



Fostering Student Success b Promoting Sexual & Reproductive Health for Youth in Care: Actionable Strategies to Support Middle Schoolers to College Students

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Learning Objectives

- Recognize and understand the unique sexual and reproductive health needs of youth in foster care based on youth perspectives and recent data;
- Identify and explain some of the structural inequities and barriers that interfere with the sexual and reproductive health of youth in care; and
- Identify strategies stakeholders can use to support foster youth access to reproductive care and information based on experiences from LA RHEP and elsewhere.

The Los Angeles Reproductive Health Equity Project for Foster Youth



A collective impact campaign with the goal of ending inequitable reproductive health outcomes for youth in foster care, including disproportionately high rates of unintended pregnancy.

LA RHEP seeks to end the harmful narratives about the sexual and reproductive health of foster youth and shift perceptions of what it means for trusted adults to support their healthy sexual development and bodily autonomy.



Normal Development: Easy to appreciate developmental role of these activities



Is This Normal Development?



Romantic Relationships – A Normal Part Of Emotional And Developmental Growth

But healthy relationships have to be learned



Kristine*

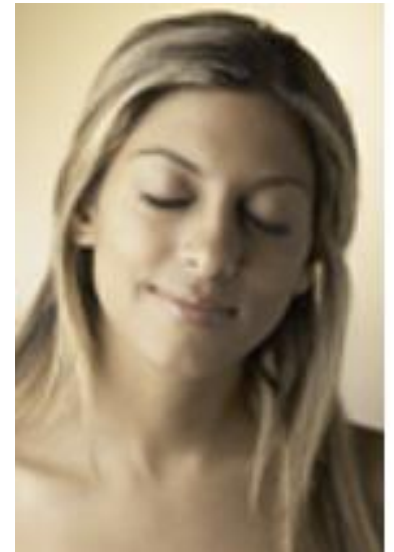
Kristine, 15, was in what she now calls an abusive relationship – but she didn't know it was abusive at the time.

Kristine spent her earliest years in an abusive home – Kristine said, “if that is how a parent shows love, by hitting you or shaming you, that is what a youth is going to think love is, even though it is destructive, they are going to think that is what love is.

Why would they know different?

I became a teen mom. There was violence all around me, but that is what I thought love was. Why would I know any better. I thought – well I'm not in the street. That is love.

Maybe in your childhood, what I went through sounds shocking or traumatic. But to me, its normal. Its my life.”



Adolescent Sexual Development- Normal Development

STAGE	Developmentally Appropriate
<p>Early Adolescence</p> <p>Females: 9-13 years old Males: 11-15 years old</p>	<ul style="list-style-type: none"> • Puberty/concern with body changes and privacy • Development of first crush • Sexual fantasies common • Sexual intercourse not common before age 13
<p>Middle Adolescence</p> <p>Females: 13-16 years old Males: 15-17 years old</p>	<ul style="list-style-type: none"> • Increasing concern with appearance • Peer influence strong • Dating/Experimentation with relationships and sexual behavior common • Sexual behavior doesn't always match orientation
<p>Late Adolescence</p> <p>Females: 16-21 years old Males: 17-21 years olds</p>	<ul style="list-style-type: none"> • Firmer and more cohesive sense identity • Ability to establish mutual trusting relationships • More abstract thinking

Excerpt from: Monasterio E, Combs N, Warner L, Larsen-Fleming M, St. Andrews A, (2010). Sexual Health: An Adolescent Provider Toolkit. San Francisco, CA: Adolescent Health Working Group, San Francisco.

Sexual and Reproductive Health Outcomes

Health Outcomes for Foster Youth

Early Pregnancy

Unintended Pregnancy

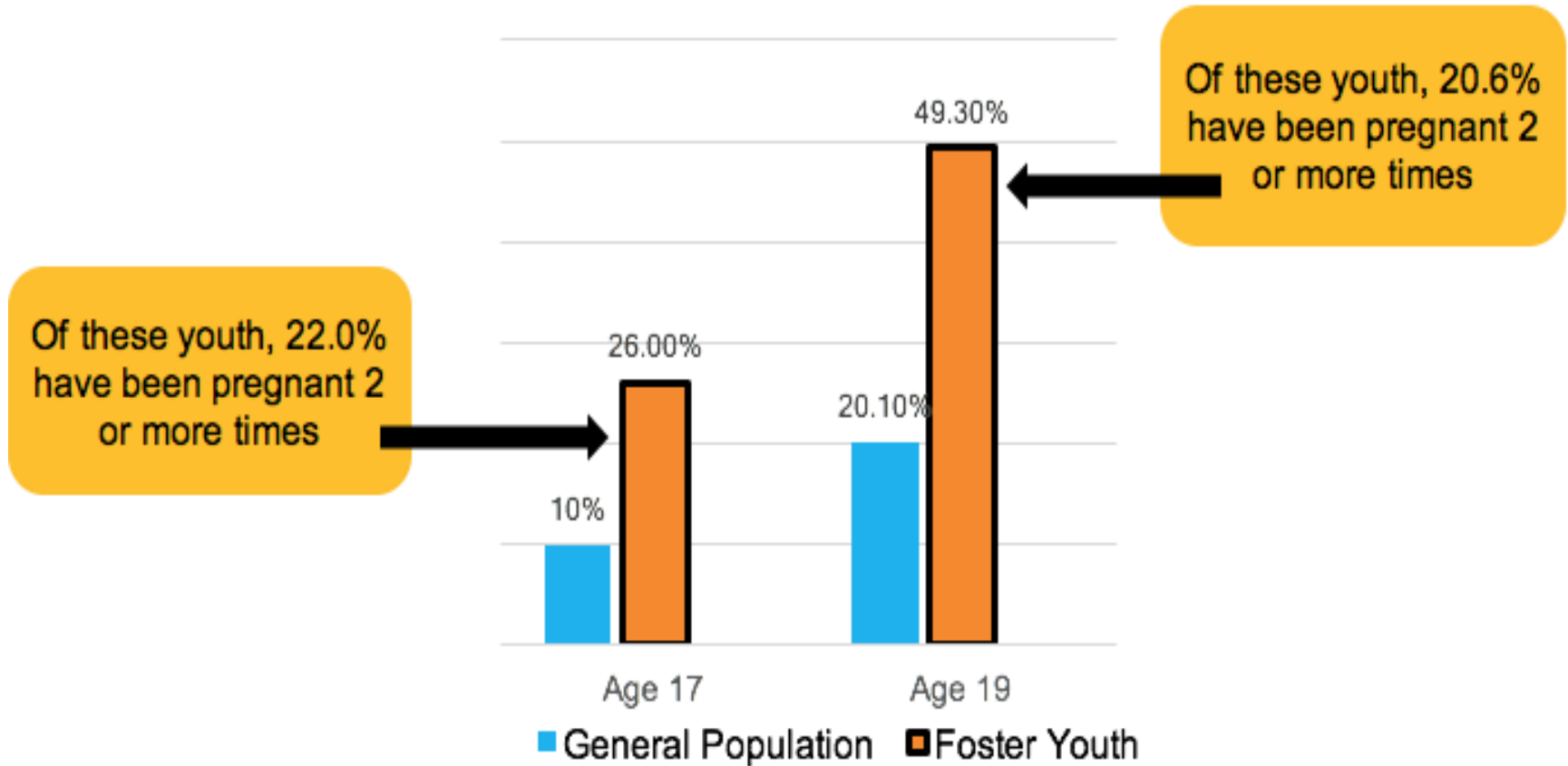
Poor Prenatal Care

Sexually Transmitted Infections
(STIs)

Poor Pregnancy Outcomes

Early Pregnancy

Pregnancy Rate of Youth



NOTE: This data and data on following slides is from the Chapin Hall California or Midwest studies, but we see very similar statistics in other states with available data.

