Developmentally Appropriate Approaches to Discussing Sexual and Reproductive Health Rights with Foster Youth

State law requires foster care case managers, which includes social workers and probation officers, to annually engage with foster youth, starting at age 10, to promote recognition of sexual and reproductive health needs and access to sexual and reproductive health care. This topic can be challenging to address due to the developmental differences between youth of different ages and different lived experiences, the impact of traumatic childhood experiences on adolescent development and sexual behaviors, and the attitudes and concerns that adults—including case managers—may have related to adolescent sexuality.

The intention of this brief guide is to provide background information about adolescent development and some suggested trauma-informed approaches to meet the requirements of the law in an age-appropriate manner. This guide is organized into three developmentally appropriate information sheets for tweens/early adolescents, middle adolescents, and transition aged youth/young adults.

Utilize a Trauma-Informed Approach

The experience of trauma, an experience shared by almost all youth and young adults in foster care, has a significant impact on child and adolescent development and behavior. In general, exposure to trauma results in a young person prioritizing skills, behaviors, and adaptations that help them to survive their environment in an attempt to meet their physical, emotional, and relational needs. These coping approaches may be maladaptive and can result in challenging, risky, and sometimes dangerous behaviors.

On the following pages, you will find general background information on the characteristics of the three stages of adolescent development, as well as suggested conversation starters you can use to frame your discussion about sexual and reproductive health rights with foster youth and young adults at different ages and stages of development. When reviewing the following pages, remember the impact of trauma on adolescent development, including:

- Internalizing (more prevalent in younger adolescents) and externalizing (more prevalent in middle and late adolescents) reactions
- Premature separation or age-inappropriate dependence
- Risk for affiliation with a peer group with negative behaviors
- Risk for engaging in risky sexual behaviors, substance misuse and self-harm
- Attempts to control self and environment, sometimes through dysfunctional approaches
- Difficulty forming trusting relationships
- Failure to develop age-appropriate coping strategies
- Development of a negative self-identity

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SB89 CASE MANAGER GUIDE

Also, keep in mind that trauma-informed relationships that are supportive, consistent, and reliable—such as the relationships that case managers can form with foster youth and young adults—can be healing experiences that support healthy development.

Sensitive, developmentally appropriate, open communication approaches to the topic of sexual and reproductive health (SRH) will facilitate meeting the needs of young persons you serve and the mandates of the law. SRH recommendations from frequency and types of medical services to methods of contraception change rapidly, so make sure that you are up to date in your own knowledge base. You may want to review the age and developmental stage-appropriate resources for young persons included in each of the handouts that accompany this guide, which can be helpful for framing concepts and content in a scientifically accurate, age-appropriate manner.

Recommended approaches to addressing SRH needs with young persons you serve:

- Explore your own attitudes and biases related to adolescent sexuality
- Prepare yourself by updating your knowledge base about SRH. Don’t feel like you have to be the SRH subject matter expert. It is okay to say “I don’t know – what do you think or let’s find out.”
- Be familiar with the law and understand minor consent and confidentiality rights related to SRH
  
  For information about minor consent, confidentiality and SRH, see:
  
  National Center for Youth Law’s California Minor Consent and Confidentiality Laws Chart
  
- Be aware of the impact of trauma on young persons you serve, and of secondary or vicarious trauma on you
- Use trauma-informed approaches to opening, engaging in, and following up on discussions of SRH:
  
  • Individualize your approach to meet the needs of the young person you are working with.
  
  • Work to earn and maintain a trusting relationship. Discussing confidentiality and situations that might result in the need to breach confidentiality is an essential step in building trust.
  
  • Acknowledge the difficulty of the topic and recognize trauma-symptoms that may interfere with the discussion.
  
  • Ask permission! The young person may not be ready to discuss SRH needs when you had planned and may need additional time or sessions to have the discussion.
  
  • Utilize a strength-based approach, building on what the young person already knows, recognizing their attempts to protect and manage their SRH, and supporting their desires and choices.
Resources on Trauma-Informed Care

There are excellent resources for case managers who want to learn more about the impact of trauma on adolescent development and behavior, a topic beyond the scope of this guide. For more information:

*Trauma-Informed Practice with Young People in Foster Care*
https://www.aecf.org/m/resourcedoc/jcyoi-IssueBrief5TraumaInformedPractice-2012.pdf

*Trauma and Resilience: An Adolescent Provider Toolkit*
https://rodriguezsarah.files.wordpress.com/2013/05/traumaresbooklet-web.pdf

*A Trauma Informed Approach for Adolescent Sexual Health*
Developmental Characteristics and Conversation Starters

