

2024

Crisis Services &

Prevention Report



1800RUNAWAY.org



Acknowledgments

This report was developed by National Runaway Safeline in collaboration with the American Institutes for Research® (AIR®) and the Family and Youth Services Bureau.

National Runaway Safeline, founded in 1971, is a national nonprofit organization committed to ensuring that runaway, homeless, and at-risk youth are safe and off the streets by providing youth with free, 24/7, confidential, nonjudgmental crisis services through hotline and digital platforms. NRS serves as the home for the 24/7 federally supported National Communication System, known as 1-800-RUNAWAY, providing over 25,000 crisis services annually.

For additional information, visit www.1800RUNAWAY.org. Connect with National Runaway Safeline on Facebook and [@nationalrunawaysafeline](https://www.instagram.com/nationalrunawaysafeline), on [TikTok](https://www.tiktok.com/@nationalrunawaysafeline) [@nationalrunawaysafeline](https://www.tiktok.com/@nationalrunawaysafeline), on [LinkedIn](https://www.linkedin.com/company/national-runaway-safeline/) at National Runaway Safeline, and on [YouTube](https://www.youtube.com/@NationalRunawaySafeline) [@NationalRunawaySafeline](https://www.youtube.com/@NationalRunawaySafeline). Follow the 1-800-RUNAWAY on Facebook and [@Instagram](https://www.instagram.com/1800RUNAWAY) [@1800RUNAWAY](https://www.instagram.com/1800RUNAWAY) and on [TikTok](https://www.tiktok.com/@1800runaway.org) [@1800runaway.org](https://www.tiktok.com/@1800runaway.org).

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For more information about the Family and Youth Services Bureau, visit www.acf.hhs.gov/fysb.

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Introduction

Each year, millions of young people between the ages of 13 and 25 experience homelessness in the United States.¹ Among young people who experience homelessness annually, nearly half experience homelessness for the first time. Experiences of homelessness have notable personal and societal costs,^{2,3,4} so it is imperative that young people facing a crisis, which has or could result in homelessness, get access to the resources they need to avert or resolve that crisis. Given that homelessness often co-occurs with other challenging experiences, it is critical young people in crisis or experiencing homelessness, and the people who care about them can access a broad range of supports.

Many factors are associated with why young people become homeless during this important stage of their lives. Recent research found that adverse child experiences (ACEs)⁵ may be associated with later experiences of homelessness. Among adults who had been homeless, nearly 90% had experienced at least one ACE, and more than half of adults who were homeless experienced four or more ACEs.⁶ In the general population in the United States, 61% of adults had experienced at least one ACE and 16% reported four or more ACEs.⁷ A comparison of these findings indicates that a highly disruptive and traumatic childhood, as indicated by a higher prevalence of ACEs, is more common among individuals who have been homeless as compared with the general population. A seminal article exploring the connections between ACEs and later adult homelessness found that childhood experiences of neglect and physical abuse were significantly predictive of homelessness later in life.⁸

There is very little literature on the connections between ACEs and homelessness among young people, but one study found a higher prevalence of ACEs among eighth to 11th-grade students who were homeless as compared with those who were housed.⁹ In fact, 34% of students who were housed reported one or more ACEs, compared with 56% of students who were homeless with their families and 86% of students who were homeless on their own. Both ACEs and housing status were independently associated with more health needs among students who were homeless on their own (e.g., overall health, physical health, and mental health) and the combination of both higher ACEs and homelessness was associated with the greatest overall health needs.

What Are Adverse Child Experiences (ACEs)?

According to the Centers for Disease Control and Prevention, ACEs are events that occur in childhood and adolescence that may have been traumatic. ACEs are typically measured as exposure to violence (e.g., experiences of abuse) and neglect, witnessing traumatic incidents (e.g., domestic violence), loss of a parent or guardian, or living with someone with mental health or substance use issues.⁵ The impact of these experiences can change how individuals respond to stress and have been linked to numerous health conditions, such as asthma, cancer, and diabetes.

¹ Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chapin Hall at the University of Chicago.

² Auerswald, C. L., Lin, J. S., & Parriott, A. (2016). Six-year mortality in a street-recruited cohort of homeless youth in San Francisco, California. *Peer Journal*, 4, e1909.

³ Hodgson, K. J., Shelton, K. H., van den Bree, M. B., & Los, F. J. (2013). Psychopathology in young people experiencing homelessness: A systematic review. *American Journal of Public Health*, 103(6), e24–e37.

⁴ Medlow, S., Klineberg, E., & Steinbeck, K. (2014). The health diagnoses of homeless adolescents: A systematic review of the literature. *Journal of Adolescence*, 37(5), 531–542.

⁵ Centers for Disease Control and Prevention. (2021, August). *Adverse child experiences*. [https://www.cdc.gov/vitalsigns/aces/index.html#:~:text=Adverse%20Childhood%20Experiences%20\(ACEs\)%20are,the%20body%20responds%20to%20stress](https://www.cdc.gov/vitalsigns/aces/index.html#:~:text=Adverse%20Childhood%20Experiences%20(ACEs)%20are,the%20body%20responds%20to%20stress)

⁶ Liu, M., Luong, L., Lachaud, J., Edalati, H., Reeves, A., & Hwang, S. W. (2021). Adverse childhood experiences and related outcomes among adults experiencing homelessness: A systematic review and meta-analysis. *The Lancet Public Health*, 6(11), e836–e847.

⁷ Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., ... Mercy, J. A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention — 25 states, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999–1005.

⁸ Herman, D. B., Susser, E. S., Struening, E. L., & Link, B. L. (1997). Adverse child experiences: Are they risk factors for homelessness? *American Journal of Public Health*, 87(2), 249–255.

⁹ Barnes, A. J., Gower, A. L., Sajady, M., & Lingras, K. A. (2021). Health and adverse childhood experiences among homeless youth. *BMC Pediatrics*, 21, 164.

The existing literature underscores the importance of understanding ACEs in the population of young people in the United States because ACEs are associated with the household circumstances and family experiences that may put young people at risk for homelessness. Young people growing up in families facing challenges with mental health, substance use, and domestic violence, among others, may experience untenable living conditions, such as witnessing or being a victim of violence, that make them more likely to leave home. It is important to note that ACEs are often only part of the story about why young people become homeless. Research has shown that the strongest predictor of youth homelessness is not graduating high school,¹⁰ but the types of experiences that are considered ACEs may contribute to the broad instability that young people face in their lives and may put them on a difficult pathway that ultimately culminates in youth homelessness.

As you will learn from this report, each year National Runaway Safeline (NRS) receives thousands of contacts from young people reaching out for support with ongoing challenges that meet the definition of ACEs, as well as a host of other concerns. NRS is an invaluable resource that helps to intervene and mitigate the challenges that ACEs present so that young people can improve their living conditions and prevent youth homelessness through community-based services and supports or through engagement with their natural support networks. In short, it is critical to understand the challenges young people face and focus additional resources on education, outreach, and prevention efforts to address ACEs as well as other crises they experience that could lead to homelessness.

National Runaway Safeline Services

With support from the Family and Youth Services Bureau (FYSB), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), NRS serves as the federally designated National Communication System (NCS) in the United States and U.S. territories for youth who are in crisis, contemplating running away, or have run away and are experiencing homelessness.

NRS operates the 1-800-RUNAWAY hotline and live text service in addition to crisis services through live chat, email, and a forum at 1800RUNAWAY.org. These free, confidential crisis services are available 24 hours a day, 365 days a year. Trained staff and volunteers provide free, confidential, and nonjudgmental support to empower young people and their families to develop a plan of action to address their crises.

Examples of services that NRS staff and volunteers may offer to those who contact the NCS include facilitating conference calls with family members/caregivers or youth-serving organizations where NRS representatives advocate on behalf of a young person; using a messaging service where young people or family members can indirectly connect as a first step toward a mediated conversation; and accessing the Home Free program, offered in partnership with Greyhound Lines, Inc., which helps young people safely reunite with their family or travel to an alternate living arrangement using a free bus ticket. In addition, NRS maintains a database of approximately 6,500 resources across the country to help young people and families access local supports such as counseling, shelter, and substance use treatment, which may be offered as referrals during crisis connections.

Along with these resources, NRS also offers educational and outreach tools, prevention strategies, and free resources to young people, families, service providers, teachers, public health professionals, and community members. One such resource is NRS's *Let's Talk: Runaway Prevention Curriculum*, an

¹⁰ Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chapin Hall at the University of Chicago.

interactive curriculum designed to help young people build critical life skills, learn when to seek assistance from trusted adults, and provide alternatives to running away, with the aim of preventing experiences of homelessness. Annually, NRS has thousands of contacts with individuals seeking crisis services, information, support, referrals, and prevention resources in addition to hundreds of thousands of interactions through NRS's website and social media platforms.

Aims of This Report

This report has two primary aims. First, we wanted to understand who contacted NRS for crisis intervention services, what their needs were, and what support they received. To address this aim, we examined the following research questions:

1. Who contacted NRS in calendar year 2024?
2. How did contacts reach NRS?
3. Why did contacts reach out to NRS?
4. What referrals and resources did contacts receive?

Second, we investigated the occurrence of specific challenges in why contacts reached out to determine if the reason, for youth under the age of 18, could be characterized as an ACE, using the following research questions:

5. What is the frequency of each ACE in this population?
6. How do the number of ACEs vary across groups of young people based on their homelessness risk status (i.e., in crisis, at imminent risk of homelessness, and homeless, defined below)?

