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Sexual Victimization and Sexual Behavior of Children and Youth in DCFS Care: Findings from the 2017 Illinois Child Well-Being Study

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October 2020

Studies have found that a substantial proportion of youth in out-of-home care have been the victims of sexual violence, and that troubling percentages of these youth engage in risky sexual behaviors. These experiences can harm youth and place them at risk for problems during both their adolescent years and adulthood. Understanding their sexual experiences is an important part of monitoring the well-being of youth in out-of-home care. This brief examines the sexual experiences of Illinois youth in out-of-home care, using data from the 2017 Illinois Child Well-Being Study.

The 2017 Illinois Study of Child Well-Being is a study of the well-being of children and youths in the care of the Illinois Department of Children and Family Services (DCFS) in 2017. The study sampled 700 children who were listed as in care in DCFS' SACWIS client information system on October 23, 2017 and interviewed caseworkers, caregivers and children (age seven and older) themselves. Youth aged 11 to 17 were asked a series of questions about their sexual experiences. These questions yielded useful results, though the sample sizes are small so the percentages are not precise estimates. For more information, see the full report of the study (cited below) and other research briefs in this series.

In this brief, we focus on the following variables: having sexual intercourse, having non-consensual sexual intercourse (and age at first intercourse), using protection while having sex, becoming pregnant (for girls) or getting someone pregnant (for boys), having children, and receiving family planning services. In each section, we present results from research nationally and in Illinois, and parallel results from the 2017 well-being study (in bold). Table 1 presents a summary of a number of the findings from the 2017 Illinois Child Well-Being study.

Having Sexual Intercourse

A 1995 national survey found that women who had been in out-of-home care first had sex at age 16 on average, almost a year earlier than other women in the survey.ⁱⁱⁱ A national study in 2008-2009 found that about 44% of youth aged 11 to 17 in out-of-home care reported that they had experienced sexual intercourse at some time in their life.^{iv}

A study of Illinois youth in out-of-home care in 2004 found that 49.8% of youth aged 12 to 17 had had sexual intercourse in their lives. This differed by youth age: 17.1% for age 12-13, 52.3%

for age 14-15, and 76.6% for age 16-17. A parallel study in 2005 found that 34% of Illinois youth in out-of-home care had experienced sexual intercourse.

In the 2017 Illinois Child Well-Being Study, we found that 11.9% of youth aged 11 to 14 and 66.6% of youth aged 15 to 17 had experienced sexual intercourse. Overall 31.7% of youth had experienced sexual intercourse.

Table 1. Youth Report of Experiences Related to Sex

| | Age 11 to 14 | | | Age 15 to 17 | | |
|---|--------------|----|-------------|--------------|----|-------------|
| | N | f | %/se | N | f | %/se |
| Has had sexual intercourse | 52 | 6 | 11.9 (4.6) | 29 | 20 | 66.6 (8.9) |
| First time was consensual | 6 | 3 | 53.6 (22.0) | 20 | 16 | 83.8 (8.5) |
| Always uses protection when having sex | 6 | 4 | 68.0 (20.6) | 20 | 7 | 33.8 (10.8) |
| Has been/gotten someone pregnant ^a | 6 | 0 | 0.0 (0.0) | 20 | 5 | 27.3 (10.3) |
| Have one or more children | 0 | 0 | 0.0 (0.0) | 5 | 3 | 47.0 (23.9) |
| Received family planning services | 52 | 10 | 19.3 (5.5) | 29 | 14 | 46.1 (9.4) |

Note. All analyses used weighted data. The sample sizes presented are unweighted. a Five out of 15 girls aged 15 to 17 (33.3%) reported having been pregnant, but no boy reported having gotten someone pregnant.

Having Experienced Sexual Abuse

A number of studies have shown that many youth in out-of-home care have experienced sexual abuse in their life. The percentages range from 21% for girls in a national study of youth newly placed in out-of-home care to 46.3% for a study of alumni of foster care and 52.7% of youth in a study of therapeutic foster care.

In 2002, 28.7% of 17-year-old Illinois youth leaving in foster care reported that they had been sexually abused by a caretaker in their lives. ix A study of Illinois youth in out-of-home care in 2004 found that 10.7% of the sample had had sexual intercourse at age 9 or earlier. Of those youth in this study who had had sex, 14% of boys and 34% of girls reported that their first time was forced.

The 2017 Illinois Child Well-Being Study did not ask youth directly whether they had been sexually abused. But responses to questions about the age they first had sex and whether their first time was consensual suggests that a number of youth were victims. Out of six youth aged 11 to 14 who said they had experienced sexual intercourse, four said they first had sex at age 9 or younger and three said their first time was forced on them. Out of 20 youth aged 15 to 17 who had had sex, five said they first had sex at age 9 or younger and four said their first time was forced on them. Overall, 24.0% of the youth who reported having sex indicated that

their first time was not consensual. This was true for one out of six boys (16.7%) and five out of nineteen girls (26.3%).

