

**Report of the Monitoring Adolescents in
Risky Situations (MARS) Project:
Findings from the 1999 Out-of-Home Youth Survey**

EXECUTIVE SUMMARY

Adolescents who are placed at shelters, residential centers or community-based outreach programs often arrive with histories of non-supportive home environments, early and high-risk sexual and substance-use experiences, and runaway, homeless and street life experiences that broaden their exposure to HIV infection (Slonim-Nevo, Ozawa and Asunder, 1991; Ensign and Santelli, 1997). Nationally and in the State of Maryland nearly one-fifth of AIDS cases are reported among young adults (CDC, 1994). The result has been that HIV/AIDS has become the sixth leading cause of death among young persons aged 15 to 24 years and the fifth leading cause of death among people aged 25 to 44 years (CDC 1999). Given the average period of time from HIV infection to the development of AIDS is 10 years, most young adults are infected during their adolescence. It is estimated that about 25% of all individuals currently living with HIV were infected during their adolescent years and that at least half of all new HIV infections in the United States are among people under 25 (CDC, 1999; NIAID, 2000). This is compounded by the fact that many teens who are infected with HIV are not aware of their infection (ONAP, 2000). Because many individuals are likely to become infected during their teenage years, surveillance of adolescent risk-taking and protective behaviors is vital to prevention.

Out-of-home
youth are among
the populations
at greatest risk
for HIV

Currently many states collect annual behavioral risk data on adolescents using the Youth Risk Behavior Survey (Kann, Kinchen, Williams et.al, 1998), and in Maryland, the Maryland Adolescent Survey. However, these surveys are not designed to capture the high-risk circumstances of "out-of-home" (systems, runaway, homeless and street) youth. In response to the health risks faced by this population of youth, the Centers for Disease Control and Prevention supported the Monitoring Adolescents in Risky Situations (MARS) Project conducted collaboratively by the Maryland AIDS Administration and the Center for Adolescent Health Promotion and Disease Prevention at Johns Hopkins University.

The Out-of-Home Youth Survey (OHYS) was developed as part of the MARS Project to assess the HIV risk and protective behaviors of "out-of home" adolescents (14-21 years of age) residing in youth residential homes and short term shelters that serve systems, runaway and homeless youth throughout the State of Maryland. The final OHYS contained 93 questions, some with multiple components, covering a variety of topics relevant to youth in out-of-home situations. Survey categories consisted of 1) demographics, 2) living situations and personal history, 3) relationships with parents and others, 4) suicidal ideation and attempt, 5) alcohol and other drug use, 6) sexual behavior, experiences and attitudes, and 7) HIV/AIDS testing and perception of risk. Between July and August of 1999, the survey was administered to 336 youth between 14 and 21 years of age in group homes and shelters throughout the State of Maryland.

This report provides an opportunity to consider the high-risk behaviors of youth in group homes and shelters throughout Maryland. It may also foster a better understanding of how home and environmental factors contribute the vulnerability of this segment of our youth population. This sensitive and unprecedented study highlights some of the real needs of these youth. It is hoped that the findings of this study might increase awareness, provide insight, and be useful to the current and ongoing efforts aimed at improving the health and well-being of our vulnerable adolescents.

Who are these youth?

Respondents of this survey were 66% male and 34% female. The majority of respondents described themselves as African American (63%), followed by White (20%), and Native American, Asian, Hispanic/Latino, or Pacific Islander (17%). When asked about sexual orientation, 89% indicated that they were heterosexual, with the remaining 11% indicating they were homosexual, bisexual or not sure. Most respondents, 64%, indicated that they were enrolled and regularly attending school with 16% indicating that they had graduated and 20% indicating that they had dropped out or were not attending regularly.

Why did they leave home?