Data Analysis

To capture data through interactions with contacts, NRS's frontline staff use separate data collection forms to record relevant information disclosed during (a) calls, emails, and forum posts; (b) live chats; and (c) live texts. NRS collects information that contacts voluntarily share throughout each crisis intervention exchange with frontline staff, with varying information reported based on what individuals choose to share. This approach results in varying amounts of missing data, ranging from 0% to 78% across the data points we analyzed. Since the data is not missing at random, we used listwise deletion for analyses. This means that the percentages listed in tables and figures throughout this report vary based on the number of individuals (N) who chose to provide information on each data point. We acknowledge that these findings are not representative of all young people who are at risk of or experiencing homelessness; they are specific to contacts who reached out to NRS and volunteered information about themselves and their experiences.

In 2024, NRS collected records for 26,634 contacts from hotline calls, emails, live chats, live texts, and forum posts about young people who needed support and were primarily ages 21 and under. Our analysis includes records for 25,873 contacts, which reflects the number of cases with valid data. We drew on key data fields such as contacts' relationship to youth (if not the youth advocating on their own behalf),

demographic characteristics, methods of contact, how contacts learned about NRS, presenting problems, and referrals and resources.

To estimate the prevalence and number of ACEs, we used indicators that NRS's frontline staff captured based on what contacts *voluntarily* reported that aligned with 10 commonly reported ACEs,¹¹ including the following:

- experiences of physical abuse (e.g., by parent);
- sexual abuse (e.g., by other family member);
- emotional/verbal abuse (e.g., by parent);
- neglect (e.g., abandoned by caregiver);
- parental separation (e.g., divorce);
- witness to violence (e.g., domestic violence);
- households with members facing mental health problems (e.g., friend/family member died by suicide);
- households with substance use (e.g., alcohol/drug use by family member); and
- households with members who were incarcerated (e.g., family member in jail/prison).

We created indicators for contacts who reported any of these overarching presenting problems and summed them to create a count of ACEs. It is important to recognize that contacts' reports of presenting problems to NRS's frontline staff reflect the primary issue that requires resolution at a given moment and is not reflective of all ACEs they may have experienced throughout childhood. This is an important distinction because research studies primarily use lifetime prevalence to measure ACEs.¹¹

Our analytic approach for this report involved frequency tables, a descriptive analytic technique. To address the second aim, we conducted frequency analyses and conducted cross-tabulations to understand intersections between the number of ACEs contacts reported and a young person's homelessness risk status, meaning whether they were in crisis (i.e., have a presenting problem not related to housing), at imminent risk of homelessness (i.e., report they are contemplating running away), or homeless (i.e., homeless, asked to leave, have run away, suspected missing). Analyses for the second aim focused on contacts about a focal youth under the age of 18, in line with the definition of ACEs, who either self-reported these presenting problems or had someone else report them on their behalf.

¹¹ Ports, K. A., Ford, D. C., Merrick, M. T., & Guinn, A. S. (2020). ACEs: Definitions, measurement, and prevalence. In G. J. G. Asmundson & T. O. Afifi (Eds.), *Adverse child experiences: Using evidence to advance research, practice, policy, and prevention* (pp. 17–34). Academic Press.

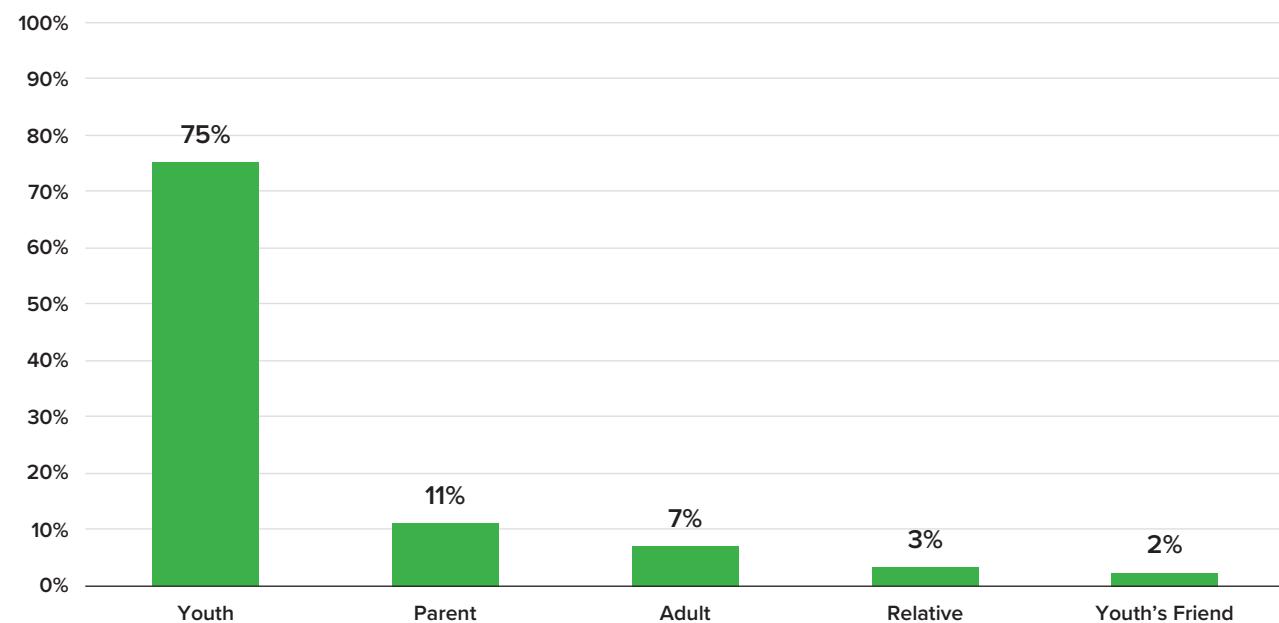
2024 Findings

Who Contacts National Runaway Safeline?

In 2024, 25,873 individuals reached out to NRS through the 1-800-RUNAWAY hotline and the digital services offered through 1800RUNAWAY.org (live chat, live text, email, and a forum). Individuals of any age can reach out to NRS to obtain crisis intervention services for a young person. Most contacts who reached out to NRS were youth seeking help for themselves (75%). Concerned individuals who reached out on behalf of youth and reported their relationship to the youth in crisis included adults (7%), parents (11%), relatives (3%), and friends (2%), as well as others, including agency representatives and police or probation officers (see Figure 1).

FIGURE 1

Relationship to Youth, 2024, *N* = 18,127

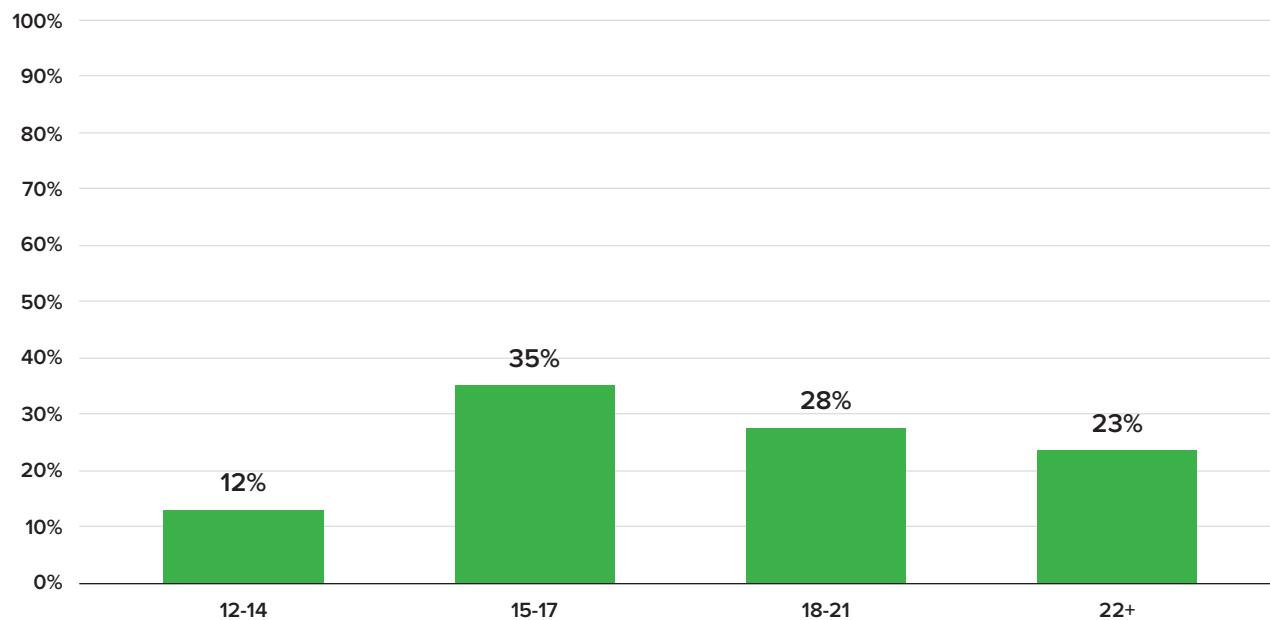


Note. Some totals do not sum to 100% due to rounding. "Adult" included individuals ages 22+ who were not a member or representative of any other categories on this list. "Agency," "other," and "police" were excluded from the figure due to $\leq 1\%$ reporting. Missing *n* = 7,746 (30%).

Many of those who connected with NRS in 2024 shared demographic information about themselves, including their age, race/ethnicity, and sex. Almost half of these contacts involved youth under the age of 18 (48%). Notably, about a third of all contacts (35%) occurred with individuals who were 15 to 17 years old. One percent of contacts were under the age of 12, 12% were ages 12–14, 28% were ages 18–21, and 23% were adults over the age of 22 (see Figure 2).

