



www.pathwaysrtc.pdx.edu



**“Tell Us What We
Need to Hear”**

**The Sexual Health
Needs of Youth in
Foster Care**

L. Kris Gowen, PhD, EdM & Maya Rowland
Portland State University



Background

- More than half a million children in foster care in the United States; 30% of them are youth 11-21 years old
 - 90% of youth in care have experienced some form of maltreatment: physical abuse, sexual abuse, neglect or some combination of the above.¹
- Youth in care have more negative sexual health outcomes than national samples



Sexual Health Outcomes

- ¼ of foster youth reported being tested or treated for an STI, more than four times the national average ¹
- 32.6% report being pregnant before the age of 17 and 48.2% become pregnant by age 19 and 51.7% carry the pregnancy to term ¹
- 90% of 19 year olds have had sex, compared with 78% of the national sample of 19 year olds ¹



Sexual Health Outcomes, Cont.



- Youth in care are on average 7.2 months younger than their peers at first intercourse ¹
- Sexual health outcomes can continue into adulthood with higher rates of single or multiple STI diagnoses and riskier sexual practices ²



Why Are Foster Youth Different?



- Abuse experience/exposure
- Concept of family: Youth in care may have a different concept of family; more people included, different needs, attachment
- Lack of role models: Who is the parent? Who is responsible?
- LGBTQ youth are overrepresented



One Voice

“ I wanted the close family connection that my friends had... I knew about condoms and birth control, but I felt the need to have someone who loved me so badly that I went looking for it through the opposite sex... Since I learned about sex through my father molesting me, it seemed like that's how I was supposed to be treated. If I had someone who showed me what a real relationship looked like, [I would have realized] that I have a support system and I do not have to rely on the opposite sex to fill that void of not being loved.”

-Female, 20



Barriers to Accurate Information

“No one talks to us about it because we’re always strangers”



Lack of education:

- Of youth themselves
- Of foster parents
- Of social workers



Barriers to Accurate Information: Youth

- Lack of education of youth
 - Lack of stable placement may cause them to miss school-based sexuality education
 - 1/3 to 1/2 of youth report not receiving ILS in domains such as Health Education and Youth Development ³
 - Only one sexuality education curricula designed specifically for youth and by youth “Power Through Choices” ⁴



Barriers to Accurate Information: Foster Parents



Lack of education of foster parents

- Lack of training opportunities
- Overall low levels of knowledge in adults
- “One foster parent said the word “sex” once. That was the only time she mentioned it.”



Barriers to Accurate Information: Social Workers



- Lack of education of social workers
 - More than 1/3 of the top social work programs have no courses on Human Sexuality
 - Those that do offer them as electives

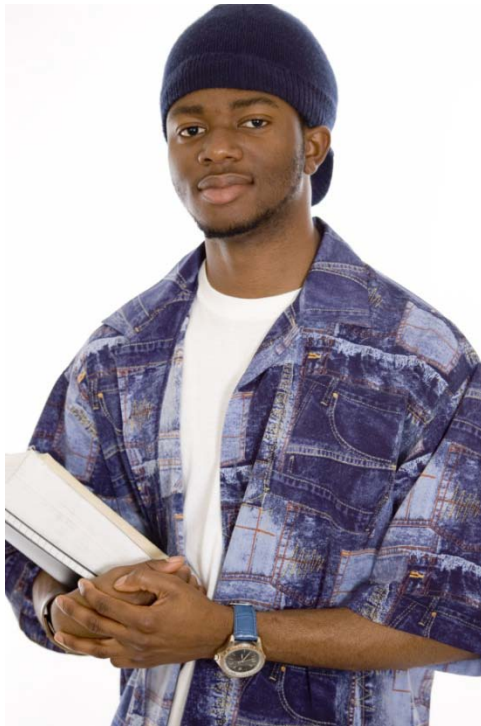


Barriers to Accurate Information, Cont.

- Reluctance to talk about sex and sexuality
 - Taboo topic
 - “not my kid/parent” perceptions
 - Challenging relationships between foster parent and youth
 - Diffusion of responsibility
- Motivations for having sex may be different for foster youth



Other Barriers to Sexual Health



- Transportation
 - Time- Commitments to school, services, employment, counseling, etc.
 - Lack of trust in contraceptives
 - Unfamiliar with environment
 - Financial
-
- Religious/philosophical views of youth or family



Motivations for Sexual Activity

“If you don’t have sex before high school, everyone thinks you are gay or a loser”

- Different from general population? Not really studied
- Proving to be a better parent
- Many benefits to having a child ¹
- Masculinity: sexual activity is expected and encouraged to prove masculinity/status ¹
- Peer pressure
- Thinking long term, acting on immediate impulses ¹



What We Need to Do

- Cultivate a better understanding of the motivations for sexual activity
 - Formal research
 - Informal research – ask the youth!
- Offer sexuality education early and often
 - If school-based sexuality education is offered, might be too late for this population
 - Adults might feel awkward bringing up topics “too early”



Solutions

- Where should we concentrate our resources?
 - Formalized research to help develop sexuality education curricula specifically for foster youth?
 - Youth programs to implement existing evidence-based curricula?
 - Foster parent training?
 - Social worker/other professional training?



