

# 2017 MAINE HOMELESS YOUTH RISK BEHAVIOR SURVEY REPORT

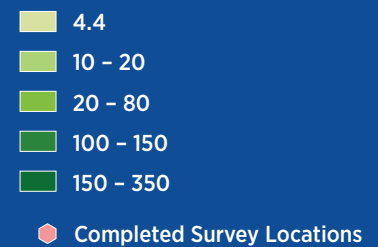
A comparison of the health risk behaviors of homeless youth to those of typical public high school students in Maine



In order to reach a diverse and representative sample of youth experiencing homelessness, the 2017 Maine Homeless Youth Risk Behavior Survey (MHRBS) was distributed to community-based agencies in urban and rural areas.

This map presents the locations in which 279 anonymous, self-administered surveys were completed by youth (aged 20 or younger) from November 2017 through January 2018.

Population Density by Counties, 2010. People Per Square Mile:



**This Maine Homeless Youth Risk Behavior Survey Report was developed under the guidance of 3 main objectives:**

- **Measure** the personal safety, sexual, and substance use behaviors of homeless youth in Maine.
- **Understand** the risk behavior of homeless youth as compared to their in-school peers.
- **Support** organizations and professionals as they work to improve risk behavior education that engages homeless youth and youth at risk of homelessness.

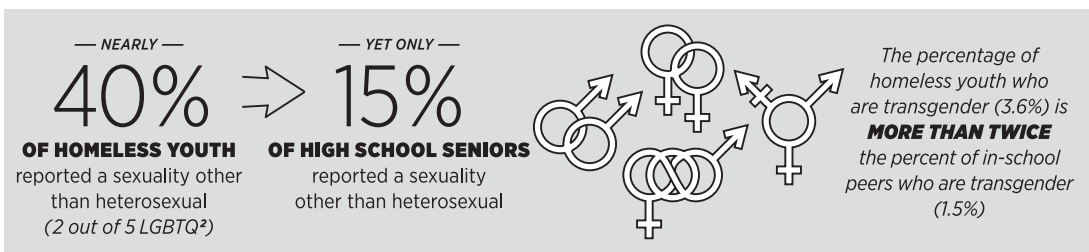
# MAINE'S HOMELESS YOUTH AT HIGH RISK

**THIS REPORT SUMMARIZES THE RESULTS OF THE 2017 MAINE HOMELESS YOUTH RISK BEHAVIOR SURVEY (MHYRBS) AS COMPARED TO:**

- Previous MHYRBS administered approximately every five years since 1999, and
- The 2017 Maine Integrated Youth Health Survey (MIYHS) administered to public high school students

The 2017 Maine Homeless Youth Risk Behavior Survey (MHYRBS) results show that Maine's 15,000 estimated homeless youth are at increased risk for HIV, abuse, violence, and trauma, and engage in riskier behaviors than those of typical public high school students in Maine (generally referred to as in-school peers throughout this report).<sup>1</sup>

Key findings are highlighted in this report, including that within Maine's homeless youth population, young women, non-heterosexual, and transgender youth are at particular risk for negative health outcomes.<sup>2</sup>

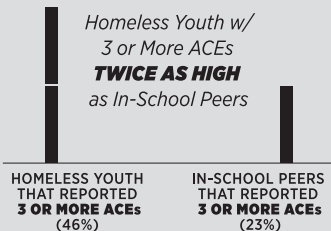


Attending school is an important protective factor for homeless youth

## 2/3 OF HOMELESS YOUTH

- ATTEND SCHOOL REGULARLY** (40%, or)
- ALREADY GRADUATED/EARNED A GED** (27% in the past year [31% Attended School Sporadically or Not At All])
- A POSITIVE INCREASE FROM 2012** (58%) → **2017** (67%)

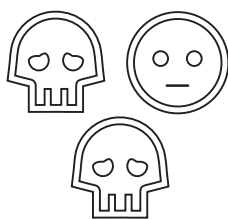
**85%** OF HOMELESS YOUTH Report Having Adverse Childhood Experiences (ACE's)



### HOMELESS YOUTH SEVERE ACEs INCLUDE:

- Lived with a caregiver with mental illness (39%)
- Physically hurt by an adult in their home (37%)
- Incarcerated parent or guardian (30%)
- Parent or guardian died (18%)