FIGURE 2

Contact Age, 2024, *N* = 22,390

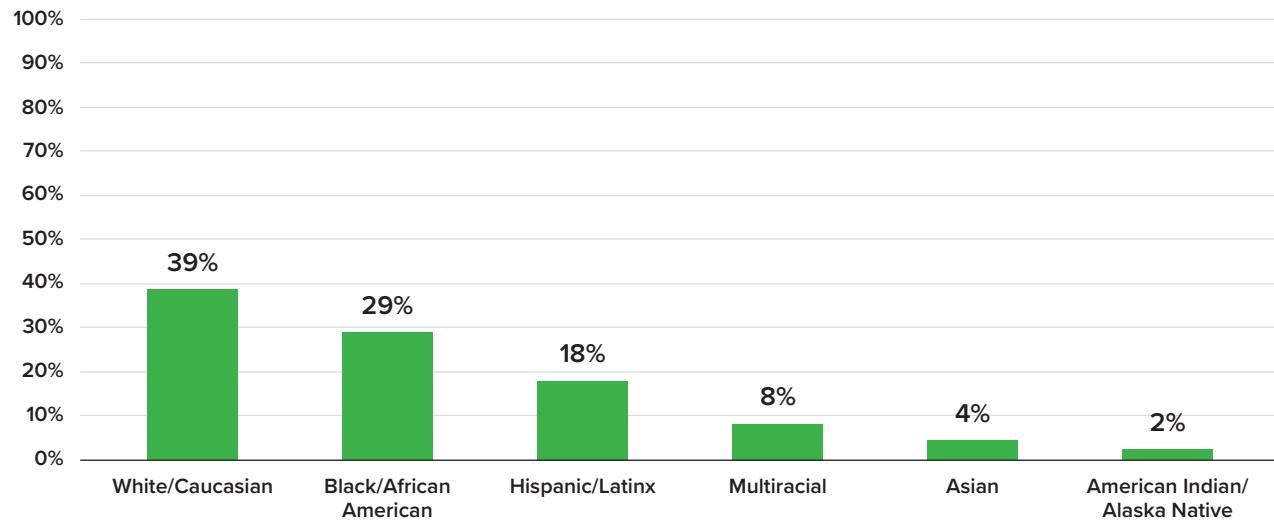


Note. Some totals do not sum to 100% due to rounding. “Under 12” was excluded from the figure due to $\leq 1\%$ reporting. Missing *n* = 3,483 (13%).

More than a third (39%) of crisis intervention contacts who reported their race/ethnicity were White/Caucasian (see Figure 3). About a third (29%) identified as Black/African American, 18% identified as Hispanic/Latinx, 8% identified as multiracial, 4% identified as Asian, 2% identified as American Indian/Alaska Native, and 1% identified as Hawaiian or Pacific Islander.

FIGURE 3

Contact Race/Ethnicity, 2024, N = 13,857

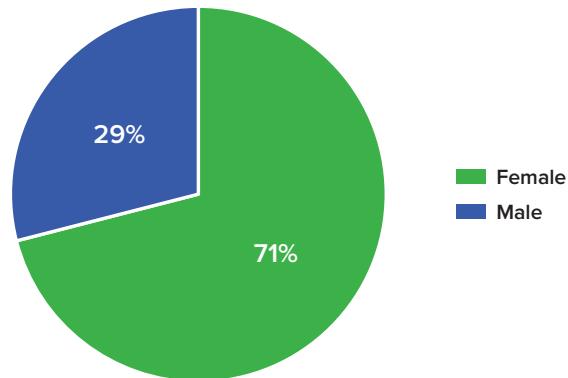


Note. Some totals do not sum to 100% due to rounding. “Hawaiian/Pacific Islander” was excluded from the figure because of $\leq 1\%$ reporting. Missing $n = 12,016$ (46%).

Of contacts who reported their sex, the majority were female, compared with male (see Figure 4). Seventy-one percent of contacts were female and 29% were male.

FIGURE 4

Contact Sex, 2024, N = 19,043



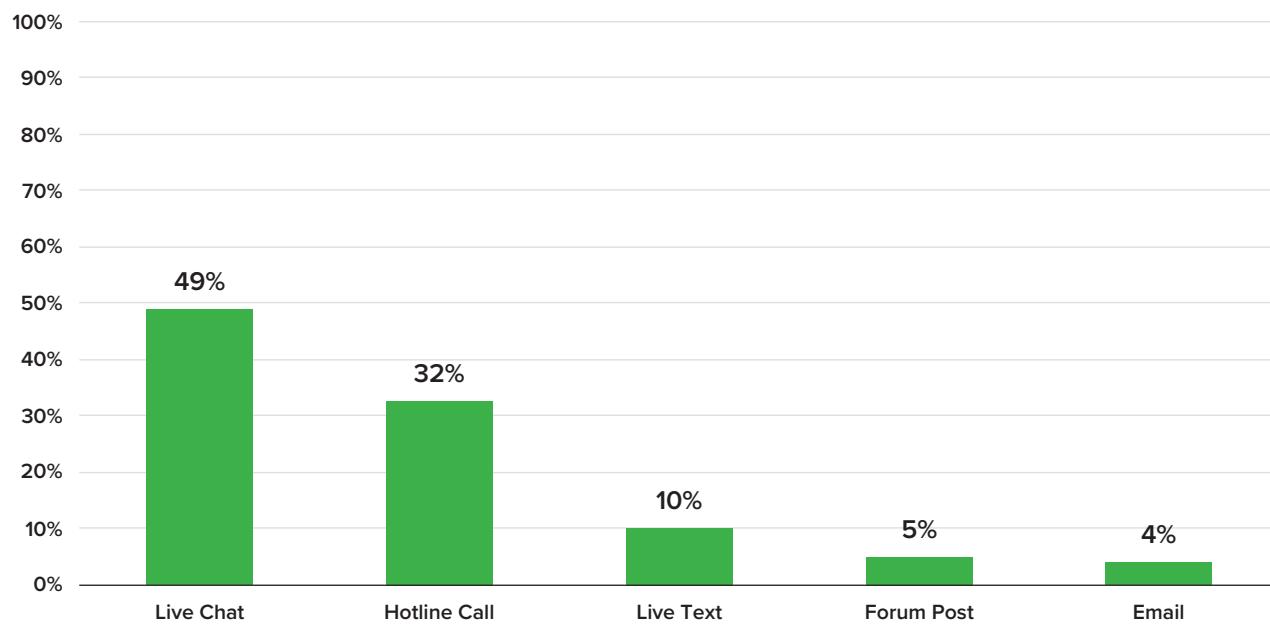
Note: Missing $n = 6,830$ (26%).

How Do Contacts Reach National Runaway Safeline?

Contacts can reach NRS services through five methods including hotline calls, live chat, live text, email, and forum posts. The most common contact methods that individuals used to connect with NRS in 2024 were the live chat service (49%) and hotline calls (32%), accounting for 81% of all crisis intervention connections. Five percent of contacts connected with NRS through online forum posts, 4% through email, and 10% through live text (see Figure 5). Notably, there were a total of 1,204 forum posts in 2024, which 140,183 people visited throughout the year. This suggests numerous potential contacts may have reviewed existing forum posts to answer their questions and address crises without posting new questions to the forum or reaching out through other methods.

FIGURE 5

Method of Contact, 2024, N = 25,873

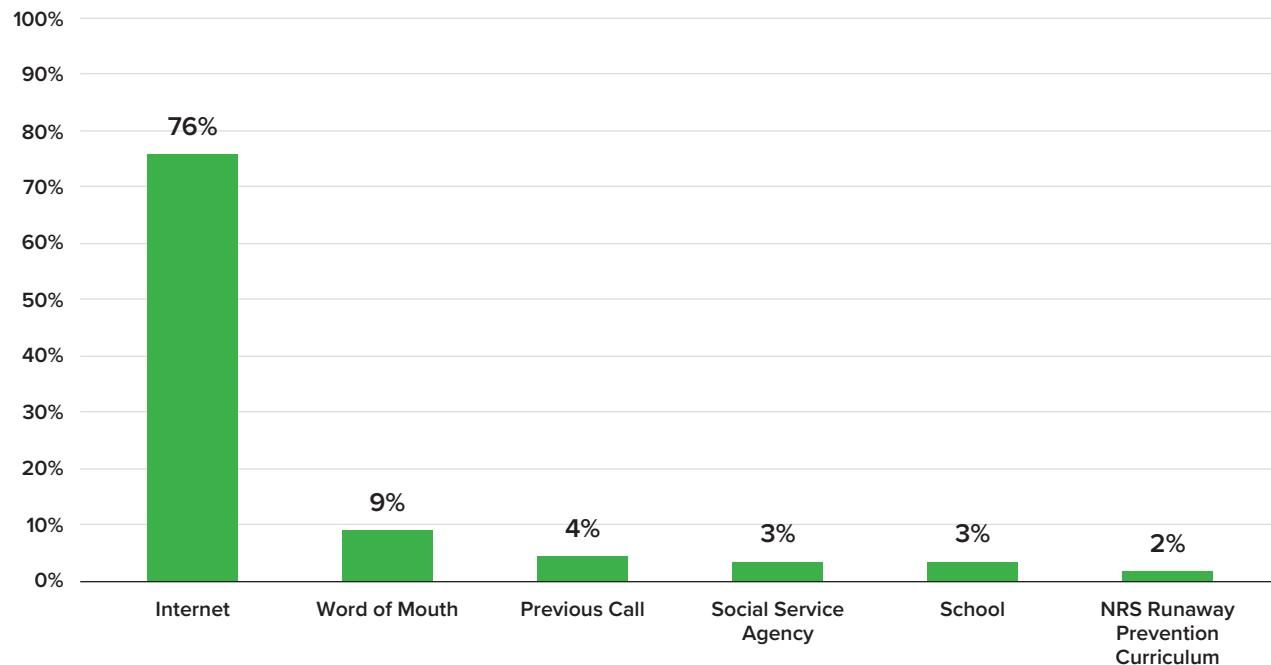


Note. Some totals do not sum to 100% due to rounding.

