



Sexual and Reproductive Health Among Youth Who Experience the Child Welfare System

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Introduction

Adolescence and the transition to young adulthood involve physical, emotional, and social changes that have implications for a young person's sexual and reproductive health. During this period, youth need professionals who are informed about their sexual and reproductive health experiences. This summary, designed to inform youth-supporting professionals, describes existing research and data about sexual and reproductive health among youth who experience the child welfare system. Youth-supporting professionals may use the resource to learn about and reference information regarding the sexual and reproductive health of youth who experience the child welfare system and become more familiar with how their experiences may differ from youth in the general population.

Below, we summarize data about the sexual and reproductive health of youth who experience the child welfare system. This summary addresses the following domains of sexual and reproductive health: sexual and reproductive health education and knowledge, sexual activity, condom and other contraceptive use, sexually transmitted infections (STIs), pregnancy and childbearing, and dating and intimate partner or sexual violence. Importantly, data in this summary come from research studies that vary widely in their methods (e.g., surveys vs. interviews; one-time surveys vs. long-term studies), samples (e.g., national studies vs. studies in a single city/state), and definitions of "child welfare system experience" (e.g., foster care placement vs. history of child protective services investigations). See Table 1 for details about each study and data source used to develop this summary.

Where possible, this summary also includes estimates based on nationally representative samples from the general population. The summary concludes with considerations about the data in the summary regarding the sexual and reproductive health of youth who experience the child welfare system.

In addition to describing available data analysis about sexual and reproductive health indicators within each domain among youth who experience the child welfare system, each section of this summary provides high-level takeaways about the data and references for additional information to enhance practice. An infographic that visualizes key takeaways about youths' sexual and reproductive health accompanies this summary ([Sexual and Reproductive Health Among Youth Who Experience the Child Welfare System](#)).

Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

Summary of Findings

Sexual health education and knowledge

Research suggests that youth who experience the child welfare system can benefit from sexual and reproductive health education,¹ but that less than half of these youth have received it.

- About half (49%) of one national sample of 1,093 youth ages 11 to 21 with child protective services contact had received any formal sex education.² In the same study, 72 percent of 433 youth ages 14 to 18 who received sex education about contraceptives/condoms knew where to access family planning services, compared to 46 percent of youth who did not receive this education. Youth who had ever been pregnant or gotten someone else pregnant were less likely to have received sex education than youth who had never been pregnant or gotten someone else pregnant.
- In a sample of 245 8th and 9th graders undergoing active child welfare system interventions (i.e., either receiving in-home services or placed in foster care), 35 percent reported ever receiving any family planning information or birth control, and 42 percent knew how to access birth control or family planning services.³

Professionals who support youth who experience the child welfare system can build their knowledge about—and better address—young people’s sexual and reproductive health care needs by using research-based information.

Activate resources related to sexual health education and knowledge

For additional information on talking with young people about their sexual and reproductive health, please see: [6 Tips for Youth-Supporting Professionals for Talking with Youth About Sexual and Reproductive Health](#).

For additional information and practice tools related to access to sexual and reproductive health care and education, please see: [Seven Dimensions of Access to Sexual and Reproductive Health Care for Youth](#).

For additional information on how to assess access to sexual and reproductive health care and education in young peoples’ communities, please see: [Identifying Accessible Sexual and Reproductive Health Resources in Your Community](#).

Sexual activity

According to the studies included in this summary, most—though not all—young people who experienced out-of-home care were more likely than their peers in representative studies of the general youth population to report engaging in sexual intercourse by mid-to-late adolescence, being sexually active at an early age, and having more sexual partners.

Ever had sex. Most young people who experience out-of-home care have engaged in sexual intercourse by mid-to-late adolescence, according to the studies included in this summary.

- In a survey of 270 youth ages 14 to 21 who had experienced out-of-home care, 86 percent reported having had sex before age 16.⁴

- A longitudinal study of 611 California youth transitioning from foster care found that, by age 19, most (86%) had reported having engaged in sexual intercourse.⁵

Age of sexual initiation. Research suggests that many youth who experience the child welfare system may be more likely to report being sexually active at an early age, relative to the general population of youth.