**1 IN 10 HOMELESS YOUTH HAVE TRADED SEX** for a place to stay, food, drugs, money, or other goods.

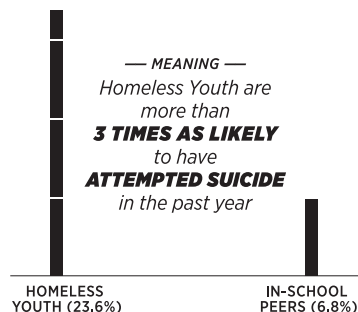


1/3 of Homeless Youth had made a **SUICIDE ATTEMPT** (67%) in the past year

**A SIGNIFICANT INCREASE** 2012 (26.6%) → **2017** (34.9%)

Suicide rates went up more than 30% nationally since 1999<sup>3</sup>

— MEANING —  
Homeless Youth are more than **3 TIMES AS LIKELY** to have **ATTEMPTED SUICIDE** in the past year



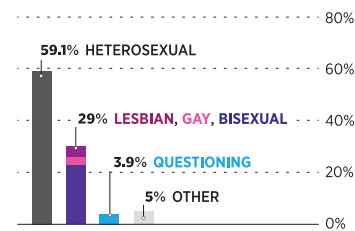
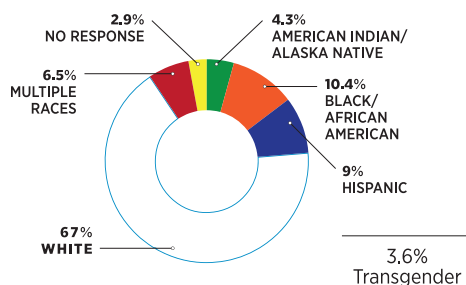
## DEMOGRAPHICS

Maine's homeless youth are significantly more diverse than their typical in-school counterparts

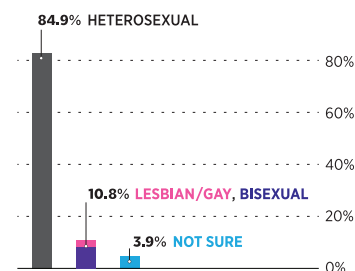
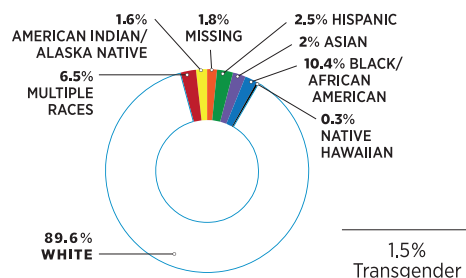
Youth of color and lesbian, gay, bisexual, and transgender (LGBTQ) youth are an increasing and overrepresented portion of the homeless youth population. LGBTQ youth increased from 2012 to 2017 for both surveys, by 7.2 percentage points for homeless and by 6.8 percentage points for in-school seniors. More than a third of homeless youth surveyed (and nearly half of homeless females) described their sexuality as something other than heterosexual compared to 15% of high school seniors. Almost twice as many homeless youth (5.7%) reported they were transgender, unsure, or another identity compared to in-school youth (3% transgender or another gender identity).

The age of MHYRBS youth ranged from 12 to 20, and there were a comparable number of male and female respondents. 31% of homeless youth reported a race/ethnicity other than white/Caucasian vs. just under 10% for the MIYHS. More than 2/3 of homeless youth report that they either attended school regularly (40%) or had already graduated/gotten a GED (27.2%) in the past year—an increase from 2012 in this important protective factor—while 31% attended school sporadically or not at all.

### » HOMELESS YOUTH DIVERSITY



### » IN-SCHOOL YOUTH DIVERSITY

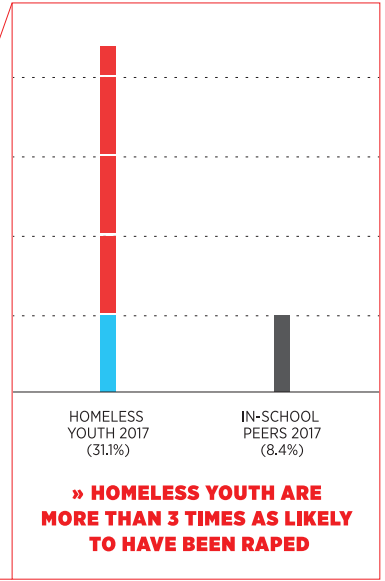
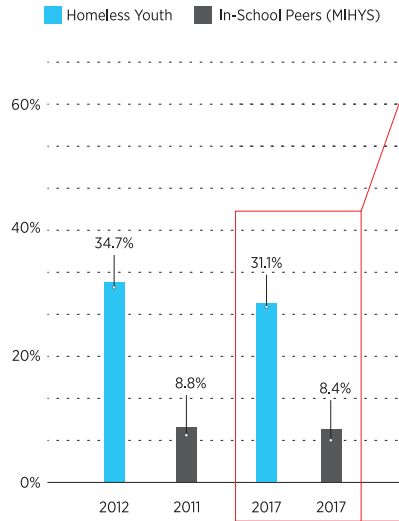


# SAFETY

Homeless youth have experienced higher levels of interpersonal violence, suicide, and trauma than their in-school peers.

