

# Help Me to Succeed

A GUIDE FOR SUPPORTING YOUTH  
IN FOSTER CARE TO PREVENT  
TEEN PREGNANCY



GEORGIA CAMPAIGN FOR  
ADOLESCENT POWER & POTENTIAL  
Education • Prevention • Action  
For Adolescent Health



**The National Campaign**  
to Prevent Teen and Unplanned Pregnancy

## Introduction

The National Campaign to Prevent Teen and Unplanned Pregnancy (The National Campaign) and the Georgia Campaign for Adolescent Power & Potential (GCAPP) are mission-driven organizations that seek to improve the lives and future prospects of children and families by preventing early pregnancy and parenthood among youth. Teen pregnancy is closely linked to a number of critical social issues, including poverty and income disparities, health, education, child welfare, and overall child well-being. Children born to teen mothers are more likely to be victims of child abuse and neglect and to be in the child welfare system. The National Campaign and GCAPP have worked to identify ways to support youth in care prevent teen pregnancy and to reach their goals by delaying starting a family until they're ready. It is our hope that this report will serve as a resource for case workers, foster parents, and other individuals in the child welfare sector to help youth in care avoid unplanned pregnancy and parenthood.

Youth in foster care, in particular, are at a significant risk of teen pregnancy. For instance, a teen girl in foster care is 2.5 times more likely to become pregnant by age 19 than her adolescent peers not in foster care. Also, approximately half of 21-year-old males transitioning out of foster care reported getting a partner pregnant compared to 19 percent of their non-foster care peers.<sup>1</sup> While adolescents in the general population are at risk for pregnancy, youth in foster care often face additional circumstances out of their control that can leave them even more vulnerable to pregnancy. For some time now, The National Campaign and GCAPP have worked to understand what youth currently in care and those transitioning out of care want and need from those around them to help them avoid early pregnancy. Both organizations have done this by working with youth in foster care themselves and providing these young people with the chance to articulate their thoughts and opinions.

GCAPP commissioned Messages of Empowerment (TEAM-MOE) to work with youth in care in Georgia after recognizing a need to include

the youths' voice in the work of the organization. In 2010, TEAM-MOE began using the "FAST" Model (Frame the Issue, Ask the Right Questions, Select the Right Data Sources, Think About Solutions) to train current and former youth in foster care to interview their peers about teen pregnancy and prevention. Thirty-nine youth in care were interviewed for this project; the average age of participants was 17.5 years. The young people discussed their feelings about being in foster care, teen pregnancy, sex education, the role adults play in their lives—particularly when it comes to discussing sexuality and reproductive health—and what supports and services they thought would help them make healthy decisions about sex and pregnancy prevention. While this project specifically represents the voices of youth in foster care living in Georgia, the opinions and findings mirror what The National Campaign has found among youth in care nationwide.

This report combines messages directly from youth in foster care in Georgia with national research to provide insight and advice to adults working in the child welfare sector. Understanding a youth's feelings and opinions regarding the risks of early pregnancy and prevention strategies can help child welfare professionals provide more effective support for the young people they support in foster care. Below are suggestions on how to find the balance between helping youth in care have a "normal" adolescent experience while providing them with the support they need to overcome barriers they face as a result of being in the child welfare system.



## What is life like for youth in foster care in the United States?

Adolescence is a period of transition and development often marked by risky behavior. When supported appropriately, many young people learn from their experiences and successfully navigate the often difficult and confusing path to adulthood. Teens in foster care too often find themselves at a disadvantage compared to their peers who are not in care, because their life experiences make establishing consistent supportive relationships extremely difficult.