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 and at Age 19 (2014, 2016).

Unintended v Intended Pregnancy

Young women in foster care at age 19:

Wanted to become pregnant:	%
Definitely no	33.8%
Probably no	3.7%
Neither wanted nor didn't want	28.8%
Probably yes	7.5%
Definitely yes	26.1%

66.3%

28% report using contraception at last pregnancy

Young men in foster care at age 19:

Wanted partner to become pregnant:	%
Definitely no	16.2%
Probably no	21.1%
Neither wanted nor didn't want	33.4%
Probably yes	14.0%
Definitely yes	15.3%

70.7%

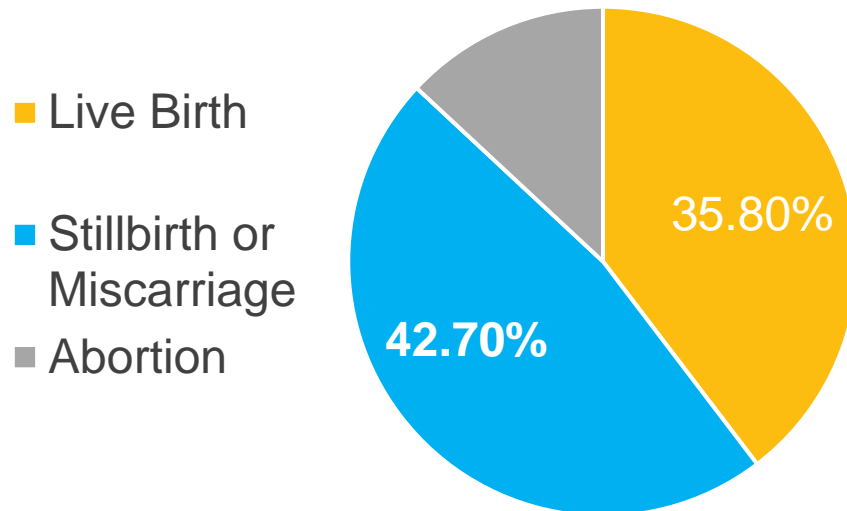
2.3% report using contraception at last pregnancy

** Some young people in foster care do want to become pregnant – but that is not the vast majority of cases.

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 and Age 19 (2014 and 2016).

Prenatal Outcomes

Of foster youth surveyed at 17 who reported pregnancy:



***42.7% had a stillbirth or miscarried**

***20.7% never received prenatal care**

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 (2014).

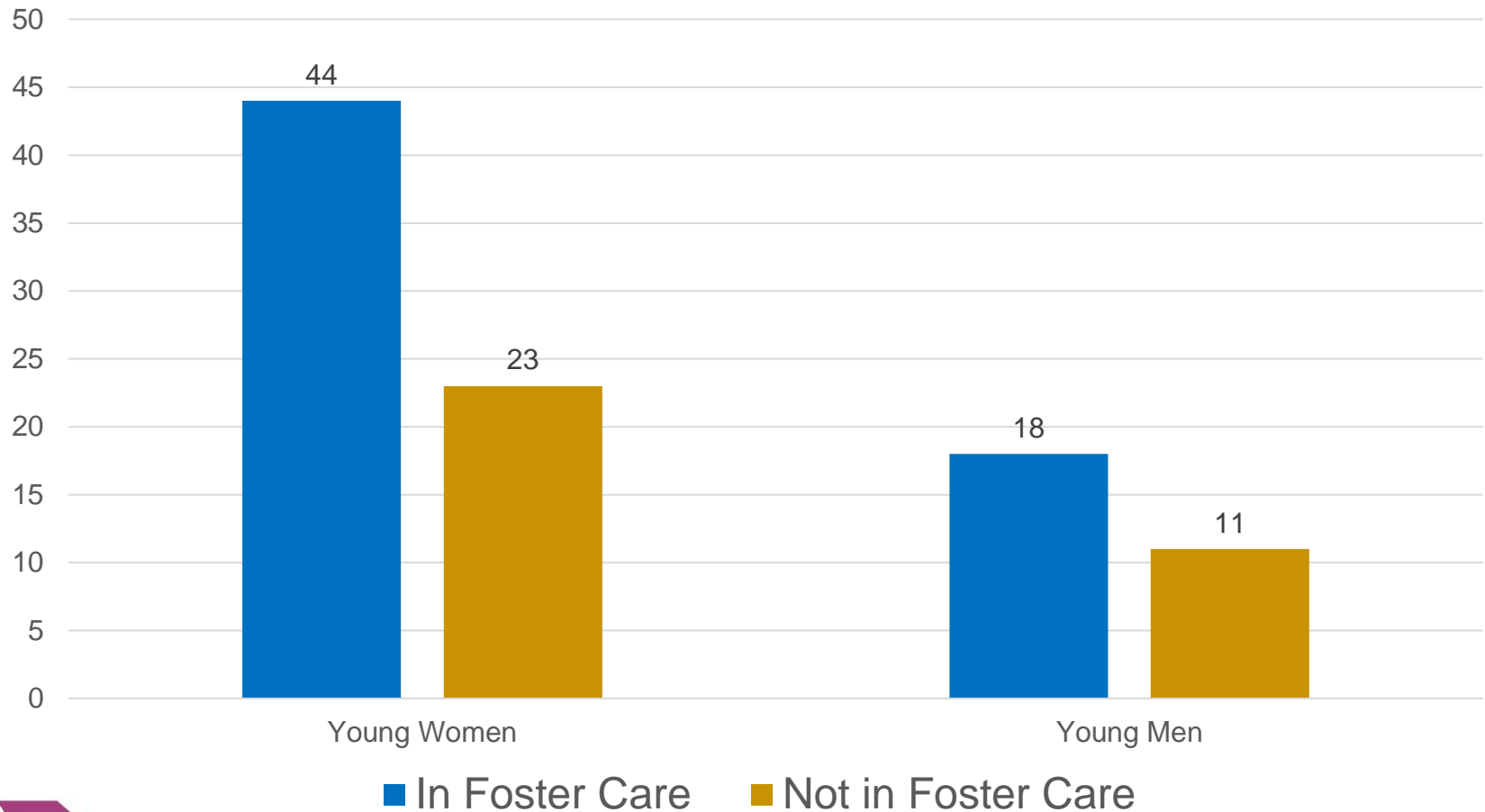
Mia

Mia, 17, discovered she was pregnant. Her bio mom told her that the system takes babies away from foster youth. So Mia ran away from her placement. She lived on the street and refused to get prenatal care for fear a health provider would turn her in to social services.

