Runaway Youths and Correlating Factors, Study in Thailand

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Objective: *To study differences between runaways and non-runaways in a mental health clinic and to study differences between runaways in a mental health clinic and legal / shelter system.*
Material and Method: *Psychiatric records of runaways and non-runaways from Vajira Hospital were collected from June 1994 to October 2003. 21 cases in each group were studied in various factors. 21 runaway cases who were in child and adolescent shelters were interviewed by the researchers.*
Results: *Neglect, sexual abuse, rejection, poverty and truancy were more common in the runaway group. The runaway group had more conduct disorder and substance abuse. Physical abuse, authoritarian and being in custody were more common in runaways in shelters.*
Conclusion: *Various factors correlate with running away. These factors lie beneath long before runaway has taken place and understanding and managing them help in preventing and prompt treatment.*

Keywords: *Runaway, Youth, Correlating factors*

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Children and adolescents run away from their homes for many reasons. They usually come from troubled families[1], an abusive environment[2], or authoritarian child rearing practise[3]. Children and adolescents who are in state custody instead of staying with the families and who have long-term psychiatric illnesses are more likely to run away than the general population of their age[4].

Some run away because they can not bear their abusive families. CR Hartman called this group "throw away"[5]. Throw away kids usually come from a rejecting environment.

When children or adolescents run away from home, they often face miserable lives as bad or even worse than they had in their homes[6], Suicidal behavior increases in this group. MJ Rotheram-Borus studied 576 runaway kids and found that 37% had one or more previous suicidal attempts. 44% of previous suicidal attempters did so within a month before the interview. Female subjects had a higher incidence of suicidal behavior than males[7].

Runaway and street kids have various problems such as being physically and sexually abused[8,9], using drugs, having health problems, missing school, getting sexually transmitted diseases including AIDS[10], developing antisocial behaviors or doing criminal acts[11]. Sometimes they have to engage in sexual activities for their living which is called "survival sex" such as prostitution, having sex for food, safety and protection[12].

Runaway kids sometimes come to the attention of the mental health system and sometimes to the juvenile justice system. In Thailand, as in many parts of the world, children receive very different methods of care in 2 different major systems.

This study's objectives were to compare among 3 groups including runaway taken care of in clinical setting, non-runaway in clinical setting and runaway in juvenile justice system.

Various factors such as family and psychiatric symptoms are studied. We hope that better understanding will help us provide better care for our children and adolescents especially those who run away.

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Material and Method

Child and adolescent psychiatric records of Vajira Hospital were examined from June 1994 to October 2003, 21 cases presented a runaway were included in the present study: 7 males and 14 females. Matched age and sex of controlled subjects were selected from child and adolescent psychiatric patients who came at the same years as the cases, but there were 6 males and 15 females as best matched. Various data of family problems and other psychiatric symptoms were collected. 21 runaway cases who were in child and adolescent shelters were selected 9 males and 12 females. They were interviewed by the researchers (both are child and adolescent psychiatrists). A semistructured interview designed by the researchers was used. The interview concerned various demographic data, symptoms and family problems which was earlier studied to correlate with runaways. It took about 30 minutes to complete the interview for each subject.

The SPSS program was used for data analysis. All comparisons were tested for significance using the Chi-square test, continuity association,or Fisher's exact test for categorized variables and the Mann-Whitey U test for continuous variables. A p-value of less than 0.05 was considered statistical significance.

Results

Comparison between runaway and non-runaway adolescents in the mental heath service is presented in Table l. Age,sex and education were quite similar in both groups. Runaways were more likely to have family problems, family violence and physical abuse. Neglect, sexual abuse, rejection, poverty and truancy were also more common in the runaway group which was significant difference from non-runaway group.

Table 2 shows psychiatric diagnoses of runaways and non-runaways in the mental health service. The runaway group had more conduct disorder and substance abuse than the non-runaway group.

Table 3 illustrates comparison of runway adolescents in the mental heath service and in the juvenile justice system. Age and sex were quite similar. Education was lower in the legal/shelter system. Runaways in the legal/shelter system showed more family problems, family violence, neglect and rejection. Physical abuse,authoritarian and being in custody were also more significance.