*“I am in DFCS [Georgia Division of Family and Children Services] because someone else made a mistake in parenting me. I didn’t put myself in foster care... Treat me as a human, and give me that chance. If I fail, then help me, but help me to succeed. Don’t automatically assume that just because our parents or someone else who was guiding [us] failed, [we’re] going out and do[ing] the same thing.”*

Youth are placed in foster care because child protective services and the court system have determined their home is no longer a safe environment for them. These situations are identified based on apparent maltreatment including neglect and physical, sexual, or emotional abuse. Upon entering the child welfare system, youth may face additional upheaval by being separated from siblings or moving between multiple placements such as group homes, residential facilities, kinship care, and non-relative foster homes. Out of approximately 400,000 youth in foster care in the United States,<sup>ii</sup> about 33 percent are teens between 13-18 years old.<sup>iii</sup> Older youth entering foster care in particular tend to remain in the system longer than

those who are placed when they are younger. They are also *less* likely to be adopted or achieve permanency before turning 18 compared to their younger peers in care.<sup>iv</sup> Not having an adoptive family or permanency plan in place before transitioning out of care puts older youth in care at an increased risk for negative outcomes including homelessness, unemployment, poverty, incarceration, and pregnancy at a young age.<sup>v</sup>

### FINDINGS ON YOUTH IN CARE IN THE U.S.

- Eighty percent of youth who transition out of care without an adoption plan entered foster care at age 10 or older.
- In 2009, youth age 18-21 who transitioned out of care had spent an average of 7.5 years in the system.
- Over half of youth who transition out of care experienced at least one episode of homelessness.
- One in four youth who transition out of care will be incarcerated within the first two years after they leave the system.<sup>vi</sup>

For many youth, out-of-home care can be traumatic due to the instability of multiple, short-term placements; lack of emotional connection with caregivers or staff; and, in some cases, abuse within these places of care. It is difficult to safely seek support or develop trusting relationships in situations where trauma has been or is present. Youth in care are also more likely to have already experienced poverty, homelessness, and

*“Me and my friends don’t talk about ‘foster youth’ being sexually active. Other kids are sexually active [too].”*

## What do youth in foster care think about the risks of teen pregnancy?

During interviews, youth in care identified several factors that put them at risk for early pregnancy. These factors, which echo findings from previous work with youth in care around the country, include: (1) low self-esteem as a result of the stigma youth often face for being in foster care; (2) a lack of guidance, making it easier to succumb to peer pressure; (3) lack of consistent relationships with trusting adults; (4) a history of abuse and neglect; (5) lack of opportunity during adolescence to experience “normal” and “healthy” intimate and social relationships; (6) wanting someone to love; and (7) concern about birth control.

### STIGMA OF BEING IN FOSTER CARE

Being in foster care can inherently create dependency. This is largely due to young people’s minimal control over the decisions being made about their personal lives, including where they will attend school, their type of placement, and changing placements. On average youth can have four to five placements throughout their time in the foster care system, making it a challenge to form long term social relationships which can, in turn, be motivation for getting pregnant. As one youth notes, *“There’s a real need on their part to have a longer-term relationship, and they see a baby as a way to achieve that...thinking that having a baby with their boyfriend will cement that relationship as well.”* Intimate sexual relationships might satisfy important needs that would otherwise be met within the family relationship,

