



Healthy Sexual Development for Youth in Foster Care: What's Public Health Got To Do With It?

Deborah Allen, SCD

Deputy Director, Health Promotion

Los Angeles County Department of Public Health

December 18, 2018



The problem

- Young people in the foster care system experience unequal reproductive health outcomes compared to peers, including:
 - Higher STI rates
 - Higher pregnancy and birth rates
 - Less access to sexual health education and care



The link is clear

- 40 % of teen mothers have experienced abuse or neglect prior to pregnancy
- 1 in 4 youth who have experienced foster care as teens gives birth before age 20
- 4 in 10 of these mothers have a repeat pregnancy while still teens



One LA study of girls in foster care 15-17 showed

- Birth rate for girls in foster care 3.5%
 - 50% higher than rate for other girls
- Birth rate for girls in foster care < 12 months
 - More than 2x rate for girls in foster care \geq 60 months



Why are teen births in or after foster care a concern?

- An estimated 2/3 of births to young women in foster care are unintended
 - Unintended pregnancy is a risk factor for adverse maternal and infant outcomes
 - The rate for the overall US population is 50%
- The risk of abuse is elevated for children of mothers exposed to abuse
- Maternal maltreatment history was also associated with a 10% increase in the risk of low birth weight
- The vulnerability of young women in foster care suggests risks
 - Of exploitation, coercion
 - Of a limited sense of options



STIs a related risk

- Adolescents ages 15-19
 - 25% of sexually active individuals
 - 50% of all new STIs
 - Increased risk for:
 - HPV
 - Chlamydia
 - Gonorrhea
 - Trichomonas
 - Syphilis
- Risk is elevated among young women in vulnerable populations

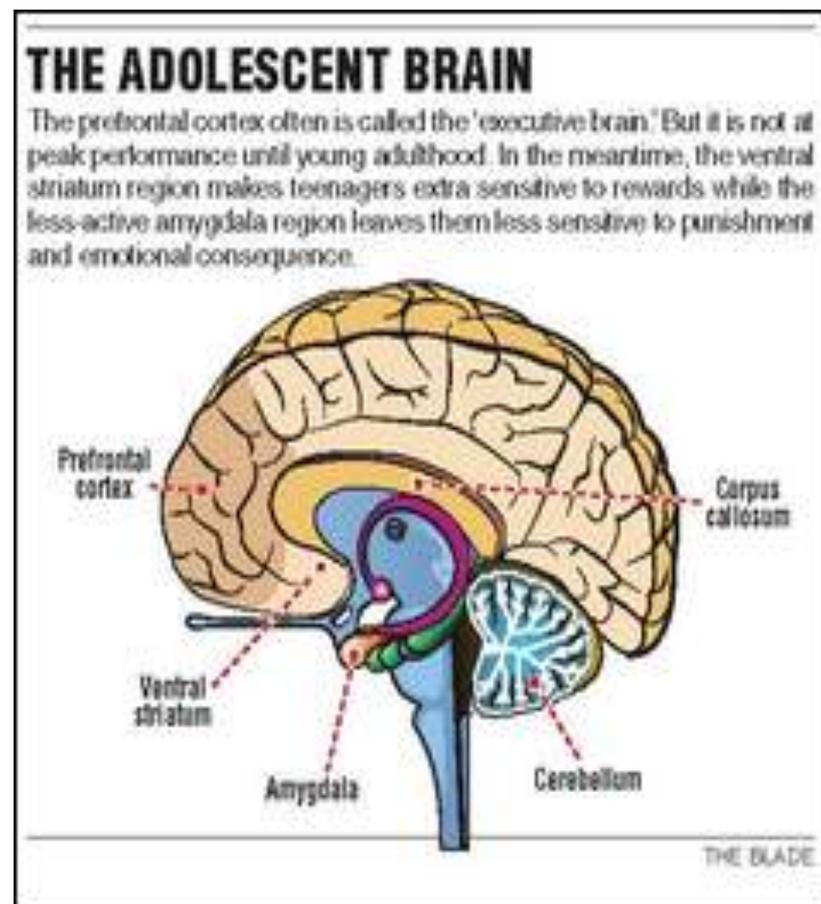


Why the link between foster care experience and elevated reproductive health risk

- The physiology of adolescent brain development
- PLUS
- Specific experiences that bring children and teens to the foster care system
 - Experiences of youth within that system
 - Social stigmatization based on foster care status

Principles of adolescent development

- Adolescents differ from adults in three important ways:
 - They lack the mature capacity for self-regulation in emotionally charged contexts
 - They have an increased sensitivity to influences around them such as peer pressure and the possibility of immediate gratification
 - They have less developed ability to consider the future. They live more in the here and now.





