



massachusetts alliance  
on teen pregnancy

SUMMER 2013 REPORT



## Living on the Edge: The Conflict and Trauma That Lead to Teen Parent Homelessness

### **Acknowledgements**

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We would also like to thank **My Life My Choice** for their collaboration in drafting youth data collection tools, collecting youth data, and with the framing of commercial sexual exploitation (CSE) in this report.

**My Life My Choice (MLMC)**, a program of Justice Resource Institute, is a nationally recognized, groundbreaking initiative designed to reach adolescent girls most vulnerable to CSE. MLMC leads the fight against exploitation through prevention, victim identification, intervention with survivor mentoring, and awareness and advocacy to change the response to CSE. For more information and resources, please contact Lisa Goldblatt Grace, Co-Founder and Director at 617.699.4998 or [lgrace@jri.org](mailto:lgrace@jri.org).



The **Massachusetts Alliance on Teen Pregnancy** advocates statewide and mobilizes communities to prevent teen pregnancy, to increase opportunities for youth and youth parents, and to empower young people to make healthy decisions about relationships, sex, parenting and life. For more information and resources, please contact Elizabeth Peck, Public Policy Director at 617.482.9122 x101 or [epeck@massteenpregnancy.org](mailto:epeck@massteenpregnancy.org).

# Living on The Edge: The Conflict and Trauma That Lead to Teen Parent Homelessness

## Introduction

*“Adolescence is a time when youth need a strong support system and a feeling of hopefulness to face the complex and often troubling developmental tasks of creating a stable identity and becoming productive and autonomous adults. Yet, an increasing number of adolescents find themselves dealing with an unrealistic test of independence—that of homelessness.”<sup>1</sup>*

Too many of our adolescents are surviving in environments of severe poverty-induced stress, violence and social and emotional instability. The consequences for young families in Massachusetts are high rates of family conflict, abuse and neglect, homelessness, and for some, commercial sexual exploitation (CSE). This report presents new research on the cascade of trauma and, in particular, the family conflict that lead to homelessness among pregnant and parenting teens. Our research reveals that a significant proportion (30%) of young parents are faced with homelessness. Yet, with the intensive support of committed, caring adults, young people with inspirational resiliency can write a different narrative: one of hope and transformation. If these young people can overcome challenges as profound as being hurt by those they love most, having no safe place to call home, or even the buying and selling of their bodies, we must come together to comfort, defend and strengthen youth who are in crisis. We must redouble our efforts to prevent abuse and exploitation that perpetuate pain for so many families and communities.

**Our research captures the experiences of teen parents impacted by homelessness in Massachusetts, but the story our research tells starts far before teen pregnancy or homelessness occur. Our research exposes the cascade of trauma faced by teen parents starting at birth and continuing through pregnancy, homelessness and for some, CSE. We also find that traumatized parenting teens hold tremendous promise and are motivated by their children to change the course of their life stories.**

**Kara’s story:** Picture a child who begins her life in a family where the continual stress of worrying about their next paycheck, hot water bill or meal causes family strife and chaos. As a young child, Kara witnesses her father physically abuse her mother, and as a pre-teen she is sexually abused by her uncle. In her quest for love and stability, Kara becomes pregnant, which leads to further family conflict and subsequent homelessness. Homelessness itself is traumatic and comes with challenges of its own. With a baby to provide for and no stable place to rest her head, Kara continues to search for someone who shows her kindness and love. Kara meets an older man and believes him when he tells her that they will get married and he will create a safe home for her and her child. Kara finally feels she belongs and thinks she owes her “boyfriend,” who in reality is a pimp. Kara becomes commercially sexually exploited at the age of 15. Kara then enters a shelter and begins to connect with social support services. Kara starts to overcome the shame she feels for having been abused, pregnant young, homeless and sexually exploited. Kara finally begins her path towards healing.

### KEY FINDINGS

1. Nearly a third (30%) of young families were homeless between July 1, 2011 and June 30, 2012.
2. Family conflict, abuse and neglect are the leading contributing factors to homelessness among teen parents (e.g. volatile adult-child relationships, substance abuse, physical abuse).
3. Young parents are victims of abuse and neglect at staggering rates (e.g. 80% of young parents who experienced homelessness and CSE had experienced sexual abuse).
4. Young parents who had experienced homelessness were more likely to have experienced CSE than young parents who had not been homeless (9% vs. 3%).

### KEY RECOMMENDATIONS

1. Shelter providers for homeless young families must receive trauma-informed training and assess and address trauma among teens in shelter.
2. Young families need increased access to appropriate shelter.
3. Massachusetts law, provider practices and funding for services should support all youth who are at risk for or who have experienced CSE.