A new question in 2017 for both surveys asked about Adverse Childhood Experiences (ACEs). 46% of homeless youth reported experiencing 3 or more ACEs—twice as high as their in-school peers (23%) and 4.6 times the national average (10%). More reported experiencing 5 or more ACEs (18%) than none (only 15%). Rates of suicidality have increased since 2012. More than 20% of homeless youth reported attempting suicide in the previous year compared to 7% of HS seniors. Nearly 1 in 5 homeless youth reported being physically hurt by a boy/girl friend in the past year. Non-heterosexual homeless youth (45.7%) were more likely than heterosexual homeless youth (25.5%) to have seriously considered suicide. And, more than 30% of homeless youth reported having been physically forced to have sexual intercourse against their will compared to 8.4% of high school seniors. The rates were much higher for homeless youth who are female (42%), non-heterosexual (50%), or transgender (67%) than for heterosexual (20%) or male (15%) homeless youth.

## » DECLINE IN HOMELESS & IN-SCHOOL YOUTH FORCED TO HAVE SEX

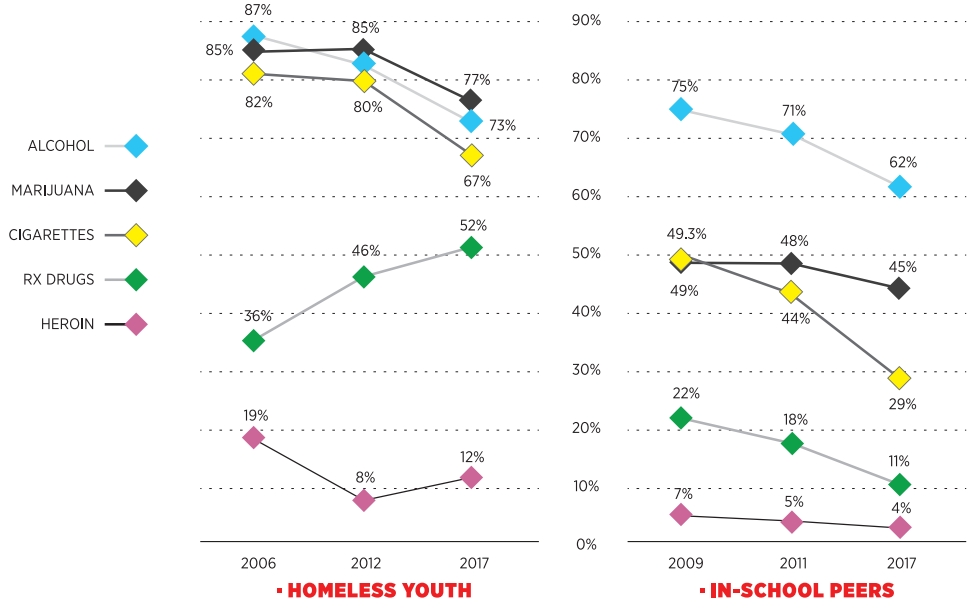


# SUBSTANCES

More homeless youth have used drugs and alcohol and at younger ages than their in-school peers.

Although substance use levels have declined among both homeless and in-school youth since 2012, use of prescription drugs (+5%) and heroin (+3%) are on the rise. More than 80% of homeless youth have used some type of drug in their lifetime, with marijuana (75.3%), alcohol (71.3%), cigarettes (65.2%) and prescription drugs (50.9%) the most prevalent. LGBTQ homeless youth were more likely to have used drugs or alcohol in the last month than heterosexual homeless youth. The rate of homeless youth who have used needles to inject drugs declined from 10.5% in 2012 to 6.1% in 2017. This could suggest harm reduction models are effective for this population, as there was a significant rise in homeless youth who reported never having tried any drugs at all from 2012 (7%) to 2017 (16%).