- The average age at first sex among a sample of 270 sexually active youth ages 14 to 21 who had experienced out-of-home care was 13.5.⁶ This study did not report on whether the sexual activity was consensual or in accordance with the legal age of consent.
- Data from the National Survey of Family Growth indicate that 16 percent of males and 11 percent of females in the general population reported having engaged in sexual intercourse by age 15, and that 55 percent of males and females reported having sexual intercourse by age 18.⁷

In a sample of over 17,000 youth who participated in the 2021 Youth Risk Behavior Survey (YRBS), 47 percent of males and 50 percent of females reported having had sex by 12th grade.⁸ The same survey found that approximately 16 percent of males and 15 percent of females reported having had sex by 9th grade.

Number of sexual partners. Studies suggest that, on average, youth who experience out-of-home care have a higher number of sexual partners than youth in the general population.

- In one study, 611 youth transitioning out of foster care in California reported an average total of six sexual partners by age 19.⁹
- A sample of 228 sexually active youth ages 13 to 21 who had experienced both foster care and the juvenile justice system reported an average of 10 sexual partners.¹⁰

Data from about 20,000 youth represented in the 2023 YRBS indicate that just 6 percent of high school students have had four or more sexual partners.¹¹

A nationally representative study found that adults with histories of adverse childhood experiences—such as abuse (physical, psychological, or sexual), neglect, or parental incarceration—reported having sex at earlier ages than adults who did not report adverse childhood experiences.¹² Youth who experience foster care generally have greater exposure to adverse childhood experiences than their peers¹³—including to adverse experiences that have been associated with early sexual activity (e.g., maltreatment, parental incarceration).¹⁴

With more awareness of the extent of sexual activity among young people who experience the child welfare system, professionals may want to become more informed about consent for sexual activity. Furthermore, youth-supporting professionals can use research-based, accurate, developmentally appropriate, and trauma-informed information about healthy relationships to support their work with youth. Activate has developed multiple resources (linked below) in support of these goals.

Activate resources related to sexual activity and healthy relationships

For additional information on consent for sexual activity, please see: [Seeking, Giving, and Receiving Consent for Sexual Activity](#).

For practice tools related to discussing consent with young people, please see: [A Practice Guide for Understanding Consent](#).

For additional information about healthy relationships among youth, please see: [Healthy Romantic Relationships and Youth Well-being](#).

Condom and other contraceptive use

Studies with youth who experience the child welfare system find that slightly more than half of youth do not use condoms, mirroring data on condom use among youth in the general population.

According to several studies, youth who have experienced out-of-home care or other forms of child welfare system involvement most frequently report not using condoms at all, relative to other patterns of condom usage.

- Fifty-eight percent of a sample of 611 19-year-olds transitioning from foster care reported *not* using condoms in their most recent sexual interaction.¹⁵
- A study of 228 youth ages 13 to 21 who were dually involved in foster care and the juvenile justice system found that 58 percent of sexually active youth had not used condoms at all during sexual encounters in the past three months.¹⁶
- Forty-three percent of 18-year-olds in a nationally representative sample of 1,050 youth whose families had been investigated by child protective services reported inconsistent or no condom use.¹⁷ This study also found that youth who reported experiencing emotional abuse were more likely to engage in sex without a condom than youth who did not report this abuse.

Of a nationally representative sample of over 17,000 high school students sampled in the YRBS, 48 percent reported not using a condom the last time they had sex.¹⁸

Research finds that many young people with exposure to the child welfare system report not using any form of contraception consistently – or at all. Not using contraception may be more common among youth who experience the child welfare system than among youth in the general population.

- One study found that 29 percent of sexually active youth ages 11 to 21 (37% of whom were ages 14-17; 1,093 total youth) who had contact with child protective services reported using no contraception the last time they had sex.¹⁹

Of a nationally representative sample of high school students in the general population, only 13 percent reported not using any form of contraception.²⁰

Youth-supporting professionals who work with youth who experience the child welfare system may benefit from learning to provide research-based information and answer questions about contraceptive use. This information may help these professionals prevent both STIs and unintended pregnancies.

Activate resources related to condom and other contraceptive use

For additional information on condom use among youth who experience the child welfare system, please see: [Understanding the Research on Condom Use Among Youth Involved with Systems or Experiencing Homelessness](#).

For additional information on birth control methods, please see: [Helping Young People Choose the Birth Control Method Right for Them: A Guide for Youth-Supporting Professionals](#).

Sexually transmitted infections

The prevalence of sexually transmitted infections (STIs) described in the studies we reviewed indicates the importance of access to health care screenings and STI testing for young people who experience the child welfare system.

