

# **The Youth Pathways Project (YPP): Childhood maltreatment and health outcomes among Toronto street-involved youth**

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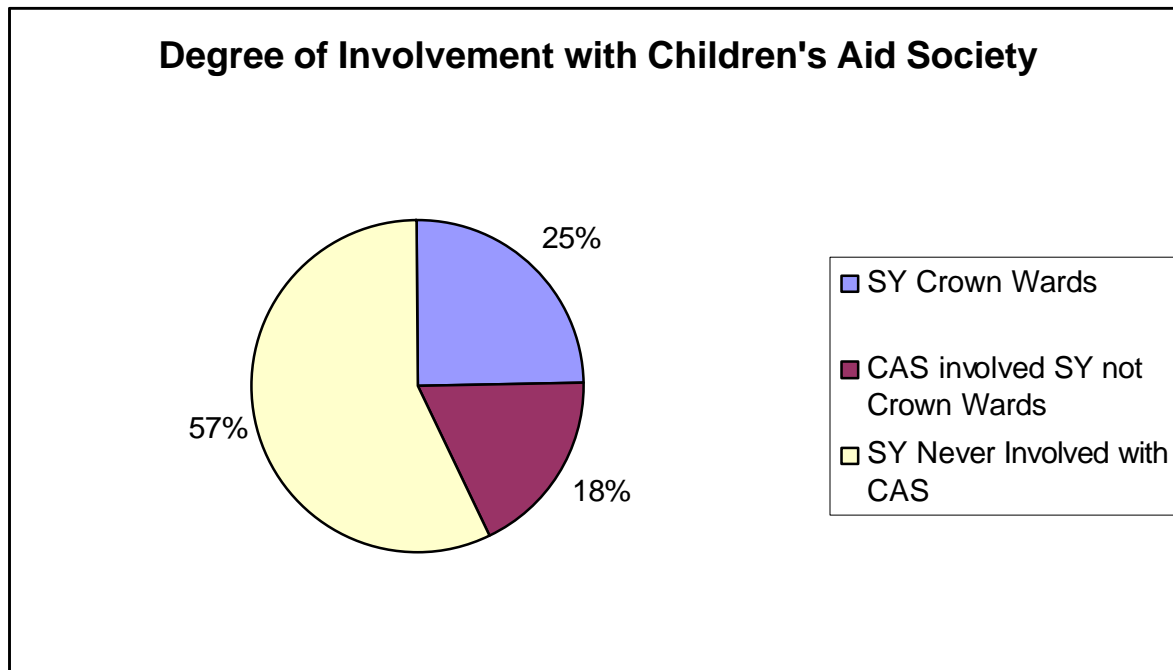
*“Maltreatment may be felt with each developmental step: finding a best friend, developing supportive social networks, entering dating, having a romantic partner, believing in yourself enough to take on challenging career and educational opportunities, and confronting any mental health issues directly”  
(Wekerle et al., 2006: 44)*

According to the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) conducted by the Public Health Agency of Canada (Trocmé et al., 2003), approximately 4 children per 1,000 in the general population experienced substantiated physical abuse at the hands of one of their primary caregivers. Less frequent, though no less important, substantiated sexual abuse occurs in less than 1 child per 1,000 children in the general population. This rate does not capture child sexual assaults where there is no caregiver protection concern. While population based studies such as the CIS are important for understanding the scope of the problem, it is important to note that this incidence study is based only on those children whose cases have been formally reported to authorities.

The level of maltreatment experienced by Canadian children and teenagers represents a substantial issue for Canadian society to deal with. Indeed, adolescent females are a high-risk group for physical abuse victimization (CIS). This may reflect the conflict that can accompany teen independence and self-determination efforts, including assaultive behavior, threats of violence, and being locked out or kicked out of the home. Thus, official rates from Canadian population studies like the CIS, reflect the ability to substantiate with evidence, new reports to agencies. The reality is that many more Canadian teens are being maltreated and are at substantial risk for maltreatment. Given Ontario child protection laws and a clear social contract to protect minors, our mandate to protect children and teens cannot be fully realized when detection in some formal system is the main route to intervention and assistance. These system opportunities may come in the form of child protective services and Ontario Children’s Aid Society, or they may be entry points via family practice, mental health, justice, and street services. The Youth Pathways Project (YPP) seeks to disseminate emergent knowledge on Toronto’s maltreated teens and young adults, some of whom experience street involvement and homelessness. These youth need consistent care and support in crafting safe, healthful, and engaged lives where they feel empowered and encouraged into adulthood.