At 30 weeks, Mia delivered a stillborn child. Tests confirmed prenatal care easily could have addressed the problem. And only later did Mia find out that the state would not have automatically taken the baby from her.

STIs in Foster Care

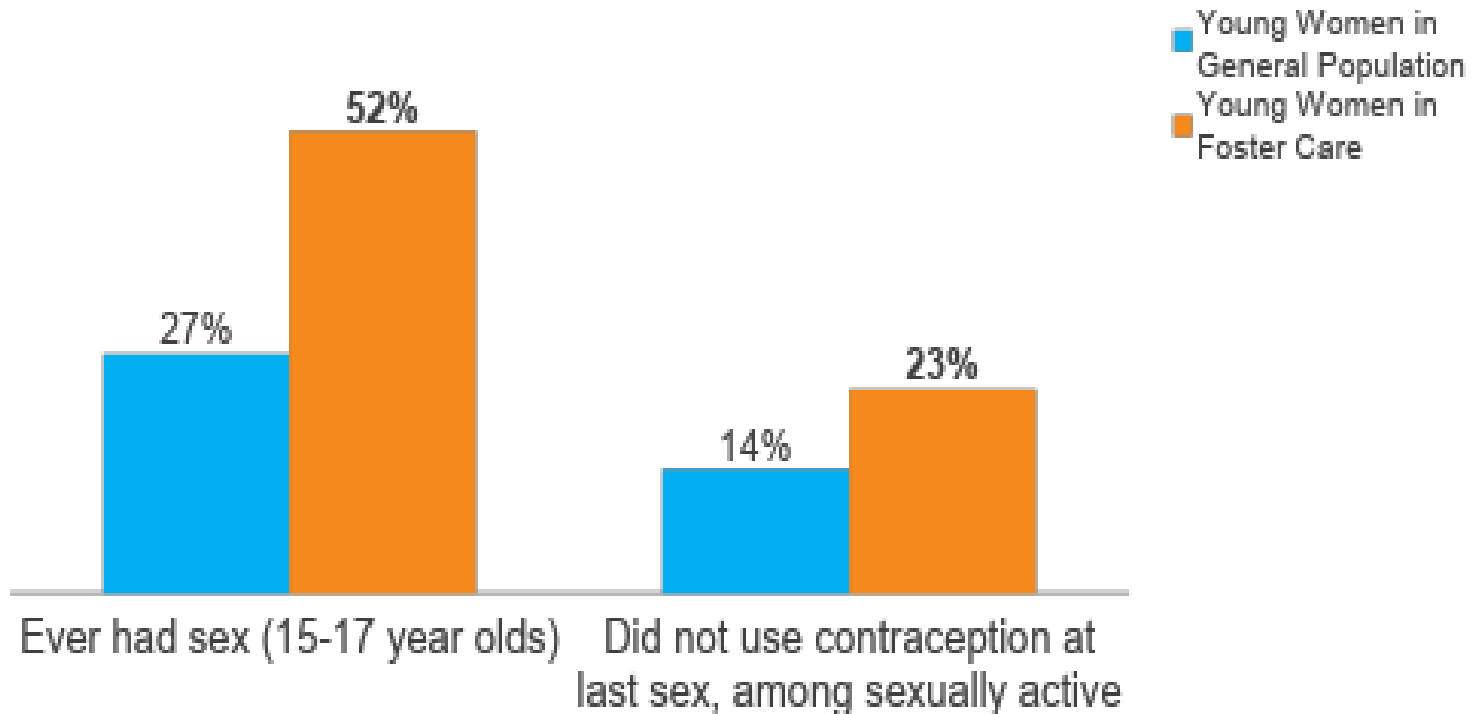
Percent of young people reporting STI diagnoses by age 26



Reproductive Health & Foster Youth

Compared with peers:

- Earlier sexual debut
- Less likely to use birth control
- Decreased condom use



Effects Of Early, Unwanted Pregnancies And Related Outcomes



At age 19, of those who had not enrolled in higher education, **30%** cited the need to care for children as a major barrier to returning to school



Economic costs to youth & child welfare system

At age 24, having child reduced women's odds of being employed by 30%, holding education constant



Children born to foster youth were 3 times more likely to have a substantiated report of maltreatment by age 5 than children born to the same-age youth not in foster care*

*Remember that foster youth are already involved and supervised by the child welfare system

Why is there a gap between intention and outcomes?

As You Look At The Data...

Ask yourself...

- What is in the youth's power and control?
- What is in the youth's sphere of influence?
- What additional barriers/issues must the youth contend with?



Power and Control?
Influences?

Social Determinants of Health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Trauma & Puberty



- ❖ The stress of abuse can impact the physical growth and maturation of adolescents
 - Recent study showed that young girls who are exposed to childhood sexual abuse are **far more likely to physically mature and hit puberty at rates 8 to twelve months earlier** than their non-abused peers
 - Early puberty is also a potential contributor to **increased rates of depression, substance abuse, sexual risk taking, and teenage pregnancy**



Mental Health & Unintended Pregnancy



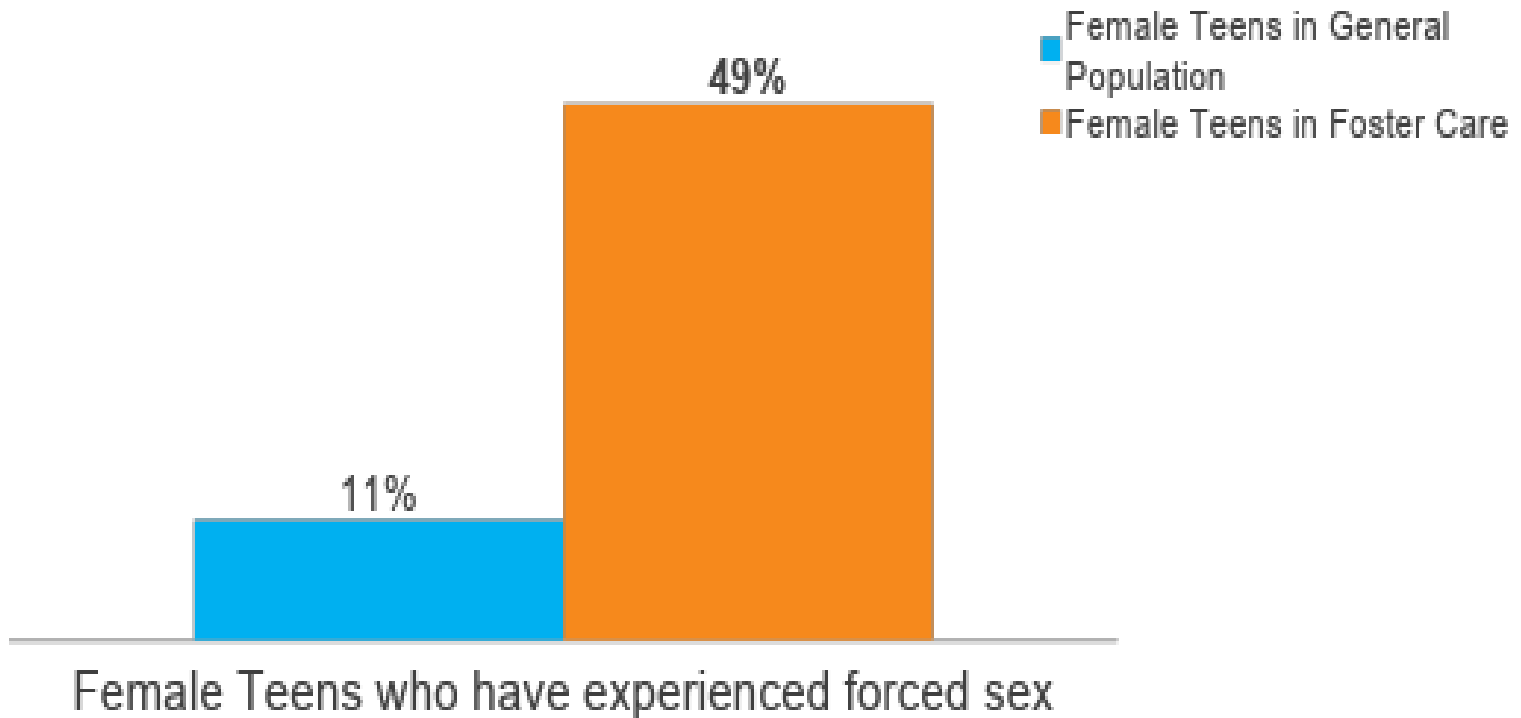
- ❖ Recent studies have begun to identify associations between women's mental health status and risky contraceptive behaviors
 - Including contraceptive nonuse, misuse, discontinuation, and less effective method use
- ❖ One study found that women with baseline stress symptoms had a 1.6 times higher risk of becoming pregnant over time than women without stress.
 - Women who had co-occurring stress and depression symptoms had twice the risk of pregnancy than women without symptoms.