## » LIFETIME SUBSTANCE USE TRENDS:

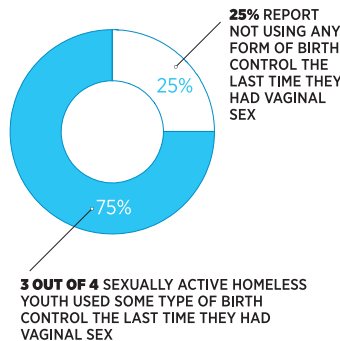


# SEXUAL ACTIVITY

Compared to in-school peers, homeless youth are more likely to engage in behaviors that put them at high risk for HIV and other sexually transmitted infections, such as unprotected sex and sex under the influence.

The good news is that in 2017 both homeless and in-school youth report waiting longer to have sex and having fewer sexual partners compared to 2012. 73% of homeless youth report having had sexual intercourse compared to 38% of typical Maine high-school students, they were younger the first time they had sex, less likely to have used a condom the last time they had sex, and more likely to have had multiple sexual partners. For homeless youth the average age of first intercourse was 15, with more than 20% reporting having sex before the age of 13. 70.3% reported having ever had vaginal sex, 69.2% reported ever having oral sex, and 27.2% reported ever having anal sex — which is an across the board decrease from 2012 (87.5%, 79.7% and 29.8% respectively). 22.2% of homeless youth reported that they had ever been pregnant or caused a pregnancy, a significant reduction (down by half) from 2012 to 2017.

## » BIRTH CONTROL USE

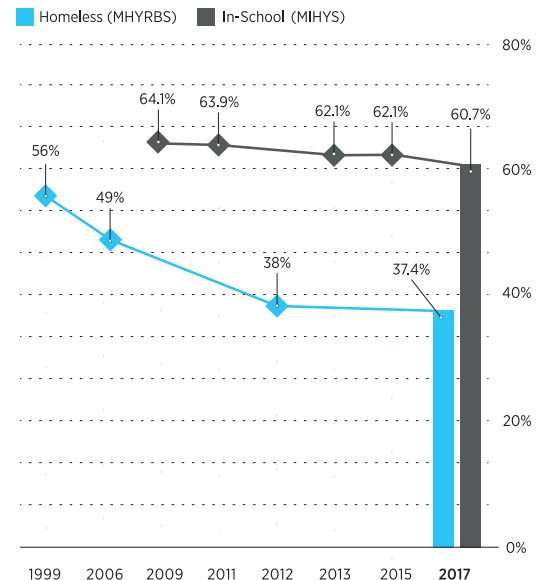


### TOP 3 METHODS REPORTED

- Condoms (34.3%)
- Birth Control Pills (28.3%)
- Withdrawal (24.2%)

(MHYRBS survey question allowed for more than one answer)

## » CONDOM USE RATES FOR SEXUALLY ACTIVE YOUTH



# HOMELESS YOUTH NEED SUPPORT

The Maine Department of Education (MDOE) has been providing HIV prevention education to Maine youth since 1987. Since youth at risk of homelessness are often not in school, MDOE has worked with community-based organizations to carry out prevention programs designed to reach these high-risk youth. The Maine Homeless Youth Risk Behavior Survey (MHRBS) was designed primarily to measure the personal safety, sexual, and substance use behaviors of homeless youth in Maine, as part of a longstanding HIV prevention, education, and research partnership between the MDOE and New Beginnings.

According to current national research, there are likely to be more than 15,000 youth and young adults experiencing homelessness in Maine each year.<sup>1</sup> MHRBS results continue to show that homeless youth are at increased risk for HIV, sexual assault, exploitation, and trauma, and engage in riskier behaviors than their in-school counterparts. Despite—or perhaps because of—improvements in the treatment options for people living with HIV, condom use has continued to decline among both MHRBS and MIYHS respondents, indicating a clear need for continued HIV prevention education. Homeless youth benefit from prevention education that is coupled with social, emotional, medical, and housing supports to help them address childhood and on-going traumatic stress in their lives.

Since 1999, New Beginnings has worked to create an inclusive MHRBS tool that can be directly compared to MIYHS data points while also capturing the unique needs of homeless youth and at-risk sub-populations. The 2017 and 2012 MHRBS results demonstrated that young women, non-heterosexual, and transgender homeless youth continue to be at particular risk and in need of support. Future MHRBS will also investigate whether there are disproportionate impacts for Maine's homeless youth of color.

Programs that offer harm reduction strategies coupled with trauma informed programming designed to increase youth's knowledge and skills can help mitigate negative health risks described in the MHRBS and improve homeless youth's resiliency. Homeless and street-involved youth can be reached through targeted interventions that include positive youth development, with the goal to help youth of all sexualities and identities reduce their risks for negative health outcomes and become thriving adults.