Age Range (stages/ages are variable and fluid):
Biological Females: 9-13 years, Biological Males: 11-15 years

<table>
<thead>
<tr>
<th>GROWTH</th>
<th>COGNITION</th>
<th>PSYCHOLOGICAL SELF AND SELF-PERCEPTION</th>
<th>FAMILY/ CAREGIVER RELATIONSHIP</th>
<th>PEERS</th>
<th>SEXUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary sexual features appear</td>
<td>Concrete thought dominant</td>
<td>Preoccupation with rapid body change</td>
<td>Defining boundaries with strong dependency desires/needs while trying to detach</td>
<td>Seeks peer affiliation to counter instability generated by rapid change</td>
<td>Self-exploration and evaluation</td>
</tr>
<tr>
<td>Voice changes and body odor increases</td>
<td>Less able to perceive long-range implications of current decisions and acts</td>
<td>Former body image disrupted</td>
<td>Concerned with privacy</td>
<td>Compares own normality and acceptance with same sex/age mates</td>
<td>Limited dating, limited intimacy</td>
</tr>
<tr>
<td>Growth rapidly accelerating</td>
<td>Concerned with privacy</td>
<td>Frequent mood swings</td>
<td>Conflicts may occur but relate to minor issues</td>
<td>Same-sex friends and group activities</td>
<td>Sexual fantasies common</td>
</tr>
<tr>
<td>Menstruation may begin</td>
<td>Very self-focused</td>
<td></td>
<td></td>
<td></td>
<td>Masturbation common</td>
</tr>
</tbody>
</table>


The following are suggestions for opening a discussion to address SRH rights of tweens/early adolescents in foster care. Keeping in mind that each young person is unique and each professional-young person relationship is different, these suggested approaches are merely that — potential conversation openers.

For tweens/early adolescents, embarrassment and discomfort in talking about SRH is common for both the youth and the helping adult. Despite the challenges of initiating these conversations with young tweens/teens, it is essential that these young people have the information they need. According to the National Survey of Child and Adolescent Well-Being, 41 percent of youth in foster care report having sex at age 13 or younger, so starting to share information, resources, and support early is important and impactful. Acknowledging this discomfort can help to reduce it through statements such as:

Many people your age are starting to notice changes in their bodies and feelings. This is totally normal and may make talking about your body, the changes you are going through, and your questions about it feel embarrassing. Sometimes, the painful things that have happened in the past, including sexual things, make it hard to talk about or even think about your body changes and growing up. I want to help you get answers to your questions and make sure that you know how to take care of yourself. So, if it is okay with you, let’s talk about what you have already learned and what you want to know more about.

For more information or copies of this guide, please visit www.jbaforyouth.org/SB89 or www.fosterreprohealth.org
### Conversation Starters:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related to their right to getting SRH information</strong></td>
<td>Everyone in foster care has certain rights—rights to an education, food, a safe place to live, and other rights too. You also have health rights, and as you get close to being a teenager (or “now that you are a teenager”) I want to talk with you about your reproductive and sexual health rights, which can be very important as you get older. Lots of times young people have questions about how their bodies grow and change, relationships and sex, how people get pregnant, and how to prevent getting pregnant. Have you had classes at school about these things? I want to make sure if you need anything—information or help getting any services, that you know you can talk to me and I will help you.</td>
</tr>
<tr>
<td><strong>Related to their right to consent and confidentiality</strong></td>
<td>If you are thinking about having sex or are already having sex, you can go to a doctor or clinic for a pregnancy test or for birth control, and you can get this care on your own without asking permission from your foster parent, parent, group home staff, case worker, or court. If you go to a doctor or clinic, the things you talk about that have to do with sex, pregnancy, and birth control are between you and the doctor or clinic staff—it is what we call ‘confidential.’ The only time things are not confidential are if you tell them that you are thinking of hurting yourself or someone else, if someone has hurt you, or if you are under 14 and having sex with someone who is 14 or older. If those things come up, for your safety, they may need to contact someone for help. What questions do you have about confidentiality?</td>
</tr>
<tr>
<td><strong>Related to their right to access SRH services and the case manager’s role in removing or mitigating barriers</strong></td>
<td>It can be hard to find a clinic, make an appointment, and get where you need to go on your own. I can help you with all of these things so that you can get the care that you need.</td>
</tr>
</tbody>
</table>
### Developmental Characteristics and Conversation Starters