Coercion & Unintended Pregnancy



Compared with peers:

- More likely to have experienced forced sex
- Adolescents are more likely to be in foster care because they have been sexually abused



Intimate Partner Violence & Unintended Pregnancy



Childhood experiences



Our communities

- ❖ Foster youth are at greater risk of intimate partner violence, due to their own trauma history
- ❖ Adolescent girls in physically abusive relationships are **3X more likely to become pregnant** than non-abused girls. Adolescent mothers experiencing physical abuse after delivery are nearly **twice as likely** to have a repeat pregnancy within 24 months
- ❖ Female teens experiencing intimate partner violence are also more likely to experience **birth control sabotage** at the hands of their partner

Child Sex Trafficking



Social support



Childhood experiences

- ❖ Foster youth are more vulnerable to becoming sexually exploited
- ❖ The majority of trafficked youth in the United States are involved in the child welfare system

In 2013, 60% of child sex trafficking victims recovered through FBI raids in the United States were in out of home care.

In 2012, Los Angeles County reported that of the 72 commercially sexually exploited girls in their Court Program, 56 were child-welfare involved (78%).

Caregiver/Placement



- ❖ Placement Instability
- ❖ Lack of good placement options
- ❖ Lack of training and support for caregivers
- ❖ Placements can create structural barriers to service and information
 - Transportation refusal
 - Contraception confiscation
 - Demanding consent of caregiver for services
 - Personal and/or religious beliefs

Caregiver and Youth Voice



“I was just thinking that if a kid is in foster care and the child is to reunify with the parents, who are we to talk to their kids about sexuality? - caregiver’s voice

“None of my foster parents—I had 14 placements—ever brought up the issue; they were able to establish a curfew and don’t do this and don’t do that, but never a sit down, one-on-one talk.” - youth’s voice

Sonya

“When I was in this one group home, the staff would search our rooms. Contraception was considered contraband. If staff found condoms, they would take them away and you would get in trouble.

One girl got pregnant. She wanted an abortion. The staff said that they can't drive her to any appointments for abortion. She would have to find her own way there.”



Health Providers



Our communities



Access to health services

- ❖ Absence/Restrictive laws and policies related to consent, confidentiality and access to care for youth in care
- ❖ Confusion regarding laws and obligations to foster youth
- ❖ Discontinuous Care/Inconsistent Access
- ❖ Unconscious and Implicit Bias in interactions

Health Provider Bias



Large and growing body of evidence shows that patient group identity (race, gender, sexual orientation, SES, size, etc.) can affect clinicians’:

- ❖ Question-asking in clinical interview (and thus information gained)
- ❖ Diagnostic decision-making
- ❖ Symptom management
- ❖ Treatment recommendations
- ❖ Referral to specialty care
- ❖ Interpersonal behavior (predictive of patient trust, satisfaction and adherence)

Joni

“When I went to the doctor, the doctor asked if I had ever had sex. I didn’t know how to answer. I went into foster care at 6 years old and had an STI then. Does that count?”

I try not to tell people that because I feel like they judge me and think I am dirty or something. But I was just a kid.”

“Everyone assumes that just because you are in foster care, you are having sex.”



Social Worker/ Child Welfare System



Social support

- ❖ Lack of laws, policies and clarity on the agency's obligation to provide care
- ❖ Lack of training and support for caseworker
- ❖ Conflict with personal and religious beliefs

Social Workers Speak:

“I don’t know how far we can go into a conversation; I avoid certain topics.”

“I didn’t ask a pregnant teen whether she was getting prenatal care or any other questions; it was beyond my comfort level; I don’t know what they are thinking; I just keep focus on ILP stuff, bus pass, workshops...”

“I was just pulling things from out of the air because I really didn’t know what was available to her.”



School



Education

- ❖ School instability
 - Inconsistent access to sexual health education if it is offered

- ❖ No sex education offered in school

- ❖ Lack of support for parenting students including:
 - Child care
 - Parent leave policies



What We Can Do

Strategies to Support Reproductive Health Equity:

- 1. Knowledge:** Comprehensive, accurate **information** from reliable sources about healthy relationships, safety, sex, reproductive health, pregnancy and contraception for both **YOUTH** and **KEY ADULTS**.
- 2. Access:** Access to **tools** and **services** that allow them to realize their decisions. Including identify and address barriers to care.
- 3. Foster Relationships:** Supportive relationships between the youth and a caring **trusted adult**.
- 4. Inspire Motivation:** Motivation to make healthy decisions is tied to the ability to envision a bright **future**.

Knowledge

- ❖ Education for Youth
- ❖ Education for Caregivers, Caseworkers and Youth Serving Professionals



What sexual health information do youth need?