More than three quarters of contacts (76%) reported learning about NRS through the internet, which emphasizes the importance of NRS's outreach, advertising, and awareness campaigns through digital platforms, including social media (see Figure 6). Nine percent of contacts learned about NRS through word of mouth, with only a small proportion of contacts following up from a previous call (4%) or learning about NRS through a social service agency (3%), school (3%), or NRS's runaway prevention curriculum (2%).

FIGURE 6

How Contact Learned of NRS, 2024, N = 16,253



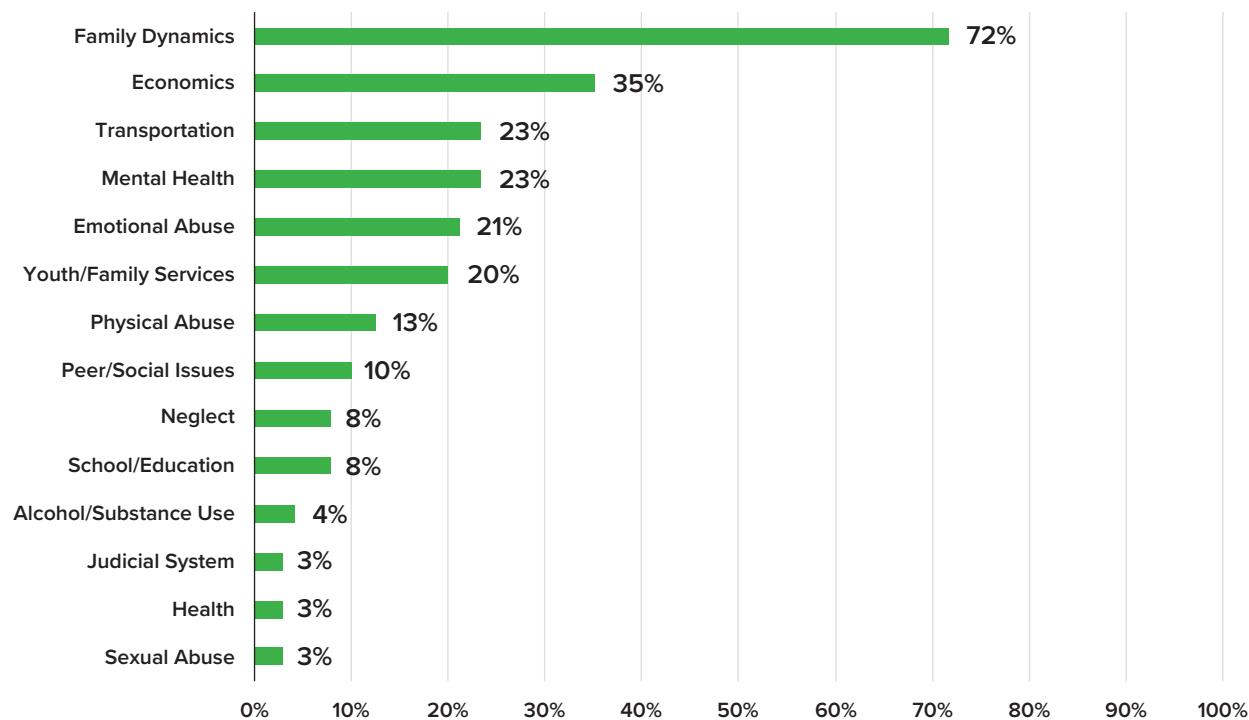
Note. Some totals do not sum to 100% due to rounding. "Law enforcement," "NRS partner organization," "directory service," "NRS promotional material," and "public service announcement" were excluded from the figure due to $\leq 1\%$ reporting. Missing $n = 9,620$ (37%).

Why Do Contacts Reach National Runaway Safeline?

Young people who are experiencing or at risk of homelessness encounter a myriad of challenges that lead to their reaching out to NRS for support. In 2024, contacts seeking crisis intervention services typically reported one or more “presenting problems” or reasons for seeking crisis intervention services, with two thirds of contacts reporting at least one presenting problem. The most common presenting problem was family dynamics (72%), including conflict with rules, blended family, divorce or custody issues, death of a family member, or pregnant/parenting young people (see Figure 7). Other common presenting problems were economics (35%; challenges finding a job or housing), mental health (23%; of self or others), transportation (23%; access), and emotional abuse (21%).

FIGURE 7

Reasons for Crisis Intervention, 2024, N = 17,301

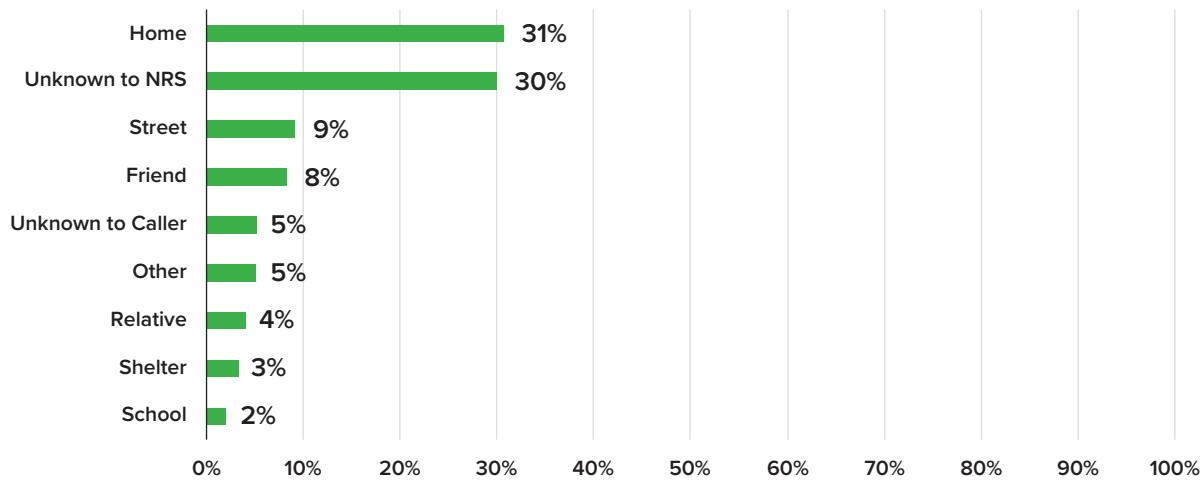


Note. Categories are not mutually exclusive, and contacts can report multiple reasons for crisis intervention. The total N below is the total number of contacts who reported at least one reason for crisis intervention. “Vital documents,” “human trafficking,” “immigration,” “digital abuse,” and “natural disaster” were excluded from the figure due to $\leq 1\%$ reporting. Missing n = 8,572 (33%).

Almost one third of contacts who reached out to NRS for crisis services (31%) reported that the young person of interest was at home at the time of outreach. This fact underscores the importance of prevention efforts and suggests there is an opportunity for de-escalating a crisis prior to a youth leaving home in the first place. Among youth who were not at home, most contacts reported youth were on the street (9%) or staying with a friend (8%; see Figure 8).

FIGURE 8

Youth's Location at Time of Contact, 2024, $N = 16,591$

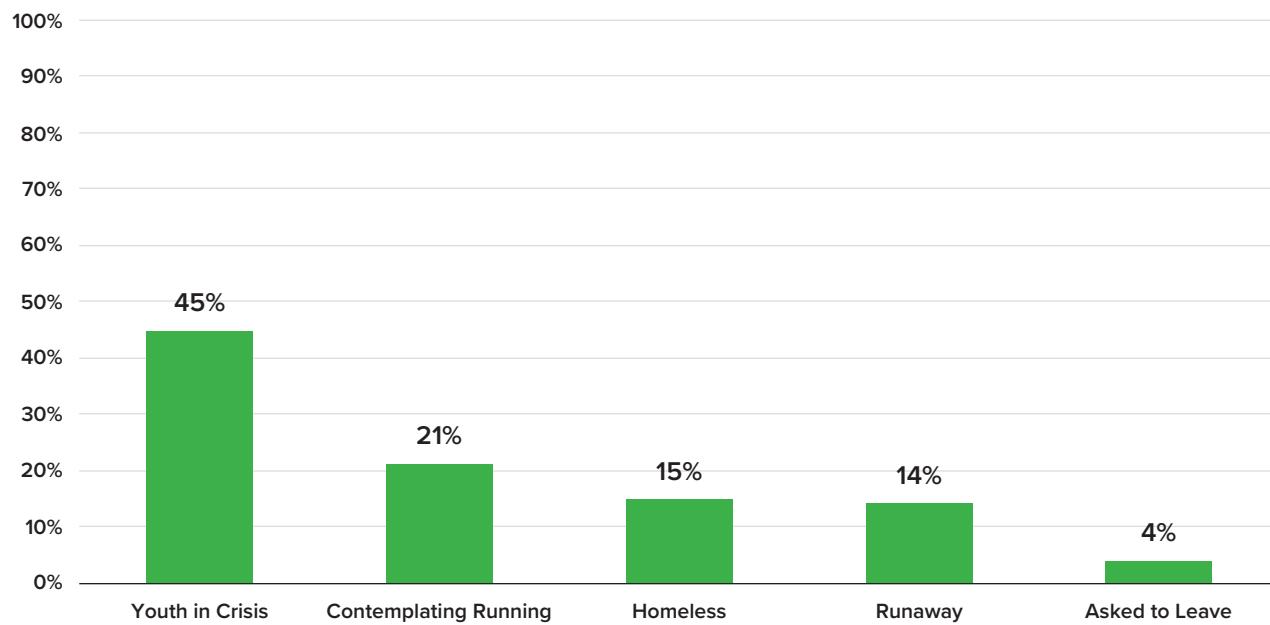


Note. Some totals do not sum to 100% due to rounding. Locations such as “recent acquaintance”, “Greyhound”, “detention/police”, “work”, and “pimp/dealer” were excluded from the figure due to $\leq 1\%$ reporting. Missing $n = 9,282$ (36%).

