

A Risk Profile Comparison of Runaway and Non-Runaway Youth

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Abstract: All initial visits (N = 765) to an outpatient medical clinic during calendar year 1985 were analyzed. Six hundred and fifty-five of these visits made by non-runaway youth were compared to 110 visits made by runaways. Based on data from the Childrens Hospital Adolescent Risk Profile Interview, runaway street youth are at greater risk for a wide variety of medical problems and of health-compromising behaviors including suicide and depression, prostitution, and drug use. The implications for public health and social policy are discussed. (*Am J Public Health* 1988; 78:820-821.)

Introduction

According to estimates compiled by the US Department of Health and Human Services, as many as a million youth run away from home each year; approximately one-fourth of this number are considered to be homeless street kids, a drifting uncentered population of children living on their own.¹ In Hollywood, California, where this study was conducted, a 1981 report by the United Way Planning Council estimated 3,000 runaway youth on the streets on any given day.

There is very little in the literature that examines the health care aspects of runaway youth. There are demographic surveys of runaways² and surveys of county and state agencies³ as well as literature regarding adolescent prostitution.⁴ One previous study of sheltered youth examined mental health status⁵ and another reviewed life stress as a predictor of runaway behavior and/or alcohol abuse.⁶ This study is the first to look at the overall health status of runaways and to compare this to the health status of other non-runaway youth.

Methods

Data were collected from the charts for all first time visits between January and December 1985, to an ambulatory service for 12-24 year olds, operated cooperatively by the Division of Adolescent Medicine at Childrens Hospital of Los Angeles, and the Los Angeles Free Clinic. All patients seen had had a risk profile interview (HEADS) done by the examining physician. The acronym HEADS denotes six significant areas of risk contribution: Home, Education, Activities/Affect, Drug Use, and Sex/Suicide. Of the 765 first-time patient visits, 110 (14 per cent) were self-identified to the providers as having run away at the time of their visit. The 655 (86 per cent) non-runaways were used as a comparison group.

Results

The demographics of the runaway and non-runaway youth are presented in Table 1. The runaways tended to be younger, were much more likely to be Caucasian, and come from outside of Los Angeles County.

Table 2 illustrates medical diagnoses of the two populations. Runaways comprised only 14 per cent of the popu-

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TABLE 1—Demographic Comparison of Runaways (N = 110) and Non-runaways (N = 655)

Demographic Information	Runaways	Non-runaways
Sex	%	%
Female	63	67
Male	37	33
Race		
Asian	3	5
Black	15	33
White	65	39
Hispanic	10	20
Native American	2	1
Other	5	2
Age (years)		
10-14	7	6
15-17	45	28
18-21	40	57
22-24	4	8
Unknown	4	1
Origin		
Local	21	—
Other California	45	—
Other State	32	—
Unknown	2	—

lation studied, but accounted for 23 per cent of the recorded diagnoses. A diagnosis relating to sexual activity (including visits for birth control) tended to be more common in the older non-runaway group. Runaways were more likely to have a diagnosis of pelvic inflammatory disease, and drug abuse was substantially more common in the runaway group. The single case of significant pathology (cardiac arrhythmia; renal failure) and two of the three cases of generalized lymphadenopathy, were in the runaway group.

Table 3 depicts data gathered during the HEADS interview. Thirty-eight per cent of the runaways in this sample state that they live on the streets where their only shelter is often an abandoned building. Five times as many runaways had dropped out of school although 5.5 per cent had gone to college. Despite no longer living at home, runaways were less likely to have a job. Fifty per cent reported hanging out with friends as their main activity. Compared to peers, runaways

TABLE 2—Medical Diagnoses of Runaways (N = 110) and Non-runaways (N = 655)