- Medically Accurate information
- Age Appropriate, Accessible and Culturally Appropriate
- Comprehensive – more than just preventing pregnancy:
 - Puberty
 - Healthy Relationships
 - Consent
 - LGBTQ / SOGIE inclusive
 - Prevention and Protection
 - Trauma Informed
 - More than abstinence

Information must include a discussion of rights:

- Consent, Confidentiality, Rights to Care

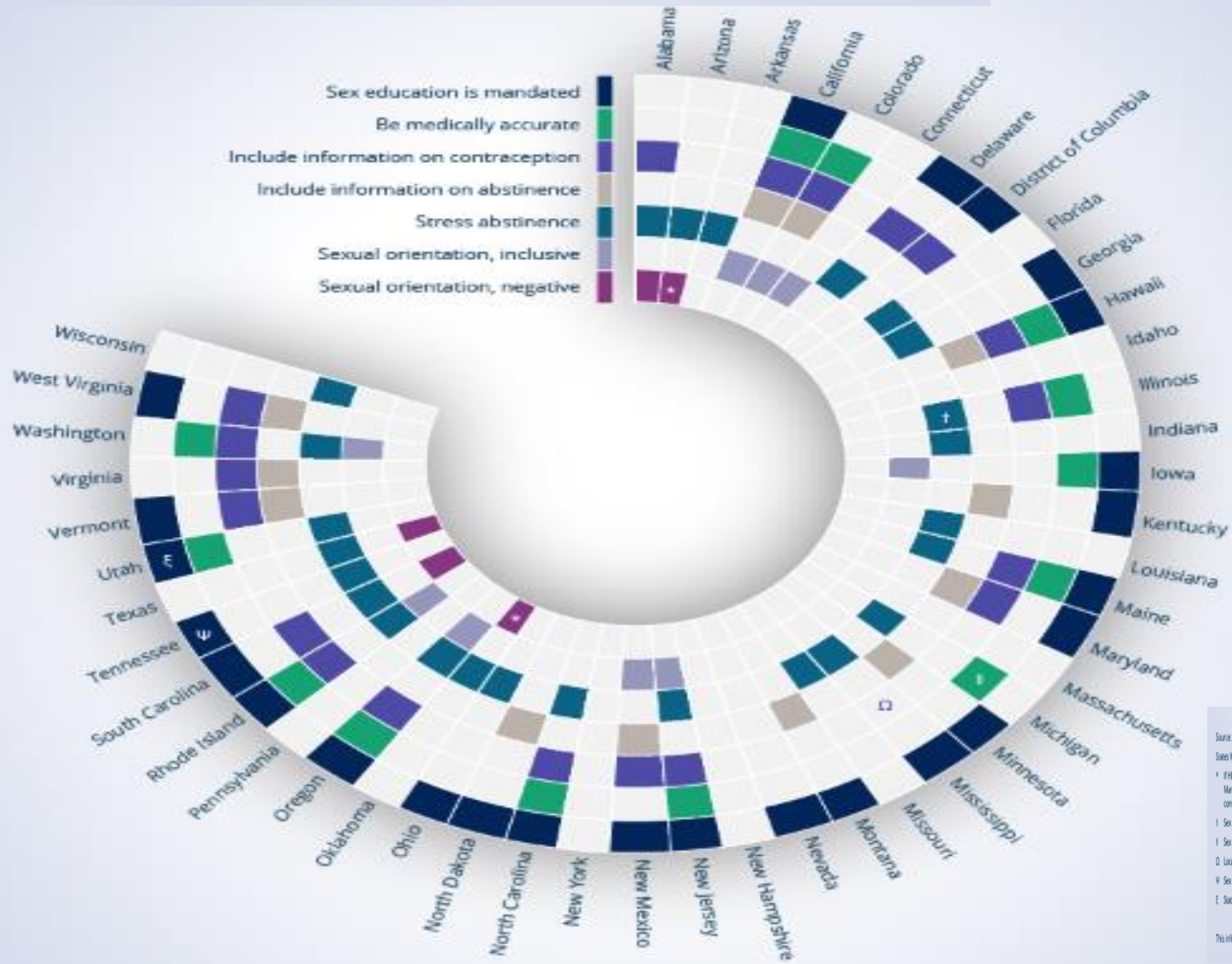


What is available in your state?

- ❖ What is available through the public education system in your state?
- ❖ What is available in the community?
- ❖ Is it accessible and available to all youth?
- ❖ How can we support access and address barriers?



SEX ED LEGISLATION IN THE UNITED STATES



Source: Guttmacher Institute, 2017. <https://www.guttmacher.org/state-policy/explore/sex-ed>
 States Without Available Data: Alaska, Kansas, Nebraska, South Dakota, Wyoming

* HIV education is taught in Arizona in context "promote a 'homosexual lifestyle' or portray homosexuality in a positive manner."
 Mandated HIV education in Oklahoma teaches that, among other behaviors, "homosexual activity" is considered to be "responsible for contact with the AIDS virus."

† Sex education is not mandatory, but health education is required and it includes medically accurate information on abstinence.
 ‡ Sex education "shall not be medically inaccurate."
 †† Localities may include topics such as contraception or STIs only with permission from the State Department of Education.
 ††† Sex education is required if the pregnancy rate for women ages 15-17 is at least 19.5 or higher.
 †††† State also prohibits teachers from responding to students' spontaneous questions in ways that conflict with the law's requirements.

This infographic is brought to you by the USC Suzanne Dworak Peck School of Social Work Department of Nursing.

Other Resources/How to Supplement

- ❖ What community Sex Ed programs are available?
 - Example: Making Proud Choices for Out of Home Youth (specifically adapted for youth in care)

- ❖ Online resources available to all:
 - Example: Amaze.org
 - Example: Bedsider.org





Welcome to the free support network for birth control.

WIN A \$200 GIFT CARD

Cali, schmali. If you don't win the big trip, you can still win \$\$ to host a VMA viewing party.

[submit your #videOHface to win »](#)

REAL STORIES



ruchika, 27, iud

I think that overall peace of mind for the future is really nice.

[more real stories »](#)

PROVIDER PERSPECTIVE

Thinking you and your partner are ready to stop using condoms? Here are a few things to do first.

[make the switch like a pro »](#)

Amaze.org



Evan

Evan is 11. He recently was teased in school for being smelly. He has never had any specific guidance on body hygiene or body changes that occur with puberty.



Programs for Professionals:

❖ Community and Online Programs:

- Brave Conversations – Utilizing Trauma Informed Approaches to Talk to Youth about Sex – Workshop for youth serving professionals from UT School Social Work
- Heart to Heart – sexual health training for foster and kinships caregivers developed by Children’s Hospital Seattle
- [https://www.jahonline.org/article/S1054-139X\(17\)30600-6/abstract](https://www.jahonline.org/article/S1054-139X(17)30600-6/abstract)
- www.TalkWithYourKids.org
- <https://calswec.berkeley.edu/sexual-and-reproductive-wellness-foster-care-sb-89-->

**Ensuring Access to Education for
Youth and Youth Serving
Professionals:
California Example**

Comprehensive Sexual Health Education In California Schools

California Health Youth Act (CHYA)

15 Teaching Criteria (*partial list below*)

- Age appropriate
- Medically accurate and objective
- Affirmatively recognize that people have different sexual orientations
- Teach pupils about gender, gender expression, gender identity
- accessibility for disabled youth
- culturally sensitive and appropriate for all ethnic backgrounds
- And more!