## RESOURCES TO LEARN MORE ABOUT YOUTH HOMELESSNESS

- **New Beginnings, Inc.** <http://www.newbeginmaine.org>
- **National Network for Youth** <http://www.nn4youth.org>
- **Voices of Youth Count** <http://www.voicesofyouthcount.org>
- **National Runaway Safeline** <http://www.1800runaway.org>

## SUGGESTED CITATION FOR THIS REPORT:

New Beginnings. (2018). 2017 Maine Homeless Youth Risk Behavior Survey Report. Available from <http://newbeginmaine.org/mhrbs>

<sup>1</sup> Calculated using national Voices of Youth Count estimates by age group (1 in 30 adolescents age 13-17 and 1 in 10 young adults age 18-25 will experience homelessness over the course of a year), and applying those rates to Maine population data by age.

Source: Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America. National estimates.* Chicago, IL: Chapin Hall at the University of Chicago. <http://voicesofyouthcount.org/brief/national-estimates-of-youth-homelessness>

The Maine Department of Education measured that 1.3% of youth completing the MIYHS were homeless in 2017, so it is possible that a very small number of homeless youth who were attending public school could have completed both the MHRBS and the MIYHS in 2017.

Source: "Detailed Reports - Comparisons by Gender, Age, Grade, Hispanic Ethnicity, Race, Sexual Orientation, Transgender Identity, Public Health District, and County - Maine 2017 MIYHS High School Report." Maine Integrated Youth Health Survey, Maine Department of Health and Human Services, Maine Department of Education, 23 Oct. 2017. [https://data.mainepublichealth.gov/miyhs/2017\\_reports\\_results](https://data.mainepublichealth.gov/miyhs/2017_reports_results)

<sup>2</sup> For the sake of brevity, this report uses the familiar acronym LGBTQ for "lesbian, gay, bisexual, transgender, and queer or questioning." However, it is important to note that both surveys asked youth about their self-identified sex/gender and sexual orientation separately because one's gender identity (internal gender) is distinct from sexual orientation (who one is attracted to). Results were tabulated by comparing heterosexual to non-heterosexual youth responses, as well as transgender to cisgender (non-transgender) youth for both the homeless and in-school youth surveys.

<sup>3</sup> Centers for Disease Control, CDC VITAL SIGNS, SUICIDE RATES, June 2018. <https://www.cdc.gov/vitalsigns/suicide/modules/June-Vital-Signs-Transcript-6.4.18.pdf>

<sup>4</sup> It is important to note that the MHRBS specifically asked about consensual sexual activity for questions in this section.

Photo Credit: New Beginnings/Cindy Harnden

Copies of the full MHRBS results are available from New Beginnings by request

Please contact [info@newbeginmaine.org](mailto:info@newbeginmaine.org) or call 207-795-4077. MIYHS data can be found online at <https://data.mainepublichealth.gov/miyhs>



The 2017 Maine Homeless Youth Risk Behavior Survey (MHRBS) was produced by New Beginnings & Pan Atlantic Research with support from the Maine Department of Education

This report summarizes the results of the 2017 Maine Homeless Youth Risk Behavior Survey (MHRBS) administered to 279 youth who are homeless or at high risk for homelessness. The MHRBS was compared to results of the 2017 Maine Integrated Youth Health Survey (MIYHS) administered to more than 95,000 public school students. The age of MHRBS respondents (mean = 18) most closely matches the age-range of MIYHS high-school seniors, for this reason this report compares homeless youth to that sub-group of MIYHS respondents unless otherwise indicated.

New Beginnings would like to thank the youth who completed the 2017 MHRBS and the following agencies that administered the surveys across Maine: Aroostook County Action Program; Becket; Kennebec Behavioral Health; Mid-Maine Homeless Shelter; New Beginnings, Outreach and Drop In Center, Shelter, and Transitional Living Program; The Opportunity Alliance; Preble Street Teen Services; Rumford Group Homes; and Shaw House.

# New Beginnings

**New Beginnings Prevention & Training:** In addition to services for homeless youth, New Beginnings offers free provider trainings which bring evidence-based programs and approaches for working with high-risk youth to agencies and alternative schools throughout Maine.

For more information about Prevention and Training services, contact New Beginnings by calling 207-795-4077 or visit online at [www.newbeginmaine.org](http://www.newbeginmaine.org)