- A study of youth aging out of foster care in California found that 14 percent of 611 sexually active 19-year-olds reported ever having an STI, with reported STI rates significantly higher among females (19%) than among males (5%).²¹
- Among a sample of 437 youth ages 12 to 18 in foster care, six percent tested positive for chlamydia during clinical intake exams and 3 percent tested positive for gonorrhea.²²
- Eight percent of females ages 13 to 17 who had experienced a child protective services investigation—including those who had also received in-home services or were placed in foster care—had been diagnosed with an STI. Specifically, 4 percent had ever been diagnosed with chlamydia, 4 percent with gonorrhea, and 3 percent with trichomoniasis.²³

National estimates of youth in the general population suggest that up to one in four sexually active adolescents may have an STI.²⁴

Professionals who support youth who experience the child welfare system can enhance their support for youth by utilizing research-based information about youths' screening and access to care for STIs.

Activate resources related to sexually transmitted infections

For additional information on STIs among youth who experience the child welfare system, please refer to the following Activate fact sheet: [Understanding the Research on STIs Among Youth Involved with Systems or Experiencing Homelessness](#).

Pregnancy and childbirth

The studies we reviewed generally find that approximately one third to one half of youth who experience the child welfare system become pregnant and that approximately one third of these youth give birth. The prevalence of pregnancy and birth rates are distinct data points and different methods of measurement. We present both sets of data due to the limited available data describing these experiences.

Studies with youth who experience out-of-home care find that approximately one third to one half of youth become pregnant or get someone pregnant by their early twenties.

- In a study of 215 young people with histories of foster care placement, nearly half of young females (49%) and one in three young males (33%) reported getting pregnant or impregnating a partner by age 21.²⁵
- Forty-three percent of a sample of 136 young women, ages 16 to 24, who were previously in foster care in Pennsylvania had ever been pregnant.²⁶
- Among youth ages 13 to 21 with dual involvement in foster care and the juvenile justice system, 31.6 percent had ever been pregnant or gotten someone pregnant.²⁷

Studies find that many youth with other exposure to the child welfare system also report experiences with pregnancy.

- Of a nationally representative sample of sexually active youth ages 11 to 21 who had contact with child protective services, 35.5 percent had become pregnant or gotten someone pregnant.²⁸
- Of females ages 13 to 17 who had experience with a child protective services investigation in Wisconsin, 11.2 percent reported experiencing a pregnancy.²⁹

National estimates in 2019 indicate that about 29 teens for every 1,000 in the general population would become pregnant in the United States.³⁰

Two studies we reviewed described high birth rates among youth who experience the child welfare system.

- Thirty-eight percent of females who completed the National Youth in Transition Database survey had given birth by age 21.³¹
- Of a sample of 19-year-old youth transitioning from foster care in California, 49 percent of females reported ever being pregnant and 26 percent reported they had given birth.³² By age 23, these figures increased to 67 percent and 53 percent, respectively.³³

National estimates from youth in the general population suggest that just 6 percent of female teenagers would give birth by age 20 in 2021.³⁴

Activate resources related to expectant and parenting youth

Youth-supporting professionals may benefit from a better understanding of young parents' experiences. For additional information about expectant and parenting youth, please see: [Exploring the Dual Experiences of Parenting While Being Parented](#).

For additional information specifically related to expectant and parenting fathers, please see: [Understanding Young Fatherhood Within Child Welfare and Juvenile Justice Systems](#).

Experiences with sexual violence and coercion

Research suggests a high prevalence of sexual violence or coercion among youth who experience the child welfare system.

Multiple studies have found that a sizable percentage of youth who experience the child welfare system also report experiencing unwanted and/or forced sex or reproductive coercion (e.g., sexual abuse, unwanted sexual advances, forced sex, teen dating violence, and/or sabotage of contraception).