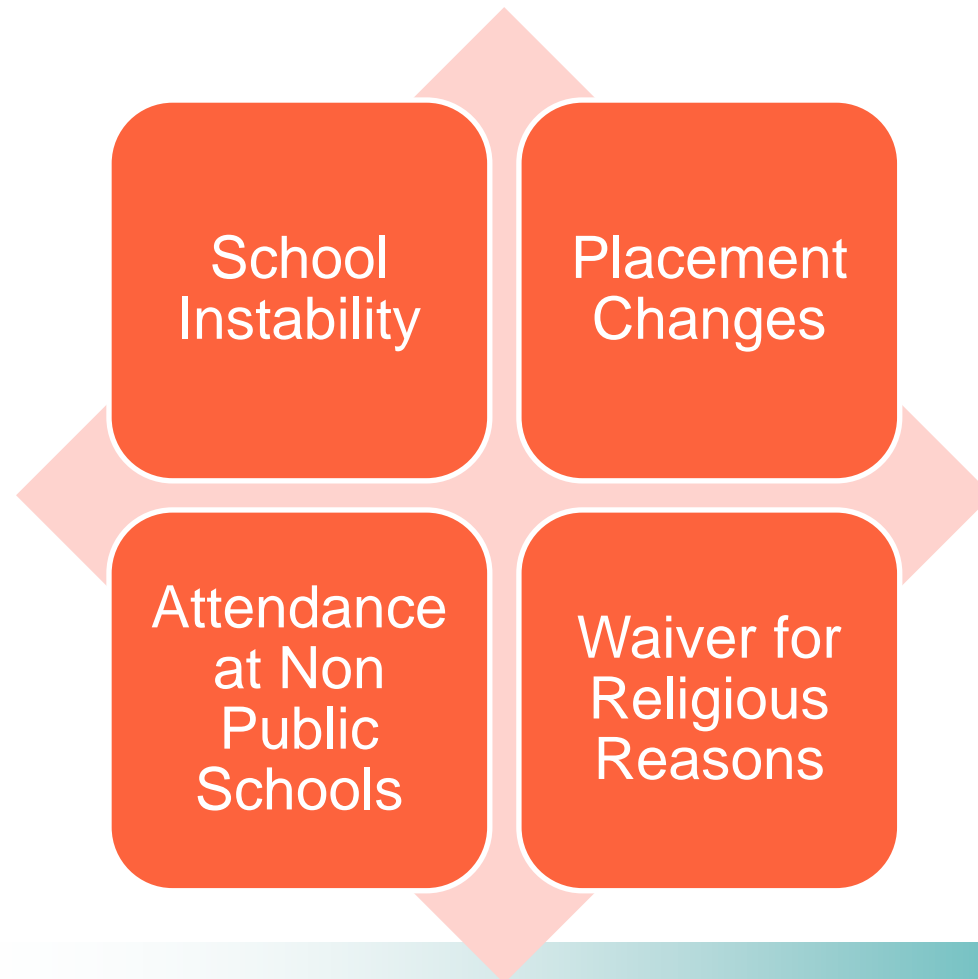
16 Required Topics (*partial list below*)

- Nature of HIV
- Effectiveness and safety of all FDA approved methods that prevent or reduce the risk of contracting HIV and other STIs
- Objective discussion of all legally available pregnancy outcomes
- Sexual harassment, sexual assault, sexual abuse, and human trafficking
- Adolescent relationship abuse and intimate partner violence
- And more!



Full list of requirements: Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Ed. Code

Common Barriers Faced By Foster Youth In Receiving the Required Comprehensive Sexual Health Education in California



California Senate Bill 89, Requires Connection to Sex Ed for Foster Youth (Effective 7/2017)



Improved Access to Sexual Health Education: Requires social workers to verify and document in a case plan if youth 10 and older have received comprehensive sexual health education (as defined by the CA Health Youth Act), once in middle school and once in high school. For youth who missed it in school, **social workers must document how the child welfare agency will ensure that youth receives the missed instruction.**



Informing Youth of Their Rights and Removing Barriers: Requires social workers to document that they have informed youth, ages 10 and older, of their sexual and reproductive health rights annually in an age and developmentally appropriate manner.

Common Barriers Faced By Caregivers and Caseworkers in Receiving Education



California Senate Bill 89, Requires Connection to Sex Ed for Key Professionals (Effective 7/2017)



Required training for Child Welfare Caseworkers and Caregivers:

Some training topics include:

- Healthy relationships,
- Legal rights of youth,
- How to communicate with youth,
- Obligations to support access to care.

Securing Access and Addressing Barriers to Care

Access

- ❖ Consent laws should not be a barrier to accessing the full scope of sexual and reproductive health services
- ❖ Funding should be available to pay for full scope of care and allow youth to see the provider of their choice
- ❖ Key adults should be obligated to address and remove barriers to care such as transportation, funding, consent.
- ❖ System should be obligated to support access to sexual and reproductive health care as well as provide services for expectant and parenting youth

Consent and Scope of Services: What is available in your state?

Minors' right to consent to and receive confidential services:

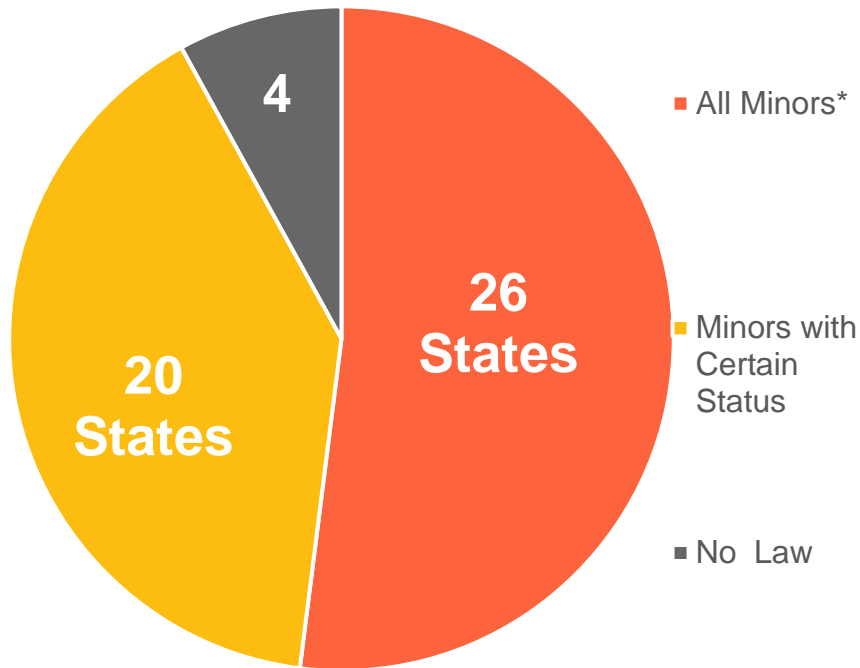
Can minors consent and access?

