



More Than a Place to Sleep

Understanding the Health and Well-Being of Homeless High School Students

March 2017

“

I was angry with my school because no one at my school was able to identify that I was homeless. I was angry that I went from being an A student, well behaved, but then I was criticized because my behavior started to change. No one took the time to understand why my behavior changed. No one took the time to ask me why there were so many wrinkles in my shirt. But the school was quick to criticize me, they was quick to give me in-house suspension, they was quick to warn to expel me.... If it wasn't for [a Students in Temporary Housing Content Expert] coming to the school advocating for me, I probably would have been expelled.

”

Graduate, Class of 2010

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Executive Summary

In New York City, one out of every eight public school students has been homeless at some point in the past five years. One in four (26%) of these students is in high school. In *More Than a Place to Sleep: Understanding the Health and Well-Being of Homeless High School Students*, we begin to explore differences in risk behaviors and health outcomes between homeless high school students and their housed classmates. Homeless high school students are struggling to not only find a place to sleep, but to meet their mental, emotional, and physical health needs as they pursue educational goals necessary to break the cycle of poverty and homelessness.

A Heavy Burden

Homeless students face disproportionate burdens across the board—they are more likely to fall behind academically due to school transfers, absenteeism, and other instability factors; they are more likely to be suspended; they are less likely to receive timely identification for special education services; and the list goes on. What this report reveals is that **these students face yet another set of obstacles to educational achievement**—their health and risk behaviors—that, if unaddressed, will make it harder for them to finish school, follow professional goals, and remain stably housed in their own adult lives.

As New York City works to improve outcomes for homeless students, those efforts must incorporate an understanding of risk behaviors and health outcomes,

which have been shown to predict well-being and productivity later in life. This report uses data from the Centers for Disease Control’s 2015 Youth Risk Behavior Survey (YRBS), which for the first time includes survey questions allowing us to distinguish homeless from housed students.

A Promising Approach

One promising approach is ensuring the access of homeless teens to school-based health centers. While homeless students have limited access to these centers, **they are more likely than their housed peers to use health services when they are available.** Moreover, many shelters could be re-envisioned as Community Residential Resource Centers (CRRCs) where educational resources and support services could be made available to not only homeless students, but all students in the community.

Meeting the needs of homeless high school students is paramount, as risk behaviors and health outcomes impact their futures. These students have unequivocally worse health outcomes than housed teens. They also make up a disproportionately large segment of students facing the most extreme health risks. **At only 12% of the YRBS sample, homeless high school students represent a third or more of all students facing a range of health risks.** Without targeted policy and program interventions, the future of these homeless teens is not promising. Just read the accompanying quotes throughout this publication—in their own voices, students share some of their struggles, hopes, and disappointments as they navigate high school while homeless.

Supporting Students and Parents

Importantly, *More Than a Place to Sleep: Understanding the Health and Well-Being of Homeless High School Students* examines homeless teens who still reside with their parents or guardians in shelters, doubled-up with family or friends, or in other unstable conditions, as well as potentially unaccompanied students. In addition to policies that support and protect these students, we should also consider how to support their parents in understanding the risks faced by their children, even as homeless parents cope with their own challenges.

Enacting policies and designing programs that aid homeless students also require more information.

Despite the fact that over 100,000 homeless students are enrolled in the City's public and charter schools, data on the health outcomes, needs, behaviors, and risks are not available for the vast majority of these struggling students.¹ Of homeless students enrolled in NYC public schools, 78% are in elementary and middle school.² Yet due to its focus on high school students, the YRBS does not capture their experience and there is currently no other data available on the health of homeless students. This is a critical information gap to fill in order to meet the needs of our city's children. Likewise, there is scant information on the health needs of homeless parents—a gap in information that, because of the critical link between parental and child health, impacts the city's children as well.

Tailored interventions and better data collection to meet the health needs of homeless students are essential to improve the current and future welfare of these children.

¹ New York State Technical and Education Assistance Center for Homeless Students, *Student Information Repository System (SIRS)*, SY 2015-16.

² The Institute for Children, Poverty, and Homelessness, *On The Map: The Atlas of Student Homelessness in New York City*, August 2016, 16.

Homeless High Schoolers Face Greater Risks Than Their Housed Peers

Key Findings

Homeless high school students have worse health outcomes than their housed peers.

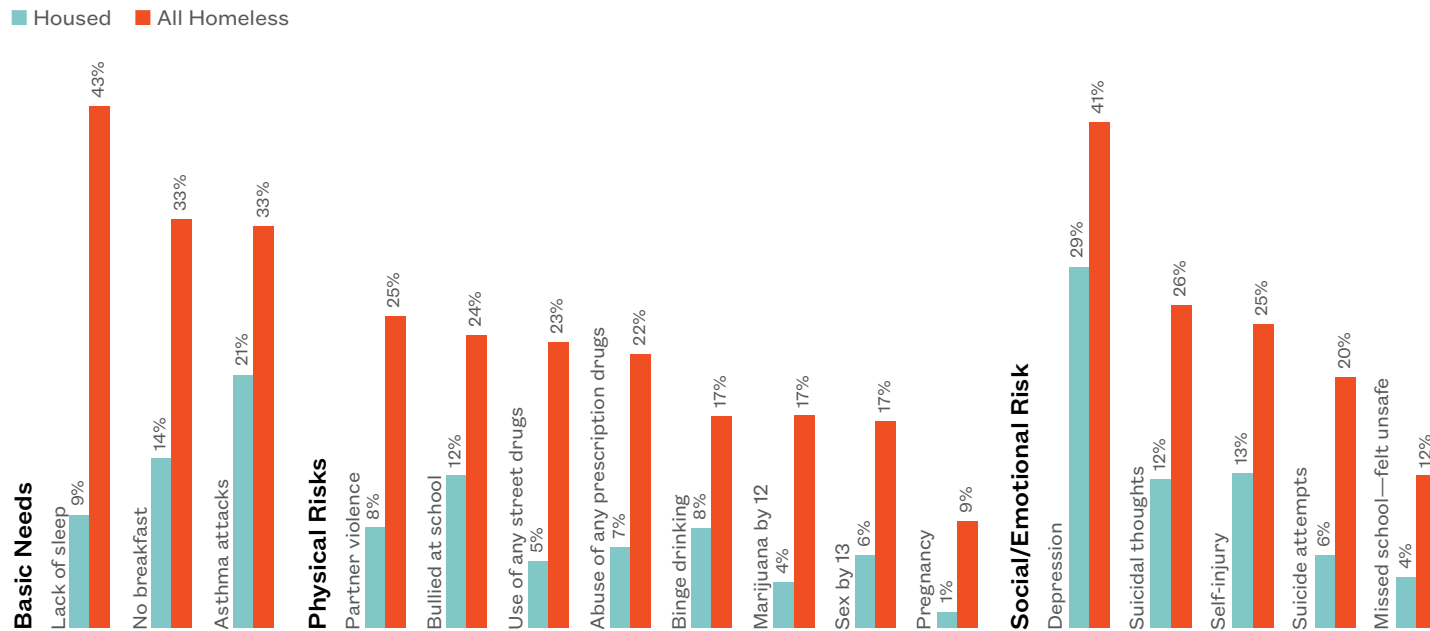
Over 40% of homeless teens struggle with depression, a rate 12 percentage points higher than their housed peers (29%).

