We Need Sex Ed, Too! : Addressing the Sexual Risk Behaviors of System Involved Youth

Nadine Finigan-Carr
University of Maryland, Baltimore, nfinigan-carr@ssw.umaryland.edu

Follow this and additional works at: https://digitalcommons.georgiasouthern.edu/nyar_savannah

Part of the Health and Physical Education Commons, Maternal and Child Health Commons, Public Health Education and Promotion Commons, and the Social Work Commons

Recommended Citation
https://digitalcommons.georgiasouthern.edu/nyar_savannah/2020/2020/101

This presentation (open access) is brought to you for free and open access by the Conferences & Events at Digital Commons@Georgia Southern. It has been accepted for inclusion in National Youth-At-Risk Conference Savannah by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.
We Need Sex Ed, Too!: Addressing the Sexual Risk Behaviors of System Involved Youth

Nadine Finigan-Carr, Ph.D.
University of Maryland, Baltimore School of Social Work

National Youth At Risk Conference
March 2020
Learning Objectives

After the presentation, participants will be able to:

1. Identify the sexual and reproductive health risk behaviors and/or outcomes of system-involved youth;
2. Describe the related social determinants of health;
3. Improve awareness of how educators and other providers can promote the development of positive sexual behaviors and reduce pregnancy within this vulnerable population.
How would you feel if...
Who are system-involved youth?
Who are youth in foster care?

- **Youth living in foster care**— Youth who have been removed from their home and placed in out-of-home (state supervised) care.

- **Types of maltreatment:**
  - Neglect (62%)
  - Physical abuse (13%)
  - Sexual abuse (4%)

Children’s Bureau, 2019a
Who are youth in foster care?

• **437,283 children and youth (0-21) in foster care**
  
  - Non-relative foster family homes (46%), relative homes (32%), other (22%; e.g. group homes).
  - Older youth remain in foster care longer than younger youth.
  - Unmet health care needs.
  - Disproportionate representation of some minority groups.

Children’s Bureau, 2019
Who are youth in the juvenile justice system?

In 2010, >31 million youth were under juvenile court jurisdiction.

- 79% aged 10-15; 12% age 16; 9% age 17.
- 54% White; 15% Black; 2% Native American; 6% Asian (24% Latino of any race)
- Males were involved in 73% of delinquency cases in 2017.
- 28% of these youth are ordered into out-of-home placement. They are more likely to be older (15-17), male, and a person of color (33% Latino; 32% Black; 26% Native American; 22% White; 18% Asian)

Hockenberry & Puzzanchera, 2019
Older system involved youth need many supports.

- History of inconsistent, disrupted relationships and multiple placements.
- Trauma and other adverse childhood experiences
  - Chronic depression,
  - Exposure to domestic violence.
- Engagement in high-risk behaviors.
- Fractured or non-existent support systems to help youth transitioning out of care.
Sexual and reproductive health risk behaviors of system-involved youth
Baltimore City Teen Pregnancy Prevention Initiative for Youth in Out of Home Placements

Youth Intervention
• ~65% Child Welfare; 35% Juvenile Services
• Curriculum Topics:
  o Adolescent Reproductive Health
  o Future Orientation
  o Making Positive Choices
  o STIs and HIV/AIDS
  o Sex Trafficking

Adult Intervention
• Social workers, foster parents, and juvenile services workers
• Curriculum Topics:
  o Access to reproductive health care
  o Healthy relationships
  o Contraceptives
  o STIs and HIV/AIDS
  o Sexual Orientation
Sexual Behavior & Contraceptive Use Among All Teen Girls and Teen Girls in Foster Care (Age 19)

- Sexually Experienced: Foster Girls 90, All Teen Girls 78
- Some Method of Contraception at Last Sex: Foster Girls 65, All Teen Girls 65
- Condom Use at Last Sex: Foster Girls 48, All Teen Girls 37
- Sexual Partner with an STD: Foster Girls 18, All Teen Girls 6

National Campaign to Prevent Teen Pregnancy, 2006
MidWest Study
% Ever pregnant (females)

