

# 'Nobody cares if I use a condom': Sexual Risk Behaviors of Foster Care Youth

Nadine Finigan<sup>1</sup>, Ph.D., Catherine Watson<sup>2</sup>, MSW, Patricia Jones<sup>3</sup>, & Richard P. Barth<sup>1</sup>, Ph.D.

<sup>1</sup>University of Maryland: School of Social Work; <sup>2</sup>Baltimore City Health Department; <sup>3</sup>Maryland Department of Health and Mental Hygiene

## Introduction

Youth in out-of-home care are at an increased risk for pregnancy and sexually transmitted infections due to their increased likelihood to engage in high-risk behaviors. These teens are from a variety of racial and ethnic backgrounds and rural, urban, and suburban environments. Many teens in foster care become parents, either while they are in the foster care system or shortly after transitioning out of the system<sup>ii</sup>. Youth in the juvenile justice system, especially girls, have high rates of past sexual abuse and tend to engage in risky sexual behaviors<sup>iii</sup>. These youth have a double vulnerability – adolescence, a critical stage marked by increased risk for negative social and behavioral outcomes; and, being in out-of-home care.

## Study Aims

1. Compare the reproductive health risks of youth in out-of-home care in Baltimore City to a national sample of youth in care and out of care.
2. Identify risk and protective factors of youth in out-of-home care in Baltimore City related to sexual reproductive health.

## Participants

System-involved youth enrolled in a sexuality education program designed for adolescents in out-of-home care (n = 63).

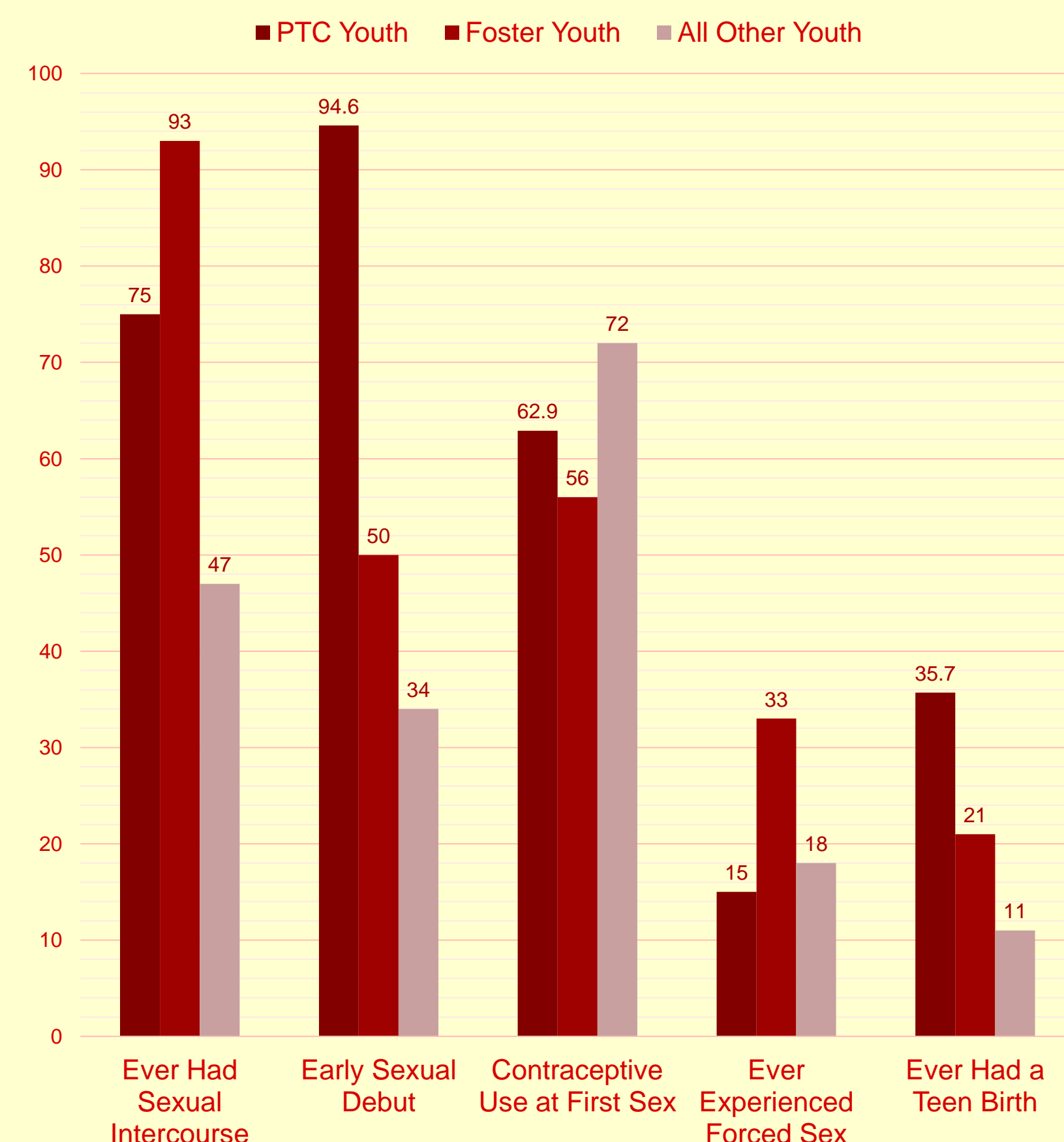
Demographics	N (%)
<b>Gender – Male</b>	33 (52.4%)
<b>Race – African American</b>	59 (92.3%)
<b>Grade in School:</b>	
❖ 8 <sup>th</sup>	2 (3.5%)
❖ 9 <sup>th</sup>	7 (12.3%)
❖ 10 <sup>th</sup>	12 (21.1%)
❖ 11 <sup>th</sup>	9 (15.8%)
❖ 12 <sup>th</sup>	7 (12.3%)
❖ <b>Graduated/Not currently enrolled</b>	20 (35.1%)
<b>Age Range</b>	14 – 21 years