Solutions Activity

- Four groups
 - Foster youth
 - Foster parents
 - Social workers
 - ILS workers
- You've been awarded \$5M to develop an education program to improve sexual health of foster youth "statewide"
 - What would the program look like?
 - What would you teach?
 - What are the limits of your program? What will it not be able to "fix"?



Snowball Fight!



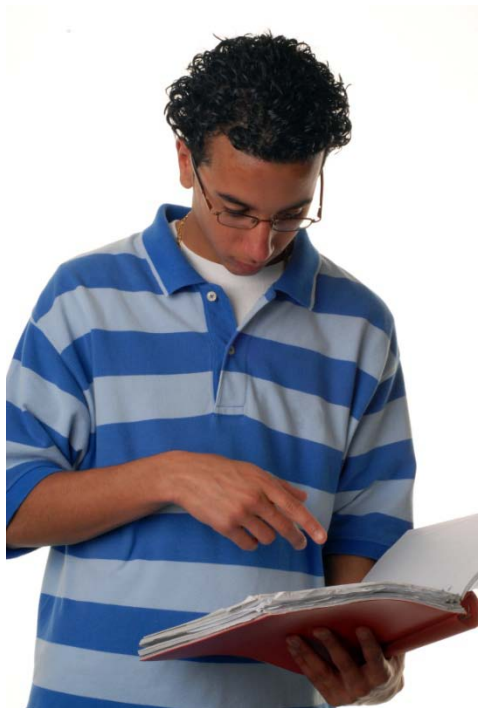
What Youth Are Asking For

“I was lucky that I was a person who would just ask the embarrassing questions.”

- “People to understand that we don’t have parents to tell us or guide us”
- “People to tell us what we really need to hear”
- “Get deeper into information to help us with the different situations we are in”
- “MORE INFORMATION”



What We Can Do



- Create space in your practice for sexual health discussions
- Don't wait for youth to ask you
- Get educated!
- Figure out your values system so you can have open communication
- Provide resources teens can use without asking



Any Questions?



Thank you!

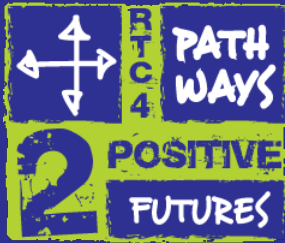
Maya Rowland: maya.rowland@gmail.com

Kris Gowen: gowen@pdx.edu



References

1. Love, L., McIntosh, J., Rosst, M., & Tertzakian (2005). *Preventing teen pregnancy among youth in foster care*. Washington D.C. National Campaign to Prevent Teen Pregnancy. Retrieved from http://www.ucanchicago.org/site/files/682/83930/304484/419079/Fostering_Hope_booklet.pdf
2. Wilson, H., & Widom, C. (2009). Sexually transmitted diseases among adults who had been abused and neglected as children: a 30-year prospective study. *American Journal of Public Health, 99*, 197-203. Retrieved from <http://web.ebscohost.com.proxy.lib.pdx.edu/ehost/detail?vid=4&hid=110&sid=12cd699c-835d-44fe-9dcc-713625f5242b%40sessionmgr113&bdata=JnNpdGU9ZWlhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=37000752>
3. Courtney, M., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chapin Hall Center for Children. Retrieved from http://www.chapinhall.org/sites/default/files/ChapinHallDocument_8.pdf
4. Becker, M., & Barth, R., (2000). Power Through Choices: The development of a sexuality education curriculum for youths in out-of-home care. *Child Welfare, 29* (3) 269-283. Retrieved from <http://web.ebscohost.com.proxy.lib.pdx.edu/ehost/pdfviewer/pdfviewer?vid=13&hid=110&sid=12cd699c-835d-44fe-9dcc-713625f5242b%40sessionmgr113>



Acknowledgments/Funders



The development of the contents of this presentation were supported by funding from the National Institute of Disability and Rehabilitation Research, United States Department of Education, and the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (NIDRR grant H133B090019). The content does not represent the views or policies of the funding agencies. In addition, you should not assume endorsement by the Federal Government.