In addition, two thirds (66%) of crisis intervention contacts in 2024 involved youth who had not yet left home or been asked to leave. This includes 45% of youth who were in crisis and 21% of youth who were contemplating running away. Fourteen percent had already run away, 15% were experiencing homelessness, 4% had experienced their parent or caregiver asking them to leave home, and less than 1% were suspected of being missing (see Figure 9).

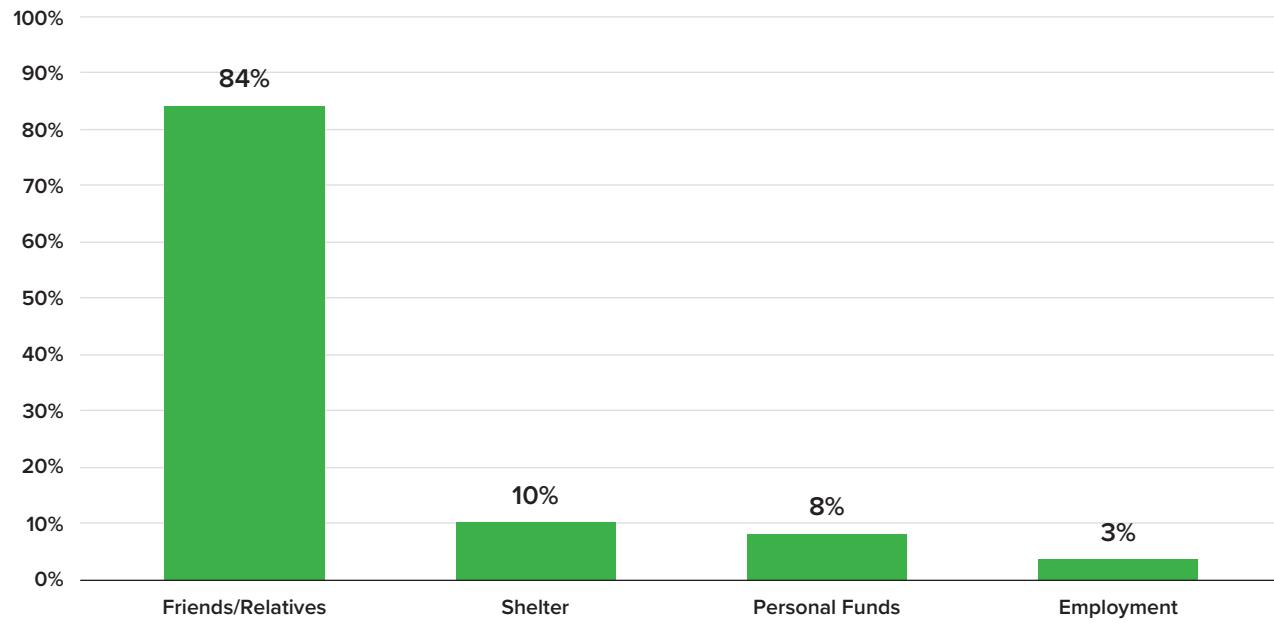
FIGURE 9

Youth's Crisis Status at Time of Contact, 2024, N = 16,863



Note. Some totals do not sum to 100% due to rounding. “Suspected missing” was excluded from figure due to ≤1% reporting. Missing n = 9,010 (35%).

In 2024, a small number of total crisis contacts (22%) indicated how the youth was surviving while experiencing homelessness. The majority, 86%, reported that friends and family networks were the primary modes of survival, while 10% relied on shelters and another 8% survived through personal funds (see Figure 10).

FIGURE 10**How Youth Survived While Homeless, 2024, $N = 5,616$** 

Note. Some totals do not sum to 100% due to rounding. “Detention/police”, “survival sex”, “panhandling”, “stealing”, “sex industry”, and “selling drugs” were excluded from the figure due to $\leq 1\%$ reporting.

Missing $n = 20,257$ (78%).

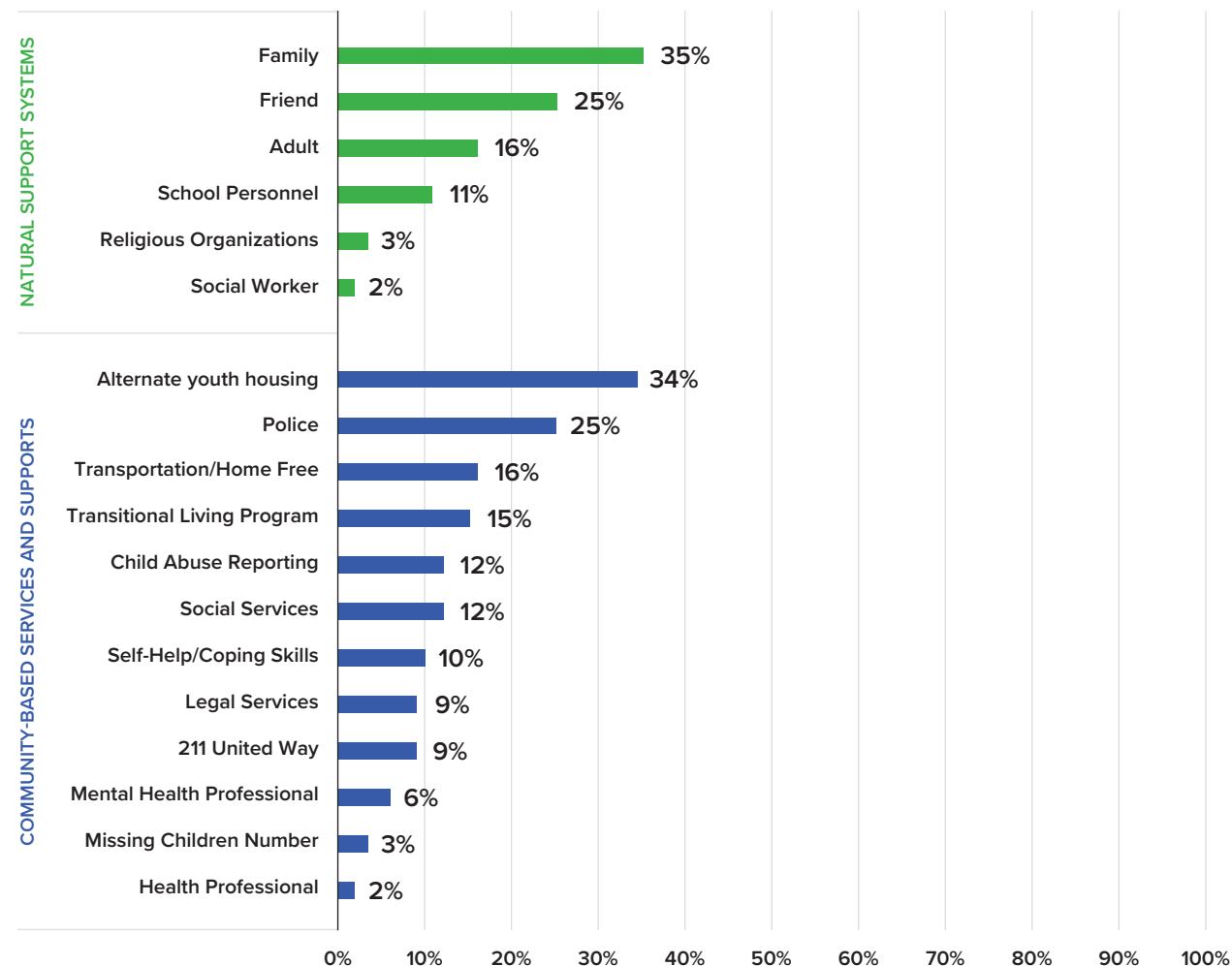
What Referrals and Resources Do Contacts Receive?

Referral Options

Through their crisis intervention services, NRS's frontline staff aim to support not only the young people who may be experiencing a crisis but also the individuals who care about them. After assessing a young person's situation, crisis services staff discuss potential services, resources, and supports contacts might pursue to address the issues at hand. Crisis services staff discussed both the opportunity to engage natural support systems, including family and friends, as well as community-based services and supports to effectively resolve the crisis a young person was facing (see Figure 11). In 2024, the most discussed natural supports were family (35%) and friends (25%). Of community-based services and supports, commonly discussed resources included alternative youth housing (34%) and police (25%) as an option if there are safety concerns that are not immediate but could escalate.

