

September 2000

**Volume II, Issue 6
Youth on the Edge**

Inside this Issue

- 1 Youth on the Edge**
- 2 Homeless Youth
Suicide**
- 3 Gender, Culture and
Suicidal Behavior among
Adolescents**
- 4 Gay Youth**
- 5 Emancipated Minors**
- 6 Editorial Advisory
Board and Staff**

Invitation to Dialogue

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Youth on the Edge

– by Kevin Lyness

Adolescents today are at significant risk in a number of areas. Risk itself is defined as the predisposition to negative or undesirable outcomes. Risk is influenced by the vulnerability of the individual as well as by buffers and protective factors (Cowan, Cowan, & Schultz, 1996). Resilient adolescents are those who are at risk but are able to overcome that risk. For many, adolescence is like walking a minefield, dodging negative outcomes, dealing with vulnerabilities and searching for protective factors, all in a resilient effort to survive.

Some specifics:

In 1998, 17 percent of U.S. adolescents lived in families whose income was below the poverty level, and students from low-income families dropped out of high school at a rate four times higher than students from middle- and higher-income families.

Between 1992 and 1997, 3.4 million youths per year, aged 12 to 19, were the victims of violent crime. In 1996 and 1997, of the 19,000 adolescents who died each year, 14,000 died from injury-related causes. Motor-vehicle accidents and firearm-related injuries are the two leading causes of death for U.S. youth aged 10 to 19. Adolescents living in high population-density areas died more frequently from firearm-related injuries, and rural youth died more often in motor-vehicle accidents.

In 1999, one-half of all high school students reported being sexually active. About 66 percent of high school seniors reported that they had engaged in sexual intercourse (with the rates slightly higher for females than males).

More than 900,000 adolescents become pregnant each year. Infants born to teen mothers are more likely to suffer low birth weight. The infant mortality rate is 1.8 times higher for mothers under age 18.

Substance use is a major risk for adolescents. Fifty percent of all high school students reported alcohol use in the last 30 days, almost 25 percent reported marijuana use in the last 30 days, and 28 percent of female and 35 percent of male high school students reported binge drinking over the past 30 days. (Note: all statistics from National Center for Health Statistics, 2000.)

Suicide is the most serious of these critical areas. In 1999 nationwide, 25 percent of females and 14 percent of males in grades 9 to 12 reported seriously considering or attempting suicide.

This issue of *Briefs* looks at adolescent suicide, sexual orientation, homelessness, and the emancipation of minors. These areas of significant risk for Colorado youth have implications for prevention and intervention.

Keep in mind the following protective factors have been found to buffer a variety of risk factors: parents who combine warmth,

support, motivation and discipline; connection with positive adults outside of the family; engagement in pro-social activities; positive peer connections; and the development of personal characteristics such as insight, initiative, creativity and a sense of humor. Each of these areas of resilience can be the target of prevention and intervention efforts in Colorado.

– Kevin P. Lyness, Ph.D., LMFT, is an assistant professor of human development and family studies at Colorado State University.

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Homeless Youth

– Sandy Tracy

People under 18 who have been kicked out of their home or who feel they cannot live with their parents have few options. Many shelters for adults and families do not accept homeless youth on their own.

Some youth move in with friends and may move from friend to friend, according to Susan Blair, case management specialist for the DARE To Be You program, which serves teen parents in Montezuma County. Pregnant teens also move in with relatives of the baby's father.

A 15-year-old mother tried to get into Housing and Urban Development housing, which is sometimes available to teen parents at risk of living on the street. Because she was under 18, she could not sign the contract. The court refused to emanci-

pate her because she could not prove she could support herself, Blair said. (See Page 5.) People under 18 often encounter difficulty finding jobs with living wages.

Sometimes, a teen parent does not seek welfare assistance because she knows that the Department of Human Services will seek child support for her from her parents and for the baby from the father, and she does not want to cause trouble for them, Blair said.

Available help varies in different areas of Colorado. Larimer County provides a government-funded juvenile assessment center, the Hub, which offers mediation for youth and parents, child protection services, detention screening and disposition, and, in certain circumstances, independent living programs. Hub caseworkers noted that parents are legally responsible for their children under age 18 unless the child is emancipated. Parents can allow their child to live anywhere, but if the child gets into legal trouble, the parents are responsible.

Not all counties provide such services. Check with local government officials and service providers to see what help is available in your area.

Suicide

Suicide is the second leading cause of death among Coloradans ages 15 to 24, according to 1998 Colorado Department of Public Health and Environment statistics. Over 19 percent of all deaths in this age group were suicides. Only unintentional injuries caused more deaths in this age group in Colorado.