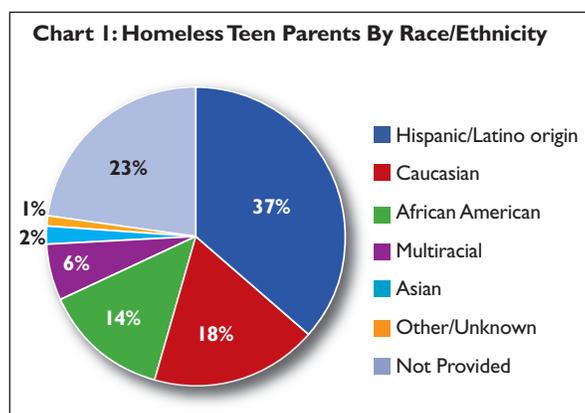
See page 8 for all recommendations.

## Methodology

The Massachusetts Alliance on Teen Pregnancy (the Alliance) gathered statewide data on teen parenthood and its relationship to homelessness and CSE. The Alliance surveyed teen parent service providers about expectant fathers, and pregnant or parenting youth ages 10–19 served between July 1, 2011, and June 30, 2012. In total, 4,439 youth were captured in the survey. The survey inquired about young people who had been homeless<sup>1</sup> at some point during this time frame, and those who had ever experienced CSE. Survey results are geographically representative of state and federally funded expectant and parenting teen program providers across Massachusetts. Surveys come from a range of teen parent programs, including: Young Parents GED Program (19 sites), Healthy Families (18 sites), Teen Parent Child Care (16 sites), Teen Living Shelter Program<sup>2</sup> (12 sites), Young Parent Support Programs (12 sites), and Massachusetts Pregnant and Parenting Teen Initiative (2 sites).<sup>3</sup> In partnership with My Life My Choice, the Alliance and its Young Parent Policy Fellows conducted 3 focus groups with homeless teens at Teen Living Shelter Programs and 3 one-on-one interviews with teens who experienced teen pregnancy, housing instability and who were at risk for, or experienced CSE. For the complete methodology, please see Appendix B.

## Snapshot of Young Family Homelessness in MA

This survey captured data on three subgroups of young people in Massachusetts: expectant and parenting teens, expectant and parenting teens who experienced homelessness, and expectant and parenting teens who experienced homelessness and CSE.



### Basic demographic data include:

- 93% of youth captured in our survey were female and 4% were male (note: teen parent programs surveyed serve predominately females).
- 63% were 18 or 19 years old; 30% were under 18 years old.
- See Chart 1 for data on race/ethnicity.<sup>4</sup>

**30% of teen parents experienced homelessness during fiscal year 2012 (July 1, 2011 – June 30, 2012).** This estimate is conservative because it leaves out higher-risk youth who are disconnected from teen parent programs. When applied to our estimate of the Massachusetts teen mother population (9,217 teens),<sup>ii,iii</sup> **2,583** teen mothers were homeless at some point in fiscal year 2012—the number of homeless teen fathers is unknown.

The percentage of homeless teen parents has remained steady over the past decade. A similar survey that the Alliance conducted captured data from fiscal year 2000 (July 1, 1999 – June 30, 2000) and found that 32% of young families were homeless.

<sup>1</sup> The provider survey defined homeless as lacking a fixed, regular or adequate place of residence or living in a temporary or transitional shelter setting, such as a Teen Living Shelter Program. This definition includes those living in a homeless shelter, a motel or hotel, foster care or on the streets. It also includes those living in any temporary setting — such as on someone's couch or in an overcrowded apartment — even if it is with family or friends.

<sup>2</sup> Note, the Teen Living Shelter Program will be renamed the Teen Parent Program under a new contract that the Department of Children and Families will implement starting in fiscal year 2014.

<sup>3</sup> See Appendix A for descriptions of these programs.

<sup>4</sup> Note, where percentages do not add up to 100%, data were unreported.

**A higher percentage of teen parents experience homelessness compared to youth in high school.** Only 2% of Massachusetts high school students in the 2011 Youth Risk Behavior Survey self-reported as unaccompanied and homeless.<sup>iv</sup> Among these homeless youth, 28% reported that they had ever been or gotten someone pregnant, compared to 4% of housed students.

**A significant proportion of homeless youth are pregnant.** Our survey found that among the 1,309 expectant and parenting youth who experienced homelessness in fiscal year 2012, **40%** were pregnant during this time.

**Teen parents who have experienced homelessness have high dropout rates.** Among expectant and parenting teens who had been homeless over the survey year, **43% had dropped out** of high school and not re-enrolled in school or any other education program, such as a GED program.