## ***The Youth Pathways Project (YPP)***

The YPP is a collaborative knowledge dissemination project among youth participants, community mentors, youth service agency and Children’s Aid Society representatives, and university-based researchers. Based on a data collection phase (Youth in Transitions Project; YIT), male and female teens participated in an initial interview and a follow-up at 4 months. Consenting females were further followed at 8 and 12 months post initial interview. The project interviewed 150 youth (50% female) who ranged in age from 16 to 20 years (average age=19.2 years). The majority of youth were born in Canada. The knowledge dissemination arm of the YIT and innovative creative writing/art workshop learning is known as the YPP.



*Figure 1:* Street Youth (SY) who were involved with Children's Aid Society (CAS) by CAS Status (Crown Ward = Parental rights terminated and youth was made ward of the state).

According to the findings of the Youth Pathways Project [YPP] conducted in Toronto, it is evident that a substantial proportion of street youth have experienced some form of abuse in their childhood. In several cases, youth living on the street have been involved in the Children's Aid Society at some point while growing up. In fact, a quarter of the street youth in the study were Crown Wards prior to living on the street, while an additional 18 percent of the youth had been involved with Children's Aid Society to some extent, but not designated as Crown Wards. This indicates that for a significant proportion of youth, the government-as-parent model has not prevented them from homelessness. This points to the need to bolster our efforts at residential planning, affordable housing, and step-by-step assistance and encouragement for youth who are street-involved and at-risk for street involvement. Persistence in the presentation of easily accessible options and the development of close relationships with support workers are areas identified by some youth as critical to their successful transition to independent, healthy living.

This project highlights the violent family background of many youth. Almost half (46.5%) of all YIT street youth experienced some form of harm caused by a caregiver. Such maltreatment has been at times severe, where the youth may have felt their lives were in danger in their own home: 34% experienced being kicked, bitten, or punched by an adult and 31.9% experienced being choked, burnt, or physically attacked by an adult. For a substantial number of youth, sexual abuse was experienced. Almost one quarter (23%) of the youth reported being sexually molested or forced to touch another person's private parts when they did not want to, while 17.3% of the youth reported being forced to have sex with someone with whom they did not want to have sex. Overall, severe physical or sexual abuse or both was experienced by one third of the street youth. Compared to the population estimates given at the beginning of this report, evidently there is a much higher prevalence of abuse occurring during childhood for these youth who eventually ended up on the street.

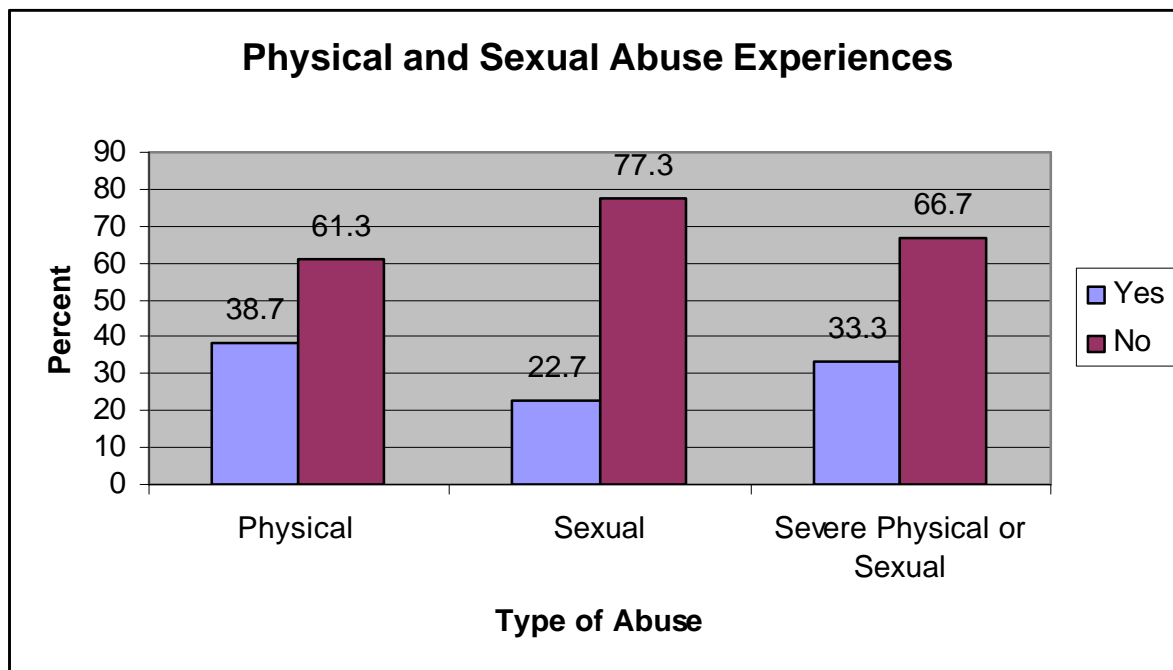


Figure 2: YIT street youth self-reported maltreatment experiences by an adult before age 16.

