

Sexual Health Disparities Among Disenfranchised Youth



- ▶ Youth in Corrections
- ▶ Youth with Developmental Disabilities
- ▶ Youth in Foster Care
- ▶ Homeless Youth
- ▶ LGBTQ Youth
- ▶ Youth with Mental Health Conditions
- ▶ Youth who have Experienced Sexual Abuse



evidence that they do not receive proper training. A study of staff at a residential treatment setting revealed that while the staff were confronted with many sexual issues at work from adolescent patients (e.g., residents “acting out,” history of sex abuse, lack of knowledge about sex among patients), there was little support for them to help residents address these issues. The vast majority of professionals (90%) reported interest in receiving additional training on sexual issues and how to handle them,⁷ yet a review of the top 20 social work graduate programs reveals that the 13 that do offer a course in Human Sexuality offer it as an elective only.⁸ Proper training of caregivers of young adults with SMHC in relational and sexual health needs to be addressed in order to see improvements in the sexual health outcomes in this population.

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The Sexual Health of Youth who Have Experienced Sexual Abuse

by Maya Rowland, MPH

This research brief on the sexual health of youth who have experienced sexual abuse is part seven of a seven-part series on sexual health disparities of marginalized youth.

Introduction

Young people who have experienced sexual abuse are at risk for both short term and lifelong negative sexual health outcomes. Children or young people can experience sexual abuse at the hands of a family member (incest), or by someone outside of the family (nonfamilial abuse). It is estimated that 16.8% of girls and 7% of boys in the United States experience childhood sexual abuse; these numbers may be low due to underreporting.¹

Health Outcomes

Adolescents who have experienced sexual abuse are more likely than their peers to have been involved in a pregnancy, to have been tested and/or treated for an STI, and to have participated in risky sexual behaviors such as using substances before intercourse, not using contraception, and engaging in sex with multiple partners.²

Many studies of the sexual health outcomes of foster youth have explored the relationship between



sexual abuse and teen pregnancy.^{3,2,4} Consistently, the research has shown that both males and females with a history of sexual abuse have had higher rates of involvement with a pregnancy than those who have not reported abuse. According to one study, males with any abuse history were more likely than females to be involved with a pregnancy; depending on type of abuse history—incest, nonfamilial, or both—22-61% of males and 13-26% of females reported being involved with a pregnancy.² While the experiences of males are frequently ignored in research, it is becoming clear that the relationship between sexual abuse and sexual health is important to examine in males as well as females.

Young people who have experienced abuse are two times more likely to report being tested or treated for an STI than nationally representative samples of young people.² These impacts do not stop with adolescence and may continue throughout the lifetime of an individual who has experienced abuse. Adult victims of abuse were more likely to report having multiple STIs than their nonabused peers.⁵

Coping mechanisms for sexual abuse may put youth at increased risk for pregnancy or STI contraction. Youth experiencing sexual abuse may use or abuse substances in order to deal with their experiences, and may become dependent as a result.⁶ Youth who have experienced incest often run away from home to escape their experience. Running away from home and substance use are risk factors for unintended pregnancies and STI contraction. Additionally, sexual abuse is often associated with other familial issues such as substance abuse, domestic violence or physical abuse.⁷ These added stressors in the youths' homes may exacerbate the experience of abuse, or perhaps leave youth without role models who can help them to develop healthy coping mechanisms.

Sexual Risk Taking

Youth who have experienced abuse may take more sexual risks than their nonabused peers. Because of feelings of powerlessness and boundary violation, youth may find it difficult to communicate about their desire for sexual safety; according to one study, 40% of adolescent females who had



experienced sexual abuse reported never or rarely using a condom, whereas 30% of non-abused young women reported never or rarely using a condom.² Youth who have experienced abuse may run away from home to escape their abusive environment and may subsequently find themselves engaging in survival sex. Females who had experienced sexual abuse were found to have been 2.5 times more likely to have engaged in prostitution than those who had not.⁸

LGBTQ Youth

Sexual minority youth are more likely than heterosexual youth to report a history of abuse. This may be because their LGBTQ status can result in less protection from their families.⁹ More research is needed to better understand and support these populations in order to help them have safer and healthier sexual lives.

Adults working with children and youth of all genders and sexual orientations should be trained to screen for sexual abuse and be prepared to talk to a youth if they suspect that abuse is happening. Young people should hear that abuse is not their fault and learn about resources they can use should they experience abuse or know someone who is. The needs of youth who have experienced sexual abuse are also left out of many sex education curricula. While some curricula, such as FLASH[†], teach youth what abuse may look like and who to talk to about it, few discuss the needs of a young person who has a history of abuse. Sexuality education programs should acknowledge that some youth have experienced abuse, address their specific needs and suggest healthy coping mechanisms and resources for them. Programs and resources available to sexually abused young people should

be inclusive of and sensitive to the needs of all youth, including males and LGBTQ youth.

Conclusion

Sexual abuse can have short- and long-term effects that impact the physical, emotional, and mental health of an individual. More research is needed to identify the mechanism that leads individuals to abuse others and slow this cycle of violence and hurt. In the meantime it is vital that individuals who have experienced abuse are supported by their communities and have access to supportive resources that are equipped to address their needs.

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[†] Family Life and Sexual Health Curricula, developed by The Office of Family Planning and Sexual Health, King County Public Health available at <http://www.kingcounty.gov/healthservices/health/personal/fam-plan/educators/flash.aspx>

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