Table 1. Comparison of runaways and non-runaways in the mental health service

Information		Runaways N = 21 (%)	Non-runaways N = 21 (%)	p-value
Age (mean + SD) (yrs)		13.76+1.76	13.86+1.93	0.200
Sex	- male	7 (33.3)	6 (28.6)	1.000
	- female	14 (66.7)	15 (71.4)	
Education	- primary school	8 (38.1)	8 (38.1)	0.149
	- secondary school	13 (61.9)	12 (57.1)	
	- college	0 (0)	1 (4.8)	
Religion	- Buddist	18 (85.7)	20 (95.2)	0.349
	- Christain	2 (9.5)	0 (0)	
	- Islamic	1 (4.8)	1 (4.8)	
Race	- Thai	21 (100)	21 (100)	
Family problem		16 (76.2)	14 (66.7)	0.734
Family violence		5 (23.8)	2 (9.5)	0.410
Physical abuse		5 (23.8)	3 (14.3)	0.697
Neglect		7 (33.3)	0 (0)	0.009
Authoritarian		7 (33.3)	6 (28.6)	1.000
Sexual abuse		8 (38.1)	0 (0)	0.003
Rejection		9 (42.9)	1 (4.8)	0.009
Poverty		11 (52.4)	2 (9.5)	0.006
Being in custody		8 (38.1)	1 (4.8)	0.020
Suicide		5 (23.8)	4 (19.0)	1.000
Truancy		17 (81.0)	1 (4.8)	0.000

Table 2. Psychiatric diagnoses of runaways and non-runaways in mental health service

Diagnosis	Runaways N =21(%)	Non-runaways N=21(%)
- Borderline disorder	4 (19.0)	0 (0)
- Depression	7 (33.3)	4 (19.0)
- Conduct disorder	9 (42.9)	2 (9.5)
- Mental retardation	1 (4.8)	1 (4.8)
- Substance abuse	10 (47.6)	0 (0)
- ADHD	1 (4.8)	0 (0)
- PTSD	1 (4.8)	1 (4.8)
- Adjustment disorder	3 (14.3)	3 (14.3)
- Parent-child problem	1 (4.8)	3 (14.3)
- Conversion disorder	0 (0)	1 (4.8)
- Bipolar disorder	0 (0)	1 (4.8)
- Oppositional defiant disorder	0 (0)	1 (4.8)
- Gender identity disorder	0 (0)	1 (4.8)
- Psychosomatic	0 (0)	1 (4.8)
- Generalized anxiety disorder	0 (0)	1 (4.8)
- Tic disorder	0 (0)	1 (4.8)
- Hyperventilation	0 (0)	1 (4.8)
- Trichotillomania	0 (0)	1 (4.8)
- Learning disorder	0 (0)	1 (4.8)

Table 3. Comparison of runaways in mental health service and juvenile justice system

Information		Mental health service N = 21 (%)	Legal/Shelter N = 21 (%)	p-value
Age (mean $\pm$ SD) (yrs)		13.76$\pm$1.76	13.67$\pm$1.62	0.182
Sex	- male	7 (33.3)	9 (42.9)	0.751
	- female	14 (66.7)	12 (57.1)	
Education	- primary school	8 (38.1)	17 (81.0)	
	- secondary school	13 (61.9)	2 (9.5)	
	- college	0 (0)	1 (4.8)	
	- lack of education	0 (0)	1 (4.8)	
Religion	- Buddist	18 (85.7)	19 (90.5)	
	- Christain	2 (9.5)	1 (4.8)	
	- Islamic	1 (4.8)	1 (4.8)	
Race	- Thai	21 (100.0)	21 (100.0)	
Family problem		16 (76.2)	18 (85.7)	0.697
Family violence		5 (23.8)	10 (47.6)	0.197
Physical abuse		5 (23.8)	15 (71.4)	0.005
Neglect		7 (33.3)	12 (57.1)	0.215
Authoritarian		7 (33.3)	16 (76.2)	0.012
Sexual abuse		8 (38.1)	3 (14.3)	0.159
Rejection		9 (42.9)	13 (61.9)	0.354
Poverty		11 (52.4)	10 (47.6)	1.000
Being in custody		8 (38.1)	20 (95.2)	0.000
Suicide		5 (23.8)	5 (23.8)	1.000
Truancy		17 (81.0)	13 (61.9)	0.300

Discussion

Interpretation of the result needs 3 considerations. First, there was no standardized diagnositic interview used in the present study. Secondly, small samples may interfere with generalizability. The 30 minute interview used in cases of juvenile justice system is too short to exact particular data especially those concerning stigmatic issues such as abuse, and antisocial behavior.

For comparison in a clinical setting, the picture found here was quite similar to prior studies. As the authors tried to match age and sex of the subject and control, the two groups were not different statistically. While all problems seemed to be worse in the runaway group, those with statistical difference were neglect, sexual abuse, rejection, poverty, being in custody and truancy. Especially in truancy, 17 (81.0%) out of 21 runaway kids had a history of truancy and the authors suggest clinicians pay much attention to truancy as runaway may follow and cause serious problems to the kids. Physical abuse, family violence, authoritarian attitude, though tending to increase in the runaway group, were not statistically different from the control group. The authors propose that cultural factors play a role because in Thailand (and many other Asian countries) physical discipline is still widely practised, so the number of subjects needs to be increased to predict the difference statistically.