Homeless teens consider suicide more often and are three times more likely to attempt suicide than housed teens (20% to 6%).

Nearly one in four homeless teens have been forced into unwanted sexual activity by someone they are dating, three times higher than the rate for housed teens (23% to 8%).

Homeless teens are three times more likely than their housed peers to have been deliberately hurt by someone they are dating (25% to 8%).

Homeless teens have a much greater risk of pregnancy than their housed peers (9% to 1%).



Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Disproportionate Health Burden of Homeless Teens

Key Findings

While they only make up one out of every eight students (12%) surveyed, homeless high school students make up a disproportionately large segment of students facing multiple health risks.

One out of every three high school students who attempted suicide is homeless (31%).

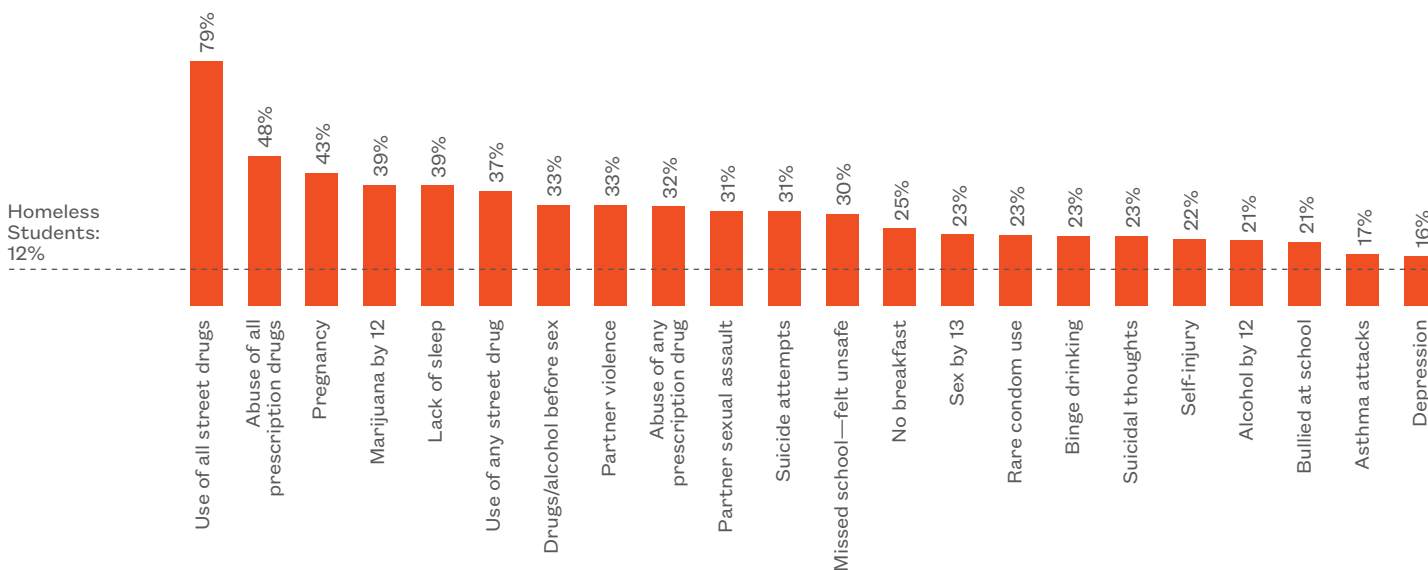
More than one out of every five students who have tried alcohol before the age of 12 are homeless (21%).

One out of every three students who has been deliberately hurt by an intimate partner is homeless (33%).

One out of every three students who has been forced to perform a sexual act by someone they were dating is homeless (31%).

Four out of ten students who got pregnant or got someone pregnant are homeless (43%).

Four out of ten students who have ever used cocaine, heroin, ecstasy, and/or synthetic marijuana are homeless (37%) and eight out of ten students who have used all four drugs are homeless (79%).



Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Physical Risks

Dating Violence, Sexual Behavior, Alcohol, and Drug Use

Homeless high school students face challenges beyond a place to sleep. They are more likely than other teens to find themselves in situations that endanger their health and physical safety—including violent and sexually exploitative relationships.

Homeless teens experience three times the rate of sexual and physical violence in their dating relationships when compared to teens who are not homeless, and they were more likely to be exposed to environments that promote high-risk sexual, alcohol, and drug use behaviors.

These experiences as a teen can have long-lasting negative impacts on health and well-being into adulthood, and can be a detriment to high school graduation, post-secondary enrollment, and professional pursuits. Sexual and physical relationship violence as a teen increase the risks of depression, anxiety, and post-traumatic stress disorder (PTSD). They can also increase the likelihood of experiencing ongoing intimate partner violence as an adult, as well as becoming the victim of sex trafficking.¹ Unprotected sex and sex while under the influence of alcohol and drugs have been shown to increase chances of teen pregnancy, as well as contracting HIV and other sexually transmitted infections (STIs).² Alcohol and drug use as a teen is known to cause memory lapses, liver damage, and lasting problems with addiction.³

While the health impacts of substance abuse can be considerable, some of the most damaging consequences of alcohol and drug use for teens are the associated risky social behaviors. Teens who abuse alcohol and drugs are more likely to have criminal records that cannot be expunged, be involved in accidents and assaults, damage relationships with their social support network, and forego academic opportunities.⁴ Not addressing the realities faced by homeless high school students can lead to irreversible health and social consequences.

¹ Centers for Disease Control and Prevention, "Teen Dating Violence," www.cdc.gov, accessed January 4, 2017.

² Centers for Disease Control and Prevention, "Sexual Risk Behaviors: HIV, STD, & Teen Pregnancy Prevention," www.cdc.gov, accessed January 4, 2017.

³ National Institute on Drug Abuse, *Drugs, Brains, and Behavior: The Science of Addiction*, revised July 2014.

