“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

• 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

• 90% of 19 year olds have had sex, compared with 78% of the national sample of 19 year olds
• 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
“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
• 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
  – Only one sexuality education curricula designed specifically for youth and by youth “Power Through Choices”
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.”
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
• Masculinity: sexual activity is expected and encouraged to prove masculinity/status
• Peer pressure
• Thinking long term, acting on immediate impulses
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


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