Using Protection When Having Sex

A number of studies have found that substantial percentages of youth in foster care do not use contraception when they have sex or are inconsistent about using it. In two studies, 19% and 42.3% of sexually active girls in out-of-home care did not use contraception. A study of former Illinois foster youth at age 19 found that only 49% of sexually active young men always used birth control and 39% of young women. Similarly, several studies have shown that many youth in foster care do not use condoms or are inconsistent about using them. A study of former Illinois foster youth at age 19 found that 50.5% of sexually active young men always used a condom and 26.0% of young women.

In the 2017 Illinois Child Well-Being Study, sexually active youth were asked, "When you have had sexual intercourse, how much of the time have you used protection such as a condom or other methods?" A minority of sexually active youth in out-of-home care (42.3%) always used protection when having sex, and just over one-third of those aged 15 to 17. Just under one-fifth of sexually active youth (19.1%) reported never or rarely using protection. The numbers were too small to compare boys and girls.

Girls Becoming Pregnant

The risk that girls in out-of-home care get pregnant depends on their age. A 2004 Illinois study found that 9% of girls in out-of-home care who were ages 12 to 15 and sexually active had gotten pregnant.xiv A parallel study the next year found that 7% of Illinois girls in out-of-home care who were ages 11 to 16 and sexually active had gotten pregnant.xv

Rates are higher for older girls in out-of-home care. Two studies of 17-year-old girls in out-of-home care found pregnancy rates of 20% and 28%. One Illinois study found that 16% of sexually active 16 to 17-year-old girls in out-of-home care had become pregnant, in an another found a pregnancy rate of 37.3% for 17-year-old Illinois girls in out-of-home care. Frequency rates are even higher for girls 18 or older in care or recently exited from care: 37% to 57%, including 40% for youth aged 19 in a 2006 Illinois study.

In the 2017 Illinois Child Well-Being Study, 5 out of the 15 girls aged 15 to 17 had gotten pregnant (33.3%). None of the 6 girls aged 11 to 14 who were sexually active had gotten pregnant.

Boys Impregnating Someone

The rate of boys in out-of-home care impregnating someone varies across studies. One study found a rate of 4% for boys age 17,^{xxi} while an Illinois study found that no boy in out-of-home care aged 12 to 15 impregnated someone.

On the other hand, rates for young men who had been in out-of-home care were 23% for young men age 18 to 20 in one study, xxii and 14% in a sample of 16 to 17-year-old sexually active boys in out-of-home care in Illinois. xxiii Another Illinois study found a rate of 14% for boys age 11 to 17 in out-of-home care who were sexually active. xxiv In the 2017 Illinois Child Well-Being Study, none of the 26 boys age 11 to 17 in out-of-home care reported impregnating someone.

Having Children

A study of California girls in foster care at age 17 found that 11.4% had a first birth before age 18,^{xxv} and two studies of girls exiting out-of-home care have found birth rates of 17.2%^{xxvi} and 21.3%.^{xxvii} A Missouri study of boys exiting out-of-home care found that 2.2% had a child.^{xxviii} In the 2017 Illinois Child Well-Being Study, 3 girls aged 15 to 17 reported having children. This was 15.8% of girls in that age group. No younger youth and no boys reported having children.

Received Family Planning Services

As young adults who may not have relationships with adults who can help them with sexuality, youth in foster care need family planning services that provide them information and guidance on decision-making about sex. Yet research on family planning services for youth in out-of-home care is sparse. A California study of youth aged 17 to 19 in foster care found 16.9% of youth received family planning services, with no significant difference between girls and boys. An Illinois study of youth exiting foster care found that 15.4% had received family planning services; a follow-up at age 19 found that 13.5% had received these services, and that young women were more likely to receive them (17.1%) than young men (8.8%).

Youth in the 2017 Illinois Child Well-Being Study were asked whether, in the past 6 months, they had received any family planning services like birth control pills, condoms, or information on making decisions about having sex. Among youth aged 11 to 14, 19.6% received family planning services, with no significant difference between boys and girls. Among youth aged 15 to 17, 44.8% reported receiving family planning services; again, there was no significant difference between girls and boys.