⁴ Tanya Dickinson and Ann Crowe, "Capacity Building for Juvenile Substance Abuse Treatment," *Juvenile Justice Bulletin*, December 1997.



The streets, it's always there for you. Like someone on my block might say 'Hey, you all right? You can come stay with me,' and they're a drug dealer, and it's not like necessarily we're doing anything bad, but it's just the environment I'm around. So what happens after that? You know what I mean? It's not good.



Graduate, Class of 2013

Dating Violence and Sexual Assault

Homeless high school students suffer abuse at the hands of intimate partners.

Homeless high school students were three times more likely to report having been deliberately hurt by someone they were dating than their housed peers (25% to 8%).

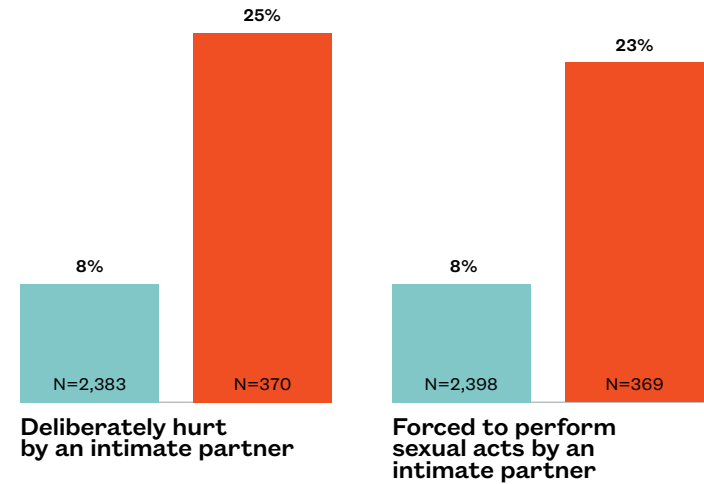
Roughly one-quarter of homeless high school students said that they had been forced to do something sexual that they did not want by someone they were dating in the last year. This was close to three times higher than the rate for housed students (23% to 8%).

Intimate Partner Violence

Past 12 Months

2015

■ Housed ■ All Homeless



Note: Based on YRBS survey question 22.

Note: Based on YRBS survey question 23.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Risky Sexual Behavior

Homeless high school students are engaging in sexual activities that endanger their health.

Homeless teens become sexually active at a much younger age than their housed peers—17% start having sex before they turn 13. This is close to three times the rate of housed teens (6%).

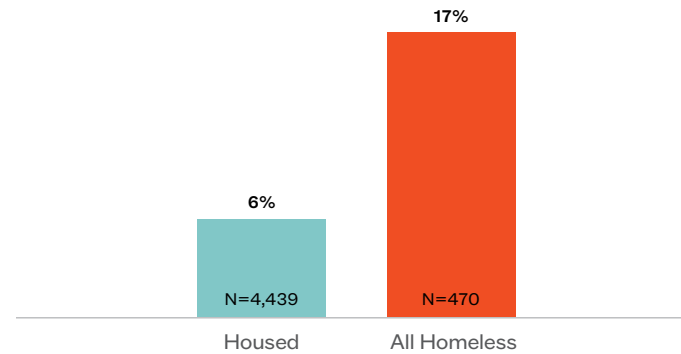
About a third of homeless high school students have sex while under the influence of alcohol or drugs, a rate two and a half times higher than housed students (32% to 12%).

Over 40% of homeless teens rarely or never use a condom during sex, compared to 29% of housed teens.

Homeless high school students are at a much greater risk of pregnancy than their housed peers. In the past 12 months, nearly one in ten homeless students got pregnant or got someone pregnant, compared to only one in 100 housed students (9% to 1%).

Students Who Were Sexually Active by Age 13

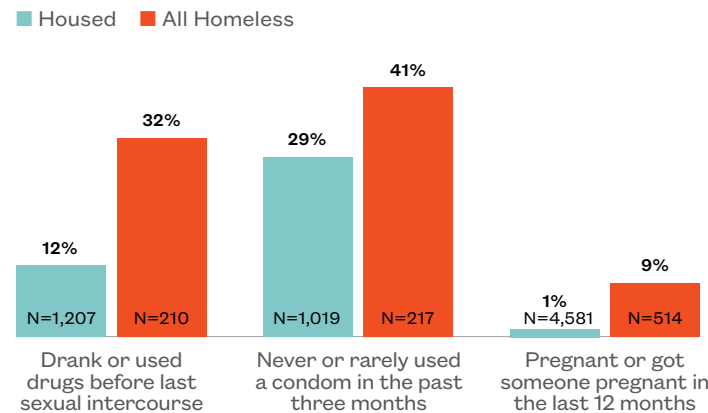
2015



Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Sexual Risk Behaviors

2015



Note: Based on YRBS survey question 64.

Note: Based on YRBS survey question 104.

Note: Based on YRBS survey question 108.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.



Despite everything that I was going through, the many distractions and the negative things coming my way—people wanting me to prostitute—I would say no.... I told myself that my only way out of this predicament is through a higher education. School and education was my outlet.



Graduate, Class of 2010



It was just so much, I wanted an outlet, so I started to write—I write poetry. But when that wasn't doing a lot for me, I found myself starting; using marijuana a lot. Talking about smoking seven blunts in one hour. I just didn't want to be conscious to society, to the world.



Graduate, Class of 2010

Alcohol and Drug Use

Homeless high school students are at risk for substance abuse.

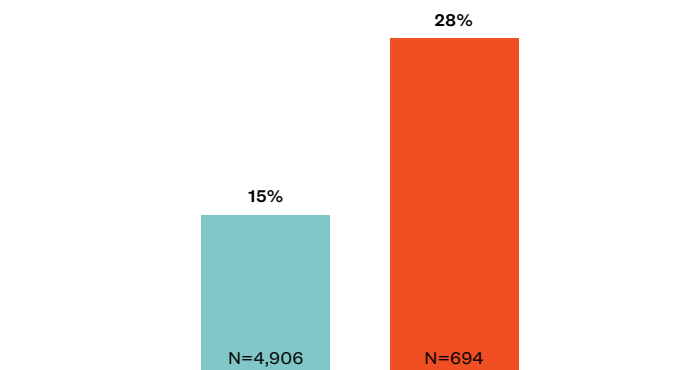
Nearly 30% of homeless high school students first tried alcohol before the age of 12—in elementary or middle school—almost twice the rate of their housed peers (28% to 15%, respectively).