**Age Range (stages/ages are variable and fluid):**  
Biological Females: 14-16 years, Biological Males: 16-17 years

<table>
<thead>
<tr>
<th>GROWTH</th>
<th>COGNITION</th>
<th>PSYCHOLOGICAL SELF AND SELF-PERCEPTION</th>
<th>FAMILY/CAREGIVER RELATIONSHIP</th>
<th>PEERS</th>
<th>SEXUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Secondary sexual characteristics well advanced</td>
<td>• Rapidly gaining competence in abstract thought</td>
<td>• Very concerned with appearance</td>
<td>• Frequency of conflicts may decrease but their intensity increases</td>
<td>• Strong need for identification to affirm self-image</td>
<td>• Multiple plural relationships</td>
</tr>
<tr>
<td>• Menstruation established in females</td>
<td>• Capable of perceiving future implications of current acts and decisions but variably applied</td>
<td>• Preoccupation with fantasy and idealism in exploring expanded cognition and future options</td>
<td>• Struggle for autonomy and separation from family/caregiver</td>
<td>• Looks to peer group to define behavioral code</td>
<td>• Heightened sexual activity</td>
</tr>
<tr>
<td>• Growth decelerating; stature reaches 95% of adult height</td>
<td>• Reverts to concrete operations under stress</td>
<td>• Often risk takers</td>
<td>• Development of a sense of omnipotence and invincibility</td>
<td>• Cross-gender friendships more common</td>
<td>• Testing ability to attract partners</td>
</tr>
</tbody>
</table>


The following are suggestions for opening a discussion to address SRH rights of middle adolescents in foster care. Keeping in mind that each young person is unique and each professional-young person relationship is different, these suggested approaches are merely that—potential conversation openers.

For middle adolescents, the focus should shift from development to healthy relationships and risk reduction to get the conversation started:

*I want to help you take care of yourself as a whole person, and that includes talking about relationships, sex, and protection. You may have had classes at school, but lots of young people want more information or help getting the care they need to prevent pregnancy and diseases that can be passed by having sex. Many youth in foster care have experienced trauma; they have had hard things happen to them in their lives, including unwanted sexual experiences, and that can also make it tough to talk about this or ask for help in getting the health care that you need. I would like to share some information and resources with you about sexual health…is that something that you are okay talking about with me today?*
## Conversation Starters:

<table>
<thead>
<tr>
<th>Related to their right to getting SRH information</th>
<th>Have you had classes in middle and high school about relationships and sex, pregnancy, birth control, and how to prevent STDs—the germs that you can get from having sex? Sometimes youth in foster care miss out on these classes, or don’t get all of their questions answered.</th>
</tr>
</thead>
</table>
| Related to their right to consent and confidentiality | If you are thinking about having sex or are already having sex, you can go to a doctor or clinic for a check-up, a pregnancy test, or birth control, and you can get this care on your own without asking permission from your foster parent, parent, group home staff, case worker, or court. If you go to a doctor or clinic, the things you talk about that have to do with sex, pregnancy, birth control, or diseases that you can get from having sex (STDs) are between you and the doctor or clinic staff—it is what we call ‘confidential.’  

The only time things are not confidential are if you tell them you are thinking of hurting yourself or someone else, if someone has hurt you, or if you are under 16 and having sex with someone who is 21 or older. If those things come up, for your safety, they may need to contact someone for help. What questions do you have about confidentiality?  

Note: This guide only addresses SRH consent and confidentiality rights. Case managers are responsible for explaining ALL minor consent and confidentiality rights to their clients in foster care annually, and these conversation starters only cover a portion of those rights. |
| Related to their right to access SRH services and the case manager’s role in removing or mitigating barriers | Finding a clinic, making an appointment and getting to your appointments can be hard, and I am here to help you get the care that you need. You can ask for my help without telling me all the details… my job is to support you in taking care of yourself. |
Developmental Characteristics and Conversation Starters

Age Range (stages/ages are variable and fluid):
Biological Females: 17-21+ years, Biological Males: 18-21+ years

For transition-aged youth/young adult, the focus should again shift, planning for transitions in resources, responsibility, and more stability in relationships. More developed abstract thinking, understanding of cause and effect, and future-orientation in the young person you are working with allows for more adult approaches to sexual health education. However, remember that trauma can result in delays in development:

There are lots of changes and transitions going on in your life now that you are (almost or already over) 18. Trauma and the experiences that you had growing up can make it hard to take care of your sexual health needs, and I want to make sure that we think about all of your needs. If it’s okay with you, I’d like to talk with you about resources to help you take care of your sexual health.
**CONVERSATION STARTERS:**