**Homeless teen parents appear more likely to experience commercial sexual exploitation.**

Among homeless young parents served, **9%** (112) had ever experienced CSE, versus 3% of the entire expectant and parenting teen population. There is likely a higher proportion of youth who have experienced both CSE and homelessness in Massachusetts given the limitations of our research. When applied to our estimate of the entire population of teen mothers, **830** young mothers who have experienced homelessness have experienced CSE. Youth who are not living in their own homes are at risk for sexual exploitation.<sup>v,vi</sup>

**There are high rates of abuse and neglect:**

- **46%** of the overall teen parent population had been physically or emotionally abused or neglected by a caregiver.
- **59%** of teen parents who had experienced homelessness had been physically or emotionally abused or neglected by a caregiver.
- **67%** of expectant and parenting youth who had experienced homelessness and who had ever experienced CSE were involved with the Massachusetts Department of Children and Families (DCF) at some point.

**The levels of sexual abuse are deeply troubling:**

- **18%** of the overall teen parent population had experienced sexual abuse.
- **27%** of young parents who had been homeless had experienced sexual abuse.
- **80%** of homeless young parents who had experienced CSE had experienced sexual abuse.

## Why Young Families Become Homeless

*“I never got that love from my parents...I never had a mother’s love and I never had a father’s love. So I tried to find it... And now I’m trying to love [my daughter] the way I was never loved.”*

Overwhelmingly in focus groups and interviews, expectant and parenting teens said that their becoming homeless or exploited was driven by their desire to escape dysfunctional or destructive home environments. Family conflict was the reason providers most frequently cited that young families become homeless.



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Homeless teen parents appear more likely to experience commercial sexual exploitation.

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Family conflict is the number one reason young families become homeless.

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*“My mom used to kick me out every other day. Just, ‘Get out of my house.’ Like, you don’t see this 6-week-old baby in my hands?”*

**Family conflict was reported by 72% of providers as the number one or number two reason young families become homeless.** Providers ranked in order 7 possible reasons young parents become homeless. Lack of familial support and teens raising their siblings were frequently reported examples of family conflict from focus groups. Many young people said, “I wish I had more support from my family.” One young person explained that “Taking care of siblings. Being put in situations where you had to be grown before you were” contributed to her becoming pregnant.

Teens being kicked out by their caregivers is another leading cause of young family homelessness reported by providers (ranked #1 or #2 by 63% of providers). One youth shared, “My mom used to kick me out every other day. Just, ‘Get out of my house.’ Like, you don’t see this 6-week-old baby in my hands?”

Youth from focus groups felt that the desire to escape unhealthy home environments can lead to not only homelessness, but teen pregnancy and CSE.

**Teens suffering abuse and neglect by caregivers is another important reason young families become homeless** (ranked #1 or #2 by 22% of respondents). Providers also rated sexual abuse as a relevant but less prevalent reason (ranked #1 or #2 by 11% of respondents).

Youth depicted home lives that went beyond family conflict and included substance abuse, domestic violence and sexual abuse:

*“I was in foster care. My mother never fought to get me back out of foster care. I just met my father when they took me away from my mother when I was 14, 15. I was lonely.”*

*“Once you have domestic violence in your life... you don’t know how to act. It makes you look down on yourself that you can’t do better or go higher.”*

*“My mom drinks sometimes. My father is an alcoholic.”*

*“I never got that attention [from my parents]. My mom never went to my basketball games or my softball games. The one time [she] came to my basketball tournament, my step-dad dragged me out by my hair because I wanted to go get ice cream after the game.”*

Abuse or neglect may not be the direct cause of homelessness, but our data suggest that youth who have histories of abuse and neglect are more likely, perhaps years later, to experience homelessness.

**Lack of safe, affordable, long-term housing is also a leading reason young families become homeless** (ranked #1 or #2 by 47% of providers). Providers reported that wait lists for subsidized housing are long and inaccessible for youth under 18 who are too young to apply. Providers added that families need enhanced transitional support when they do obtain housing.

**Some teen parents forgo access to shelter if it means that they cannot stay with their partner** (ranked #1 or #2 by 16% of providers). For example, a young mother staying at an adult shelter placement said that she did not try to access a Teen Living Shelter Program (TLP) because she wanted to live with her fiancé. Only females are eligible for TLP, while males and females may apply together for adult shelter.

**CSE was rated a less prevalent cause of young family homelessness** (ranked #1 or #2 by 6% of providers). Homelessness, it appears, is more likely to lead to CSE. Research finds that the majority of trafficked and exploited youth are runaways or homeless.<sup>vii</sup>

## Cumulative Trauma and Challenges

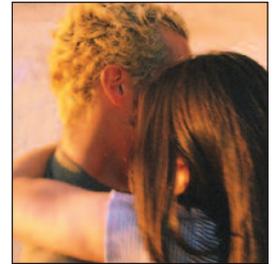
Teen parents experience escalating levels of abuse and neglect depending on whether they have endured homelessness or CSE (see page 3 for data). Teen parents who had experienced the trauma of homelessness had higher levels of abuse and neglect compared to teen parents who had not been homeless. Teen parents who experienced homelessness and CSE had higher levels of abuse and neglect than teen parents who only experienced homelessness.