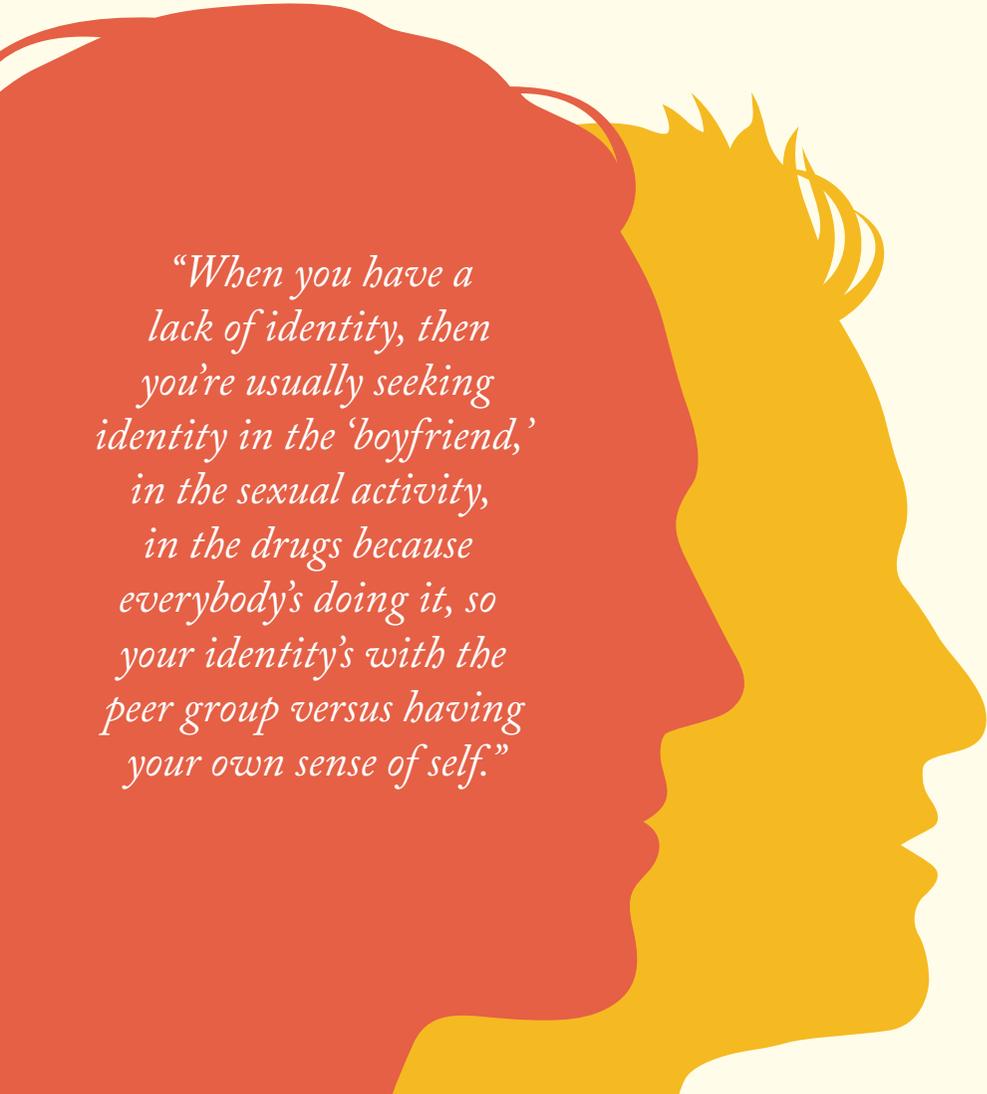
*“With teen pregnancy it’s not about you anymore, it’s about the child. Most of us ain’t with the father so you got to think about what if he gets tired and he doesn’t want the baby. He can leave. You can’t go anywhere.”*

instability, all of which have been linked to teen pregnancy. Consequently, many youth in care spend much of their time navigating the system in survival mode and looking to peers for support. As one youth respondent noted, *“You have to look out for yourself more when you’re in DFCS.”*

Although data provide a comparative view of the risk of early pregnancy faced by youth in care with their non-foster care peers, some youth in care expressed that using this information broadly and without context can unintentionally make them feel singled-out, or characterized as “hypersexual” compared to their peers. When youth in foster care in Georgia were asked to talk about teen pregnancy, several of the respondents felt frustrated and reiterated that, *“it’s not just about foster kids getting pregnant.”* They felt a more important message was to stress that *all* teens are at risk of becoming pregnant or causing a pregnancy if they’re sexually active and that not all youth in care are necessarily sexually active. Respondents also shared several structural and social aspects of the child welfare system they believe led to increased risky behavior and unintended pregnancies among youth in care.



including emotional support, safety, trust, and love. Another youth said, *“Foster kids get bullied more than other kids on the street.”* The stigma of being in foster care may also subject teens more bullying and peer pressure. Similar to all adolescents, youth in care want to fit in with their peers. Also similar to youth more broadly, this desire to be accepted may lead teens in care to having unprotected sex or using drugs.