Living on the street poses its own risks for victimization (Hagan & McCarthy, 1994; Whitbeck & Simons, 1990). Having been exposed to a family context where you were not protected from harm, and indeed were harmed, may lead youth to expect victimization or have challenges in proactive prevention action. Further, the relationship betrayal implicated in familial maltreatment creates substantial issues with interpersonal closeness and trust in relationships. Such trust issues may play out in creating delayed youth uptake of available services. Thus, youth living on the street with a history of maltreatment are at significant risk for a multitude of negative outcomes. Drawing on both research conducted by others and the data derived from the Youth Pathways Project, the remainder of this summary will focus on some of the specific issues faced by homeless youth and their association with childhood maltreatment.

### ***Mental Health: Suicide and Other Internalized Problems***

Yoder and colleagues (1998) conducted a study of homeless and runaway youth living in four Midwestern States in America and found that being sexually abused by a family member and depression are strong predictors of both suicidal ideation and a suicide attempt. The researchers conclude that a history of negative familial relationships (particularly sexually abusive parents) and subsequently living in a high-risk environment, with its concomitant high degrees of exposure to violence and access to dangerous activities (e.g., substances, sex trade), combine to contribute to the strong relationship between suicide risk, sexual abuse and depression. In a comparative cross-sectional study of New York City and Toronto homeless youth, Kidd (2006) found that physical abuse, neglect, and sexual abuse were all significantly related to suicide attempts while youth were living at home; however, while living on the street, only sexual abuse history remained a significant predictor of suicide attempts. Suicide ideation and attempts are areas for preventative action among maltreated street youth.

Depression is a specific internal state linked not only to suicide, but also to experiences of maltreatment. Whitbeck and colleagues (1999) found that there was a significantly different effect of abuse histories for young men versus young women when considering depressive symptoms. Specifically, young women leave home because of the abuse they are experiencing;

however, the street culture and the behaviours that they engage in increase their depressive state. For young men, on the other hand, the effect of childhood abuse remains direct: street culture does not increase the depressive symptoms experienced by young men. One limitation of Whitbeck et al.'s (1999) study is the failure to distinguish between physical and sexual abuse. These findings do point the need to look at gender-specific pathways in the outcomes of maltreated youth.

The findings from the Youth Pathways Project argue for the importance of detailing types of maltreatment when examining the current mental health of street youth. In particular, sexual abuse history plays an important role in understanding suicide risk, depression and anxiety. Physical abuse was not significantly related to any of the mental health measures discussed here. Those who experienced sexual abuse of any form have significantly higher suicide risk and experience higher depression and anxiety on average when compared to youth who never experienced sexual abuse. Additionally, the results indicate that more severe sexual abuse histories are related to higher self-reported depression and anxiety symptoms among street youth.

### *Substance Use*

In addition to mental health issues, street youth are at high-risk for developing substance abuse problems. In fact, a study conducted by Johnson and colleagues (2005) revealed an extremely high prevalence of comorbidity between mental health disorders and substance use disorder. In fact, 90% of the youth who reported a substance abuse disorder also reported experiencing a mental disorder. Moreover, youth who experienced childhood physical or sexual abuse were more likely to have substance abuse problems. Previous research suggests that high rates of substance abuse among homeless youth can be explained, in part, by the street culture in which the youth is embedded (Hagan & McCarthy, 1997). However, as comorbidity arguments and maltreatment literature suggests, high rates of substance use can be understood as a coping mechanism. Street youth are a particularly vulnerable group, facing not only the struggles inherent in street culture, but also mental health issues combined with substance abuse problems and histories of abuse. The following preliminary results from the Youth Pathways Project do not examine the combination of mental health and substance abuse disorders among homeless youth who experienced child maltreatment. Instead, only the relationships between substance abuse and maltreatment are considered.

The Youth Pathways Project included numerous measures of drug use among street youth. In terms of the relationship between childhood maltreatment and drug use, key findings indicate there is a significant association not only between drug use in general and maltreatment, but also between frequency of use and types of drug used. Experiences of physical abuse remained insignificant in all drug analyses. Sexual abuse of all forms was significantly related to heavy use of at least one hard drug (excluding marijuana and alcohol) over the last twelve months. More severe abuse was significantly related to heavy use of at least one hard drug (excluding marijuana and alcohol) over the last twelve months. A closer examination revealed that both hallucinogen and injection drug use over the past twelve months was significantly related to experiences of sexual abuse, with more severe abuse histories being connected to hallucinogen and injection drug use. Finally, the results indicate that sexual abuse generally, and more severe sexual abuse particularly, are significantly related to using three or more hard drugs in the past twelve months. This raises issues for supporting street-involved youth around targeting mental health and trauma issues directly, the promotion of safe drug use (from a harm reduction perspective), maltreatment-sensitive addiction treatment, as well as supporting youth to develop stress coping alternatives supported by research (e.g., deep breathing, meditation, yoga, walking,

**YPP: Childhood maltreatment and health outcomes among Toronto street-involved youth 5** jogging). Learning to effectively cope with stress is a critical element in a successful transition to an independent, safe, and healthy living situation.