**Emotional and mental health issues are the second most frequently occurring theme from our focus group.** Examples include depression, difficulty trusting others, lowered self-esteem, and feeling angry about things that have happened in the past. According to DCF data, 61% of TLP participants exhibited signs of depression and 29% had clinical diagnoses.<sup>viii</sup> These issues likely result from childhood traumas and adverse experiences that follow (i.e. homelessness and CSE).

**There are significant challenges and trauma associated with teen pregnancy, homelessness and CSE.** For some youth the experiences surrounding their pregnancy may have been traumatic (e.g. family response to pregnancy, rejection by peers or health complications). Focus group participants, however, made it clear that homelessness, rather than teen pregnancy, was their biggest challenge. One youth shared, “I thought I was good once I got over there [shelter], but that’s just temporary too...what’s gonna happen in January [when my lease is up]? I’m still on that six-year waiting list.”

CSE is itself traumatic, violent and degrading. Focus group participants also identified CSE as a gateway to further trauma. One youth shared, “I would be there from 2pm to 2am. Your body doesn’t rest. You’re sitting there, you’re doing drugs, you’re doing that, you’re doing this, time catches up, you sleep for an hour, then you get woken up, then you gotta go back and do it again.”

Referring to teen pregnancy, homelessness and CSE, one young person in our focus group shared, “In all of them you need love. You need attention. You need somebody there for you, somebody to sit there and tell you, ‘You’re better than that, you can do it, don’t let anybody tell you different.’”



*“In all of them you need love. You need attention. You need somebody there for you, somebody to sit there and tell you, ‘You’re better than that, you can do it, don’t let anybody tell you different.’”*

### Routes of Domestic Sex Trafficking in the U.S.



### Window Into Commercial Sexual Exploitation (CSE)<sup>ix</sup>

- CSE is a form of sexual abuse in which there is compensation in the form of money, goods or services, or the promise of such. CSE includes, but is not limited to, the following forms of exploitation: street or internet-based prostitution, pornography and stripping.
- At least **100,000 to 300,000** youth are at risk for commercial sexual exploitation annually in the U.S.<sup>v</sup>
- The most frequent age of entry into CSE is **12–14 years old**.<sup>ix</sup>
- Pimps use psychological manipulation, physical abuse, fear tactics and promises of a better life to lure children into CSE. Pimps target youth who are most vulnerable and susceptible to the illusion of a “boyfriend” or father figure who will love and care for them.<sup>xi</sup>
- Research shows that **70–90 percent** of trafficked and exploited youth have experienced some form of abuse and neglect, and that the majority are runaways or homeless.<sup>vii</sup>



The most prevalent focus group finding is that teens feel stigmatized.

*“My [family] blamed me [for becoming pregnant] rather than supported me.”*

**Stigma exacerbates negative outcomes and stalls the healing process.** The most prevalent focus group finding is that teens feel stigmatized: for becoming a teen parent, for being homeless, or for being commercially sexually exploited. Teen parents often face cascading and crippling stigma in various and invasive ways, making it difficult to believe anything else about who they are or have the potential to be. Stigma can begin as low expectations and lack of support, and can start at home. Stated by one young person, and echoed across focus groups: “My [family] blamed me [for becoming pregnant] rather than supported me.” Another homeless youth stated, “When you live in a shelter, people look at you as your age instead of looking at you as you stepped up as a mom.” Teens must be supported to acknowledge and heal from the shame that stigma provokes. Only then can they give their own meaning to what has happened to them, and create a more hopeful narrative.

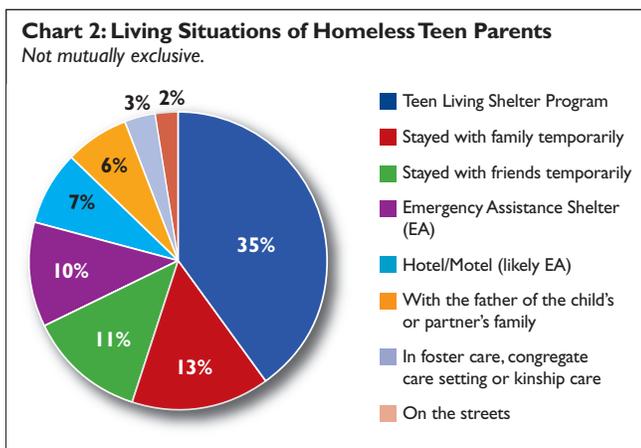
**The experiences of teen parenthood and even homelessness can lead to positive changes.** Teens from all of our focus groups, interviews and previous Alliance research report that they feel more motivated as a result of taking on the added responsibility of caring for another human being.<sup>xii</sup> One youth, when asked if having children changed anything for her in terms of her housing journey, said, “Did a whole 360 on my life. It definitely changed a lot, I was not as wild, I don’t go out anymore ... it’s not about me anymore, it’s about my daughter.”