Foster Youth
- Age 17: 33%
- Age 19: 50%
- Age 21: 71%
- Repeat Pregnancy: 46.4%

Peers
- Age 17: 13.5%
- Age 19: 20%
- Age 21: 34%
- Repeat Pregnancy: 33.9%

Dworsky & DeCoursey, 2010
Chapin Hall Study
% had abortion (ever pregnant females)

<table>
<thead>
<tr>
<th></th>
<th>Age 17</th>
<th>Age 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Youth</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Peers</td>
<td>36</td>
<td>12</td>
</tr>
</tbody>
</table>

Dworsky & DeCoursey, 2010
### Reproductive Health Behaviors & Outcomes

<table>
<thead>
<tr>
<th>Category</th>
<th>PTC Youth</th>
<th>Foster Care Youth</th>
<th>Juvenile Justice</th>
<th>All Other Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Had Sexual Intercourse</td>
<td>93</td>
<td>76</td>
<td>90</td>
<td>47</td>
</tr>
<tr>
<td>Early Sexual Debut</td>
<td>86</td>
<td>50</td>
<td>76.5</td>
<td>34</td>
</tr>
<tr>
<td>Contraceptive Use at First Sex</td>
<td>55.5</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever Had a Teen Birth</td>
<td>72</td>
<td>32</td>
<td>21</td>
<td>22</td>
</tr>
</tbody>
</table>

Finigan-Carr, Steward & Watson, 2018
Barriers to pregnancy prevention

• System involved youth receive unclear and inconsistent messages about sexual and reproductive health.

• They have limited access to reproductive health services and programs.

• They may be less motivated to prevent/delay pregnancy.
Social determinants of health
Social Determinants of Health and Adolescent Health
Social Ecological Model

- **Intrapersonal**
  - Knowledge
  - Attitudes
  - Behavior
  - Self-concept
  - Skill
  - Developmental history

- **Interpersonal Processes and Primary Groups**
  - Formal and informal social network and social support systems, including family, work group and friendship networks

- **Institutional Factors**
  - Social institutions and organization characteristics, and formal (and informal) rules and regulations for operations

- **Community Factors**
  - Relationships among organization, institutions and informal networks with defined boundaries

- **Public Policy**
  - Local, state and national laws and policies
<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrapersonal Level</td>
<td>Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits</td>
</tr>
<tr>
<td>Interpersonal Level</td>
<td>Interpersonal processes and primary groups, including family, friends, and peers that provide social identity, support, and role definition</td>
</tr>
<tr>
<td>Community Level</td>
<td></td>
</tr>
<tr>
<td>Institutional Factors</td>
<td>Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors</td>
</tr>
<tr>
<td>Community Factors</td>
<td>Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations</td>
</tr>
<tr>
<td>Public Policy</td>
<td>Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management</td>
</tr>
</tbody>
</table>
Individual/Intrapersonal Level:
- Knowledge
- Sense of belonging
- Perceived control of life

Interpersonal Relationship Level:
- Social networks
- Healthy relationships
- Connection to caring adult
Social Ecological Framework & SDOH of System Involved Youth (Part 2)

Institutional/ Societal Level:
- Systemic issues -> child welfare or juvenile justice
- Stigma

Community Level:
- Community connectedness
- Social/Cultural Norms
- Infrastructure
How can we promote healthy development?
Engaging System Involved Youth

• Understand the unique needs of system involved youth.

• Implement evidence-based/promising practices programs.

• Involve young adults who were in care as peer educators and curriculum facilitators.

• Address factors that motivate youth to want to become pregnant.

• Facilitate parent-child communication.

• Emphasize positive youth development activities.
Discussion Questions

Given the information we have shared today:

• What are your recommendations for changes in practice?

• What are some stakeholders in your community that you can engage regarding the sexual reproductive health needs of system involved youth?

• Could you incorporate sexual health lessons into life skills programs for system involved youth?
Resources & References


THANK YOU!

Nadine Finigan-Carr, PhD
nfinigan-carr@ssw.umaryland.edu