- ❖ STI prevention, testing and treatment
- ❖ Contraception (full range?)
- ❖ Pregnancy testing
- ❖ Prenatal care
- ❖ Abortion
- ❖ Birth and postpartum care

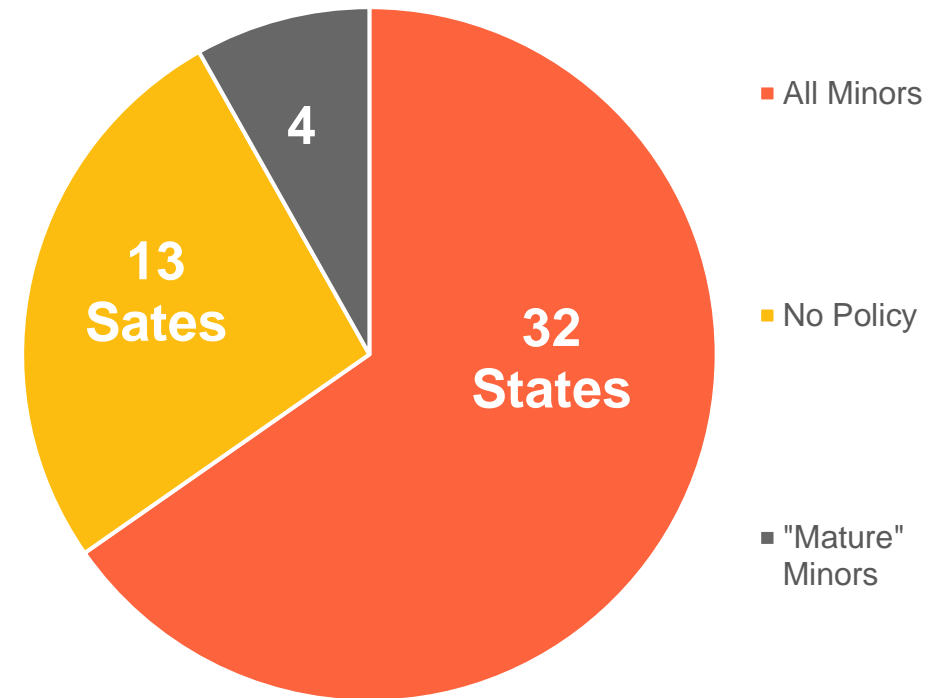
If it's not the minor, who consents?

State Laws on Minor Consent

Minor Consent to Contraceptives



Minor Consent to Prenatal Care



- *May have minimum age limits re who may consent
- Status means: Married, Parenting, Emancipated, etc.

Source: State Law Minor Consent Charts - Guttmacher Institute: <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>

Medicaid



Consent rules:

Federal Medicaid law protects confidential access to family planning for individuals of childbearing age, including teens.

Required Services:

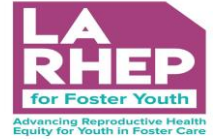
- Must cover range of contraception options with no cost
- Must cover prenatal care, labor and delivery and postpartum care
- Guaranteed free choice of provider without need for referral, even if otherwise in restricted health benefit program
- Must cover screening for STI and intimate partner violence without co-pay
- States can provide more. E.G. Medicaid can be used to expand access to maternal, infant and child home visiting programs

What does my state program cover?

See Power to Decide's "Key State Policies at a Glance" charts

<https://powertodecide.org/system/files/resources/primary-download/Key%20State%20Policies%20at%20a%20Glance.pdf>

Title X



Consent rules:

Federal law guarantees confidential access to individuals of childbearing age, including teens, irrespective of state consent law.

Services:

- Old regulations: must provide a full range of medically approved contraceptive options
- New regulations: abstinence and NFP. But are they in effect?

Where are Title X programs in your state?

<https://www.hhs.gov/opa/sites/default/files/Title-X-Family-Planning-Directory-June2019.pdf>

What is status of Title X regulations and legal challenges?

<https://www.kff.org/womens-health-policy/press-release/final-title-x-regulation-changes-implications-and-whats-ahead/>

Ellen

Ellen was 14 and in a group home. She wanted access to birth control, but the group home said she was too young.

Ellen told her lawyer: “I don’t have a boyfriend or anything, but I was molested all my childhood by my stepdad and brother. I still have to go visit there sometimes. I can’t stop them from maybe doing it to me again, but at least I can make sure that I don’t get pregnant if it happens.”



California Example: Clarifying the Can, Can't, May and Musts

- **SB 89:** Requires caseworkers to ask youth if they are facing barriers to sexual and reproductive health care and address those barriers if asked.
- **Guidance** issued by California Department of Social Services clarified the obligations of caseworkers and caregivers re: transportation, providing access to information, timely access to providers of youth's choice, etc.

CDSS Healthy Sexual Development website:

- <http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>

Support for Expectant and Parenting Youth in Care

- ❖ Prenatal Care/Reproductive Health
- ❖ Placement resources
- ❖ Education
- ❖ Subsidized child care to enable youth to remain in school
- ❖ Legal Issues: Family law, tickets, identity theft etc.
- ❖ Public Benefits
- ❖ Parenting Classes
- ❖ Early Intervention for babies
- ❖ Counseling
- ❖ Transition Issues and Services
- ❖ And more...

Fostering Relationships with Trusted Adults



Does Youth have a Trusted Adult?

- ❖ Encourage youth to speak to a trusted adult
- ❖ Who is the youth's trusted adult? If they can't identify one, what steps can be taken to identify one?
- ❖ What is your role?
 - ❖ Assume that no one else is talking to them about sexual health
 - ❖ It's never too early to start a conversation about sex and relationships
 - ❖ Have an open door for questions and conversations
 - ❖ Be inclusive and affirming – over representation of LGBTQ youth in out of home care

Motivation: Support Planning for the Future

- ❖ Talk to youth about their plans for their future
- ❖ Let them know you believe in them
- ❖ Questions to provide support:
 - *What do you want to do when you grow up?*
 - *How can we make your dream a reality?*
- ❖ What supports and services are in place to maintain stability in the youth's placement, education, and extra curricular activities to help them achieve their goals?

Having Sensitive Conversations with Youth

Shutting it down vs. Opening it up

- Our first responses to a client's comments can influence how that conversation will go, and whether there will be future conversations
- Is your first response usually a door opener or a door slammer?



Door Slammers

- Non-verbal:
 - Looking disgusted, shocked, anxious
 - Backing up, rolling eyes, avoiding eye contact
- Brushing off the question
- Making snap judgements, criticizing
- Promising to answer later but never following up
- Examples of door slammers:
 - “That’s gross!”
 - “I don’t want to talk about that”
 - “That’s inappropriate!”
 - “we are not here to talk about me”
 - “That is none of your business”



Door Openers

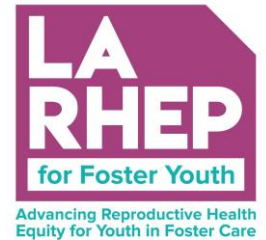
- Non-verbal:
 - Looking calm, giving your full attention
 - Nodding, finding a quiet space
- Thank them for coming to you
- Ask clarifying questions
- Respect their beliefs
- Answer factual questions simply with accurate information- or be ready to provide referral and/or resources if you are not comfortable
- Summarize and encourage more discussion
- Use inclusive language, avoid heterosexual assumptions



Door Openers- Sample Phrases

- What do you think?
- That's a good question
- Tell me what you know about that
- Do you know what that word means?
- Let's look that up online!
- Help me understand what you are feeling
- I'm really glad you told me about that
- I hope that answers your questions, please let me know if you need any more information
- A lot of people have this question...
- What do you know about this?