## What We Learned about Current Services

**Affordable housing is the number one need.** Not surprisingly, affordable housing was identified as what homeless young families need most to achieve long-term, independent stability. Forty-two percent of providers report that families need affordable, long-term, and safe housing through vouchers, rental subsidies or assistance in finding housing. Transportation, childcare, education support, and job search or vocational training were also frequently reported needs.

**Publicly funded shelters are an important support.** Young families stayed in the living situations exhibited in Chart 2, and may have stayed in more than one category over fiscal year 2012. These findings are similar to our fiscal year 2000 survey, except a smaller percentage of families are temporarily staying with family (13% now vs. 29% then) and a smaller percentage are in foster care (3% vs. 9%).

**There is not enough access to shelter.** 115 homeless or imminently homeless young families were on the wait list for homeless services across teen parent programs surveyed. This represents nearly 10% of all teen parents who experienced homelessness captured in our survey.



**Young families are coming from and staying in housing that is sometimes unsafe or unsanitary.** Young families stayed in places with overcrowding (13%), where domestic violence occurred (10%) or that were unsanitary (4%). Focus group participants reported living in shelters with high incidents of theft or conditions that were unsafe and unsanitary. A youth placed at an adult family shelter motel shared, “There were 20 fires while I was in the motel” and “a strange man was hanging around and watching the kids.”

### **Additional Data on Young Family Shelter in Massachusetts**

There are two primary types of shelter for which homeless pregnant and parenting teens (who are unaccompanied) may be eligible: the **Teen Living Shelter Program (TLP)** or **Emergency Shelter Assistance (EA)**. Females 19 and younger who are eligible for welfare (are within 120 days of their due date or parenting and low income) may be eligible for TLP. Males and females 18 or older who are low income and parenting or at any stage of pregnancy may be eligible for EA.

- For fiscal year 2013, TLP had **102 beds** funded by the Department of Transitional Assistance (DTA) for pregnant and parenting teens. DCF administers the contracts for these “DTA” beds along with 59 “DCF” beds for youth who are DCF involved, and 12 emergency beds.<sup>xiii</sup>
- The average length of stay for families in DTA-funded TLP beds is 6 months. The TLP wait list ranges from 25 to 60 teen parents, depending on the time of year.<sup>xiii</sup>
- Between July 2011 and June 2012, **220 families** with heads of household 19 or younger entered the EA system. **Twenty-six families or 12% of these 220 families were placed in hotels or motels.**<sup>xiv</sup>
- From October 2012 to March 2013, **66 families** with heads of household 19 or younger exited EA:
  - The average length of stay for these families was over 6 months (191 days).
  - 42 were in congregate, 17 were in hotels or motels, and 7 were in scattered site shelters.<sup>xv</sup>



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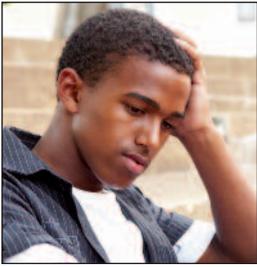
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**Teens reported the importance of state benefits and support programs like shelter that they were able to access when they became parents or homeless.** While teens may have a harder time finding a job or providing for their children on their own, state services, albeit insufficient, help young families survive. Certain state programs come with requirements like attending high school full time, from which young parents benefit. Negative consequences of receiving benefits, also reported by teens, were that they felt their rights and sense of agency were taken away. In fact a perceived benefit of CSE reported in focus groups was that girls were able to live on their own and without state aid.

**More focus on healing from trauma is needed.** Providers reported that young families need therapy, counseling or mental health services to achieve long-term independent housing stability. Fifteen percent of respondents said counseling or therapy was needed, but that they are not currently contracted or able to offer such counseling. Whether teens are able to access these services elsewhere is unknown, but unlikely.

**More research is needed to address homelessness among teen fathers.** Our survey data captured minimal information on teen fathers, as 93% of youth who had experienced homelessness were female. The survey did, however, capture challenges in addressing homelessness among expectant and parenting males. The lead finding, reported by 29% of providers who said that there were challenges in addressing homelessness for males, is that males are not involved in teen parent programs. Respondents identified three reasons: 1. eligibility restrictions controlled by the state agency that sets program policy, 2. eligibility restrictions that are decided by programs, and 3. males choosing not to join programs. Related to eligibility restrictions, limited access to shelter was the second most frequently named challenge. For example, males are ineligible for TLP.



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Add enough  
Teen Living  
Shelter program  
beds to eliminate  
the wait list.