- Fifty-four percent of a Midwest sample of youth ages 17 and 18 with foster care experience reported experiencing some form of physical or sexual abuse.³⁵
- Thirty percent of a sample of youth ages 14 to 21 in foster care reported having experienced unwanted sexual advances, 21 percent reported having experienced forced sex, and 36 percent reported experiencing dating violence in the past year.³⁶

- Among a sample of young women previously in foster care in Pennsylvania, ages 16 to 24, 30 percent reported having experienced pressure from a partner to not use birth control and/or active sabotage of contraception, such as removing or damaging contraceptives.³⁷
- Forty-six percent of pregnant or parenting females who had aged out of foster care, ages 18 to 25, reported having experienced forced sexual encounters.³⁸

Research suggests that many youth impacted by the child welfare system experience sexual violence and coercion. Of youth ages 10 to 18 from the Los Angeles area who had experienced out-of-home care, 11 percent reported ever being forced to have sex, 17 percent reported experiences of physical dating violence in the past year, and 7 percent reported experiencing dating-related sexual assault in the past year. Youth who experience the child welfare system investigations and/or interventions—but not out-of-home care—have reported ever experiencing forced sex (10%) and dating violence in the past year (15%) at similar rates to those who have experienced out-of-home care, but were more likely to report experiencing dating-related sexual assault in the past year (15%).³⁹

These data provide context for youth-supporting professionals to understand young people’s experiences of sexual violence and coercion, which may contribute to long-term symptoms of trauma.⁴⁰ Youth-supporting professionals may consider addressing the sexual and reproductive health needs of youth who have experienced the child welfare system using trauma-informed and evidence-informed approaches.⁴¹

Activate resources related to sexual violence and coercion

For additional information about intimate partner violence and teen dating violence, please see: [A Research-Based Question and Answer Resource on Intimate Partner and Teen Dating Violence for Youth-Supporting Professionals](#).

For guidance on speaking with young people who may be experiencing intimate partner violence or teen dating violence, please see: [How to Start a Conversation With a Young Person Who May Be Experiencing Intimate Partner Violence or Teen Dating Violence](#).

Research and Data Considerations

This research summary provides information about the prevalence of key sexual and reproductive health indicators for youth who have experienced the child welfare system. The data presented here come from national, regional, and community-based or program-specific samples. These data sources are valuable and can deepen our understanding of youth’s sexual and reproductive health. However, each data source comes with its own considerations for interpreting research findings and applying them in practice.

See Table 1 for more information and important context regarding each study and data source referenced in this research summary.

Our review of available data also revealed several gaps in existing information, including the representativeness and relevance of the sources from which data were drawn. These gaps in the available data are highlighted below.

- **Limited recent data, especially large datasets and those that are nationally representative:** Many large datasets that describe the experiences of youth nationwide who have experienced the child welfare system are now more than a decade old. Therefore, these data may not reflect the sexual and reproductive health needs of youth today.

- **Many program- or region-specific samples:** Although datasets that are program-specific and/or region-specific provide important insights, they cannot be generalized to all youth who have experienced the child welfare system. This data summary relied heavily on data from youth in California, for example, because of the robust data collected as part of the CalYOUTH study.
- **Inconsistent definitions and measurement of key constructs:** Across studies, measures used to understand sexual and reproductive health are not consistent. This makes it hard to make direct comparisons between datapoints across studies and samples.
- **Heavy reliance on self-report measures: Sexual and reproductive health topics are particularly sensitive topics, and not everyone reports accurately on their experiences for a variety of reasons.** Therefore, self-reported data are biased in that they only portray what individuals remember or are willing to reveal.
- **Limited data on access to and quality of services:** There is very little available information about access to—and quality of sexual and reproductive health care received—among youth who have experienced the child welfare system. These data are important for understanding what gaps remain in youth’s sexual and reproductive health care needs.

The table below provides an overview of each study or data source used to develop this summary. For each study, the table provides a full citation to the publication, a brief overview of the study, and high-level (i.e., not comprehensive) limitations and strengths of the data/study. This information is intended to help youth-serving professionals evaluate the evidence used to inform this research summary—and the evidence they use to shape their approach to working with young people.

Table 1: Sample Descriptions and Considerations for Included Studies

* indicates studies included in accompanying infographic, [Sexual and Reproductive Health Among Youth Who Experience the Child Welfare System](#)

Child Welfare-Specific Studies Described in Summary		
Study	Study Overview	Study Limitations and/or Strengths
*Ahrens, K. R., McCarty, C., Simoni, J., Dworsky, A., & Courtney, M. E. (2013). Psychosocial pathways to sexually transmitted infection risk among youth transitioning out of foster care: Evidence from a longitudinal cohort study. <i>Journal of Adolescent Health</i>, 53(4), 478–485. https://doi.org/10.1016/j.jadohealth.2013.05.010	• Overview: Analysis of 5 waves of data from the Midwest Evaluation of the Adult Functioning of Former Foster youth study) • Sample: Baseline interviews of 732 youth ages 17-18 who were in out-of-home care at age 17 and more than 1 year prior to study; wave 2-5 interviews: ages 19, 21, 23-24, and 25-26 • Demographics: 52% female; 57% African American, 31% White, and 12% “other” • Data collection period: May 2002-May 2011	• Limitations: Limited to the Midwestern U.S. only (Illinois, Iowa, Wisconsin); older data • Strengths: Longitudinal data (i.e., the same participants were followed over time); large sample