Diagnosis*	% Runaways	% Non-Runaways	Rate Ratio (95% Confidence Intervals)
Sexually Transmitted Disease	18.2	29.9	0.61 (0.40, 0.92)
Pelvic Inflammatory Disease	4.4	1.4	3.17 (0.81, 12.37)
Pregnancy	13.0	13.5	0.97 (0.50, 1.86)
Hepatitis	2.7	0.3	8.93 (1.51, 52.85)
Uncontrolled Asthma	1.8	0.5	3.97 (0.67, 23.49)
Pneumonia	8.2	5.0	1.62 (0.80, 3.30)
Scabies	6.4	1.7	3.79 (1.50, 9.56)
Family Planning Services	20.3	37.5	0.59 (0.37, 0.93)
Drug Abuse	57.3	14.1	4.08 (3.18, 5.23)
Trauma	3.6	1.4	2.65 (0.83, 8.45)
Rape	1.8	0.5	3.97 (0.67, 23.49)

*Patients were given as many as three diagnoses; approximately 200 different diagnostic categories were available to clinicians. This table represents only a portion of all diagnoses given and percentages will not equal 100%.

TABLE 3—Psychosocial Interview Information on Runaways (N = 110) and Non-runaways (N = 655)

Psychosocial Information	% Runaways	% Non-Runaways	Rate Ratio (95% CI)
Home			
Parents, Relatives*	10.9	67.0	0.16 (0.09,0.27)
Friends	36.4	28.7	1.24 (0.93,1.66)
Shelter	7.3	0.8	7.00 (2.53,19.41)
Streets	38.2	0.2	190.00 (33.81,1069.05)
Other/Unknown	7.3	3.4	2.33 (1.04,5.19)
Education			
College	5.5	25.2	0.20 (0.09,0.45)
High School	30.0	53.7	0.56 (0.42,0.75)
Junior High	10.0	7.9	1.25 (0.68,2.30)
Drop Out	54.5	11.3	5.00 (3.24,6.55)
Other/Unknown	0	1.8	0 (0,0)
Activity			
Sports	14.5	30.5	0.50 (0.32,0.79)
Job	25.5	29.9	0.83 (0.58,1.19)
Hang Out	50.0	19.7	2.50 (1.97,3.18)
Hobbies	9.1	2.3	4.50 (3.24,6.26)
Other/Unknown	0.9	1.8	0.45 (0.06,3.43)
Affect			
Depressed	83.6	24.0	3.50 (3.10,3.95)
Suicide Attempt	18.2	4.0	4.50 (2.98,6.78)
Suicidal	9.1	1.8	4.50 (2.47,8.20)
Mental Health Problem	18.2	3.8	4.50 (2.98,6.78)
Drugs			
IV Use	34.5	3.7	8.75 (5.55,13.79)
Hallucinogens	22.7	2.4	11.50 (9.37,14.13)
Stimulants	36.4	7.0	5.10 (4.75,5.47)
Inhalants	6.4	2.4	3.0 (1.20,7.48)
Narcotics	13.6	3.4	4.67 (2.47,8.81)
Alcohol	54.5	49.9	1.10 (0.92,1.32)
Cigarettes	42.7	34.2	1.26 (0.99,1.60)
Drug Problem	7.3	1.1	7.00 (2.52,19.45)
No Drug Use	16.4	33.0	0.48 (0.31,0.75)
Marijuana	44.5	28.7	1.55 (1.22,1.97)
Sexual Orientation			
Heterosexual	82.7	84.7	0.98 (0.90,1.06)
Homosexual	7.3	4.9	1.49 (0.76,2.93)
Bisexual	9.1	2.6	3.50 (1.61,7.59)
Undecided	0	2.4	0 (0,0)
Unknown	0.9	5.3	0.17 (0.02,1.24)
Age of First Sex			
Never	1.8	11.6	0.16 (0.04,0.63)
0-9	19.1	2.1	8.92 (4.68,17.00)
10-14	38.2	28.9	1.32 (1.01,1.73)
15-18	37.3	43.8	0.85 (0.66,1.01)
19+	0	6.3	0 (0,0)
Unknown	3.6	6.9	0.53 (0.19,1.44)
Problems w/Sex			
Patient states yes	13.6	3.8	3.58 (1.95,6.58)
Survival Sex	26.4	0.2	176.00 (23.81,1300.90)
Sexual Abuse	21.8	5.2	4.62 (2.90,7.37)
Physical Abuse	16.4	2.1	6.78 (3.40,13.49)

*None of the runaways were with parents.

were more likely to be depressed, to have previously attempted suicide, to be actively suicidal, or to have some other serious mental health problem.