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## Policy Recommendations

### **1. Shelter providers must receive trauma-informed training and assess and address trauma among the young families they serve.**

- Trauma informed case workers should conduct initial and routine screenings of trauma history that are culturally appropriate, evidence based, and minimize secondary traumatic stress.
- Case workers should meet with families within a reasonable timeframe once they are placed to conduct the assessment and develop a care plan.
- When teens change programs, providers should coordinate continued access to supports.

### **2. Young families need increased access to appropriate shelter.**

- Add enough Teen Living Shelter Program (TLP) beds to eliminate the wait list.
- Expand access to TLP to allow pregnant teens at any stage of pregnancy to apply.
- Pilot a TLP model that allows for 2 parent households to foster family unity.
- The Departments of Housing and Community Development and Children and Families, in partnership with the Massachusetts Alliance on Teen Pregnancy, providers and advocates, should develop an assessment-based intake and placement system to triage families to the most appropriate shelter for their individual needs.
- This shelter system must ensure families are not forced to stay in places that are unsafe, unsanitary or not meant for human habitation.
- Pass House Bill 135 to establish a continuum of housing and support services geared specifically for unaccompanied homeless youth, including expectant and parenting teens.
- All teen parents living in shelters should have access to support services and a case worker.

### **3. Massachusetts law, provider practices and funding for services should support all youth who are at risk for or who have experienced CSE.**

- Massachusetts law should be amended so that youth of all ages may be presumed in court as victims and protected from prosecution under “Safe Harbor.” Extend the safe harbor from the current age limit of 18 and younger to youth ages 21 and younger. As a first step, courts should eliminate the requirement to prove force, fraud or coercion in order to argue an individual between the ages of 18 and 21 is a victim (Alaska passed such a law in 2012: HB 359).
- Teen parent programs and shelters that serve pregnant and parenting teens should be trained to identify CSE and refer youth at risk for or who have experienced CSE to services.
- Policymakers should fund programs and services to ensure access to safe housing, healthcare, and trauma-informed services for youth who have experienced CSE.

### **4. Shelter and other teen parent program providers should explicitly assess and develop family support where appropriate.**

- Providers should be trained to help mediate, heal and strengthen the adult parent–teen parent relationship.
- Although strengthening the adult parent relationship should be first priority, providers should help youth to strengthen relationships with other extended family and supportive adults.

### **5. Policymakers should invest in homelessness prevention and permanent housing programs.**

- Massachusetts should continue to invest in RAFT (Massachusetts Rental Assistance to Families in Transition).
- Low income families need access to permanent affordable housing, including federal public housing and the Massachusetts Rental Voucher Program, and better transitional support when they do access housing.

**6. Districts with large numbers of teen parents should employ the expectant and parenting student liaison model.**

- Early data demonstrate that liaisons increase retention and graduation rates.<sup>5</sup>
- Liaisons intervene early to prevent homelessness and help homeless teens stay in school.

**7. Policymakers should strategically invest in teen pregnancy prevention.**

- New state funding should target prevention programming to teens at high risk for familial instability, trauma and teen pregnancy (e.g. foster and LGBTQ youth).
- Every new generation of young people need to be supported to develop the skills, knowledge and ability to prevent teen pregnancy.

**8. The state “system” of teen parent services needs a shared vision, and common goals and outcomes measures.**

- The system should tailor services to each family’s particular needs (versus a fixed menu of services) and coordinate services across programs.
- Families with fewer needs should be offered only the services that they need, leaving more resources for very vulnerable families, including those who have survived cumulative trauma.

**9. Research is needed to determine how many teen fathers are homeless and how best to serve them.**

- Research needs to assess whether and how expectant and parenting teen males access shelter.
- More knowledge is needed on which services positively impact family unity and how to increase access to these services for expectant and parenting teen males.

## Conclusion

The staggering levels of neglect and physical, emotional and sexual abuse experienced by teen parents in Massachusetts are a call to action for all those invested in the wellbeing of our young people. We must do better to address the home and community environments that lead to neglect, abuse and family conflict, which in turn lay the foundation for further trauma in the lives of teen parents. Root causes of family conflict and abuse include poverty, systemic racism and unaffordable housing. Also at play is a societal misperception of teen parenthood and homelessness that ignores the childhood traumas endured by young people, and instead places blame solely on individual choice. Despite these deep rooted challenges and stigma, change is possible. We can start by redoubling our investment in teen pregnancy, homelessness and CSE prevention programs, and in strategies to address family conflict and trauma. We must also come together with belief in young families: belief in their potential, in their capacity for change, and in their desire to succeed.

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Districts with large numbers of teen parents should employ the expectant and parenting student liaison model.

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<sup>5</sup> An Alliance report that describes the expectant and parenting student liaison model and its impact at Chelsea High School can be found here: <http://www.massteenpregnancy.org/publications/research-reports>.