Not only are homeless students more likely than their housed peers to try alcohol at a younger age, they also are more likely to engage in dangerous drinking behavior—17% of homeless students binge drink compared to just 8% of housed teens. Homeless teens also binge drink more frequently than housed high school students.

Percentage of Students Who First Tried Alcohol by Age 12

2015

■ Housed ■ All Homeless



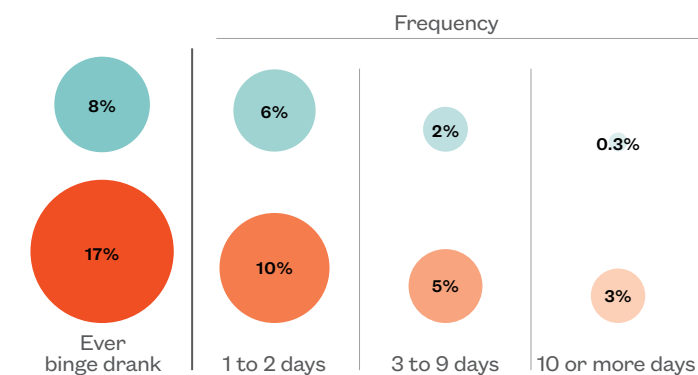
Note: Based on YRBS survey question 42.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Binge Drinking Last 30 Days

2015

■ Housed (N=4,896) ■ All Homeless (N=638)



Notes: Based on YRBS survey question 44. Percentages may not sum due to rounding.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

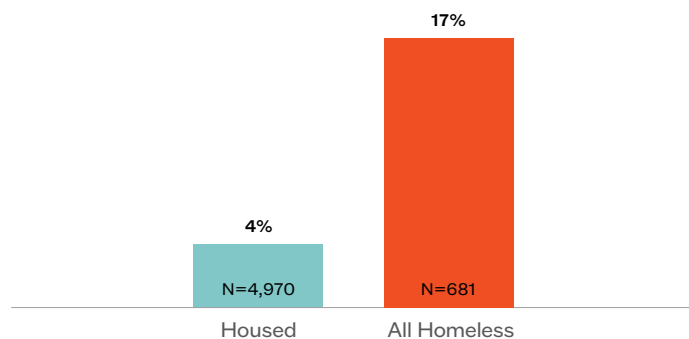
Homeless students try marijuana for the first time at a younger age than their housed peers. Close to one in five tried marijuana before the age of 12 compared to just 4% of housed students.

Almost a quarter of homeless high school students have used a hard street drug such as cocaine, heroin, ecstasy or synthetic marijuana compared to only 5% of their housed peers.

Over 20% of homeless teens use prescription pain medication, benzodiazepines, and/or stimulants without a doctor's prescription compared to just 7% of their housed peers.

Percentage of Students Who First Tried Marijuana by Age 12

2015

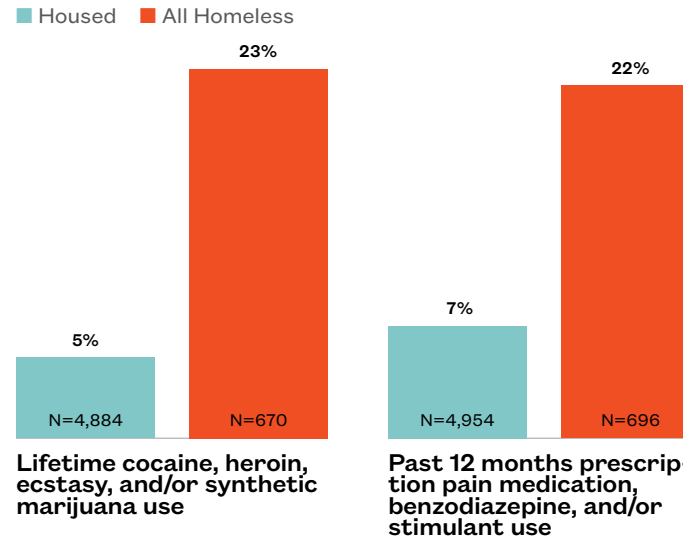


Note: Based on YRBS survey question 48.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Illegal Drug Use

2015



Note: Based on YRBS survey questions 50, 52, 55, and 100.

Note: Based on YRBS survey questions 101, 102, and 103.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Unmet Social and Emotional Needs

Depression, Self-Harm, and Suicide

Physical and sexual violence, substance abuse, and the day-to-day stress of homelessness take a toll on homeless high school students' mental health. As a result, homeless teens faced higher rates of depression and were over three times more likely to attempt suicide than their housed peers.

Mental health struggles are a widely recognized outcome for people who have experienced trauma, but homeless students are often unable to access the social and emotional supports that they need. Recognizing these challenges and the impact of trauma on homeless students' lives and mental well-being highlights the need for increasing access to trauma-informed services for teens in New York City schools.



Depression

Homeless high school students are struggling with depression.

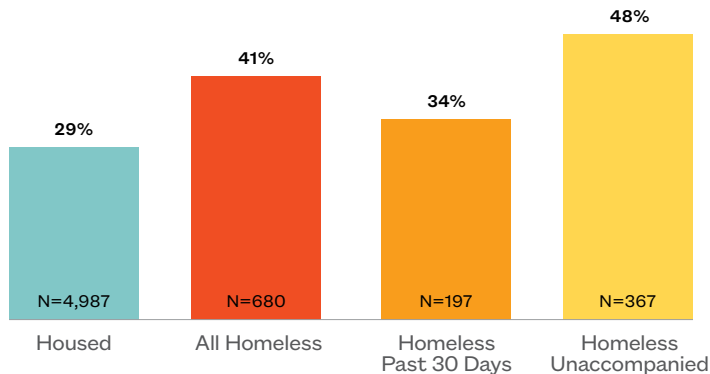
During the past 12 months, 41% of homeless teens struggled with depression compared to 29% of their housed peers.

Depression rates are most severe for unaccompanied homeless high school students—close to half felt so sad or hopeless that they stopped participating in some of their usual activities.

Suffered from Depression

Past 12 Months

2015



Note: Based on YRBS survey question 26.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Self-Harm

Homeless high school students are physically hurting themselves.