Eighty-four per cent of the runaways use drugs or alcohol, and 34.5 per cent of the runaways had used intravenous drugs compared to only 3.7 per cent of their non-runaway peers. In our sample, 57.3 per cent of the runaways reported sexual intercourse prior to the age of 15, with 19.1 per cent reporting sex prior to their 10th birthday. Sexual and physical abuse was more likely to be disclosed on the first visit by runaways. A higher percentage of runaways (26 per cent vs .2 per cent) were involved in street prostitution (survival sex).

Discussion

Runaway and homeless youth, by circumstance and necessity, participate in a number of health-compromising behaviors (drug use, prostitution, living on the street, etc.) at a much greater frequency than their non-runaway peers. Our findings of high levels of "hard" drug use (hallucinogens, narcotics, etc.) by runaway youth and the large number who were diagnosed as abusing drugs are comparable to findings in the Shaffer study.⁷ Our data show a subsequent significant increase in morbidity related to this life-style.

The high level of intravenous drug use reported by the runaways, in addition to the reported involvement in prostitution, and the greater likelihood of gay or bisexual life style, place this group in the highest risk categories for contracting and transmitting AIDS (acquired immunodeficiency syndrome). As such, they should be a priority target population for all educational and prevention programs aimed at reducing the spread of this disease. As runaways and school dropouts, they will not be exposed to school-based education and prevention programs.

The large number of runaway youth with a clinical diagnosis of depression and other serious mental health problems concurs with those of the Shaffer study.⁸ Whether these problems are precursors to runaway behavior or are the result of emotional trauma experienced by living on the street is an area that requires further study.

The Rothman study of 1985 found that human service workers who come in contact with runaway youth estimate 29 per cent have been sexually abused and 36 per cent have histories of physical abuse.⁹ Our study shows a higher incidence of sexual than physical abuse. The sexual abuse histories seem especially relevant when the level of involvement with street prostitution is considered. Several studies have now correlated teenage prostitution with previous sexual abuse.¹⁰

Several potential problems exist with interpretation of this study. Our sample of runaway youth is small and geographic in nature. The cross-sectional nature of this study makes it difficult to predict long-term behavior as it profiles patients at only one point in time. Also, it is possible a large number of runaway youth studied here are chronic homeless street youth whose physical and mental health problems may have been increased by living on the streets for long periods of time.

REFERENCES

1. Runaway and Homeless Youth: National Program Inspection, US Department of Health and Human Services. Office of the Inspector General, Region X, October 1983.
2. National Statistical Survey on Runaway Youth. US Department of Health, Education, and Welfare. Princeton, NJ: Opinion Research Corporation, 1976.
3. Homeless Youth in San Francisco. Mayor's Criminal Justice Council. Unpublished Report, March 1984.
4. A Study of Sexual Exploitation, Etiological Facts, and Runaway Behavior. San Francisco: Urban and Rural Systems Associates, 1982.
5. Shaffer D, Caton C: Runaway and Homeless Youth in New York City. New York: Ittleton Foundation Report, 1984.
6. Van Herten T, Golembiewski G: Adolescent Street Life as a Predictor of Alcohol Abuse and/or Runaway Behavior. Washington, DC: National Youth Work Alliance, 1980.
7. *Op Cit.* Runaway and Homeless Youth in New York City.
8. *Ibid.*
9. Rothman J, David T: Focus on Runaway and Homeless Youth. Los Angeles: University of California, Bush Program in Social Welfare, 1985.
10. Sexually Abused Children and Teenage Prostitution. Washington, DC: Center for Women's Policy Studies, 1980.