## APPENDIX A: DESCRIPTION OF TYPES OF TEEN PARENT PROGRAMS SURVEYED

### **Young Parents GED Program (YPP)** — *Administered by the Department of Transitional Assistance*

- The only state funded education and workforce development program designed to provide teen parents with the education they need to move off welfare and into family sustaining jobs.
- Teen parents receive education leading to a high school diploma or GED, job skills training, job placement assistance, and access to parenting classes, counseling and family planning.
- Teen parents between the ages of 14–21 can enroll and can remain in YPP until age 22.

### **Teen Parent Child Care (TPCC)** — *Administered by the Department of Early Education and Care*

- TPCC provides quality childcare, parent mentoring and support services, enabling hundreds of parenting teens to stay in school and attend work.
- Pregnant and parenting teens under 20 can enroll.
- Teens may stay in the program at age 20 if they are parenting or have special needs.

### **Teen Living Shelter Program (TLP)** (*TLP will be renamed “Teen Parent Program,” starting fiscal year 2014*) — *Administered by the Department of Children and Families*

- Programs provide homeless teen families with safe housing and services to promote progress toward independent living.
- Must be eligible for Temporary Assistance for Needy Families (120 days from due date or parenting and low income).
- Pregnant and parenting females 13–19 years old can enroll and can stay until she is 20 with the possibility for approved extensions in stay.

### **Young Parent Support Program (YPS)** — *Administered by the Department of Children and Families*

- Community programs across Massachusetts provide intensive counseling and case management for young parents at high risk of abuse and neglect.
- Serves young parents 23 and younger with mental health, trauma, and homelessness issues.
- YPS fills the gap in the tapestry of young parent services, helping teens who have intensive needs and may not be eligible for other programs.

### **Healthy Families** — *Administered by the Department of Early Education and Care*

- Healthy Families provides home-visiting and parenting skills for first-time teen parents.
- Pregnant and parenting teens 20 or under can enroll. If parenting, the teen can only have one child under 1 year old to enroll.
- Participants receive services until their child is 3.

### **Massachusetts Pregnant and Parenting Teen Initiative** — *Administered by the Department of Public Health*

- U.S. Department of Health and Human Services, Office of Adolescent Health three-year grant (may expire September, 2013).
- Grantees are in Chelsea, Holyoke, Lawrence, New Bedford and Springfield.
- Goals are to provide expectant and parenting teens with wrap-around services to promote graduation from high school or GED attainment, delay second pregnancy, and ensure teen parents' children are on track for healthy development.

## APPENDIX B: METHODOLOGY

The Massachusetts Alliance on Teen Pregnancy (the Alliance) gathered data from expectant and parenting teen service providers and expectant and parenting teens in Massachusetts to learn about the relationship between teen parenthood, homelessness and commercial sexual exploitation. Data measures consisted of a provider survey, youth focus groups, one on one interviews and narratives. All data were collected between September 1, 2012 and April 30, 2013.

## Provider Surveys

The Alliance developed the provider survey. My Life My Choice (MLMC) provided feedback on portions of the survey relating to Commercial Sexual Exploitation (CSE). The survey consisted of 33 total questions, some of which were copied from a similar survey the Alliance conducted in 2000. Survey questions were about expectant and parenting youth ages 10-19 that participated in programs between July 1, 2011 and June 30, 2012. The survey asked questions about young parents who had been homeless at some point during this timeframe, and about young parents who had ever experienced CSE. In total, 4,439 youth were captured in the survey.

In the surveys, young parents were defined as “expectant fathers, and pregnant or parenting youth ages 10–19. Homeless youth were defined as: “lacking a fixed, regular or adequate place of residence or living in a temporary or transitional shelter setting, such as a Teen Living Shelter Program. This definition includes those living in a homeless shelter, a motel or hotel, foster care or on the streets. It also includes those living in any temporary setting — such as on someone’s couch or in an overcrowded apartment — even if it is with family or friends.” CSE was defined as: “a form of sexual abuse in which there is compensation in the form of money, goods or services, or the promise of such. CSE includes, but is not limited to, the following forms of exploitation: street prostitution, pornography and stripping,” and sexual abuse was defined as: “Illegal sex acts performed against a minor by a parent, guardian, relative or acquaintance. While CSE is a form of sexual abuse, CSE is specifically abuse in which money or goods are exchanged for the sex act. It is the buying and selling of individuals.”

The Alliance made the survey available in hard copy and through Survey Monkey, an online survey service. In administering the survey, the Alliance sent email alerts targeting state and federally funded expectant and parenting teen service providers in Massachusetts. The Alliance acquired provider contact information for each state and federally funded program from Massachusetts state agencies that administer funds for these programs. Programs targeted were Teen Living Shelter Program, Young Parents GED Program, Young Parent Support Program, Teen Parent Child Care, Healthy Families and the Massachusetts Pregnant and Parenting Teen Initiative. Alliance policy interns and staff engaged in several rounds of phone and email follow up with target providers to increase our rate of return. Contacts at key state agencies also emailed the survey to teen parent service providers and the Alliance distributed hard copies of the survey at 2 educational trainings on CSE conducted by MLMC.