Just over half of these youth were removed from their homes by a public agency (53%). Fifty-two percent of the youth surveyed indicated that they had run away from home (including family, group or foster home) in the past 12 months. Youth respondents also indicated a host of other reasons for leaving their homes including: having been abused verbally (33%), physically (28%), or sexually (13%); being outwardly rejected by the family including being given up (26%) or forced out (25%); feeling unsafe (25%), unloved (24%) or unaccepted (6%); and being exposed to constant fighting or arguing in the home environment (33%), and parents who used drugs (23%). Nearly half of the youth (47%) reported that they had spent at least one night in the past 12 months ‘hanging out all night with friends’, and 12% to 17% reported spending at least one night ‘in a car’, ‘on the street’, or ‘in a stranger’s home’.

Hostile home environments were reported by many youths as their reason for leaving home

What kind of social support do these youth have?

About half of the youth in this survey were raised by their biological mothers and one quarter were raised by their biological fathers. Almost 20% indicated being raised by both their biological parents. While the majority of youth said they felt close to the woman who raised them, only half felt close to the man who raised them. Over 4 out of 5 youth reported ‘close’ or ‘very close’ relationships with other family members such as sisters, brothers and grandparents. About half the youth said that there is always an adult or family member that they can go to for help, and about a third said that they have someone to turn to some of the time. However, 12% of the youth felt that they never had a family member to turn to during times of trouble and 6% felt that they had no adult to turn to for help with a problem.

What are some of their risky behaviors?

Sexual Activity

The vast majority of youth who participated in this survey were sexually active with 85% reporting having had engaged in insertive sex, either vaginal or anal (87% with the inclusion of oral sex). Most of the respondents reported having had sex for the first time at a very early age. Over one-third (35%) of those who reported ever having had vaginal or anal sex had done so at age 11 or younger. And 3 out of 4 of the youth surveyed (73%) had had vaginal or anal sex *before* turning 14. The number of partners in their lifetime was also very high; of those who reported having sexual intercourse, half (49%) had had six or more partners in their lifetime, including 22% with six to ten partners and 16% with more than 20 partners. Of all the sexually active youth, over half had had sex in the past month and 42% reported having multiple partners in the past three months. When asked about their reasons for having sex, over 90% of the sexually active youth indicated that they have sex for ‘pleasure’ and nearly three quarters indicated that they have sex because they ‘were in love’. At the same time, a large number of youth indicated that they have had sex for ‘clothes’, ‘money’, ‘drugs’, ‘food’, or ‘a place to stay’ (ranging between 5% and 17% of sexually active youth). In addition, one in five females and nearly one in ten males indicated that they had sex ‘to get pregnant’. Among the sexually active females surveyed, 36% reported having been pregnant one or more times.

87% of the youth surveyed indicated that they have engaged in some form of sexual activity

Forced Sex

A significant portion of the sexually active youth reported being forced to have sex on one or more occasions. These youth were most likely to have been forced to have sex with an adult they know (21%); however a large number of youth also reported being forced to have sex with a friend (18%), a boyfriend or girlfriend (18%), a family member (15%), and/or a stranger (14%). When asked about forced sexual encounters while they or their partner were drunk or high, 14% indicated that they had forced someone who was drunk or high to have sex, and 27% had been forced, themselves, to have sex while they were drunk or high.

Condom Use

Respondents were asked to indicate the frequency with which they used condoms in the last year. Slightly over a third of the sexually active youth reported using condoms consistently (every time), and one-fifth said they used condoms more than half the time. On the other hand, 44% of the youth reported using condoms only about half the time or less with nearly one fifth of the youth indicating that they *never* use a condom. Just over half of the youth indicated having used a condom the last time they had sex. Finally, among those youth that have had anal intercourse, 70% have had anal sex at least once without a condom.

When asked about reasons for not using a condom, 42% responded that they didn't 'like the way they feel'. About 40% of the respondents said they did not use condoms because they 'didn't have one at the time', because they 'trusted their partner', or because they were 'too caught up in the moment'. About one quarter of the youth said they did not use condoms because their partner 'doesn't like them', and 20% said that they 'wanted to have a baby'.