Risk-taking as part of adolescent development

- As adolescents develop, risk taking is a normal part of the process of identity formation and most youth mature out of these tendencies
- Challenging the rules of parents and adults serves to disrupt the ties to authority figures and allow them to gain independence
- BUT
- Youth must be supported in healthy risk-taking



Early adolescence: 10-13 years

- Experiences onset of pubertal/physical changes
- Wonders if they are normal
- Concerned about body image and privacy
- Less interest in parental activities
- Sexual fantasy and sexual experimentation is common
- Concrete thinking



Middle adolescence: 14-17 years

- Secondary sexual characteristics are developed
- Feelings of omnipotence and invincibility (or increased vulnerability)
- Peak parental conflict
- Peer group is most important
- Abstract thinking not fully developed
- Sexual orientation/ sexual identity
- Concern about attractiveness



Late adolescence: 17-21

- Brain development, prefrontal cortex developing until early-mid 20s
- Increased autonomy but family connection still important
- Abstract thinking
- Future orientation, increased insight
- Increased comfort with body image, gender role, sexual orientation
- Impulsive behavior when under stress



Factors undermining healthy development

- Physical maltreatment
- Hostile and/or coercive social processes
- Caregiving environment that exacerbates deficits by not providing appropriate individual guidance
- Can interfere with development of healthy relationships, safety, empathy etc.
- Parental/family separation during adolescence can disrupt healthy development



Factors supporting healthy development

- Safe and supportive relationships with
 - Families
 - Caring adults/mentors
 - Peers
- Positive experiences in
 - School
 - Organized activities
 - Employment



Where does public health come in?

- The “public health approach” focuses on prevention
 1. Primary prevention = creating an environment that supports optimal health for all youth
 2. Secondary prevention = minimizing adverse exposures and enhancing supportive factors for youth at risk
 3. Tertiary prevention = early identification and treatment for youth experiencing adverse effects of risk
- The public health approach is nonjudgmental
 - It focuses on the universality of needs, rather than treating each case as pathological when the environment is unhealthy



Importantly...

A “public health approach” is not just the property of public health





Primary prevention :

Positive Youth Development principles

- All young people are widely seen as assets to their community
- Youth are supported and meaningfully engaged in identifying challenges and solutions.
- Youth are assured access to community based, developmentally appropriate supports and services.
- The environment is shaped to meet each young person's needs for skills development, attachment, engagement and pro-social behavior



Secondary prevention: assuring a broad range of services for youth in and after foster care

- Building a strong therapeutic relationship or “helping alliance” between program staff and youth involved in the foster care system
- Promoting healthy connections with family, friends, teachers and others, given the importance of nurturing relations and social support systems for girls’ success and well-being
- Recognizing the individual needs of youth, particularly as they relate to mental health disorders, sexual preference and cultural backgrounds



Tertiary prevention: individualized, family-centered, bi-generational support for young mothers

- Individualized, intensive, extended home visiting, case management and other services
 - Support for mother's ongoing development
 - Parenting education and support
 - Group support as appropriate
 - Services in response to any special needs of child
 - Integrated pregnancy, post-partum, interconceptional, pediatric, mental health care
 - Specialized treatment as needed



These are societal responsibilities

- Recognizing that all youth have a tremendous capacity for change
- Nurturing youth strengths
- Offering opportunities for youth to develop supportive relationships
- Providing positive reinforcement for making healthy choices
- Creating an environment of nonjudgment
- Promoting positive identity development
- Challenging destructive narratives that paint young people, especially the most vulnerable, as threats



But a special responsibility of those of us in helping professions

We share with you responsibility for the healthy development of youth

We need a common strategy for partnering with each of you to

- improve reproductive and sexual health outcomes of foster youth
- Promote wellness and healthy youth development



One final key element:

Partnering with parents and youth to create healthy systems of care

- Help adults, including parents, foster parents and others, understand youth development as a context for youth behavior
- Help youth to set goals and develop a pathway to achieve them.
- We must create opportunities that engage parents and build self esteem and promote achievement among youth



Thank you. Questions?





DPH Approach to Adolescent Health -PYD

- Establishment of a DPH Youth Advisory Council to inform public health programs, policies, and practices that seek to impact youth throughout Los Angeles County.
- Youth will advise the DPH Director and leadership team
- The initiative will:
 - promote leadership skills
 - include mentoring
 - expose youth to careers in the public health field.