Overall response rate for the targeted service providers was 66%. The Alliance received surveys from a range of state and federally funded teen parent programs across the state, including Young Parents GED Program (19 sites), Healthy Families (18 sites), Teen Parent Child Care (16 sites), Teen Living Shelter Program (12 sites), Young Parent Support Programs (12 sites), and Massachusetts Pregnant and Parenting Teen Initiative (2 sites). Data from 83 surveys were analyzed in excel for this report.

Survey results are geographically representative of state and federally funded expectant and parenting teen program providers across Massachusetts. A small group of other service providers who work with expectant and parenting teens also completed surveys analyzed for this report. Based upon the final sample size, there is a 10% margin of error and a 95% level of certainty that results are within that margin of error. The survey sample scheme was based on targets for total number of programs to be surveyed from 6 major regions of the state: Boston, Central, Metro, Northeast, Southeast and Western. In the final sample, as compared to the initial target number of surveys for each region, Northeastern and Western Massachusetts were slightly over-represented (by 5% and 6%, respectively). Boston and Southeastern Massachusetts were slightly underrepresented (each by 6%).

## Focus groups

The Alliance’s Young Parent Policy Fellow (YPPF) Engagement Specialist coordinated focus groups at three Teen Living Shelter Programs (TLPs) leveraging existing relationships between My Life My Choice (MLMC) and/or the Alliance. The YPPF conducted a total of three peer-led focus groups, including a total of 29 youth participants. The focus groups were conducted at geographically diverse TLPs between September 2012 and December 2012. Each focus group was approximately 1.5 hours long.

The Young Parent Policy Fellows, with the support of the YPPF Engagement Specialist and the Alliance’s Training and Technical Assistance Director, developed the focus group guide. The guide included 8 qualitative questions focused on factors that led to teen pregnancy, CSE, and homelessness, and factors that help or hinder teen parents who have experienced homelessness or CSE. The questions also addressed stigma and how teen pregnancy, homelessness and CSE interrelate. YPPF made a concerted effort to choose language and formatting that was easily understood by teens.

The YPPF also developed a youth assent form. Because the parents of minors in TLPs have relinquished or lost their parental responsibilities, TLP providers did not require a parental consent form. Each youth program participant was explained the nature

of the research and purpose of the focus group, was read aloud the youth assent form, and signed the form in order to participate. Each participant also received a \$15 gift card for their participation, informational pamphlets and handouts to local resources. The Alliance also provided refreshments and snacks for each focus group.

Focus groups were facilitated by Young Parent Policy Fellows. An Alliance and MLMC staff person were present at each focus group to help answer questions and support the Fellows. The Alliance recorded each focus group using a digital recorder and a staff person or YPPF member took hand notes at each focus group. Hand written notes and transcribed recordings were used to analyze focus group data. With the guidance of the YPPF engagement specialist, the YPPF used notes and transcribed recordings to produce a thematic analysis of the focus groups.

### One-on-One Interviews

MLMC staff conducted one-on-one interviews with 3 young women who had experienced CSE or were at high risk for CSE, had experienced instable housing, and who were teen parents. The YPPF developed the interview questions with feedback from MLMC. There were a total of 12 questions that covered teen parenthood, homelessness, CSE, family life, education, stigma, and how teen pregnancy, homelessness and CSE intersect. The YPPF made a concerted effort to choose language and formatting that was easily understood by teens. Each young woman received a \$25 gift card.

The Alliance also conducted a separate interview with a teen parent who was placed at a hotel via Massachusetts's adult shelter system (Emergency Shelter Assistance). The Alliance created the interview questions and a youth assent form. There were 13 questions total that covered length of stay, access to supports, safety, CSE, process for entering the shelter system, how teen pregnancy and homelessness relate, and factors leading to homelessness. The interview was approximately an hour long and the participant received a \$25 gift card.

### Narratives

My Life My Choice (MLMC) staff wrote three brief narratives, one on each of the three women My Life My Choice interviewed. The narratives described the intersection between teen pregnancy, homelessness and CSE for each of the young women.

## Notes

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For more information about this report please contact **Elizabeth Peck**, Public Policy Director at 617.482.9122 x101 or [epeck@massteenpregnancy.org](mailto:epeck@massteenpregnancy.org).



massachusetts alliance  
on teen pregnancy

**Massachusetts Alliance on Teen Pregnancy**

105 Chauncy Street, 8th Floor

Boston MA 02111

617.482.9122 Main

617.482.9129 Fax

[www.massteenpregnancy.org](http://www.massteenpregnancy.org)