Child Welfare-Specific Studies Described in Summary		
Study	Study Overview	Study Limitations and/or Strengths
*Brasileiro, J., Widman, L., Norwalk, K., McCrimmon, J., & Mullins, L. (2022). National trends and disparate access to formal and informal sex education among youth involved with the child welfare system in the USA. <i>Sex Education</i>, 23(6), 723–739. https://doi.org/10.1080/14681811.2022.2134102	• Overview: Used data from the Second National Survey of Child and Adolescent Wellbeing (NSCAW II) • Sample: 1,093 youth ages 11-21, with a subsample of 433 youth ages 14-18 who provided responses to items on knowledge of where to access family planning services • Demographics: 44% White/Non-Hispanic, 30% Hispanic, 21% Black/Non-Hispanic, 6% Other/Non-Hispanic • Data collection period: August 2011-December 2012 (i.e., NSCAW II wave 3)	• Limitations: Self-reported measures on sensitive topics like sexual activity can be affected by social desirability bias (the inclination to respond to survey items in a way that might be viewed more favorably than others). Given the wide age range, the percent of youth who are sexually active (described in the study as having vaginal sexual intercourse) likely skews toward the higher age range. • Strengths: NSCAW II data are carefully sampled to ensure representation of subgroups (e.g., adolescents in foster care).
Cheung, K. K., Montgomery, D., & Benjamins, L. J. (2016). Prevalence of sexually transmitted infections among adolescents entering child protective services. <i>Journal of Pediatric and Adolescent Gynecology</i>, 28(5), 324–326. https://doi.org/10.1016/j.jpag.2014.09.011	• Overview: Retrospective review of medical charts from Harris County Protective Services Clinic in Houston, Texas • Sample: 437 youth ages 12-18 who entered state custody in Harris County and presented to CPS for an intake physical • Demographics: Majority female (63.2%) and African American (45.8%), and all participants reported that they were sexually active • Data collection period: January 2009-December 2011	• Limitations: Self-report data are not always reliable. • Strengths: Screening completeness for chlamydia and gonorrhea; the authors note that while the sample size for the study is large, only a few documented records for chlamydia and gonorrhea screenings were missing (15 of 437).



Child Welfare-Specific Studies Described in Summary		
Study	Study Overview	Study Limitations and/or Strengths
Combs, K. M., Begun, S., Rinehart, D. J., & Taussig, H. N. (2018). Pregnancy and childbearing among young adults who experienced foster care. <i>Child Maltreatment</i> , 23(2), 166–174. https://doi.org/10.1177/1077559517733816	• Overview: Eight cohorts of youth were originally enrolled in a randomized control trial studying the effectiveness of the Fostering Healthy Futures program. • Sample: Youth who had been living in out-of-home care within the preceding 12 months were initially recruited from ages 9-11. This study re-enrolled 209 youth ages 18-22, all from a single metropolitan area in the western United States (unspecified). Average age of participants was approximately 20. • Demographics: 54.1% Latino/Hispanic, 48.8% White, 28.7% American Indian, and 26.8% Black. Race/ethnic groups were not reported as mutually exclusive categories; approximately half of youth self-identified as one race/ethnicity, 30% identified as two, and 20% identified as three or more. 89% of youth self-identified as heterosexual/straight. • Data collection period: Eight cohorts of youth 2002-2009	• Limitations: Authors report some differences in participants' likelihood of reporting a pregnancy (43% of young females reported experiencing one or more pregnancies during their teenage years, compared to 27.5% of young males who reported causing a pregnancy during their teenage years). Differences between young females and young males were not found in age at first pregnancy or repeat pregnancies.
*Combs, K. M., Lee, M. C., Winter, V. R., & Taussig, H. (2022). Sexual and reproductive health protective factors among adolescents with child welfare involvement. <i>Children and Youth Services Review</i> , 140, 106593. https://doi.org/10.1016/j.childyouth.2022.106593	• Overview: Study data were collected as part of a study on the effectiveness of the Fostering Healthy Futures program. • Sample: 245 youth ages 12-15 with open child welfare cases due to maltreatment across four metropolitan counties in the United States (unspecified); nearly half of youth (45%) were living in out-of-home care. • Demographics: 49% Hispanic, 26% American Indian or Alaska Native, 25% Black; a slight majority of participants were female (61%) • Data collection period: Four cohorts over four consecutive summers from 2015-2018	• Limitations: Participants were from one area in the western United States. The sample also excluded some subgroups, including youth expecting or parenting a child. For these reasons, findings cannot be assumed to represent all adolescents impacted by the child welfare system.