The most common psychiatric conditions to be found among runaways were depression, substance abuse and conduct disorders[13]. This finding is similar to the present study. The authors found that the runaway group had more depression, borderline disorder, substance abuse and conduct disorder than the non-runaway group.

In comparison between runaway kids in clinical setting and juvenile legal setting, the authors found that age, sex and poverty were quite similar. Education was lower in the legal/shelter group. DA Tomb found that children in the lower socioeconomic group are more likely to get into the legal/child protection system rather than the clinical/health system[6]. Again the authors think poverty is probably more prevalent in runaway kid's family no matter if they come to clinical or legal system, then more subjects are needed to tell the difference. Physical abuse, authoritarian and being in custody were very common in the legal/shelter group. This probably means that parents who physically abuse their children, have an authoritarian attitude and tend to send their runaway kids to the legal system or throw their kids into the street rather than bring them into the clinical system.

Sexual abuse was less reported in the legal/shelter group, as discussed earlier, a 30 minute interview may not be adequate to report sexual abuse.

David Olds et al[14] have done a very interesting [long term follow up (15 years).]randomized controlled trial. They found that regular nursing visits from pregnancy to 2 years of a child's age (mean number of visits is 23 times) can lower the rate of runaways at 15 year old children. Brigitte Matchinda[3] suggested the pathway of a street child as shown hereunder

Child in Family → low family income → unstable family → authoritarian parenting style → friendship with street children → explosive adolescent → CITY STREET CHILD (adapted from B Matchinda)[3].

So runaway or street children are the final effect of many family pathologies which lie beneath long before runaway has taken place. Understanding these factors could help us prevent and promptly treat the problem of runaways more appropriately.

The legal / shelter system and health/clinical system have to work more cooperatively because as Lawrenson[1]. said 'running away should not be viewed as a normal childhood mile stone, and as a means of coping or escape'. A history of running away should be taken seriously. There is a need to provide more coordinated and effective services.

Conclusion

Various factors correlate with running away. These factors lie beneath long before runaway has taken place. Knowledge of these factors can improve prevention and treatment.

The legal / shelter system and health/clinical system take care of different groups of runaway adolescents and have to work more cooperatively.

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เด็กหนีออกจากบ้านและปัจจัยที่เกี่ยวข้อง

พิสาส์น เตชะเกษม, วรุณา กลกิจโกวินท์

วัตถุประสงค์*: เพื่อศึกษาเปรียบเทียบข้อแตกต่างระหว่างเด็กที่หนีออกจากบ้าน และเด็กที่ไม่หนีออกจากบ้าน ในคลินิกสุขภาพจิตเด็กและข้อแตกต่างระหว่างเด็กหนีออกจากบ้านในคลินิกสุขภาพจิตและเด็กหนีออกจากบ้าน ในบ้านพักเด็กเร่ร่อน*

วัสดุและวิธีการ*: ศึกษาย้อนหลังบันทึกทางจิตเวชของคลินิกสุขภาพจิตเด็ก วิทยาลัยแพทยศาสตร์กรุงเทพมหานครและวชิรพยาบาล ตั้งแต่ มิถุนายน พ.ศ.2537 ถึง ตุลาคม พ.ศ.2546 เปรียบเทียบเด็กที่หนีออกจากบ้าน 21 ราย และไม่ได้หนีออกจากบ้าน 21 ราย ในปัจจัยต่าง ๆ และเปรียบเทียบกับเด็กที่หนีออกจากบ้าน 21 ราย ในบ้านพักเด็กเร่ร่อน*

ผลการศึกษา*: พบประวัติ ถูกทอดทิ้ง, ทารุณทางเพศ, รังเกียจเด็ก, ยากจน, และหนีเรียน มากขึ้นในกลุ่มเด็กหนีออกจากบ้าน กลุ่มเด็กหนีออกจากบ้านมีวินิจฉัย พฤติกรรมเกเร และใช้สารเสพติดมากขึ้น กลุ่มเด็กในบ้านพักเด็กเร่ร่อน พบประวัติ ถูกทารุณทางกาย, การเลี้ยงดูแบบใช้อำนาจ และไม่ได้อยู่กับพ่อแม่มากขึ้น*

สรุป*: พบปัจจัยหลายประการที่เกี่ยวข้องกับเด็กหนีออกจากบ้าน ปัจจัยเหล่านี้พบมานานก่อนที่เด็กจะหนีออกจากบ้าน การทำความเข้าใจและแก้ไขกับปัจจัยเหล่านี้ จะช่วยป้องกันและแก้ไขปัญหาการหนีออกจากบ้านอย่างทันท่วงที*