Communicating with Youth from Youths' Perspective

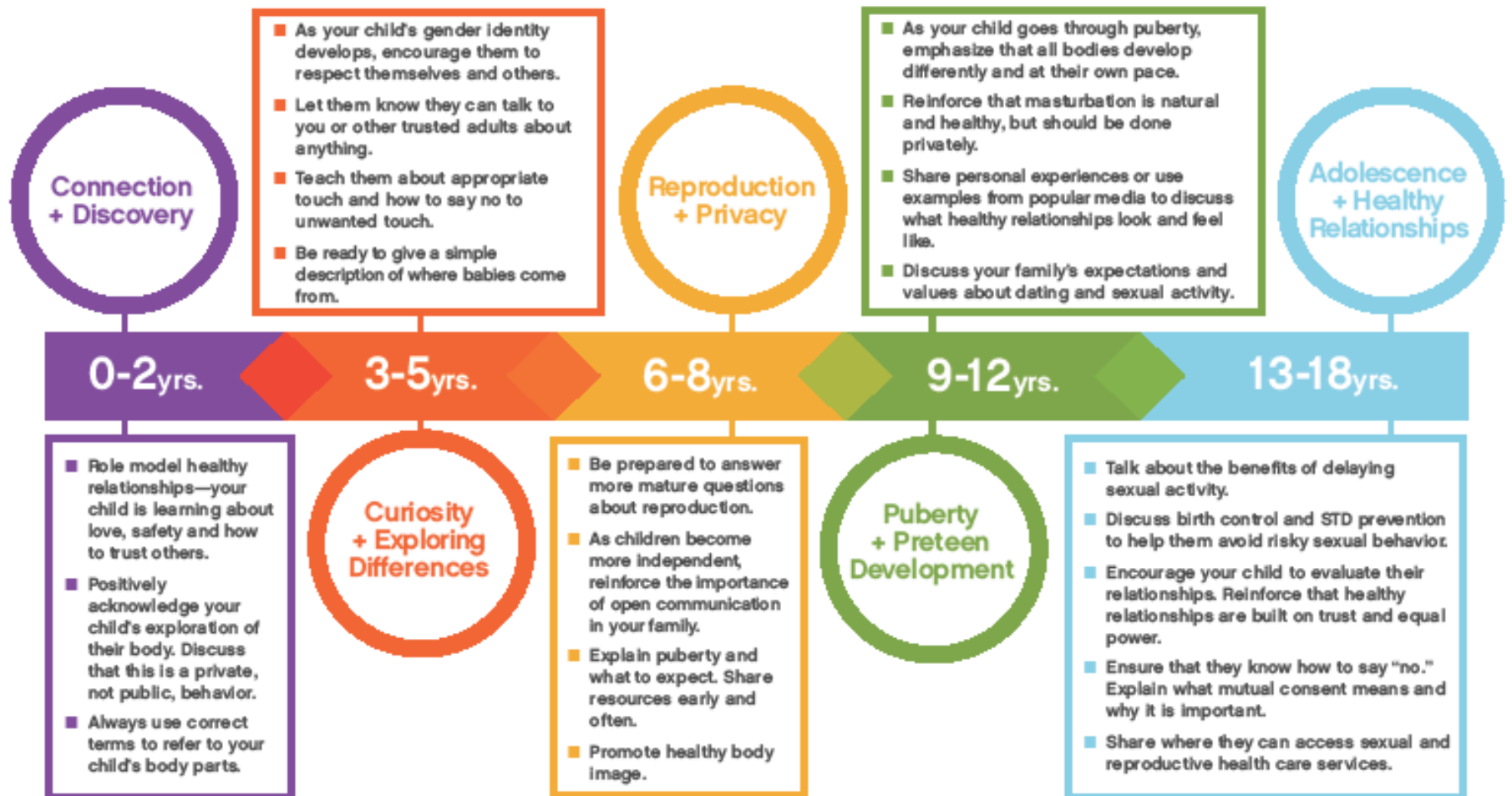


- ❖ Be inclusive and not gendered in how you ask questions
 - For example, “are you in a relationship?” instead of “do you have a boyfriend?”
- ❖ Look calm and give us your full attention
- ❖ Watch physical cues for signs of anxiety or stress
- ❖ Don't assume we are all sexually active and don't assume we are not
- ❖ Some of us may have already experienced something nonconsensual
- ❖ Don't set a lower bar for us just because we are in foster care
- ❖ Make sure there are no language barriers. Did youth really understand?

talk with your kids

It's always the right time to communicate openly and honestly with your kids.

The timeline + tips* below were developed to help you build a foundation of trust + mutual respect with your kids + start an ongoing conversation with them as they develop + grow.



This resource was developed by Essential Access Health + Planned Parenthood of Los Angeles.

*These tips are based on evidence-informed recommendations from experts in the field.

Learn more @ talkwithyourkids.org

Can I make a difference?

“They say it takes a village. Well, you are the village for the foster youth you guys are working with. You are the village, even if you’re coming in and out. You’re the people we’re going to remember. You know, there’s people in my life I’ve only seen once but they had such an impact on my life that I still remember them.”



Resources for Professionals

- **National Center for Youth Law**, www.teenhealthlaw.org
- **LA RHEP**, www.fosterreprohealth.org
- **National Council of Juvenile and Family Court Judges**, www.ncjfcj.org
- **Power to Decide**: “When you Decide Judge’s Toolkit” <https://powertodecide.org/what-we-do/information/resource-library/when-you-decide>
- **Center for Study of Social Policy**, Sexual and Reproductive Health of Youth in Out of Home Care: A Policy and Practice Framework for Child Welfare, <https://cssp.org/wp-content/uploads/2018/08/Sexual-and-Reproductive-Health-of-Youth-in-Out-of-Home-Care.pdf>
- **Annie E. Casey Foundation**, Expectant and Parenting Youth in Foster Care: Systems Leaders System Took Kit, <https://www.aecf.org/resources/expectant-and-parenting-youth-in-foster-care/>
- **Texans Care for Children**: Fostering Healthy Texas Lives: Strategies to Prevent Teen Pregnancy and Support Teen Parents in Foster Care
- **Guttmacher Institute**: Minor Consent Laws, <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>

Resources for Parents and Caregivers

- LA RHEP, www.fosterreprohealth.org
- **Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy)** www.powertodecide.org (202) 478-8500
 - 10 Tips for Foster Parents to Help Their Foster Youth Avoid Teen Pregnancy
- **Children Now, Talking with Kids About Tough Issues,** www.childrennow.org/index.php/learn/talking_with_kids (510) 763-244
- TalkWithYourKids.org for caring adults (Essential Health Access)

Resources for Youth

- **Planned Parenthood**, <http://www.plannedparenthood.org>
- **MTV's It's Your Sex Life**, <http://www.itsyoursexlife.com>
- **Sex Etc. (by teens for teens)**, <http://www.sexetc.org>
- **It Gets Better Project (for LGBTQ youth)**, <http://www.itgetsbetter.org>
- **Go Ask Alice (Columbia University)**,
<http://www.goaskalice.columbia.edu>
- www.DontThinkKnow.org
- www.bedsider.org



LA Reproductive Health Equity Project

To ask follow up questions, find information, or receive updates on new resources, contact us at www.FosterReproHealth.org

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