Child Welfare-Specific Studies Described in Summary		
Study	Study Overview	Study Limitations and/or Strengths
*Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Kindle, B., Harty, J., & Feng, H. (2016). <i>Findings from the California Youth Transitions to Adulthood Study (CaYOUTH): Conditions of Foster Youth at Age 19</i> . Chapin Hall. https://www.chapinhall.org/research/majority-of-california-youth-in-foster-care-believe-extended-care-helps-them-reach-life-goals/	• Overview: Longitudinal study that follows young adults (ages 17-21) transitioning from foster care to adulthood in California • Sample: 611 youth age 19 who had completed a baseline interview at age 17 (see above) • Demographics: 47.4% Hispanic, 47% mixed race, 24% White, 18% Black; 60% female and 40% male • Data collection period: March 2015-December 2015	• Limitations: Findings may not represent the experiences of youth in other states. • Strengths: Large sample size helps provide robust statistics.
Finigan-Carr, N., Steward, R., & Watson, C. (2018). Foster youth need sex ed, too!: Addressing the sexual risk behaviors of system-involved youth. <i>American Journal of Sexuality Education</i> , 13(3), 310–323. https://doi.org/10.1080/15546128.2018.1456385	• Overview: Convenience sample of youth in Baltimore City, MD as part of studying a sexual health education curriculum • Sample: 270 youth ages 14-21 in out-of-home care, including foster homes, group homes, therapeutic treatment centers, and detention centers • Demographics: 82% African American, 7.9% Latinx, 28.0% Other; 60.7% male and 39.3% female • Data collection period: 2012-2016	• Limitations: Findings represent the experiences of youth from a particular area of the country and may not be representative of all youth who experience out-of-home care.
Finigan-Carr, N. M., Craddock, J. B., & Johnson, T. (2021). Predictors of condom use among system-involved youth: The importance of sex ed. <i>Children and Youth Services Review</i> , 127, Article 106130. https://doi.org/10.1016/j.childyouth.2021.106130	• Overview: Evaluation of a sexual and reproductive health education curriculum designed for system-involved youth • Sample: 228 youth ages 13-21 (average = 18) involved in both the foster care and juvenile justice systems in a mid-Atlantic state (unspecified) where youth can remain in child welfare until age 21. All youth reported being sexually active at baseline. • Demographics: 80% African American (other race/ethnicity information not reported); 63.2% male • Data collection period: 2012-2016	• Limitations: The context of dual involvement should be considered, as these youth may be at even higher risk of experiencing adverse outcomes related to the stressors and trauma of involvement in multiple systems.