FIGURE 11

Referral Options the Contact Discussed with NRS Staff/Volunteers, 2024, N = 18,363

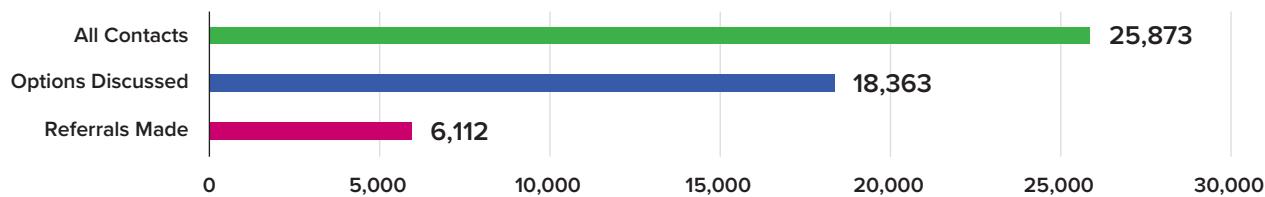


Note. Some totals do not sum to 100% due to rounding. Because these categories were not mutually exclusive and contacts could report multiple referral options, a total N is not included in this table. The total N is the total number of contacts who reported discussing at least one referral option with NRS staff/volunteers. "Legal services" is composed of "juvenile court" and "other legal services". Missing n = 7,510, 29%.

In 2024, NRS discussed referral options and next steps with 70% of contacts ($N = 18,363$) through their nondirective, solutions-focused approach (see Figure 12). Of the 25,873 total crisis contacts in 2024, nearly one quarter (24%; $N = 6,112$) ultimately obtained referrals for options discussed.

FIGURE 12

Referral Options Discussed and Obtained, 2024, $N = 25,873$



Home Free

About one fifth (21%) of crisis contacts who were interested in referral options learned about the Home Free program from NRS's frontline staff. Home Free is a partnership between NRS and Greyhound Lines, Inc. that offers young people who are experiencing homelessness a free bus ticket to return home or to a safe, alternative living arrangement. In 2024, NRS made 3,873 referrals to Home Free (see Table 1). Of those referrals, 1,162 individuals started the process to use the Home Free program, resulting in 629 bus tickets being issued. No youth under 15 or a youth in need of a parent/guardian escort was identified in 2024.

TABLE 1

Home Free Referrals, Uptake, and Outcomes, 2024

	N
NRS referrals to Home Free	3,873
Contacts in Home Free form	1,162
Youth had Home Free itinerary	629
Parent/Guardian escort tickets issued	0

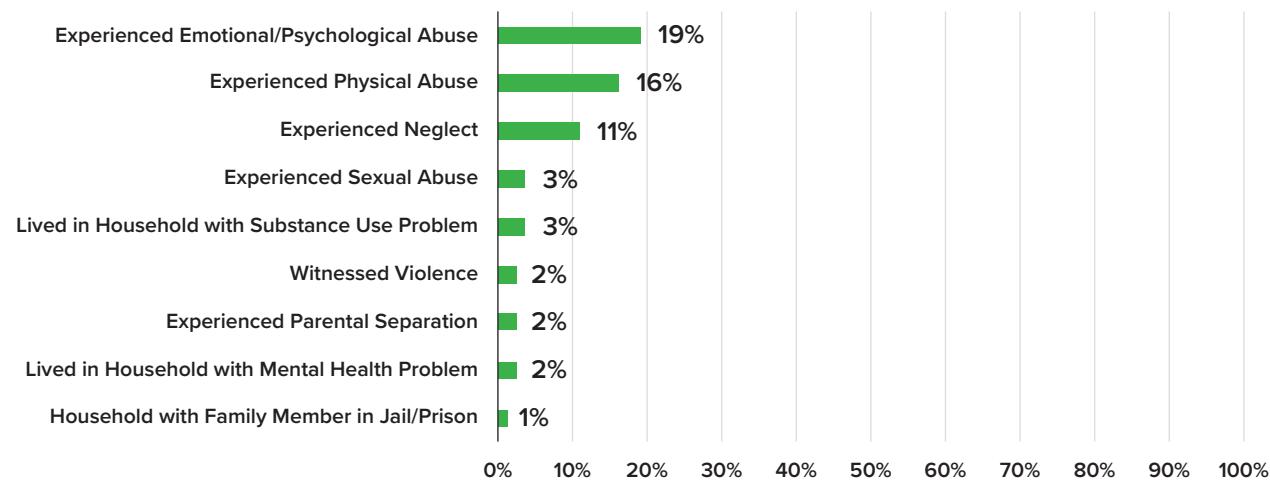
Although NRS and Greyhound try to provide as many tickets as possible to young people in need, there are several reasons why requests do not always result in a young person receiving a ticket. These reasons include situations in which young people and their families do not agree on reunification, young people or family members do not call back to complete the ticketing process, young people do not have a safe location identified to which they would travel, young people or families find alternative transportation, or transportation is not available in or to a particular location.

What is the Frequency of Each ACE in This Population?

Within the 2024 data, we also examined the frequency of ACEs within the reasons callers were contacting 1-800-RUNAWAY, given the notable public health significance of ACEs, which have been widely connected to long-term health and well-being.¹² To calculate the frequency of ACEs in this population, we examined nine presenting problems that align with the Centers for Disease Control and Prevention's definition of ACEs among the sample of contacts who were either self-reporting their age as under 18 or who were the focal youth of a report that someone made on their behalf. This analytic sample contained 9,496 observations, of which 8,913 had at least one reported presenting problem. Most studies of ACEs, in the literature, are assessed using lifetime prevalence and NRS only captures voluntarily information at a point in time. As shown in Figure 13, the ACE that most youth under the age of 18 reported as a presenting problem to NRS was emotional/psychological abuse, which one fifth (19%) experienced. One in six youth (16%) experienced physical abuse, and 11% experienced neglect. NRS does not ask youth to self-identify all other ACEs, as NRS is working to resolve the immediate crisis of safety and housing with youth leading the discussion. As such, youth calling NCS voluntarily reported infrequent occurrences of these ACEs - experiencing sexual abuse, living in a household with a substance use problem, witnessing violence, experiencing parental separation, and living in a household with mental health problems or a family member in jail/prison.

FIGURE 13

Prevalence of Adverse Child Experiences Among Focal Youth Under Age 18, 2024, N = 8,913



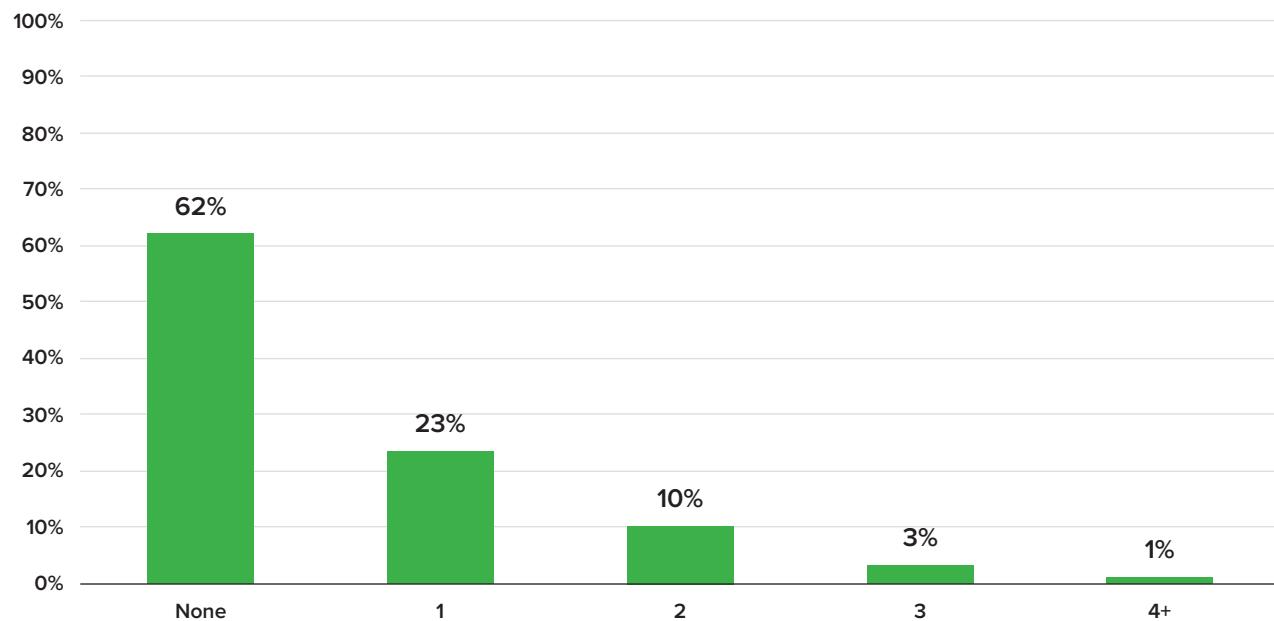
Note. Focal youth include young people under age 18 advocating on their own behalf as well as young people under age 18 about whom someone else contacted NRS for support. Categories are not mutually exclusive. Missing n = 583 (6%).

¹² Merrick, M. T., Ford, D.C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., ... Mercy, J. A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention — 25 states, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999–1005.

Among focal youth under age 18 in 2024, more than half (62%) reported that one of the primary reasons for reaching out to NRS was related to issues other than ACEs whereas almost one quarter (23%) reported a recent ACE, 10% reported two ACEs, and 4% reported three or more ACEs (see Figure 14). It is important to remember the ACEs that NRS' frontline staff record are the primary presenting problem that requires crisis intervention services and is not inclusive of all ongoing ACEs or all lifetime ACEs. And youth that are contacting the NCS may identify family dynamics as why they are not home, cannot stay at home or will not return home without providing additional context as the immediate priority is housing and the issue is not likely to be resolved with a conversation or a referral.