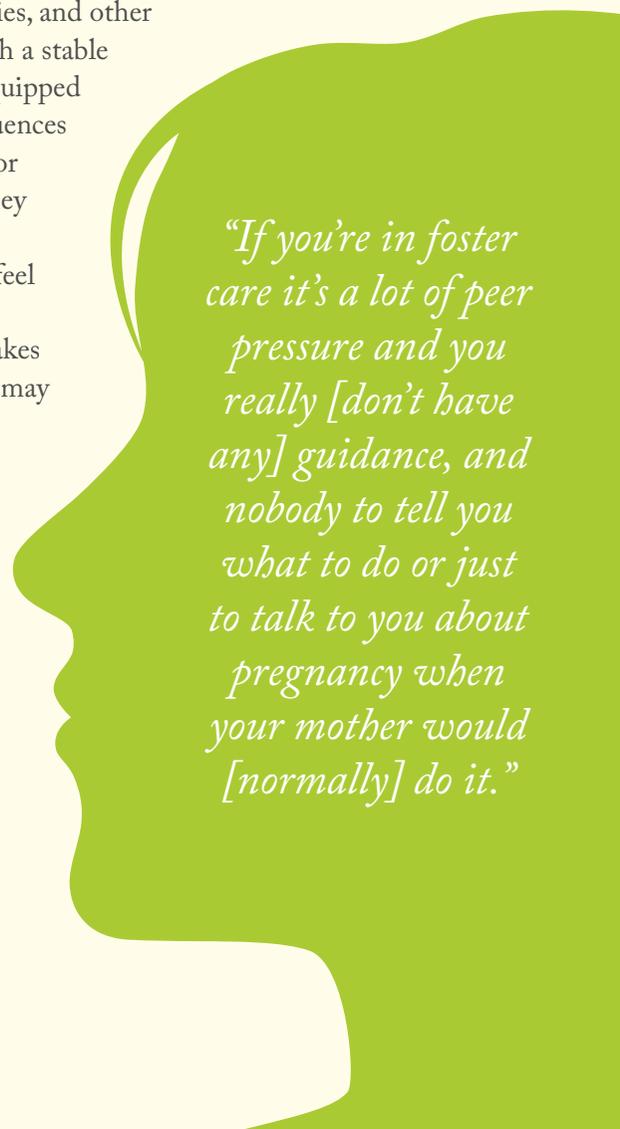
*“When you have a lack of identity, then you’re usually seeking identity in the ‘boyfriend,’ in the sexual activity, in the drugs because everybody’s doing it, so your identity’s with the peer group versus having your own sense of self.”*

## **FACING PEER PRESSURE WITH LITTLE GUIDANCE**

Youth identified the lack of guidance while being in care, particularly as it relates to pregnancy prevention, as a factor that makes it more difficult to resist pressure to engage in risky behavior. Peer pressure is a normal aspect of teenage development. Teens who successfully navigate this pressure often do so with the help of a strong support network including parents, families, and other community influences. Teens with a stable family structure may be better equipped to resist the pressure of peer influences due to a desire to please parents or other mentors whose approval they care about.<sup>viii</sup> Youth in care often lack strong support networks or feel like there are no adults who care about their well-being, which makes it difficult to resist activities that may have negative consequences.