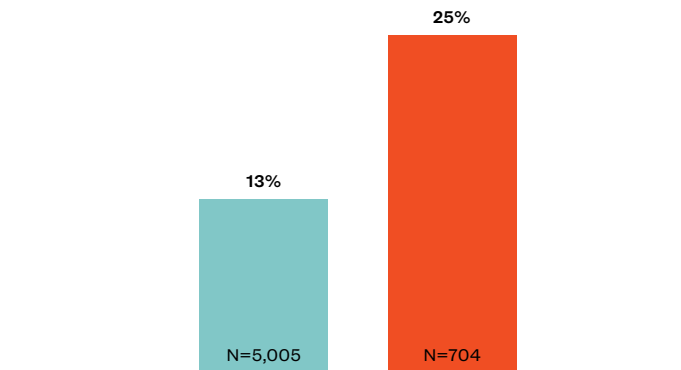
A quarter of homeless high school students deliberately hurt themselves, two times more than housed students (25% to 13%).

Tried to Injure Self Deliberately

Past 12 Months

2015

■ Housed ■ All Homeless



Note: Based on YRBS survey question 94.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

“

My dad is in prison now for stabbing my mother in the stomach. I saw everything and had nightmares for a long time. I still don't understand exactly why it happened.

”

Student, Class of 2021



From depression to self-esteem, from wanting and attempting suicide to abuse of drugs and alcohol to risky sexual behavior—I've pretty much gone through it or experienced it just to survive.



Graduate, Class of 2010

Suicide

Homeless high school students think about ending their life.

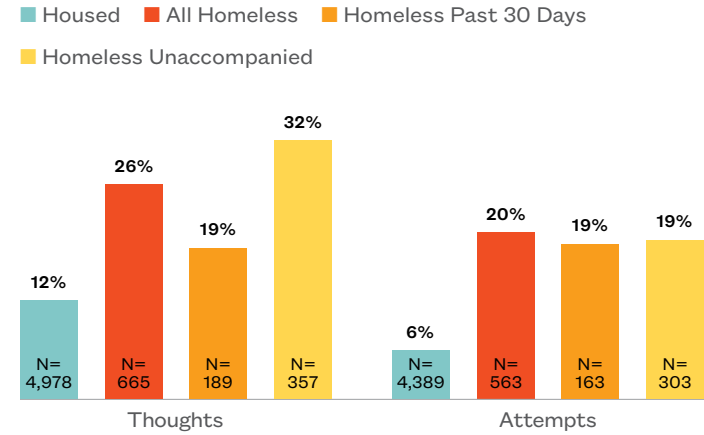
Overall, a quarter of homeless high school students have considered suicide, more than twice the rate of their housed peers (26% to 12%).

Not only do homeless high school students consider suicide more often than their housed peers, but they are also more than three times more likely to have attempted suicide in the last year (20% to 6%).

Homeless teens attempt suicide more often than their housed peers and their attempts are more serious. Over half of all homeless students who attempt suicide require medical attention compared to a third of housed teens (52% to 33%).

Suicidal Thoughts and Attempts Past 12 Months

2015



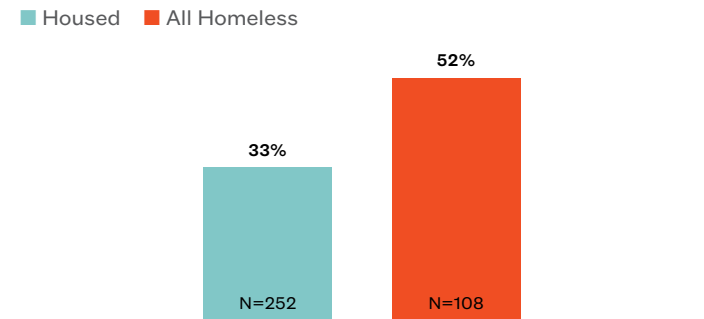
Notes: Based on YRBS survey questions 27 & 29. Bar height represents exact value. Percentages have been rounded.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Suicide Attempts Requiring Medical Attention

Past 12 Months

2015



Note: Based on YRBS survey question 30.

Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Lack of Basic Necessities

Food Insecurity and Insufficient Sleep

Homeless high school students not only contend with physical and sexual violence, struggle with substance abuse, and battle depression, but their unmet needs include the very basic fundamentals of health.

Adequate nutrition and sleep are essential to the well-being and academic success of adolescents. However, many basic necessities are out of reach for homeless teens who are more than twice as likely to go to school hungry than their housed peers and more than four times as likely to get fewer than four hours of sleep.

Food insecurity and lack of sleep are known to contribute to a variety of negative health outcomes including increased risk of illness, chronic stress, and a greater risk of obesity and diabetes. In addition to impacting the health of homeless students, the lack of food and sleep can also get in the way of their education. Difficulty concentrating, chronic fatigue, and the need to focus on basic survival can lead to frequent school absences and increase the risk of dropping out.^{1,2}

1 J. S. Lee, C. Gundersen, J. Cook, B. Laraia, and M. A. Johnson, "Food Insecurity and Health Across the Lifespan," *Advances in Nutrition: An International Review Journal*, 3, no. 5 (September 1, 2012): 744–45.

2 Joseph A. Buckhalt and Mona El-Sheikh, "Sleep and Poverty," *The SES Indicator*, 6, no. 4 (November 2013): online.





I remember going to M&M World, stealing the candy and putting it in my pocket, being chased by the security guard. But I was doing it because I was hungry.... Imagine going the whole day not eating.



Graduate, Class of 2010

Food Insecurity

Homeless high school students go to school hungry.

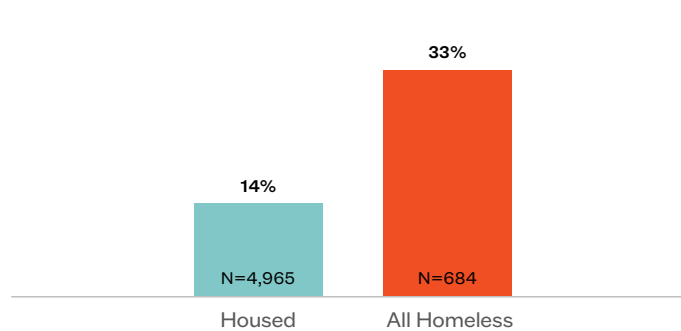
Homeless high school students are more than twice as likely than their housed peers to go to school hungry. In the past seven days, 33% of homeless students did not have breakfast compared to just 14% of housed students.

Additionally, unaccompanied homeless high school students are the most food insecure: 42% did not ever have breakfast in the last week.