<table>
<thead>
<tr>
<th>Related to their right to getting SRH information</th>
<th>Relationships, sex, and birth control can be confusing and complicated. I can help you find information and resources about these topics.</th>
</tr>
</thead>
</table>
| Related to their right to consent and confidentiality | As an adult, you have the right to consent to your own health care, and all the healthcare services that you receive are confidential, which means that information about your health cannot be shared without your permission. Being in foster care does not change any of these rights.  
Note: If <18, use the approach suggested for middle adolescents. |
| Related to their right to access SRH services and the case manager’s role in removing or mitigating barriers | Even when you know what you need and where to go for care, things can get in the way. If you need help with figuring out your insurance or payment for care, transportation, childcare, or anything else that is keeping you from being able to take care of yourself, talk with me about it. I am here to support you in taking care of yourself. |
IF YOU ARE IN FOSTER CARE, YOU HAVE RIGHTS!

You have the right to sex ed in school that includes:

- learning about the changes in your body
- deciding whether you are ready to have sex or not
- ways that you can lower your chances of getting pregnant
- ways that you can lower your chances of getting an STD (germs that are spread by having sex)

You have the right to:

- choose the doctor or clinic that you want to go to
- start on a method of birth control that you want to use
- change the method of birth control you are using
- get a pregnancy test
- get care if you are pregnant (whether you want to have an abortion or have a baby)

If you missed out on this information in middle school, talk to your case worker who will help you get the facts that you need.

Did you know?

You can receive many of these services at no cost to you with your Medi-Cal until age 26.
Your foster parent/caregiver, group home staff or case worker are required to help you get a check-up. If you are worried about paying for your check-up or getting to the doctor or clinic, ask for help!

You have the right to private, confidential care:

- You don’t need permission from a parent, foster parent, group home staff, court, or case worker to go to a doctor or clinic, but help from an adult can make it a lot easier! Talk to an adult you trust and ask for help!
- You can get care on your own, and you can ask your case worker for help in getting care without telling them your business if you don’t want to
- You can see a doctor or go to a clinic and they will not tell anyone about your visit unless you say it’s okay

If you are 12 years old or older, you have other health rights too!

- Talk to your case worker or lawyer, they can help you know your rights and get the care that you need

VIDEOS, CHATS, AND WEBSITES FULL OF INFORMATION ARE JUST A CLICK AWAY:

**Online Sex Ed Info:** Websites on sexual health for youth
- tinyurl.com/SexEd4Youth

**Amaze:** Videos about your body changes, birth control choices, germs from sex, healthy relationships, LGBTQ youth, pregnancy, and more
- amaze.org
- @amaze
- @amazeorg

**Planned Parenthood:** Find a health center to get care and info about sexual health
- plannedparenthood.org
- 1-800-230-PLAN (7526)
- Text Roo to 22422 to ask Roo your questions you don’t want to say out loud

**LGBTQ Youth:**
- itgetsbetter.org
- 1.800.246.PRIDE (7743)

**Foster Youth Rights:** Talk to the Foster Care Ombudsman Office to find out about all your rights, have someone hear what is going wrong, or get help for what you need
- fosteryouthhelp.ca.gov
- mylifemyrights.org
- 1-877-846-1602
- fosteryouthhelp@dss.ca.gov

For more information or copies of this fact sheet, please visit [www.jbaforyouth.org/SB89](http://www.jbaforyouth.org/SB89) or [www.fostereprotohealth.org](http://www.fostereprotohealth.org)
You may be wondering...

- How can I protect myself from getting an STD?
- Am I ready to have sex?
- Do I want to get pregnant in the next year? Where can I get help if I do (or don't)?
- I need a pregnancy test or a check-up to make sure I’m okay. Will my foster parent or case worker be informed if I get confidential care on my own?
- I am LGBTQ -- how do I find resources that work for me?
- How do I know if I’m in a healthy relationship? Where can I get help if I’m feeling pressured in my relationship?
- What is birth control and how do I choose one that is right for me?
- I need help right now! Where can I go? Visit PlannedParenthood.org or Text “PPNow” to 774636 (PPINFO)

IF YOU ARE IN FOSTER CARE, YOU HAVE RIGHTS!

You have the right to sex ed in school that includes:

- learning about how your body works
- deciding whether you want to have sex or not
- healthy relationships and signs of relationship problems
- ways you can prevent getting pregnant if you don’t want to be
- ways you can prevent getting STDs (Sexually Transmitted Diseases -- germs that you can get by having sex)
- what you can do if you are pregnant
- what you can do if you have an STD

You have the right to:

- choose the doctor or clinic that you want to go to
- get a check-up for STDs
- start on any method of birth control that you want to use, or change the method that you are using
- get a pregnancy test
- get answers to your questions about sex, relationships and health
- get care if you are pregnant (whether you want to have an abortion or have a baby)

You can receive many of these services at no cost to you with your Medi-Cal until age 26

DID YOU KNOW?