The National Institute of Mental Health web site indicates that suicide was the third leading cause of death in the United States for people ages 15 to 24 in 1998, following unintentional injuries and homicide. The gender ratio of suicides in 1997 was 5:1 (males:females) for ages 15 to 19, and 7:1 (males:females) for ages 20 to 24. Firearms are the most

commonly used method of suicide, accounting for about 60 percent.

Youth with suicidal behavior may have a mental disorder such as major depression, bipolar disorder, conduct disorder or substance abuse problems. A comparison of minimum-age drinking laws and suicide rates among people 18 to 20 found that lower minimum-age drinking laws were associated with higher youth suicide rates. Several state and national studies found that high school students who report themselves as homosexually or bisexually active have higher rates of suicide thoughts and attempts in the previous year than youth with heterosexual experience.

Risk factors for suicide or suicidal behavior include mental illness, substance abuse, previous suicide attempts, family history of suicide, history of being sexually abused, and impulsive or aggressive tendencies. However, most people with these risk factors do not commit suicide, so it is difficult to predict suicidal behavior.

Take someone seriously if he or she talks about suicide. People consider suicide when they feel hopeless and cannot see alternative solutions to problems. Refer a suicidal person to a mental health professional, or call 911 if you feel the person is in imminent danger.

Prevention approaches with positive outcomes include the promotion of overall mental health among school-age children, and the screening and referral of youth with high risk factors.

– Sandy Tracy, M.A., is editor of *Family and Youth Institute Briefs*.

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National Institute of Mental Health. <http://www.nimh.nih.gov/research/suicidefaq.cfm>

State of Colorado Department of Health and Environment. 1998 Annual Report of Vital Statistics. <http://www.cdph.e.state.co.us/hs/summaryweb98.pdf>

Gender, Culture and Suicidal Behavior among Adolescents

– Silvia Sara Canetto

Gender is one of the most reliable predictors of suicidal thoughts and behavior among adolescents in the United States. Adolescent females in the U.S. are three times more likely than adolescent males to engage in suicidal behavior, but are less likely to die as a result of a suicidal act.

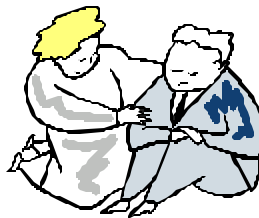
Gender refers to social influences on female and male behavior, based on cultural beliefs about femininity and masculinity. This article examines how cultural meanings of gender and suicidal behavior affect the choices of suicidal women and men, and ultimately the gender epidemiology of suicidal behaviors.

In recent decades, in the United States, the gender gap in suicide mortality has widened. Between 1986 and 1991, rates of suicide mortality among females aged 15 to 19 of all ethnic groups remained stable. Rates for white males in the same age group peaked in 1988 and then stabilized; however, those for African American and other ethnic minority males increased markedly.

Females in the U.S. are more likely to be diagnosed with depression, an eating disorder or a panic disorder, while males are more likely to be diagnosed with a conduct disorder, a paraphilic sexual disorder such as pedophilia, or an explosive disorder. Women's problems are more likely to be dealt with through the mental health system, while men's problems are more often dealt with through social programs and the legal system.

One reason that adolescent females are more likely to engage in suicidal behavior but more likely to survive is that in the U.S. nonfatal suicidal behavior is associated with

femininity. Research confirms that nonfatal suicide behavior is interpreted as a call for help, which is expected of women. Killing oneself is less acceptable in females because it involves a degree of self-determination, which is perceived as incompatible with femininity. Studies suggest that adolescents and young adults hold negative attitudes toward all people who reveal a history of suicidal behavior. Females are less likely to report critical, avoidant attitudes toward suicidal people than are their male peers.



Research findings suggest that suicidal ideation and surviving a suicidal act are perceived as culturally unacceptable

for males in the U.S. Killing oneself is viewed as more appropriate for males than females. Other studies suggest that identification with, or adoption of, behaviors considered masculine in the U.S. may lead to an increased risk for suicide.

Cultural scripts of gender and suicidal behavior are likely to play a role in adolescents' decisions about suicidal behavior. These cultural messages about "gender appropriate" suicidal behavior may be particularly powerful for adolescents, since they are in the process of defining their identity and may take such messages more literally than adults.

Implications for prevention:

• Suicide prevention educational programs should explicitly assess beliefs about gender and suicidal behavior.

• Prevention work with males may work best if it addresses the association of suicide with masculinity, while reducing the stigma of surviving a suicidal act.