Child Welfare-Specific Studies Described in Summary		
Study	Study Overview	Study Limitations and/or Strengths
Font, S. A., Caniglia, M., Kennedy, R., & Noll, J. G. (2022). Child protection intervention and the sexual and reproductive health of female adolescents ages 13 to 17 years. <i>JAMA Pediatrics</i> , 176(5), 461–469. https://doi.org/10.1001/jamapediatrics.2021.6605	• Overview: Authors linked longitudinal statewide administrative data, including Medicaid data and CPS records from 2014-2019 • Sample: 9,392 female adolescents investigated by CPS for suspected maltreatment in Wisconsin prior to their 13th birthday, who were tracked from ages 13 to 17, and who received medical assistance for at least 85% of months from ages 13-18 (or end of 2019, whichever came first) • Demographics: 42.8% White, 26.6% Black, 16.7% Hispanic, 2.9% other (i.e., American Indian, Asian, Pacific Islander, or unknown), 10.9% multiracial • Data collection period: 2014-2019	• Limitations: Data come from a single state and a specific timeframe (birth years 2000-2002), which limits generalizability. CPS policies and Medicaid administration vary widely across states and the study sample is not representative of the entire population of female adolescents who became CPS-involved. The data overrepresent youth in foster care and adolescents receiving Supplemental Security Income disability, and underrepresent youth who lived in higher-income families who had private insurance. Authors state that STI prevalence is underestimated because of a lack of universal screening, infections that are asymptomatic, delays in testing and diagnosis, and use of medical providers that do not bill to Medicaid. They also note that pregnancies that ended in abortion or miscarriage were also likely underestimated or not captured.
Herrman, J. W., Finigan-Carr, N., & Haigh, K. M. (2017). Intimate partner violence and pregnant and parenting adolescents in out-of-home care: Reflections on a data set and implications for intervention. <i>Journal of Clinical Nursing</i> , 26(15–16), 2409–2416. https://doi.org/10.1111/jocn.13420	• Overview: Descriptive study that stems from a larger study that evaluated a sexual reproductive health curriculum for youth in out-of-home care • Sample: 151 youth ages 14-21 in out-of-home care (including traditional foster care, kinship care, group homes, and juvenile detention centers) in an urban setting (unspecified). All youth in the sample reported being sexually active. • Demographics: 80% African American (other race/ethnicity information not reported); 56% male • Data collection period: 2012-2015	• Limitations: The small sample size of this study and collection of data from a single urban setting limit the generalizability of findings. The authors also note that qualitative approaches (i.e., focus groups and interviews) may provide a clearer picture of the experiences of intimate partner violence among adolescent mothers living in out-of-home care.
*Kobulsky, J. M., Villodas, M., Yoon, D., Wildfeuer, R., Steinberg, L., & Dubowitz, H. (2021). Adolescent neglect and health risk. <i>Child</i>	• Overview: Used data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), a multi-site study in the United States that tracks children and youth at high risk for or with confirmed maltreatment • Sample: 1,050 youth who had direct involvement in the child welfare system	• Limitations: While LONGSCAN is a multi-site study with multiple regions of the United States represented, it is not a fully nationally representative study of all adolescents.



Child Welfare-Specific Studies Described in Summary		
Study	Study Overview	Study Limitations and/or Strengths
Maltreatment, 27(2), 174–184. https://doi.org/10.1177/10775595211049795	and youth considered “high risk” for maltreatment based on risk factors. Participants completed a 16- and/or 18-year-old interview (note: data presented in accompanying infographic are from youths’ responses at age 18) • Demographics: 55.7% Black, 20.4% other, 23.9% White; 53.4% female • Data collection period: 1991-2002	
Kobulsky, J. M., Cederbaum, J. A., Wildfeuer, R., Grest, V. C., Clarke, L., & Kordic, T. (2022). Comparing the prevalence of sexual behaviors and victimization among adolescents based on child welfare system involvement. <i>Child Abuse and Neglect</i>, 134, 105883. https://doi.org/10.1016/j.chiabu.2022.105883	• Overview: Data come from LA Unified School District’s 2015 administration of the Youth Risk Behavior Survey (YRBS) • Sample: 2,365 youth ages 10-18. The sample was disaggregated into three mutually exclusive categories: ○ 1,1775 youth with no child welfare involvement ○ 108 youth with child welfare involvement resulting in foster care placement ○ 129 youth with child welfare system involvement not resulting in foster care placement • Demographics: Across the entire sample, 70.6% Hispanic or Latinx, 33.7% White, 11.6% Black or African American, 9.2% Asian, 8.4% Native Hawaiian or Other Pacific Islander, 8.2% American Indian or Alaska Native; 51.2% female • Data collection period: 2015	• Limitations: Participants are from a single school district and findings cannot be generalized to all youth who have experienced the child welfare system.
*PettyJohn, M. E., Reid, T. A., Miller, E., Bogen, K. W., & McCauley, H. L. (2021). Reproductive coercion, intimate partner violence, and pregnancy risk among adolescent women with a history of foster care involvement. <i>Children and Youth Services Review</i>, 120, 105731. https://doi.org/10.1016/j.childyouth.2020.105731	• Overview: Study sought to explore the prevalence of reproductive coercion among adolescent women currently or formerly in foster care. • Sample: 136 women ages 16-24 who voluntarily sought services for youth currently or formerly in foster care from youth-serving agencies in western Pennsylvania. Participating agencies included one drop-in center and four residential facilities for foster youth. • Demographics: 67.4% Black, 19.3% White, 13.3% multiracial/other. Only approximately half of participants described themselves as exclusively heterosexual (53.4%) and 46.6% described themselves as mostly heterosexual, bisexual, or gay. • Data collection period: 2015-2016	• Limitations: The generalizability of findings is limited by the study’s small sample size and data collection in a single geographic location. Participants had also voluntarily sought services from agencies, which may have resulted in self-selection bias.