FIGURE 14

Number of ACEs Reported as Primary Reason for Calling, Among Focal Youth Under Age 18, 2024, N = 8,913

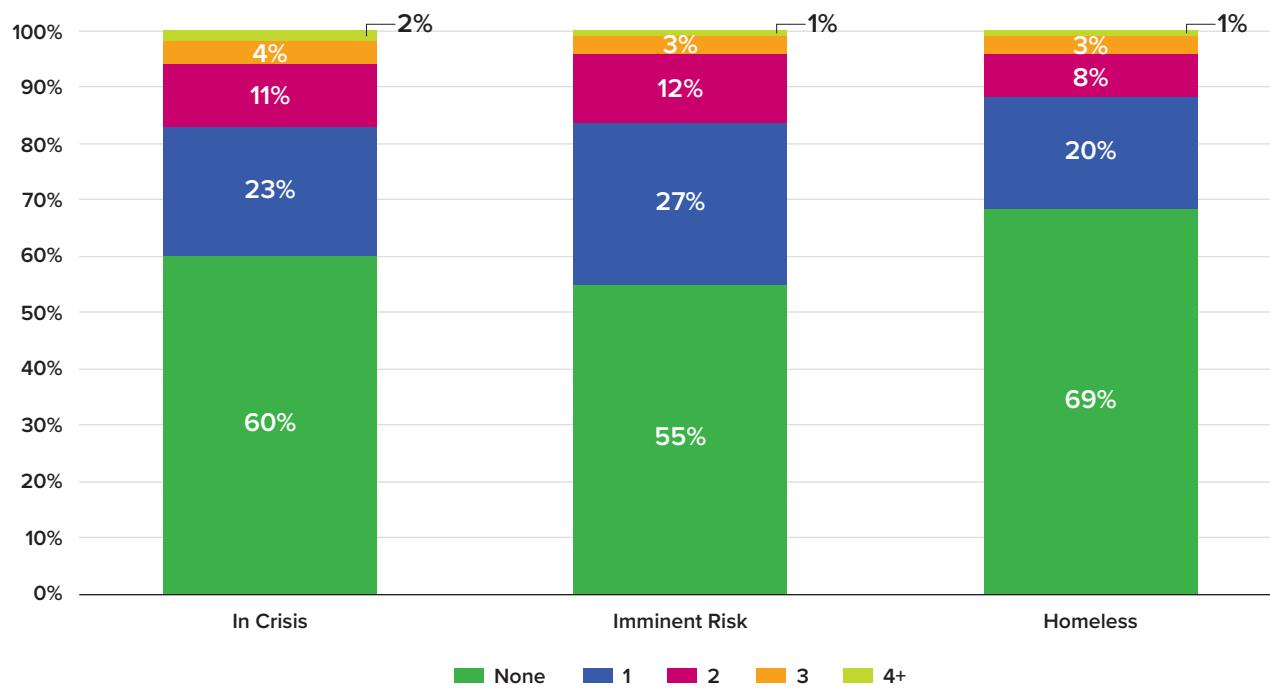


Note. Some totals do not sum to 100% due to rounding. Missing n = 583 (6%).

Young people at imminent risk generally reported the highest prevalence of ACEs (except four or more, which was uncommon for callers to NRS), compared with young people who were in crisis or were homeless. These findings underscore the breadth of household and family challenges that young people face that may be associated with their housing stability.

FIGURE 15

Number of Adverse Child Experiences by Homelessness Risk Status, Among Focal Youth Under Age 18, 2024, *N* = 8,634



Note. Focal youth include young people under age 18 advocating on their own behalf as well as young people under age 18 about whom someone else contacted NRS for support. Missing *n* = 279 (3%).

Conclusion

The findings from this report highlight the broad reach of NRS's crisis intervention services to thousands of young people and those who care about them in 2024. Most contacts are young people advocating on their own behalf who are seeking supports and resources to address issues related to their safety and well-being. During each crisis interaction, NRS provides nonjudgmental, nonsectarian, and nondirective supports that focus on young people's strengths and aims to empower them.

In line with previous years, NRS's crisis intervention contacts in 2024 were disproportionately White/Caucasian and female. Most contacts were under the age of 18, although the number of youth under the age of 12 has more than halved in recent years, returning to pre-pandemic levels while the proportion of young people ages 18–21 has increased. Family dynamics were the most common presenting problem, followed by economics, transportation, and mental health needs. In 2024, 68% of contacts used digital methods of communication, with nearly half (49%) of contacts seeking crisis intervention services using the live chat and 10% using the live text methods. These digital avenues of outreach continue to gain in popularity and reflect NRS's commitment to meeting young people where they are using the contact methods with which they are most comfortable.

Regarding referrals, NRS's crisis services staff ensure young people and those who care about them discuss a range of referral options and next steps to resolve the crisis at hand, including both natural supports and community-based services. In 2024, family and friends were the most discussed natural supports, and alternate youth housing and police were the most discussed local services. These findings underscore the importance of presenting contacts with a range of options that could encourage them to strengthen their natural support networks and to supplement those connections with professional services in the community. Together, young people can build adequate support networks to address their immediate needs and to bolster them over time.

Recognition and Resolution of ACEs

It is critical to understand the range of household and family issues that are characterized as ACEs that may lead young people in crisis or at risk of homelessness to reach out to NRS as ACEs have been linked with long-term health and well-being.¹³ Nearly one third of young people reported their primary presenting problems for reaching out to NRS was at least one ACE. Among those who reported an ACE, emotional/psychological abuse was most common, followed by physical abuse and neglect. However, two thirds of the young people did not report an ACE as the primary issue they needed assistance with when calling the NCS. These findings also underscore the importance of appropriate prevention and intervention services since most contacts reach out to NRS for support on issues that do not cause the same level of public health concern as ACEs.

We also examined variation in the number of ACEs by homelessness risk category to understand how the number of ACEs were associated with the risk or experience of homelessness. Experiencing more than one ACE was most common among young people at imminent risk of homelessness, as compared with young people who were in crisis or homeless, suggesting that a confluence of adversities may be associated with young people's decisions around if and when to leave their homes. Young people who were homeless reported the lowest prevalence of ACEs, which can be attributed to the fact that ACEs

¹³ Merrick, M. T., Ford, D.C., Ports, K. A., Quinn, A. S., Chen, J., Klevens, J., ... Mercy, J. A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 States, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999–1005.

occur within the household or family of origin and so may not be part of the constellation of challenges that young people who are homeless prioritize discussing once they have left their homes.

It is important to remember that NRS only captures contacts' presenting problems—the key issues for which they are seeking crisis intervention services—and does not assess contacts' lifetime prevalence of ACEs. This means the prevalence of each ACE (Figure 13) and the number of ACEs (Figure 14) are very conservative estimates that reflect only a particular snapshot of a moment in time and do not account for other potential ongoing ACEs or prior ACEs that young people might have experienced. Nonetheless, these findings highlight the importance of understanding the prevalence of ACEs, which are specific challenges that many young people face. Not only do ACEs have empirical links to long-term health outcomes but they may also influence young people's transitions to adulthood during a period of instability and uncertainty.¹⁴ Further exploring young people's resilience and their protective factors, such as permanent connections, could help illustrate a holistic picture of the supports that young people can draw on to buffer against the impact of ACEs or other crises that could escalate to homelessness.

¹⁴ Spinelli, T. R., Bruckner, E., & Kisiel, C. L. (2021). Understanding trauma experiences and needs through a comprehensive assessment of transition age youth in child welfare. *Child Abuse & Neglect*, 122, 105367.

2024 Highlights

Report Summary

- 75% of contacts were youth who connected directly with NRS on their own behalf
- Almost half of contacts were under the age of 18 (49%)
- Contacts who connected with NRS were primarily White/Caucasian and female
- 49% of contacts used NRS's live chat feature, and 32% called the hotline
- The most frequently reported reasons for seeking crisis interventions were family dynamics (72% of contacts), economics (35%), transportation (23%), mental health (23%), and emotional abuse (21%)
- At the time of outreach, contacts said that 31% of youth were still at home
- Contacts reported that 45% of youth were in crisis and 21% were contemplating running away
- 71% of contacts discussed referral options with NRS crisis services staff and volunteers
- 24% of contacts received at least one referral for additional services

2024 by the Numbers

- 12,588 live chats
- 8,401 hotline calls
- 980 emails
- 1,204 forum posts
- 2,700 live texts
- 6,112 contacts accepted referrals
- 629 Home Free youth tickets issued

2024 Data Compared to 2023

As compared with 2023, contacts reaching out to NRS in 2024 had some variation in who, how, why, and the resources discussed.