Did Not Ever Have Breakfast

Past Seven Days

2015



Note: Based on YRBS survey question 79.
Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Insufficient Sleep

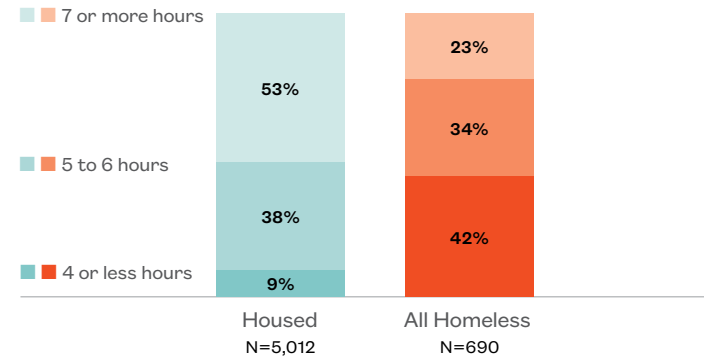
Homeless high school students do not get enough sleep.

Homeless high school students were much less likely than their housed peers to get a healthy amount of sleep. Only 23% of homeless adolescents sleep seven or more hours per night compared to 53% of housed students.

Even more striking, 42% of homeless high school students sleep four or fewer hours per night. This is the case for only 9% of housed students.

Average Hours of Sleep per Night

2015



Notes: Based on YRBS survey question 88. Labels have been rounded to the nearest percentage point.
Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

No Safe Space

Bullying and School Safety

Access to sufficient food and sleep are not the only unmet health needs of homeless high school students. School environments where students feel safe, both emotionally and physically, are also critical to learning, emotional development, and overall well-being.

Homeless teens, however, were two times more likely to report being bullied at school and three times more likely to miss school due to feeling unsafe.

Bullying and violence at school put students at greater risk of anxiety, depression, self-harm, and suicide. They have also been linked to increased absences and negative educational outcomes and are increasingly the focus of national school-wide interventions.¹ Meeting the unique safety needs of homeless high school students as a part of these interventions is critical.

¹ U.S. Department of Health and Human Services, "Effects of Bullying," <http://stopbullying.gov>, accessed January 4, 2017.





I don't know what they saw, but people would always find a reason to pick on me, but to me, like that was just the norm. I'm like, life is already bad, so what was the worst that can happen? So I just accepted it as the norm.



Graduate, Class of 2010

Bullying

Homeless high school students are bullied.

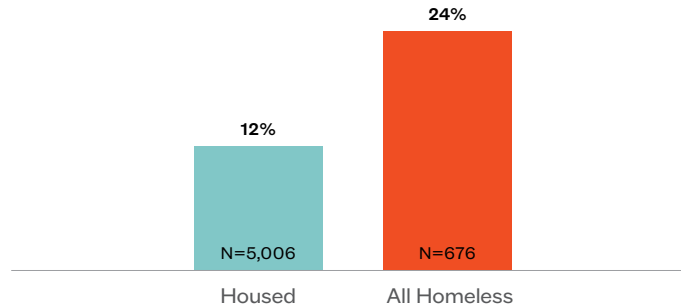
About a quarter of homeless high school students are bullied, twice the rate of housed students (24% to 12%).

Additionally, unaccompanied homeless high school students see the highest rates of school bullying at 28%.

Students Who Reported Being Bullied at School

Past 12 Months

2015



Note: Based on YRBS survey question 24.
Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

School Safety

Homeless high school students do not feel safe in school.

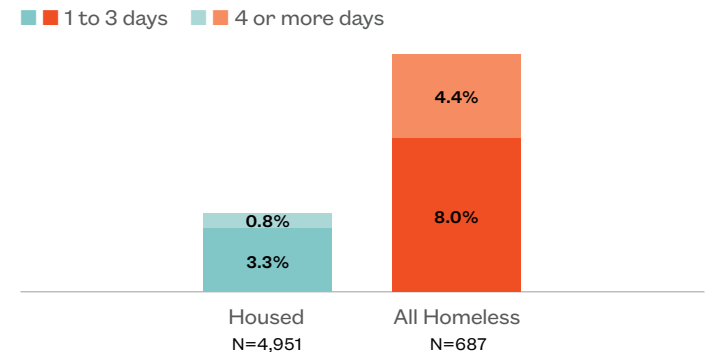
Homeless high school students miss school more often because they do not feel safe. About 12% of homeless students missed school in the past 30 days because they felt unsafe compared to just 4% of housed students.

Homeless high school students also miss more total school days due to safety concerns. Over 4% of homeless students missed four or more days of school in the past 30 days due to safety concerns compared to less than 1% of housed students.

Missed School Due to Feeling Unsafe

Past 30 Days

2015



Note: Based on YRBS survey question 16.
Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

Missed Opportunities for Medical Care

School-Based Health Centers and Uncontrolled Asthma

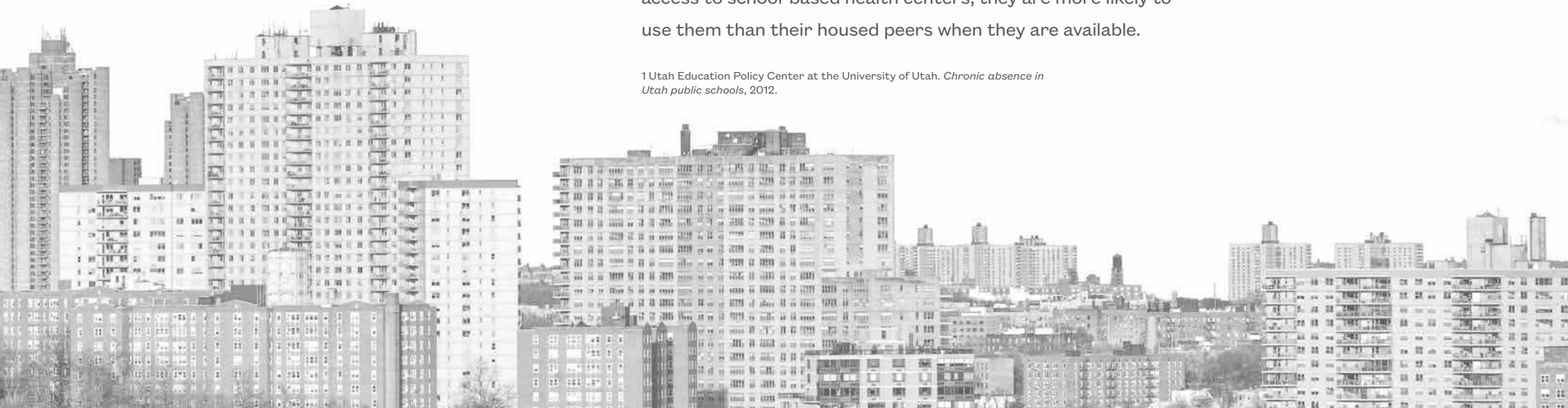
For homeless and other underserved students, school-based health centers often provide a medical home within the only safe and stable place many of these students know—their school.

