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

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

  http://teenhealthlaw.org/wp-content/uploads/2018/11/CaMinorConsentConfChartFull11-20-18.pdf
- 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://rodriguezgsarah.files.wordpress.com/2013/05/traumaresbooklet-web.pdf

A Trauma Informed Approach for Adolescent Sexual Health
http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf

Developmental Characteristics and Conversation Starters

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

GROWTH	COGNITION	PSYCHOLOGICAL SELF AND SELF-PERCEPTION	FAMILY/ CAREGIVER RELATIONSHIP	PEERS	SEXUALITY
• Secondary sexual characteristics appear • Voice changes and body odor increases • Growth rapidly accelerating • Menstruation may begin	• Concrete thought dominant • Less able to perceive long-range implications of current decisions and acts	• Preoccupation with rapid body change • Former body image disrupted • Concerned with privacy • Frequent mood swings • Very self-focused	• Defining boundaries with strong dependency desires/needs while trying to detach • Conflicts may occur but relate to minor issues	• Seeks peer affiliation to counter instability generated by rapid change • Compares own normality and acceptance with same sex/age mates • Same-sex friends and group activities	• Self-exploration and evaluation • Limited dating, limited intimacy • Sexual fantasies common • Masturbation common • Sexual activity less common • Often highly content with nonsexual interactions such as flirting/texting/ social media contact with peers

Adapted with permission from M. Simmons, J. Shalwitz, S. Pollock, A. Young (2003). Adolescent Health Care 101: The Basics. San Francisco, CA: Adolescent Health Working Group

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.*

TWEENS/EARLY ADOLESCENTS

Conversation Starters:

Related to their right to getting SRH information	*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.*
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 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 <u>are not confidential</u> 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?* 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	*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.*

MIDDLE ADOLESCENTS

Developmental Characteristics and Conversation Starters

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

GROWTH	COGNITION	PSYCHOLOGICAL SELF AND SELF-PERCEPTION	FAMILY/ CAREGIVER RELATIONSHIP	PEERS	SEXUALITY
• Secondary sexual characteristics well advanced • Menstruation established in females • Growth decelerating; stature reaches 95% of adult height	• Rapidly gaining competence in abstract thought • Capable of perceiving future implications of current acts and decisions but variably applied • Reverts to concrete operations under stress	• Very concerned with appearance • Preoccupation with fantasy and idealism in exploring expanded cognition and future options • Often risk takers • Development of a sense of omnipotence and invincibility	• Frequency of conflicts may decrease but their intensity increases • Struggle for autonomy and separation from family/ caregiver	• Strong need for identification to affirm self-image • Looks to peer group to define behavioral code • Cross-gender friendships more common	• Multiple plural relationships • Heightened sexual activity • Testing ability to attract partners • Preoccupation with romantic fantasy • Experimentation with relationships and sexual behaviors • More emphasis on physical contact • Establishing sexual identity • Dating common • Casual relationships (sometimes with sexual contact) are prevalent • Lack of action to prevent negative outcomes resulting from sexual behavior is typical

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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?*

MIDDLE ADOLESCENTS

Conversation Starters:

Related to their right to getting SRH information	*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.*
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

GROWTH	COGNITION	PSYCHOLOGICAL SELF AND SELF-PERCEPTION	FAMILY/ CAREGIVER RELATIONSHIP	PEERS	SEXUALITY
• Physically mature; stature and reproductive growth complete	• Established abstract thought processes • Future oriented • Capable of perceiving and acting on long-range options	• Separation/ actively in process • Intellectual and functional identity established • May experience crisis when facing societal demands for autonomy • Body image and gender role nearly secured	• Beginning transition of child-parent/ caregiver dependency relationship to development of an adult-adult relationship model	• Group recedes in importance in favor of individual friendships and intimate relationships	• May form stable relationships • Capable of mutuality and reciprocity in caring for another • Plans for future in thinking of committed relationship and/or family • Intimacy involves commitment rather than solely experimentation • Sexual and gender identity secured

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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.*

TRANSITION AGED YOUTH/ YOUNG ADULTS

Conversation Starters:

Related to their right to getting SRH information	*Relationships, sex, and birth control can be confusing and complicated. I can help you find information and resources about these topics.*
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.*