### ***Delinquency and Sexual Risk-Taking***

According to Hagan and McCarthy's (1997) study of runaway adolescents living in Toronto and Vancouver, many youth end up on the street as a result of escaping abusive homes. However, life on the street introduces and often forces adolescents to turn to crime and delinquency as a means of survival on the streets. Whitbeck and Simons (1990) indicate that runaways are more prone to delinquency *and* victimization. However, more recently, Kaufman and Widom (1999) used data from a prospective cohort design study to test whether or not running away from an abusive home increased the likelihood that an individual would engage in delinquency. The results of their study indicated that running away from home and the experiences of maltreatment are both related to delinquency. However, running away and maltreatment do not combine to create a greater likelihood of engaging in delinquency. Instead, running away because of one's abusive home leads to a decrease in the likelihood that one will become involved in delinquency. Those who ran away from home, but did not experience abuse were more likely to engage in delinquency.

Findings from the Youth Pathways Project similarly suggest that delinquency is not directly related to all maltreatment experiences. Street youth who experienced abuse in childhood do not engage in significantly more crime or delinquency when compared to those youth who never experienced abuse. The only exception to this finding was based on the severity of the abuse. Street youth who experienced severe physical or sexual abuse engaged in significantly more delinquent acts when compared to street youth who reported no severe physical or sexual abuse. Thus, preliminary comparisons suggest that the difference between those who experience maltreatment and those who do not, and whether or not they will engage in more delinquency, depends upon the severity of the abuse endured.

In addition to more frequent involvement in delinquency, homeless youth also engage in risky sexual behaviours (Whitbeck, Hoyt, & Yoder, 1999). Contracting sexually transmitted-diseases at higher rates, engaging in survival sex, and higher rates of pregnancies are prevalent in street youth populations (Tyler et al., 2000). Clearly, there is a need for sexual disease prevention, as well as pregnancy prevention among street youth who may not be in a sufficient parenting capacity. In their 1999 Montreal study of homeless youth, Haley and colleagues (2004) reported a pregnancy rate of 44%. They further assert that the homeless youth in their study who experienced being pregnant were also more likely to have a history of sexual abuse.

The Youth Pathways Project did not address the full spectrum of sexual risk taking behaviours; however, pregnancy histories and current rates were explored. A comparison of the young men and young women revealed that the histories of getting a woman pregnant were just as relevant as being pregnant. Two-thirds of ever pregnant/fathered youth had histories of physical abuse, while over half (57%) of the never pregnant/fathered youth never experienced physical abuse. The sexual abuse histories tell a similar story: over two-thirds (68%) of ever pregnant/fathered youth experienced some form of sexual abuse, while just over half (53%) of the never pregnant/fathered youth had never experienced sexual abuse of any kind.

When taking into account the severity of abuse, the type of abuse, and whether or not the youth had experienced pregnancy, these results indicate that the more severe the abuse history, the higher the rate of pregnancy. Youth who experienced both severe physical and sexual abuse had the highest percentage of ever pregnant/fathered youth (72%), followed by those who

**YPP: Childhood maltreatment and health outcomes among Toronto street-involved youth** 6 experienced either severe physical or sexual abuse (69%), and finally those who had never experienced abuse reporting the lowest percentage of pregnancies/fathering (43%).

In sum, YPP research has revealed the importance of child maltreatment, and particularly a history of sexual abuse, in shaping the most destructive pathways of street involved youth. While early prevention and intervention are clearly important, it is also vital to address the needs of those youth who become street involved and who are at higher-than-average risk of experiencing problems with drug abuse, mental health and early pregnancy. Street-involved youth are a high priority group for treatment of mental health, addiction, and violence, as they transition towards adulthood. Maltreated youth similarly represent a high priority group for drug use prevention and mental health promotion, particularly those with severe sexual or physical histories. Further, homelessness prevention is a critical planning point for services for maltreated youth. More involved, persistent support for youth to young adulthood may be one key response for maltreated youth that seeks to consistently support resilience across domains of functioning (e.g., education, housing, career, physical and mental well-being). The YPP study data and dissemination experience would strongly support resource allocation directed at these vulnerable youth who are negotiating their developmental milestones in adolescence and adulthood while living on the street, often with no family support or contact. Intervention in this transition-to-adulthood period may be transformative in terms of improving their coping skills, life goals, and health promotion. These youth need consistent care and support in crafting safe, healthful, and engaged lives where they feel empowered and encouraged the right into adulthood.

***Suggested Citation:***

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