, the practice has contributed to a 60% increase in the rate of syphilis since 1985 (3).

Street living also includes exposure to gangs and gang violence. Centers in some states report that gangs are more competitive and are recruiting at younger ages and among sub-populations of street youth that previously were not targeted. Few prevention, intervention, and diversion programs exist that actively mediate to diffuse gang tension and provide gang members access to alternative social roles and life skills (3).

Shelters and Services

Programs to assist the homeless population generally ignore homeless youth. For example, youth under 18 years of age are usually excluded from adult shelters. If youths over 12 are members of a homeless family, they are frequently denied access to family shelter facilities because shelters are not able to provide adequate privacy. Sometimes youths are not permitted in a shelter because they are perceived as disruptive and unruly by shelter staff (3).

The alternative, residence at a federally funded shelter for runaway youth, is limited by federal regulation to a maximum of 15 days.

The approximately 300 shelters nationwide, supported by the federal Runaway and Homeless Youth Act of 1977, focus primarily on runaways. Because the problems of homeless youth can be similar to those of runaways, this system provides needed and valuable services to both groups. However, gaps exist between the extent of homeless youths' problems and

the services that such shelters are able to provide (2).

For example, homeless youths are generally not eligible for medical programs and lack funds to pay for medical treatment. Services are further complicated because parental permission is usually needed before medical treatment can be given to a minor. Overall, only one-fourth of homeless youth receive medical services. While pregnant teens are likely to receive medical help, youth who are drug or alcohol abusers are no more likely to receive medical services than other homeless youth (3).

The Shelter Process

Homeless youth arrive at shelters through a number of referral sources, (e.g., parents and guardians, juvenile justice and law enforcement agencies, and public and private agencies. The most frequent referral sources are child welfare and protective services agencies. Youths under the age of 16 who have been referred by child welfare agencies often stay in shelters while waiting to be placed in foster care or group homes, and they pass through shelters when they move from one foster care or group home to another (2).

After receiving care in federally financed shelters, about one-third of the youth in shelters return to their parents and another third move into institutional arrangements, such as, foster care homes. However, the remaining third, move into situations that appear to offer little stability, such as living with a friend, in a runaway/crisis house, on the street, or in situations unknown to shelter personnel (2).

Many first-time runaway youth reunite with their families. While the family situation can be far from perfect, with supportive services the family can function as a safe environment for the youth. There is, however, no recipe for recognizing which youth and families can be reunified.

But, for a growing number of homeless youth, the more realistic goal is independence with "reconciliation of family issues, "not reunification of family members. For example, chronic street youth, who have been on their own for some time, essentially want independence. While they may desire family ties, they do not want to be

parented, nor are they able to accept the expectations and structure inherent in foster care (3).

Staff at several programs report that at least half of their clients—older homeless youth—have no realistic hope of returning home. They need to acquire employment and life management skills that will allow them to live independently. These truly homeless youth require a continuum of housing options, with support services, that extend well beyond the 15-day emergency shelter. Adult homeless shelters, unfortunately, have "enabled" youth to continue living on the street (3).

Aftercare for Homeless Youth

Almost one-half of homeless youth receive no services after leaving a shelter (2). While homeless youth are at high risk of leaving school and one-third get educational services while at the shelter, less than 10% use planned educational aftercare services. Employment and job training for these youth are almost nonexistent. Only 6% of homeless youth receive such services while in shelter, and only 10% had such services planned after they left the shelter. Substance abuse aftercare treatment is planned for only 3-4% of homeless youth while approximately 20% report such problems (2).

In recent years, independent living programs—structured programs designed to develop skills needed by youth to live on their own—have been viewed as model programs for homeless youth. While independent living programs may be appropriate for some homeless youth, for others—those under 16 years old and those with drug and alcohol or other severe problems—this type of program may not be feasible. The proportion of youth who can use and who entered independent living programs is small (2).

One Program Model

Bridge House, a Boston transitional program, serves 16 youths a year at a yearly total service cost of \$300,000 (3). Youth who have been through this 12-month residential program are eligible to lease shared apartments for one year. After a year, they move to independent living, with continuing aftercare services. Bridge House also operates a "single-parent house."

Community Resistance and Other Problems

Those who attempt to develop a continuum of services like Bridge House are finding it an expensive and complex undertaking with many barriers. For example, 1) a severe shortage of low-income housing and affordable apartments makes it difficult to locate housing components in safe neighborhoods; and 2) neighborhood and landlord resistance to non-traditional residents has intensified in the last few years, partly due to the increase of violence and drugs. (3).

Other problems include: 1) finding a secure source of funding once start-up monies are depleted; 2) finding, training, and retaining live-in staff; 3) acclimating street youth to a structured housing environment; 4) determining the length of stay required to bring about significant behavioral change and a realistic chance for independence; 5) dealing with the inadvisability of mixing younger, naive adolescents with street-hardened older youth; and, 6) defining and evaluating effectiveness (3).

Conclusion

While short-term crisis intervention and emergency shelters may be sufficient for some youth, many younger chronic runaways and older homeless adolescents may also require 1) long-term counseling—not just crisis intervention; 2) long-term housing options—not just a 15-day emergency shelter; 3) alternative education; 4) employment training; and, frequently, 5) substance abuse treatment, intensive mental health services, and health care services. (3).

(* Sources

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