The Sexual Health and Risk Factors of Youth in Foster Care

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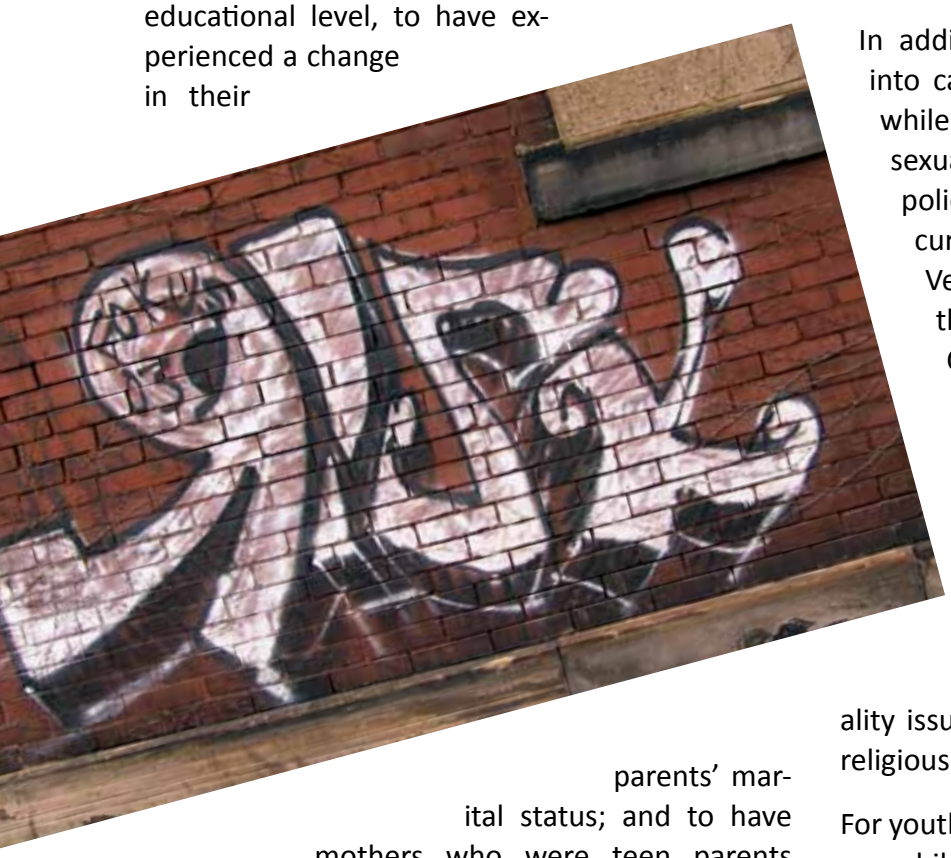
This research brief on the sexual health of youth in foster care is part three of a seven-part series on sexual health disparities of marginalized youth.

Introduction

In 2006, 16,142 children and youth were served by foster care programs in the State of Oregon, 27.4% of whom were youth aged 13 or older.[1] Foster youth have higher rates of risky sexual behaviors and negative sexual health outcomes than youth overall. Youth in foster care are more likely to have had sex and become sexually active at an earlier age than their peers of the same age; 90% of 19-year-olds in foster care have had sex, compared with 78% of their 19-year-old peers,[2] and 20% reported having consensual sex before the age of 13.[3] They are, on average, 7.2 months younger than their peers at first intercourse.[4] One quarter of foster youth report being tested or treated for an STI, more than four times the national average.[5] Rates of teen pregnancy are high among youth in care; 26% of female foster youth report being pregnant before the age of 17, and 48.2% become pregnant by age 19,[2] compared to a 7% pregnancy rate for teens 15-19 years overall.[6] Over half (51.7%) of pregnant foster youth carry the pregnancy to term.[2]

Risk Factors Before Entering the Foster Care System

While all youth experience some combination of protective and negative antecedents to their sexual development, it is very likely that youth who are, or have been, in foster care experience more negative antecedents than others. Many of these factors impact a child or young person before they have been placed into care. Compared to youth in the general population, youth in care are statistically more likely to have lived in a community with a high unemployment rate and low educational level, to have experienced a change in their parents' marital status; and to have mothers who were teen parents themselves. A youth in foster care is also more likely to be a youth of color. Foster youth are more likely to use substances or be diagnosed with a mental health disorder. One quarter of youth in care have experienced sexual abuse.[7] This is higher than the rates of sexual abuse in the United States overall, which are reported to be 16.8% for girls and 7% for boys.[8] Several studies have found that experiencing any type of abuse is highly predictive of negative outcomes. While exact numbers vary, approximately 30% of youth in care have experienced physical and/or sexual abuse and 70% have been neglected by their parents.[4,9,7] This is in stark contrast to the less than 2% of children and youth in the general population who have experienced abuse or neglect (excluding sexual abuse).[10] According to a study in 2007 by Doug Kirby, all of the above are negative antecedents predictive of risky sexual behavior and negative sexual health outcomes.



Risk Factors Within the System

In addition to the factors that precede entry into care, foster youth experience risk factors while in care that may also lead to negative sexual health outcomes. These include lack of policy or guidance for caregivers, lack of accurate information for youth, and instability. Very few states have any policies regarding the sexual health of youth in foster care.[4] Care providers, such as social workers or Independent Living Providers, may not feel comfortable providing information about sexual health for fear of retribution, lack of training/knowledge, and/or lack of policy guidelines as to how to approach the topic.[7] Some provider agencies that do have policies may not allow staff to discuss certain sexuality issues with youth in their care due to their religious or political foundations.

For youth in care, instability is a constant. On average, children and youth are in care for 31 months and have three different placements, although some youth have as few as one placement, and other youth experience many more.[11] Due to these placement changes, youth may have multiple social workers, and attend multiple schools in a variety of locations. Short term relationships with foster parents, teachers, and other caregivers may result in few adults feeling comfortable ad-

dressing sexuality with youth. Youth may feel uncomfortable discussing sexual health with adults they have only known a short time. Some youth report that none of their foster parents or other caregivers have ever discussed sexual health with them.[12]

Instability in placements can result in a youth missing the sexuality education offered during school. Timing is a crucial element of an effective sexuality education curriculum; lessons are timed in accordance with the average skill level and experiences of students. For youth in care who may have an earlier sexual debut or experiences with abuse, standard sexuality education curricula may be offered too late to resonate, or may not be reflective of their experiences. Despite this, to date there has been only one sexual health curriculum, "Power Through Choices," developed specifically for the needs of youth in care,[9] and it is no longer readily available.

Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) youth are overrepresented in the foster youth population. Some youth report being in foster care because of their sexual orientation.[13] Adults working with foster youth should ensure that materials developed for youth and interactions with youth are inclusive of this population. Please refer to the research brief titled "The Sexual Health of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth," on page 19 of this publication for further information on the needs of LGBTQ youth.

According to a study by Love, et al.,[7] female youth in care may have different motivations for having sex and becoming pregnant than other youth. The youth stated that they wanted to become pregnant to create a permanent family, to have someone to love, or to demonstrate that they can be better parents than they had themselves. In addition, due to personal experiences with abuse and neglect youth may seek different types of relationships than their peers. Caregivers and adults should note that this population is particularly at risk and in need of trustworthy adults to talk to about their concerns and health needs, and also in need of accurate information offered frequently that addresses their specific needs and circumstances. Improved understanding is needed to inform policies and programs to improve sexual health outcomes for youth in foster care.

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