Child Welfare-Specific Studies Described in Summary		
Study	Study Overview	Study Limitations and/or Strengths
Rouse, H. L., Hurt, T. R., Melby, J. N., Bartel, M., McCurdy, B., McKnight, E., Zhao, F., Behrer, C., & Weems, C. F. (2021). Pregnancy and parenting among youth transitioning from foster care: A mixed methods study. <i>Child and Youth Care Forum</i> , 50, 167–197. https://doi.org/10.1007/s10566-020-09567-0	• Overview: Secondary analysis of survey and focus group data from the Youth Policy Institute of Iowa. It is unclear when the data were originally collected. • Sample: 81 youth ages 18-25 who had aged out of foster care at/near age 18, voluntarily enrolled in aftercare services and currently pregnant (or had birthed or fathered one or more children prior to age 21). • Demographics: 75.3% female; 60.5% White, 24.7% Black, 14.8% multiracial • Data collection period: Unclear	• Limitations: While findings from the study highlight the need for parenting supports among foster youth, the study sample is very small and data come from youth in one state. The findings are not generalizable to all youth who age out of foster care. This sample is also limited by the fact that all youth in the sample were pregnant, had given birth, or fathered a child by age 21. Their unique experiences may not be reflective of all youth who have experienced foster care.
Shpiegel, S., Fleming, T. P., Mishraky, L., VanWert, S., Goetz, B., Aparicio, E. M., & King, B. (2021). Factors associated with first and repeat births among females emancipating from foster care. <i>Children and Youth Services Review</i> , 125, 105977. https://doi.org/10.1016/j.childyouth.2021.105977	• Overview: Study utilized data from the National Youth in Transition Database (NYTD) and the Adoption and Foster Care Analysis Reporting System (AFCARS) to explore risk-, protective-, and child welfare-related factors associated with repeat births ages 19-21. • Sample: National sample of 3,669 females who were transitioning out of foster care and surveyed at age 21 • Demographics: 40.7% Non-Hispanic White, 27.3% Black, 22.1% Hispanic, 6.3% multiracial, 2.7% other • Data collection period: 2018	• Limitations: NYTD is limited in several ways:⁴² ○ Inconsistent response rates across survey administrations ○ Yes/no questions provide minimal context ○ State-by-state differences in administration/data collection and reporting, which leads to variance in data quality ○ Missing data indicate that participating youth may skip questions, not complete the survey, or not participate in data collection at ages 19 and/or 21 • AFCARS data are also limited by inconsistency in reporting between states and the level of detail provided about the experiences of youth in foster care.

Methods

We selected the sexual and reproductive health topics covered in this summary—as well as the corresponding measures and data—through a multi-step process that included (1) updating a literature search to identify relevant research and resources and (2) gathering input from members of Activate’s Research Alliance.

We updated a literature search conducted by the Activate team in 2021 using Academic Search Ultimate, a comprehensive EBSCO database of literature, and PubMed, a database focused on health sciences. The original search focused on the same broad topics explored in this summary and the same EBSCO and PubMed databases. We included the results of both searches in the summary.

The original search used a combination of structured search strings and database filters to identify relevant studies for this research summary. The search strings included terms related to sexual and reproductive health (e.g., "contraceptive access") and terms related to youth experiencing the child welfare system (e.g., "foster care," "out-of-home care"). We filtered results to include only English-language publications involving United States-based samples published in peer-reviewed journals from 2011 to 2021. The updated search captured studies published since 2021.

We exported 30 potentially relevant articles and coded them to describe the data source, characteristics of the population studied, and the measures of sexual and reproductive health that were used. We used the results of the initial coding to determine the scope of the summary. Then, the research team extracted detailed information from each article.

Collectively, the articles reviewed for this summary were published from 2010 to 2024. We prioritized more recent research (i.e., studies published since 2021), but cited studies identified as part of the original search when the more recent literature was insufficient. We also conducted supplemental searches for additional information when needed.

We solicited feedback from Activate’s Research Alliance members on the literature search findings, as well as the summary’s format, content, and data takeaways.

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