Unsurprisingly, homeless high school students are much more likely than housed teens to lack access to medical care. Homeless children are, like all children, vulnerable to the flu, HPV, sinus infections, obesity, and more. The YRBS only asks about asthma specifically, but we can consider this a gateway to a better understanding of the specific medical needs of homeless students.

Uncontrolled asthma rates are significantly higher for homeless students, suggesting that they have insufficient access to preventative medical services and are not being effectively reached by city- and school-wide asthma control programs. Asthma is a leading cause of school absences in New York City; a student who is chronically absent in any grade 8–12 is over 7 times more likely to drop out of high school.¹

This is a missed opportunity to meet the medical needs of homeless teens. While homeless high school students have less access to school-based health centers, they are more likely to use them than their housed peers when they are available.

¹ Utah Education Policy Center at the University of Utah. *Chronic absence in Utah public schools, 2012.*





I missed school a lot because my stomach was always hurting. The hardest part was that nobody believed I was sick. Everybody just thought I was skipping school. Later I was diagnosed with Lupus and IBS. It took a really long time to be diagnosed. We were moving around. I kept going to the emergency room.



Graduate, Class of 2016

Asthma Attacks

Homeless high school students are not receiving appropriate preventive care.

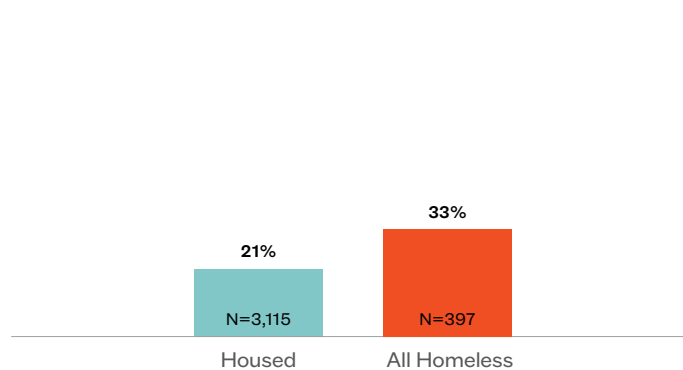
Among high school students with asthma, homeless teens are more likely to have had an asthma attack in the past twelve months. A third of homeless students with asthma have had an attack compared to 21% of their housed peers.

High school students who were homeless in the past 30 days had the highest rate of uncontrolled asthma—two times higher than that of their housed peers (40% to 21%).

Asthma Attacks

Past 12 Months

2015



Note: Based on YRBS survey question 120.
Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

School-Based Health Centers

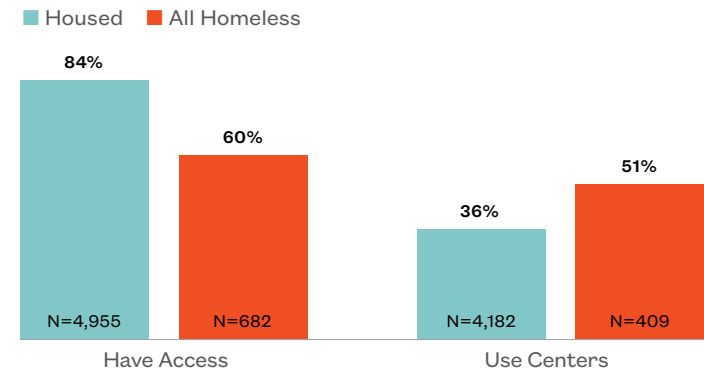
Homeless high school students need access to medical services.

Homeless high school students are less likely to have access to a school-based health center than their housed peers (60% to 84% respectively).

Only 60% of homeless students have access to a center, yet among those who do, 51% use these facilities compared to 36% of housed students. Lack of access to school-based health centers represents a missed opportunity to connect homeless students to medical care.

Access to and Use of School-Based Health Centers

2015



Note: Based on YRBS survey question 124.
Source: Centers for Disease Control and Prevention, 2015 New York City Youth Risk Behavior Survey.

“

***The school is not set up to prepare you for the real world
What about those young people in the room who are struggling
from homelessness and insecurity who don't have time for
standardized tests? They want to learn how to survive—school
didn't give me that. So if it wasn't for a program like S.I.M.B.A.
[Department of Education homelessness support program],
I probably would have succeeded committing suicide.'***

”

Graduate, Class of 2010

Policy Considerations

While the YRBS data represent only a small sample of high school students in New York City, the stark differences between homeless teens and their housed peers are cause for alarm. The long-term health and well-being of students experiencing homelessness are in danger, yet until now the unique needs and risks these students face have gone unrecognized. The disparity in health outcomes for homeless students, like the disparity in educational success, appear to surpass the impacts of poverty or race; ameliorating these disproportionate burdens is imperative to breaking the cycle of homelessness.

Leverage Existing Programs

Crucially, programs that address student health needs have been shown to raise academic achievement while simultaneously strengthening public health. Tailoring health education and outreach programs through the New York City Department of Health and Mental Hygiene (DOHMH), expanding school-based health centers, and providing teen health services in shelters all represent opportunities to be explored.¹

Link Health Records to School Data

Enacting successful policies and designing programs that will improve the health of New York City students experiencing homelessness will also require more information. There is no reason to believe that the health risks associated with homelessness are isolated to the high school

years, yet no information is currently available on the health of homeless children younger than high school. Filling these information gaps is critical; these important data could be gathered by the City. For students younger than high school, school health records could be linked to housing status data collected by the New York City Department of Education (DOE) in order to identify the unique health challenges homeless students face.

Keep Health Outcomes Part of the Narrative

As New York City works to improve the lives of homeless students, those efforts must incorporate an understanding of risk behaviors and health outcomes, which have been shown to predict well-being and productivity later in life.

¹ School-based health centers (SBHCs) are managed by the Office of School Health (OSH), a collaboration between the City DOE and DOHMH. There are currently 145 SBHCs serving over 345 schools in New York City's five boroughs. New York City Department of Education, "school-based health centers," <http://schools.nyc.gov>, accessed January 4, 2017.

Appendix

Publication Quotes

The quotes used in this publication came from conversations with current and former NYC public high school students. All students/alumni quoted experienced homelessness with their families.