Discussion

The sample sizes for this analysis are small but the results are still revealing, even though the margin of error is considerable. The finding that more than one-tenth of youth aged 11 to 14 in the sample had had sex, and two-thirds of youth aged 15 to 17, underlines the need for foster parents and child welfare workers to be aware of youths' sexual behavior and make sure that even younger youth have the knowledge to deal with their sexuality responsibly. Yet only a minority of these youth reported that they had received services to help them with decision-making about sex contraception. It is alarming that almost two-thirds of youth do not always use protection when having sex. Whether they want to have children or not, having a child at their age is likely to make it more difficult for these youth in out-of-home care to complete their

education and begin an adult life, and we worry about the care that the children they are having will receive. The young age at which several of these youth first had sex and the finding that sex was not consensual for a number of youth in the sample remind us that many of these youth have been sexually victimized and are likely to need help with the trauma they have experienced.

We can compare these results to previous findings in Illinois and elsewhere, though we must be cautious in drawing conclusions because of our small sample sizes. The rate of having had sexual intercourse among these youth was similar to what was found in Illinois in 2005, but lower than other studies. The rates at which their first sexual experience was non-consensual was comparable to the rate from 2004 Illinois data. Results on contraceptive use seem reasonably close to previous studies, though comparison is difficult because of differing methods of measuring this. The percentage of girls who became pregnant is similar to previous studies, though the small sample size makes comparison tenuous. It is somewhat reassuring that no boy reported being responsible for a pregnancy, though again the small numbers make any conclusion tentative. The percentage of girls who have had children is similar to previous studies. The percentage of youth in the sample receiving family planning services was higher than in previous studies, though most of the youth reported not receiving these services.

A 2005 study conducted for the National Campaign Teen Pregnancy identified some of the relevant dynamics related to sexual behavior among youth in foster care. XXIX Many youths in out-of-home care lacked strong relationships with caring adults that might increase the likelihood of making less risky choices. Some youth in out-of-home care saw benefits in having children, despite the challenges. Many faced pressure to have sex and did not have enough timely information about sexuality to help them. It was sometimes difficult to put future options ahead of current desires. Dealing with these dynamics is an important component to responding to the risks related to sexuality for these youth.

Recommended Citation

Cross, T. P., Kwon, S. & Tran, S.P. (2020). Sexual Victimization and Sexual Behavior of Children and Youth in DCFS Care: Findings from the 2017 Illinois Child Well-Being Study. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Acknowledgements

Funding for the evaluation was provided by the Illinois Department of Children and Family Services. The information and opinions expressed herein reflect solely the position of the authors, and should not be construed to indicate the support or endorsement of its content by the funding agency.

Related Publication

Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study: Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

vii Pecora, P. J., Williams, J., Kessler, R. C., Downs, C., O'Brien, K., Hiripi, E., & Morelle, S. (2003). Assessing the effects of foster care: Early results from the Casey National Alumni Study. Seattle, WA: Casey Family Programs. https://caseyfamilypro-wpengine.netdna-

ssl.com/media/AlumniStudy_US_Report_Full.pdf

https://www.chapinhall.org/wp-content/uploads/Courtney_Midwest-Evaluation-Adult-Functioning_Report_IL_2005.pdf

¹ Salazar, A.M., Keller, T.E., Gowen, L.K., & Courtney, M.E. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology*, 48 (4), 545-551.

ii James, S., Montgomery, S. B., Leslie, L. K., & Zhang, J. (2009). Sexual risk behaviors among youth in the child welfare system. *Children and Youth Services Review, 31*(9), 990–1000. Ramseyer Winter, V., Brandon-Friedman, R. A., & Ely, G. E.. (2016). Sexual health behaviors and outcomes among current and former foster youth: A review of the literature. Children and Youth Services Review, 64, 1–14.

iii Carpenter S.C.; Clyman R.B.; Davidson A.J., & Steiner J.F. (2001). The association of foster care or kinship care with adolescent sexual behavior and first pregnancy. *Pediatrics*, 108, 3, pp. E46

iv Casanueva, C., Ringeisen, H., Wilson, E., Smith, K., & Dolan, M. (2011). NSCAW II Baseline Report: Child Well-Being. OPRE Report #2011-27b, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Estimate calculated from Exhibit 28 on page 46. https://www.acf.hhs.gov/sites/default/files/opre/nscaw2_child_2.pdf