Sexually Transmitted Infections

One third of the sexually active youth had gone to see a doctor because they 'thought' they had a sexually transmitted infection. Seventeen percent of the youth report being told by a doctor, nurse, or health worker that they had a sexually transmitted infection. Chlamydia was the most commonly diagnosed STI, followed by herpes, gonorrhea, syphilis, and genital warts. No respondents reported having been told that they had HIV infection or AIDS.

Tobacco, Alcohol, and Drug Use

The youth in this study commonly used tobacco, alcohol and marijuana. In terms of tobacco use, 20% of youth smoked every day and 53% had smoked at least once during the month prior to the survey. Three quarters of the sample reported having engaged in drinking alcohol to some extent during their life. Over two-thirds of the youth had tried marijuana at some

53% of the youth reported smoking tobacco and 30% reported using marijuana in the 30 days prior to the survey

point in their lifetime with 38% of the youth reporting that they had used marijuana 20 or more times, and 22% indicated having used marijuana 100 times or more. Except for hallucinogenic use (16%), other drugs had been used to much lesser extents over their lifetimes: cocaine (8%), inhalants (8%), methamphetamines (6%), heroin (4%), and steroids (3%). Youth were also asked questions about their

experiences involving alcohol and drug use. One third of youth indicated that they regretted something that happened to them while drunk or high. Youth also reported having blacked out (25%) and having been in a physical fight (35%) while drunk or high. When asked about drugs in their home environments, over one quarter reported that 'drugs are part of my home environment', and 59% reported that 'some of my family members use drugs'. At the same time, three quarters reported that their 'parents have told them not to use drugs' and that their parents would be 'concerned if they were using drugs'.

Suicide

One quarter of the youth surveyed had seriously considered suicide in the past twelve months. Of these, 68% had actually attempted it at least once in the past year. Alarming, those who did attempt suicide in the last year make up 20% of the entire MARS study population.

How do these young people view their risk of HIV/AIDS?

A high proportion of the youth surveyed (69%) expressed concern about getting AIDS and nearly half (45%) acknowledged that they have done things in their past that has put them at high risk for AIDS. When asked about the likelihood that they or someone they know would get AIDS, one third of the sexually active youth said that is at least ‘somewhat likely’ that they would get AIDS and two-thirds said that it is at least ‘somewhat likely’ that someone they know will get AIDS. Among sexually active youth, 63% indicated that they had been tested for HIV, 80% of whom got the results of their test. When asked the question: ‘How much do you know about AIDS or HIV infection?’ nearly half of all the youth surveyed said ‘I wish I knew more’.

A majority of the youth surveyed indicated concern about getting AIDS (69%) and nearly half agreed with the statement ‘Things I have done in the past have put me at high risk of getting AIDS.’

Closing Thoughts

The findings of this survey confirm that the lives of these ‘out-of-home’ youth are characterized by a lack of family support, physical and emotional abuse, drug use and unsafe sexual behaviors. The experiences and behaviors of these youth place them at high risk for sexually transmitted infections and HIV/AIDS. Not only had the majority of the youth surveyed reported being sexually active, many also reported experiencing sex at very young ages, being sexually abused, having multiple sexual partners, and inadequately using protection. On the positive side, the findings indicate that these youth are approachable. While this is a group that has been rejected, abandoned or abused by parents or other adults, a large number of respondents indicated trusting their parents and other adults (63% and 58% respectively). Furthermore, these youth indicate a desire for obtaining more information about HIV/AIDS. Many are concerned since they sense that they are at risk themselves. These beliefs and attitudes provide the necessary fertile ground for prevention interventions among this highly vulnerable sub-population of adolescents.

Given the complex natures of these youths’ lives, there are no clear or simple solutions. Clearly their risk of HIV and AIDS is high. However, other issues such as family support, home stability, emotional anchoring and positive modeling are also undeniable factors that influence their behaviors, their health and their well-being. At a minimum, educational programs and interventions need to be developed to address the specific and immediate needs of these out-of-home youth. Ideally, creative strategies should be supported and/or developed that will provide the opportunities needed for these youth to address the challenges they face, advance developmentally and become productive and healthy citizens

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