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Original article

Psychosocial Pathways to Sexually Transmitted Infection Risk Among Youth Transitioning Out of Foster Care: Evidence From a Longitudinal Cohort Study

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A B S T R A C T

Purpose: To test the fit of a theoretically driven conceptual model of pathways to sexually transmitted infection (STI) risk among foster youth transitioning to adulthood. The model included (1) historical abuse and foster care experiences; (2) mental health and attachment style in late adolescence; and (3) STI risk in young adulthood.
Methods: We used path analysis to analyze data from a longitudinal study of 732 youth transitioning out of foster care. Covariates included gender, race, and an inverse probability weight. We also performed moderation analyses comparing models constrained and unconstrained by gender.
Results: Thirty percent reported they or a partner had been diagnosed with an STI. Probability of other measured STI risk behaviors ranged from 9% (having sex for money) to 79% (inconsistent condom use). Overall model fit was good (Standardized Root Mean Square Residual of .026). Increased risk of oppositional/delinquent behaviors mediated an association between abuse history and STI risk, via increased inconsistent condom use. There was also a borderline association with having greater than five partners. Having a very close relationship with a caregiver and remaining in foster care beyond age 18 years decreased STI risk. Moderation analysis revealed better model fit when coefficients were allowed to vary by gender versus a constrained model, but few significant differences in individual path coefficients were found between male and female-only models.
Conclusions: Interventions/policies that (1) address externalizing trauma sequelae; (2) promote close, stable substitute caregiver relationships; and (3) extend care to age 21 years have the potential to decrease STI risk in this population.

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IMPLICATIONS AND CONTRIBUTION

Findings suggest that among foster youth, abuse history is associated with increased oppositional/delinquent behaviors in adolescence, which are, in turn, associated with inconsistent condom use and sexually transmitted infection (STI) risk in young adulthood. Trauma-informed interventions that address externalizing behaviors and promote stable, high quality caregiver relationships could decrease STI risk for foster youth.

Young adults who age out of foster care report poorer overall health and higher rates of physical and mental health problems compared with young adults in the general population [1–4]; however, they remain underrepresented in health research [5]. Sexual risk behaviors are of particular importance for this population. During adolescence and emerging adulthood, foster youth report higher rates of early sexual intercourse [6–9], higher numbers of partners [6,7], and are more likely to report having sex for drugs or money [2,6], having sex with a casual partner [6], and/or having a partner who has had a sexually transmitted infection (STI) [2,3]. Consequently, as young adults

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they are estimated to have between 3 and 14 times the risk of a biologically diagnosed STI compared with general population youth [6]. STIs are known to have significant health and economic impacts [10], and related behaviors also put foster youth at higher risk of other undesirable outcomes, such as teen pregnancy [2,3].

Several factors may contribute to this group's STI risk. Many foster youth are exposed to childhood physical and/or sexual abuse [4,11,12]; this puts them at increased risk of maladaptive "attachment" or relationship style later in life [13,14]. In addition, many youth in foster care engage in oppositional and delinquent behaviors, and/or suffer from substance use and mental health disorders such as depression and posttraumatic stress disorder (PTSD) [4]. These problems have been associated with increased risk of STIs and related sexual behaviors in other populations [11,12,15–17].

The types (nonrelative, group, kinship) and/or number of placements that youth experience while in foster care may also impact this group's participation in sexual risk behaviors, via their effect on mental health or attachment style. For example, youth who experience multiple placement changes may be may be at increased STI risk because they are less likely to develop the types of meaningful connections with foster caregivers or other adults that can promote healthy relationship behaviors, and they also tend to have greater mental and other health problems. Conversely, youth in stable placements who are able to develop loving and healthy relationships with caregivers or other adults may have more stable attachment styles, lower rates of mental health problems, and lower STI risk [3,16,18–21].

Finally, although recent federal legislation provides an incentive for states to extend foster care to age 21 years [22], youth in most states continue to be emancipated at age 18 years [4]. Consequently, many foster youth find themselves without formalized adult support during the age at which sexual and other health risk behaviors peak [23].

Little is known about how to decrease STI risk among foster youth. Extant studies evaluating STI preventive interventions in foster youth have tended to be uncontrolled or have failed to show long-term positive impacts [24–26]. Additional research is needed to better understand pathways to STI risk as well as factors promoting resiliency among youth in foster care, to inform the development of effective preventive interventions and policies.

The main objectives of this study were to: (1) test the overall fit of a conceptual model for STI risk among female and male foster youth that included maltreatment and foster care experiences as well as late adolescent psychosocial factors associated with STI risk in other populations; (2) identify key pathways leading to STI risk; and (3) identify potential protective factors to inform future intervention development efforts. We hypothesized that a history of physical/sexual abuse and multiple total and group placements while in foster care would be associated with an increased risk of both mental health symptoms and maladaptive relationship style during late adolescence, and that these factors would, in turn, be associated with self-reported sexual risk behaviors and STI exposure in young adulthood. We also hypothesized that being in kinship care, having a close relationship with a foster caregiver, and remaining in care past age 18 years would be associated with decreased risk of STI (Figure 1).

Methods

Study design and sample

Data were drawn from Waves 1–5 of the Midwest Evaluation of the Adult Functioning of Former Foster Youth, a longitudinal cohort study of youth in Illinois, Iowa, and Wisconsin transitioning out of foster care [1–4]. Youth were eligible for the study if they were in out-of-home care at age 17 years, and had been in out-of-home care for ≥1 year prior to recruitment. Exclusion criteria included being in a psychiatric or correctional facility, on runaway status during the entire baseline field period, or having a disability that would prevent completion of the survey. Seven hundred thirty two (732) of the 770 youth identified as eligible consented to participate and completed an in-

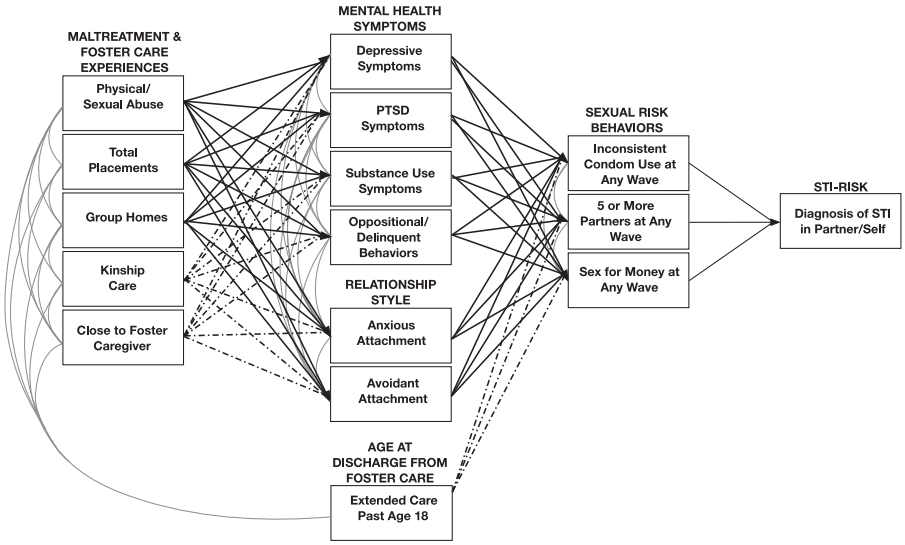

Figure 1. Initial conceptual model of abuse and foster care experiences, hypothesized late adolescent psychosocial mediators, and STI risk in young adulthood for youth in foster care. Solid line = hypothesized STI risk path; dashed line = hypothesized STI protective path; curved line = hypothesized covariance between two variables at same time point.

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