^v Auslander, W. F., McMillen, J. C., Elze, D., Thompson, R., Jonson-Reid, M., & Stiffman, A. (2002). Mental health problems and sexual abuse among adolescents in foster care: Relationship to HIV risk behaviors and intentions. *AIDS and Behavior, 6*(4), 351–359. Courtney, M.E., Terao, S. & Bost, M. (2004). *Midwest evaluation of the adult functioning of former foster youth: conditions of youth preparing to leave state care in Illinois*. Chicago: Chapin Hall Center for Children at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Midwest-Study-Youth-Preparing-to-Leave-Care-Illinois.pdf Dorsey, S., Burns, B., Southerland, D., Cox, J., Wagner, H., & Farmer, E. (2012). Prior trauma exposure for youth in treatment foster care *Journal of Child & Family Studies, 21*, (5), 816-824.
^{vi} Casanueva, C., Ringeisen, H., Wilson, E., Smith, K., & Dolan, M. (2011). NSCAW II Baseline Report: Child Well-Being. OPRE Report #2011-27b, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Estimate calculated from Exhibit 28 on page 46. https://www.acf.hhs.gov/sites/default/files/opre/nscaw2_child_2.pdf

viii Dorsey, S., Burns, B., Southerland, D., Cox, J., Wagner, H., & Farmer, E. (2012). Prior trauma exposure for youth in treatment foster care *Journal of Child & Family Studies*, *21*, (5), 816-824.

ix Courtney, M.E., et al. (2004), ibid.

^{*} Polit, D. F., Morton, T. D., & White, C. M. (1989). Sex, contraception and pregnancy among adolescents in foster care. *Family planning perspectives*, 203-208. Risley-Curtiss, C. (1997). Sexual activity and contraceptive use among children entering out-of-home care. *Child welfare*, 76(4), 475. See also Stott, T. (2012). Placement instability and risky behaviors of youth aging out of foster care. *Child and Adolescent Social Work Journal*, 29(1), 61-83.

xi Courtney, M.E.& Dworksy, A. (2006). *Midwest Evaluation of the Adult Functioning of Former Foster Youth from Illinois: Outcomes at Age 19*. Chapin Hall Center for Children at the University of Chicago.

xii 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. *Journal of Adolescent Health, 53(4)*, 478-485. Fowler, P. J., Motley, D., Zhang, J., Rolls-Reutz, J., & Landsverk, J. (2015). Adolescent maltreatment in the child welfare system and developmental patterns of sexual risk behaviors. *Child maltreatment, 20*(1), 50-60. Additional calculations were performed on results presented in Table 1. Stott, T. (2012). Ibid.

xiii Courtney, M.E.& Dworsky, A. (2006). Ibid.

xiv Hartnett, M.A., Bruhn, C., Helton, J., Fuller, T. & Steiner, L. (2009). *Illinois Child Well-Being Study: Year Two Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. https://www.cfrc.illinois.edu/pubs/rp 20090101 IllinoisChildWellBeingStudyYearTwoFinalReport.pdf

xv Bruhn, C., Helton, J., Cross, T.P., Shumow, L. & Testa, M. (2008) Well-being. In Rolock, N. & Testa, M. (Eds.) Conditions of children in or at risk of foster care in Illinois 2007: An assessment of their safety, stability, continuity,

permanence, and well-being. Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.

- xvi Brandford, & English, (2004). ibid. Oshima, K. M. M., Narendorf, S. C., & McMillen, J. C. (2013). Pregnancy risk among older youth transitioning out of foster care. *Children and Youth Services Review, 35*(10), 1760-1765.
- xvii Hartnett, et al., (2009), ibid.
- xviii Courtney, et al., (2004), ibid.
- xix Brandford & English, (2004), ibid. Oshima, et al., (2013), ibid. Williams, J. R., Pope, S. M., Sirles, E. A., & Lally, E. M. (2005). *Alaskan foster care alumni study*. Anchorage, AK: University of Alaska Anchorage. Wilson, et al., (2014), ibid. Wilson, et al., (2014)
- xx Courtney, M.E. & Dworsky, A. (2006) ibid.
- xxi Oshima, et al., (2013), ibid.
- xxii Oshima, et al., (2013), ibid.
- xxiii Hartnett et al. (2009), ibid.
- xxiv Bruhn, et al. (2008), ibid.
- xxv Putnam-Hornstein, E., & King, B. (2014). Cumulative teen birth rates among girls in foster care at age 17: An analysis of linked birth and child protection records from California. *Child abuse & neglect*, 38(4), 698-705.
- xxvi Pecora, P.J., Williams, J., Kessler, R.C., Downs, V. O'Brien, K., Hiripi, E. & Morelle, S. (2003). Assessing the effects of foster care: Early results from the Casey National Alumni Sty. Seattle, WA: Casey Family Program.
- xxvii McMillen, J. C., & Tucker, J. (1999). The status of older adolescents at exit from out-of-home care. *Child welfare*, 78(3), 339-360
- xxviii McMillen & Tucker (1999), ibid.
- xxix Love, L.T., McIntosh, J. Rosst M. & Tertzakian, K. (2005). *Fostering hope: Preventing teen pregnancy among youth in foster care.* Waington, DC: National Campaign to PreventTeen Pregnancy.