• Prevention work with females should address the cultural acceptability of nonfatal suicidal behavior

for females. Females' positive evaluation of educational programs may not necessarily mean that the program will be effective in preventing females' future suicidal behavior. It may simply be an indication of females' socialized wish to please.

• Males' negative, depressive reactions to suicide prevention educational programs may be a sign that males are beginning to confront some difficult issues concerning suicidal behavior and masculinity.

• Clinicians working with suicidal clients may be most effective if they are aware of the meanings and acceptability of different suicidal behaviors and methods for their female and male clients.

– Silvia Sara Canetto, Ph.D., is associate professor of psychology at Colorado State University.

This article is adapted from:

Canetto, S.S. (1998). Meanings of gender and suicidal behavior among adolescents. *Suicide and Life Threatening Behavior*, 27, 339-351.

Web sites on homelessness

www.coloradocoalition.org/

www.census.gov/prod/www/nshapc/NSHAPC4.html

www.nn4youth.org/

nch.ari.net/facts.html

nch.ari.net/

csf.colorado.edu/homeless/index.html

<http://www.tenet.edu/OEHCY/www.standupforkids.org/about.html>

– Elizabeth Hornbrook Garner, M.S., coordinator, County Information Services, Colorado State University Cooperative Extension

Being a Gay Youth and Homeless: Consider the Connection

— Lisa Phelps

Johnny, 15, recently came to terms with his sexual orientation and came out as a gay male. When kids at school found out that he was gay, they abused him verbally, physically and emotionally. Trying to protect himself from assault, Johnny got into many fights and became known as a troublemaker, even though he didn't start the fights.

Johnny desperately needed love and support from his parents. He wanted them to accept him for who he was, but when he told his parents he was gay, they said, "No son of ours will be gay." His father told him that if he continued to believe he was gay, he had to leave. "I won't have a gay kid living under my roof," he said, and refused to speak to Johnny.

Johnny didn't know what to do or where to go for support. He no longer wanted to live a lie and pretend he was heterosexual. His father's threats were real and he was scared. He tried again to talk to his parents about being gay and how important their support was to him. His mother cried. His father hit Johnny and told him to pack his bags and leave their house. Scared, angry and confused, Johnny packed up and left his home, but he didn't know where to go or whom to call. This began his life on the streets and his quest for survival.

This story combines the many voices and experiences I have heard from gay teens. It is estimated that 20 percent to 40 percent of homeless youths in urban areas are gay, lesbian or bisexual. (The National Network, 1991). This is a startling

percentage and one that has grown over the years. The relationship between gay youth and homelessness has been well documented (Blumenfeld, 1999; Kruks, 1991; Massachusetts Governor's Commission on Gay and Lesbian Youth, 1994).

Rural youth who are kicked out of their homes often move to urban areas, not knowing where else to go or how to find help.

The reasons for homeless gay youth can include rejection by parents. Some parents refuse to accept the fact that they have a gay child and choose to treat him or her in a hurtful way. This experience can lead to isolation, poor self-esteem, drug and alcohol abuse, and even suicide.

Imagine your family abandoning you, your classmates harassing you, others abusing you verbally and physically. You might feel you are the only person in the world to feel this way, especially if you do not know any resources available to you.

Gay youth who are living on the streets learn at an early age that the world can be a cruel and unfriendly place. Many youth turn to prostitution and drugs to survive. Even if a gay youth finds a shelter, he or she runs the risk of others in the shelter being homophobic. Some gay youth become victims of hate crimes. Several cities are now trying to organize shelters for homeless youth who are gay, lesbian or bisexual.

Feeling safe in an unsafe world can be one of the biggest needs for gay and lesbian youth. Over the years, many youth have told me amazing stories about their struggles. They say how much of a difference it made in their lives when an adult truly cared about them as a whole person. As an educator, I be-

lieve I have a responsibility to help make a difference in the lives of at-risk youths. I hope that people working with youth will make an effort to understand the unique needs of gay and lesbian youth.

If you have follow-up questions regarding this article, contact Lisa Phelps at Gay Lesbian Bisexual Transgender (GLBT) Student Services at Colorado State University, Lory Student Center, Fort Collins, CO 80523; (970) 491-4342 or lphelps@lamar.colostate.edu
— Lisa Phelps, Ph.D., is director of GLBT Student Services at Colorado State University.

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Massachusetts Governor's Commission on Gay and Lesbian Youth (1994). *Prevention of Health Problems among Gay and Lesbian Youth. Making Health and Human Services Accessible and Effective for Gay and Lesbian Youth*. Boston: Commission on Gay and Lesbian Youth.