## Methods

Youth completed baseline surveys which captured information on demographics, reproductive health behaviors, and risk and protective factors.

## Results

Comparison of Sexual Reproductive Health Behaviors<sup>i,iii</sup>



## Risk and Protective Factors

75% of foster youth enrolled in the *Power Through Choices* intervention had had sexual intercourse at some point in their lifetime. Of these, 94.6% were sexually active before the age of 16. 62.9% used any form of birth control the first time they had sexual intercourse. Of those who had used birth control at first sex, the majority used condoms.

Foster youth in this sample tended to continue numerous high risk sexual behaviors. In the prior three months, they reported instances of multiple sexual partners (4+; 72%) and sex without a condom (85%). Almost 40% of this vulnerable population had been pregnant or gotten someone pregnant. Of them, just under 50% had done so more than once and 35.7% had become a teen parent.

Almost 30% of this sample had been in situations where they were touched sexually without their consent. 15% had been forced to have sex. An equal 15% were fearful that their partner might physically hurt them. 21% had been in a relationship in the past 12 months where their partner had physically hurt them.

Despite being in out-of-home care, the majority of youth had an adult in their life in whom they could confide occasionally. 40% of them believed this person would disapprove of them becoming sexually active.

Most of the sexually active foster youth in this sample had spoken to a medical professional in the past 12 months about their sexual reproductive health (67.5%). 76.6% of these had been tested for sexually transmitted diseases with 11.7% being diagnosed and treated.



## Conclusions

These results show that youth in out-of-home care tend to exhibit higher sexual risk taking behaviors than their out of care counterparts. Youth in the current study are more at risk for teen pregnancy than youth in foster care from a national sample. These high risk behaviors create difficulties not only for the youth themselves but also for the systems in which they are involved.

A thorough examination of the sexual risk behaviors of foster youth is necessary in order to develop effective prevention strategies. Engaging in sexual risk behavior can set the stage for engaging in other risky behaviors, thus increasing the likelihood of self-injury, victimization by others, and other negative consequences that result from these behaviors in an already vulnerable population.

Social and health services agencies must create environments that address the sexual reproductive health issues specific to foster youth.

## References

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## Acknowledgements

BCHD's Teen Pregnancy Prevention Initiative for Youth in Out-Of-Home Placement is funded by the Maryland DHMH Personal Responsibility and Education Program (PREP). PREP is funded by the US DHHS, ACF, Family and Youth Services Bureau under the Affordable Care Act.

Additional collaborative partners include Maryland Department of Human Resources, Baltimore City Departments of Social Services and Juvenile Services, Planned Parenthood of Maryland and the Maryland Foster Youth Resource Center. Contact Email: [nfinigan@ssw.umaryland.edu](mailto:nfinigan@ssw.umaryland.edu)