- **Who contacted NRS in calendar year 2024?**

- Comprised a smaller proportion of contacts ages 12-14 (12% in 2024 vs. 15% in 2023) and a larger proportion of contacts ages 18-21 (28% in 2024 vs. 25% in 2023)
- Comprised a smaller proportion of contacts identifying as White/Caucasian (39% in 2024 vs. 42% in 2023) and a larger proportion of contacts identifying as Hispanic/Latinx (18% in 2024 vs. 16% in 2023)

- **How contacts reached out?**

- Used live text more (10% in 2024 vs. 2% in 2023) and used live chat less (49% in 2024 vs. 58% in 2023)

- **Why did contacts reach out?**

- More frequently reported challenges with economics (35% in 2024 vs. 26% in 2023), transportation (23% in 2024 vs. 19% in 2023), and youth/family services (20% in 2024 vs. 9% in 2023)
- Less frequently reported challenges with emotional abuse (21% in 2024 vs. 26% in 2023), physical abuse (13% in 2024 vs. 17% in 2023), peer/social issues (10% in 2024 vs. 20% in 2023), and neglect (8% in 2024 vs. 12% in 2023)

- **Status at time of contact?**

- Were less frequently reaching out from home (31% in 2024 vs. 36% in 2023)
- Comprised a larger proportion of youth in crisis (45% in 2024 vs. 42% in 2023) and a smaller proportion of youth who were contemplating running (21% in 2024 vs. 26% in 2023)

- **What referrals and resources were discussed with youth?**

- Less frequently reported discussing options in their natural support networks such as family (35% in 2024 vs. 41% in 2023), friends (25% in 2024 vs. 32% in 2023), and adults (16% in 2024 vs. 22% in 2023)
- More frequently reported discussing options for community-based services and supports, such as alternate youth housing (34% in 2024 vs. 31% in 2023) and 211 United Way (9% in 2024 vs. 6% in 2023), and less frequently discussing options such as self-help/coping skills (10% in 2024 vs. 15% in 2023) and mental health professionals (6% in 2024 vs. 9% in 2023)
- Accepted more Home Free bus tickets (629 in 2024 vs. 460 in 2023)

Comparison 2024 to 2023	% Change from 2023	2024	2023
WHO CONTACTED NRS?			
Contacts age 12-14	Decreased	12%	15%
Contacts age 18 to 21	Increased	28%	25%
Identified as White/Caucasian	Decreased	39%	42%
Identified as Hispanic/Latinx	Increased	18%	16%
HOW CONTACTS REACHED OUT?			
Live Text	Increased	10%	2%
Live Chat	Decreased	49%	58%
WHY THEY CONTACTED NRS?			
Challenges with Economics	Increased	35%	26%
Challenges with Transportation	Increased	23%	19%
Challenges with Youth/Family Services	Increased	20%	9%
Emotional Abuse	Decreased	21%	26%
Physical Abuse	Decreased	13%	17%
Peer/Social Issues	Decreased	10%	20%
Neglect	Decreased	8%	12%
LOCATION AT TIME OF CONTACT?			
Home	Decreased	31%	36%
STATUS AT TIME OF CONTACT?			
In Crisis	Increased	45%	42%
Contemplating Running Away	Decreased	21%	26%
WHAT REFERRALS AND RESOURCES DID THEY RECEIVE?			
Alternate youth Housing	Increased	34%	31%
211 United Way	Increased	9%	6%
Family	Decreased	35%	41%
Friends	Decreased	25%	32%
Adults	Decreased	16%	22%
Self-help/Coping Skills	Decreased	10%	15%
Mental Health Professionals	Decreased	6%	9%
Home Free Bus Tickets	Increased	629	460

2024 Data Tables

TABLE 1**Relationship to Youth, 2024**

	<i>N</i>	<i>%</i>
Youth	13,513	75%
Adult	1,255	7%
Parent	2,042	11%
Relative	481	3%
Youth's friend	421	2%
Agency	249	1%
Other	118	1%
Police	48	<1%
TOTAL	18,127	100%

N = 18,127; missing *n* = 7,746, 30%

Note. Some totals do not sum to 100% due to rounding. Adult included individuals ages 22+ who were not a member or representative of any other categories on this list.

TABLE 2**Demographic Characteristics of Contacts, 2024**

	N	%
AGE^a		
Under 12	301	1%
12–14	2,784	12%
15–17	7,937	35%
18–21	6,207	28%
22+	5,161	23%
RACE/ETHNICITY^b		
American Indian/Alaska Native	244	2%
Asian	527	4%
Hawaiian/Pacific Islander	103	1%
Black/African American	4,068	29%
Hispanic/Latinx	2,435	18%
Multiracial	1,142	8%
White/Caucasian	5,338	39%
SEX^c		
Female	13,558	71%
Male	5,485	29%

^a Age: $N = 22,390$; missing $n = 3,483$, 13%

^b Race/ethnicity: $N = 13,857$; missing $n = 12,016$, 46%

^c Sex: $N = 19,043$; missing $n = 6,830$, 26%

Note. Some totals do not sum to 100% due to rounding.

TABLE 3**Method of Contact, 2024**

	<i>N</i>	<i>%</i>
Live Chat	12,588	49%
Hotline Call	8,401	32%
Email	980	4%
Forum Post	1,204	5%
Live Text	2,700	10%
TOTAL	25,873	100%

N = 25,873; missing *n* = 0, 0 %

Note. Some totals do not sum to 100% due to rounding.

TABLE 4**How Contacts Learned of NRS, 2024**

	<i>N</i>	<i>%</i>
Internet	12,371	76%
Word of mouth	1,452	9%
Previous call	719	4%
Social service agency	449	3%
School	437	3%
NRS runaway prevention curriculum	288	2%
Law enforcement	198	1%
NRS partner organization	130	1%
Directory service	85	1%
NRS promotional material	69	<1%
Public Service announcement	55	<1%
TOTAL	16,253	100%

N = 16,253; missing *n* = 9,620, 37%

Note. Some totals do not sum to 100% due to rounding.

TABLE 5**Reasons for Crisis Intervention, 2024**

	N	%
Family dynamics	12,412	72%
Economics	6,094	35%
Transportation	4,062	23%
Mental health	3,975	23%
Emotional abuse	3,658	21%
Youth/family services	3,498	20%
Physical abuse	2,165	13%
Peer/social issues	1,653	10%
Neglect	1,366	8%
School/education	1,323	8%
Alcohol/substance use	731	4%
Judicial system	718	4%
Health	524	3%
Sexual abuse	459	3%
Vital documents	236	1%
Human trafficking	159	1%
Immigration	99	1%
Digital abuse	28	<1%
Natural disaster	14	<1%

N = 17,301; missing *n* = 8,572, 33% missing

Note. Categories are not mutually exclusive, and contacts can report multiple reasons for crisis intervention. The total *N* is the total number of contacts who reported at least one reason for crisis intervention. Some totals do not sum to 100% due to rounding.

TABLE 7**Youth's Crisis Status at Time of Contact, 2024**

	N	%
Youth in crisis	7,636	45%
Contemplating running	3,592	21%
Runaway	2,369	14%
Homeless	2,587	15%
Asked to leave	619	4%
Suspected missing	60	<1%
TOTAL	16,863	100%

N = 16,863; missing *n* = 9,010, 35%

Note. Some totals do not sum to 100% due to rounding.

TABLE 8**How Youth Survived While Homeless, 2024**

	N	%
Friends/relatives	4,733	84%
Shelter	565	10%
Personal funds	442	8%
Employment	171	3%
Detention/police	83	1%
Survival sex	33	1%
Panhandling	53	1%
Stealing	24	<1%
Sex industry	9	<1%
Selling drugs	6	<1%

N = 5,616, missing *n* = 20,257, 78%

Note. Some totals do not sum to 100% due to rounding. Because these categories were not mutually exclusive and contacts could report multiple means of survival, a total *N* is not included in this table. The total *N* is the total number of contacts who reported both being homeless and sharing information on how they survived.

TABLE 9
**Referral Options That Contact Discussed with
NRS Staff/Volunteers, 2024**

	N	%
NATURAL SUPPORT SYSTEMS		
Family	6,457	35%
Friend	4,671	25%
Adult	2,940	16%
School personnel	2,036	11%
Religious organizations	479	3%
Social worker	434	2%
COMMUNITY-BASED SERVICES AND SUPPORTS		
Alternate youth housing	6,252	34%
Police	4,635	25%
Transportation/Home Free	4,047	16%
Transitional living program	2,682	15%
Child abuse reporting	2,244	12%
Social services	2,135	12%
Self-help/coping skills	1,784	10%
Legal services	1,625	9%
211 United Way	1,680	9%
Mental health professional	1,170	6%
Missing children number	486	3%
Health professional	449	2%

N = 18,363; missing *n* = 7,510, 29%

Note. Some totals do not sum to 100% due to rounding. Because these categories were not mutually exclusive and contacts could report multiple referral options, a total *N* is not included in this table. The total *N* is the total number of contacts who reported discussing at least one referral option with NRS staff/volunteers. Legal services are composed of juvenile court and other legal services.

TABLE 10**Home Free Referrals, Uptake, and Outcomes, 2024**

	N
NRS referrals to Home Free	3,873
Contacts in Home Free form	1,162
Youth had Home Free itinerary	629
Parent/Guardian escort tickets issued	0

TABLE 11**Prevalence of Adverse Child Experiences Among Focal Youth Under Age 18**

Adverse Child Experiences	N	%
Experienced emotional/psychological abuse	1,668	19%
Experienced physical abuse	1,450	16%
Experienced neglect	1,022	11%
Experienced sexual abuse	275	3%
Lived in household with substance use problem	276	3%
Witnessed violence	211	2%
Experienced parental separation	168	2%
Lived in household with mental health problem	158	2%
Lived in household with family member in jail/prison	53	1%

In 2024, *N* = 8,913; missing *n* = 583 (6%)

Note. Some totals do not sum to 100% due to rounding. Focal youth include young people under age 18 advocating on their own behalf as well as young people under age 18 about whom someone else contacted NRS for support. Categories are not mutually exclusive.

TABLE 12
Number of Adverse Child Experiences by Homelessness Risk Status, Among Focal Youth Under Age 18

	Homelessness Risk Status							
	Full Sample		In Crisis		Imminent Risk		Homeless	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
None	5,498	62%	1,945	60%	1,524	55%	1,823	69%
1	2,085	23%	750	23%	755	27%	539	20%
2	935	10%	345	11%	366	12%	200	8%
3	287	3%	114	4%	91	3%	74	3%
4+	108	1%	48	2%	36	1%	21	1%

In 2024, homelessness risk status for focal youth under age 18 with a presenting problem, *N* = 8,634, missing *n* = 279 (3% of sample)

Note. Focal youth include young people under age 18 advocating on their own behalf as well as young people under age 18 about whom someone else contacted NRS for support.