



# Former Foster Youths' Perceptions of Their Acquisition of Sexual Health Information While in Foster Care

Richard A. Brandon-Friedman<sup>a</sup>, Marea K. Kinney<sup>a</sup>, Barbara Pierce<sup>a</sup>, and J. Dennis Fortenberry<sup>b</sup>

<sup>a</sup> Indiana University School of Social Work; <sup>b</sup> Indiana University School of Medicine



## Research Question

What factors influenced former foster youths' acquisition of sexual health information?

## Background

- Foster youth and former foster youth have disproportionally high rates of pregnancy, sexually transmitted infections, and engagement in sexual risk behaviors (Ramseyer Winter, Brandon-Friedman, & Ely, 2016)
- It has been suggested that systemic barriers may be present to sexual education for foster youth by this has not been investigate empirically

## Study Participants

- Eight young adults between 18 and 26 who were formerly involved with the foster care system but no longer a ward of the State of Indiana

## Methodology

- Convenience sampling through agencies serving former foster youth in Indiana
- Semi-structured interviews lasting from 15 mins to 1 hour
- Interviews conducted by two individuals with MSWs
- \$20 gift card compensation for time participating

## Analysis

- Six step thematic analysis process as outlined by Braun and Clarke (2006)
- Initial "chunk by chunk" coding followed by theme development
- Initial coding resulted in 308 codes encompassing 54 unique first level themes
- Initial themes were collapsed into 2<sup>nd</sup> and 3<sup>rd</sup> level themes
- Final themes were checked against original data for representativeness and comprehensiveness

## Results

- Analysis indicated that the former foster youths' acquisition of sexual health information was primarily influenced by four broad factors, each of which had several sub-factors

### Power

**Removed** – "I was forced to get on birth control because she thought I was having sex, and I wasn't. Um, it was just always a bad thing I guess... That was a decision the foster parents made"

**Exercised** – "When I decided to get birth control after my second child, she [DCS worker] just told me to do it and let her know if I was actually going to do it or not"

### Barriers

**Cultural norms** – "for whatever reason, whoever's to blame – [sex] is just an uncomfortable topic for parents or foster parents to talk about"

**Competing concerns** – "Like you can't talk about sex and relationships if I'm somewhere beating somebody up, you know what I mean, I was getting expelled, you gotta focus on what the problem was"

**Lack of positive models** – "Being raised in foster homes and coming from a dysfunctional unhealthy family home and never really knowing how to do relationships – or witnessing that – you're unprepared, you're not experienced"

### Process

**Mechanics** – "I feel that the times where that [sex] came up, it was just out of nowhere... I think that kind of fight or flight response happens and you're just like 'abort, abort!' I don't want this right now!"

**Content** – "She told me to use protection, that's about it... Not details... but she said when I do make sure you use condoms, keep yourself safe, stuff like that"

## Home Structure

### Business Model –

**Management** – "A lot of these foster parents don't care... it's just a job to them, it's a paycheck, it's a job. Period.... Only one foster home that I feel like it wasn't just a job for her, like it wasn't just another... house to sell."

**Outcomes** – "I mean, her main concern is she didn't want any of her foster kids getting pregnant, so [birth control] was the solution and it didn't matter that I wasn't having sex yet, she didn't care, she just assumed I was lying."

### Personal Model –

**Trust** – "I don't think the information the they have is necessarily the game-changer or whatever, I think it's whether or not their heart is in it. They can tell you something, but if this is coming from a person that you don't trust, doesn't trust you – y'all don't have a mutual loving connection, information is just information."

**Intimacy** – "She made me want to sit there and listen or talk about it or learn more, It wasn't like all the other foster homes where they just told you what you wanted to hear and kept pushing – she sat down and walked through it and anytime there was a problem, she was there."

## Discussion

- These findings suggest the importance of recognizing how the context of the child welfare system affects foster youths' acquisition of sexual health information
- Power differentials impact how foster youth interpret the actions of others and how they act in return
- Involvement in the child welfare system poses unique barriers to sexual socialization
- Attention need to be focused on how sexual health information is relayed, not just on the content
- Personalized models of interactions were reported to be more beneficial to the youth