Related web sites

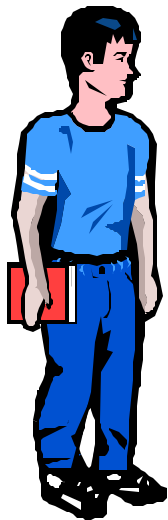
Gay and Lesbian Community Services Center, Los Angeles, CA: http://www.gay-lesbian-center.org/laglc/laglc_index.html

National Runaway Switchboard at or www.nrscrisisline.org or 1-800-621-4000

Advocates for Youth: www.advocatesforyouth.org

National Youth Advocacy Coalition: www.nyacyouth.org

Youth Resources: www.youthresource.com



Emancipated Minors

– by Celeste Holder Kling

An emancipated minor is a person under the age of 18 who is legally responsible for his or her own welfare and meets certain criteria. (See below.)

In Colorado, the issue of whether a minor is emancipated is a question of fact and depends on the circumstances. Emancipation is a status, not an event controlled by parent or child. In many ways, an emancipated minor is free from the control and care of the parents as if the minor were 18 years old.

In most situations, the rule in Colorado is that a minor must be 16 or older to be emancipated, and also must be either be:

? in the military service; or

? married; or

? living apart from parents or guardians and totally self-supporting in terms of care, custody and earnings.

In Colorado, no simple procedure exists for emancipating a child. Unlike in some states, parents here cannot file a document with the court and declare their child emancipated, nor can they sign a contract with their child establishing the child’s emancipation. In the end, the question of whether a child is emancipated is decided by the court as a question of fact, when the issue arises in some other context, such as a child support case.

The law is quite uneven in its treatment of young people. At 21, a person can inherit money, drink alcohol, adopt a child, and enjoy all the privileges of adult life. At 18, a person no longer needs a legal guardian, and can vote, marry without permission, earn minimum wage, apply for a loan, write a will, sue and be sued, and sign a valid contract. Emancipated minors achieve many privileges of an 18 year old while they are still under age.

Emancipation has many implications. An emancipated minor may

consent to medical care and may earn the minimum wage. Parents are not required to support their emancipated minor children and parental notification is not required for the minor to obtain an abortion. Nevertheless, an emancipated minor still needs permission from parents or the court in order to marry and may not have the power to sign a valid contract.

Depending on the area of law, the rules for establishing emancipation and the implications of the status vary. In juvenile law, if a juvenile is emancipated (which can happen at 15), the teen’s parents need not be present when the child is questioned by police, do not receive notice of court proceedings, and cannot be ordered by the juvenile court to perform community service.

Various areas of the law define “emancipated minor” differently, such as for determining a student’s eligibility for in-state tuition. In the area of domestic abuse, an emancipated minor is a married person under age 18 who is living away from his or her parents or guardian. In child support law (i.e., court-ordered child support in divorce or paternity cases), parents must support their children until age 19, unless the child is emancipated.

A teenager who runs away or is kicked out of the home is not automatically emancipated. The teen would need to be completely self-supporting and independent of parental care and responsibility to be deemed emancipated.

Parents whose children are living out of the home are still responsible for the care and support of their children. As long as the parents are making arrangements for the child’s needs to be met, the Department of Human Services generally will not view the parents as neglecting their

teen. Parents are responsible for the care of their minor children and must meet the “prudent parent” standard by making arrangements for the child and demonstrating willingness and effort to care for the child in terms of food, clothing, shelter, and insurance.

In many cases, the teen and parents cannot live together compatibly, but can continue their legal relationship of parent and child while the teenager lives with relatives or friends. When that is not possible, the parents may execute a voluntary placement agreement and turn over temporary custody of the child to the Department of Human Services, subject to periodic court review. The parents are responsible for the cost of the child’s care. Regardless of the level of parent-child strife, it is extremely unusual for the department to seek a termination of parental rights regarding a teen.

Some teenagers wish to be emancipated so they can determine their own residence, job, curfew, friends and medical care, but they may face serious difficulties. Teenagers who live away from home face major resource and safety obstacles in most Colorado communities. Often, they are unable to live in homeless shelters without a parent until they are 18. Housing is difficult to find; teen shelters and group homes are few. Many public benefits, such as food stamps, Medicaid, low-income housing, state medical insurance, and Temporary Aid to Needy Families are not available until the teen is 18 years old or a parent.

Teens who live on the streets are at great risk of criminal victimization, pregnancy or sexually transmitted diseases, and drug and alcohol abuse.

– Celeste Holder Kling is an attorney at Wallace & Kling, P.C., and an adjunct faculty member at Colorado State University.



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*Opinions expressed herein are not necessarily those of the
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**Coming next:
Child Care**