Youth Risk Behavior Survey (YRBS)

The Centers for Disease Control (CDC) provided access to anonymous self-reported survey data for the sample of high school students in New York City who participated in the Youth Risk Behavior Survey (YRBS) in 2015. The YRBS is a national survey conducted every other year by the CDC. It was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States.¹ Questions focus on: behaviors that contribute to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted infections, including HIV; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; inadequate physical activity; and the prevalence of obesity, asthma, and other priority health-related behaviors. For the first time in 2015, the NYC YRBS also included two questions relating to the experience of homelessness. These questions were: “During the past 30 days, where did you usually sleep?” and “During the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?”² Students who responded with anything other than “In my parent’s or guardian’s home” to the first question were labeled as “homeless past 30 days” and students who responded “yes” to the second question were labeled as “homeless unaccompanied.”

Student Sample

The sample consisted of 8,522 students, 5,762 of whom responded to both housing questions. Of those students, 5,050 were housed, 207 reported that they had been homeless in the past 30 days, 379 students said they were homeless unaccompanied, and 126 responded that they had been both homeless in the past 30 days and homeless unaccompanied in the last year. Combined, a total of 712 students, or 12% of the sample, reported experiencing either or both forms of homelessness.³ These 712 students are categorized as “all homeless” and referred to simply as “homeless” in the text. Sample sizes are included in all figures but vary by question due to non-response. Only students who answered both housing questions were included in the analysis. Data are unweighted and reflect differences in the experiences of those students surveyed by whether they were housed or homeless—they should not be generalized to the entire population of New York City.

Housed and homeless students in the sample had both similarities and differences demographically. Roughly one-third of both groups were black and one-quarter were white; however, a smaller proportion of homeless students identified as Asian and a larger proportion identified as another racial group (13% and 23% homeless and 19% and 16% housed, respectively). A slightly larger percentage of homeless students identified as Hispanic (47% compared to 40%), and students reporting homelessness were more likely to be male (55% compared to 44%). More homeless students than housed identified as LGBTQ, but the majority of both homeless and housed students identified as heterosexual (80% and 86%, respectively).⁴

1 Centers for Disease Control and Prevention, “Youth Risk Behavior Surveillance System (YRBSS) Overview,” www.cdc.gov, accessed January 4, 2017.

2 Centers for Disease Control and Prevention, *2015 New York City Youth Risk Behavior Survey*.
3 Ibid.

Glossary of Terms

Binge Drinking

Drinking in excess in a short period of time, often characterized as having at least four (for women) or five (for men) drinks within two hours; defined by answering YRBS Question 44: During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

Deliberately Hurt

Purposely physically hurt by a partner; defined by answering YRBS Question 22: During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose?

Depression

Perpetual sadness and disinterest; defined by answering YRBS Question 26: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Homeless

Experienced either or both of the following types of homelessness (subcategories are mutually exclusive):

Homeless in the Past 30 Days

Usually slept somewhere other than at home with parents or guardians during the past 30 days; defined by answering YRBS Question 121: During the past 30 days, where did you usually sleep?

Unaccompanied

Lived away from home due to being kicked out, running away, or being abandoned during the past 12 months; defined by answering YRBS Question 122: During the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?

Housed

Usually slept at home with parents or guardians during the past 30 days, did not live away from home due to being kicked out, running away, or being abandoned during the past 12 months.

Sample

A portion of the population that should not necessarily be generalized to the entire population.

School-Based Health Centers

School-based health centers (SBHC) are health facilities located in schools that provide both primary and preventive health care. These centers can serve as a student's primary point of care or complement services from an outside primary care provider. SBHCs in New York City provide both scheduled and walk-in services when schools are in session and 24-hour telephone coverage when the SBHC is closed.⁵

Self-Harm

Hurting oneself on purpose without the intention of suicide; defined by answering YRBS Question 94: During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

⁴ Centers for Disease Control and Prevention, *2015 New York City Youth Risk Behavior Survey*.

Sexually Active

Ever had sexual intercourse; defined by answering YRBS Question 61: How old were you when you had sexual intercourse for the first time?

Suicidal Thoughts

Thinking about killing oneself, but not necessarily attempting to do so; defined by answering YRBS Question 27: During the past 12 months, did you ever seriously consider attempting suicide?

Survey

Collecting data by asking questions. Surveys are typically only administered to a sample of the population and should not necessarily be generalized to the entire population.

Unweighted Sample

Keeping all responses equal, even though some groups may be unequally represented. Data presented in this report are unweighted.

Weighted Sample

Making some responses count more than others in an attempt to replicate the distribution of the population, which may have been uneven in the sample.

Youth Risk Behavior Survey (YRBS)

A national survey conducted every other year by the Centers for Disease Control (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States.⁶

Survey Questions

The health outcomes in this publication were based on YRBS questions that had responses from both homeless and housed students.

Question 16: During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

Question 22: During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose?

Question 23: During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do?

Question 24: During the past 12 months, have you ever been bullied at school?

Question 26: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Question 27: During the past 12 months, did you ever seriously consider attempting suicide?

Question 29: During the past 12 months, how many times did you actually attempt suicide?

Question 30: If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

⁵ New York City Department of Education, "School Based Health Centers: Services," <http://schools.nyc.gov/Offices/Health/SBHC/SBHC.htm> (accessed January 12, 2017).

⁶ Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance System (YRBSS) Overview," www.cdc.gov, accessed January 4, 2017.

Question 42: How old were you when you had your first drink of alcohol other than a few sips?

Question 44: During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

Question 48: How old were you when you tried marijuana for the first time?

Question 50: During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

Question 52: During your life, how many times have you used heroin (also called smack, junk, or China White)?

Question 55: During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?

Question 61: How old were you when you had sexual intercourse for the first time?

Question 64: Did you drink or use drugs before you had sexual intercourse the last time?

Question 79: During the past 7 days, on how many days did you eat breakfast?

Question 88: On an average school night, how many hours of sleep do you get?

Question 94: During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

Question 100: During your life, how many times have you used ecstasy (also called MDMA, “Molly,” “E,” or “X”)?

Question 101: During the past 12 months, how many times have you taken a prescription pain medication, such as Oxycontin, Percocet, Vicodin, Hydrocodone, or Oxycodone without a doctor’s prescription?

Question 102: During the past 12 months, how many times have you taken benzodiazepines such as Xanax, Valium, Klonopin, or Ativan, without a doctor’s prescription?

Question 103: During the past 12 months, how many times have you taken stimulants such as Adderall, Ritalin, Concerta, or Vyvanse, without a doctor’s prescription?

Question 104: During the past 3 months, how often did you or your partner use a condom when you had sexual intercourse?

Question 108: During the past 12 months, have you been pregnant or gotten someone pregnant?

Question 120: During the past 12 months, have you had an episode of asthma or an asthma attack?

Question 124: Have you ever used the school-based health center (school clinic) at your school?

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