If you missed out on this information in middle school or high school, talk to your case worker who will help you get the facts that you need

For more information or copies of this fact sheet, please visit www.jbaforyouth.org/SB89 or www.fosterreprohealth.org
You have the right to private, confidential care:

- You don’t need permission from a parent, foster parent, group home staff, court or case worker to go to a doctor or clinic, but help from an adult can make it a lot easier! Talk to an adult you trust and ask for help!
- You can get care on your own, and you can ask your case worker for help in getting care without telling them your business if you don’t want to
- You can see a doctor or go to a clinic and they will not tell anyone about your visit unless you say it’s okay

You have other health rights too!
- Talk to your case worker or lawyer, they can explain your rights and help you to get the care that you need

Videos, chats, and websites full of information are just a click away at:

Online Sex Ed Info: Websites on sexual health for youth
- tinyurl.com/SexEd4Youth

Healthy Relationships:
- loveisrespect.org
- 1-866-331-9474
- Text LOVEIS to 22522
- @loveisrespectpage
- @loveisrespect
- @loveisrespectofficial

Planned Parenthood: Find a health center to get care and info about sexual health
- plannedparenthood.org
- 1-800-230-PLAN (7526)
- Text Roo to 22422 to ask Roo your questions you don’t want to say out loud

LGBTQ Youth:
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- fosteryouthhelp.ca.gov
- mylifemyrights.org
- 1-877-846-1602
- fosteryouthhelp@dss.ca.gov

Have Questions about Sex, Dating, Pregnancy, Health, Identity, and More:
- Download the Okayso App
- iwannaknow.org
- teensource.org
- www.jbaforyouth.org/SB89
- www.fosterreprohealth.org

Middle Adolescents | For more information or copies of this fact sheet, please visit www.jbaforyouth.org/SB89 or www.fosterreprohealth.org
You may be wondering...

- Do I want to get pregnant in the next year? Where can I get help if I do (or don’t)?
- I need a pregnancy test or a check-up to make sure I’m okay. Will my foster parent or case worker be informed if I get confidential care on my own?
- I need help getting birth control.
- How can I protect myself from getting an STD?
- I need help right now! Where can I go?
  - Visit PlannedParenthood.org or Text “PPNow” to 774636 (PPINFO)
- I am LGBTQ -- how do I find resources that work for me?
- How do I know if I’m in a healthy relationship? Where can I get help if I’m feeling pressured in my relationship?

IF YOU ARE IN FOSTER CARE, YOU HAVE RIGHTS!

You have the right to sex ed in school that includes:

- ways you can prevent getting pregnant if you don’t want to be
- ways you can prevent getting STDs (Sexually Transmitted Diseases)
- what you can do if you are pregnant
- what you can do if you have an STD
- healthy relationships and signs of relationship problems

You have the right to:

- choose the doctor or clinic that you want to go to
- get a pregnancy test
- get a check-up for STDs
- start on any method of birth control that you want to use
- change your birth control method if you don’t like it
- get answers to your questions about sex, relationships and health
- get care if you are pregnant (whether you want to have an abortion or have a baby)

Did you know?

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TAY/Young Adult | For more information or copies of this fact sheet, please visit www.jbaforyouth.org/SB89 or www.fosterreprohealth.org
You can get care on your own, and you can ask your case worker for help in getting care without telling them your business if you don’t want to.

You can see a doctor or go to a clinic, and they will not tell anyone about your visit unless you say it’s okay.

Is cost, insurance or transportation keeping you from getting care? Your case worker is required to help you deal with these challenges. If you don’t have a case worker anymore, contact the Foster Care Ombudsman Office for help.

fosteryouthhelp.ca.gov
#1-877-846-1602

You have the right to private, confidential care:

• You don’t need permission from a parent, foster parent, group home staff, court or case worker to go to a doctor or clinic, even if you are still under 18 years old.

• You can get care on your own, and you can ask your case worker for help in getting care without telling them your business if you don’t want to.

• You can see a doctor or go to a clinic, and they will not tell anyone about your visit unless you say it’s okay.

You have other health rights too, even if you are still under 18!

• Talk to your case worker or lawyer, they can explain your rights and help you get the care that you need.

Videos, chats, and websites full of information are just a click away at:

Online Sex Ed Info: Websites on sexual health for youth
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