## **LACK OF CONSISTENT RELATIONSHIPS WITH TRUSTING ADULTS**

For most teenagers, adolescence is a time for experimentation and exploration. This is no different for teens in foster care. Teens in care often lack permanent mentors in their lives which can affect many of their decisions, including those about sex. Older youth in care, in particular, face



*“If you’re in foster care it’s a lot of peer pressure and you really [don’t have any] guidance, and nobody to tell you what to do or just to talk to you about pregnancy when your mother would [normally] do it.”*

multiple disadvantages when it comes to building consistent relationships with trusting adults, partly due to the average length of time they spend in the system and their number of placements. The strength of a relationship with a caring adult plays a pivotal role in helping youth in foster care avoid pregnancy and sexually transmitted infections (STIs).<sup>ix</sup> This relationship can be with a relative, a social worker, or any responsible caring adult; the most important factors are that the relationship is consistent and built upon mutual trust.<sup>x</sup> This might be particularly challenging for youth if they don't feel welcomed or supported by the child welfare system or their caregivers. As one youth notes, *"DFCS acts like we asked them to be in foster care. If I could go home, I would. I don't want anybody taking care of me and they're making it seem like such a big deal that they're doing this and that but I didn't ask them for anything."*

Other youth express challenges in developing positive relationships in both group homes and in-home placements. One youth mentioned that, *"... group homes aren't so warm and fuzzy because the relationships aren't there."* Another said about foster families, *"A lot of parents that do fostering don't really get to know the child like they should. I've been moved from home to home. I never really had a stable home."* Two more youth specifically stated that, *"...not having anyone to listen to how our daily life is going..."* and *"...living with adults who don't understand where we are coming from..."* are factors they believe contribute indirectly to sexual risk-taking. What is clear from the majority of these youth is the absence of a trusting adult they can turn to for advice and support.

*"We deal with staff members who don't seem to care."*

## HISTORIES OF ABUSE AND NEGLECT

Teens in foster care cited abuse and neglect as factors that may place young people at higher risk of teen pregnancy. When asked about who might be at risk for getting pregnant at a young age, one youth mentioned, *"...young females that have been molested or raped, or in some kind of category where someone has sexually harassed them or abused them at some point in their lives."* Experiences with physical and sexual abuse are common among youth in care. Young adults who lived in foster care were nearly two times more likely to have experienced forced sex compared to all other youth.<sup>xi</sup>

## LACK OF OPPORTUNITY FOR "NORMAL" RELATIONSHIPS

While individual placements vary depending on the situation, in general there are a multitude of rules and restrictions young people face upon entering the child welfare system. Youth interviewed mentioned several times that the restrictions they face make it hard for them to have "normal" teenage experiences and connect with their peers. According to one youth, shielding them from the world *"...makes a young girl*

*"This is like a lock down facility and it's not supposed to be. This is a foster youth group home not a DJJ [Department of Juvenile Justice] group. It shouldn't be a lock down facility. It should be open where you can go to sporting events, have fun, and feel like a real teenager."*

*rebellious and that makes them go out there and do way worse things than just have sex.”* The ability to experience relationships during adolescence has a direct impact on the development of positive self-esteem that youth carry into adulthood. For youth in care, this opportunity is often stifled. Strong, positive peer relationships have proven to be helpful to youth overcoming challenges associated with turbulent family situations which would particularly benefit youth in care.<sup>xiii</sup> Allowing youth the opportunity to engage in positive peer relationships, while providing them with the support and skills they need to navigate risky situations, is critical to healthy adolescent development.

#### WANTING SOMEONE TO LOVE

The idea of having a baby as a teenager is not always viewed negatively among youth in care. Several young people suggested that teens in care are actually motivated to get pregnant and have a baby as a means of receiving unconditional love. One youth said, *“Some young females actually want babies. It’s not an accident because they feel like they want somebody that’s going to love them.*

*They don’t have nobody.”* This urge for unconditional love was also expressed in focus groups among youth in care across the country.<sup>xiii</sup>

Making the decision to start a family can be a common response to the instability and lack of control youth grow accustomed to while in care. They want to succeed at having a family in a way that their parents did not.

*“While you’re in the system they try to put all of these rules and restraints on you. But, at the end of the day, when you get out there, you’re gonna do what you want to do.”*

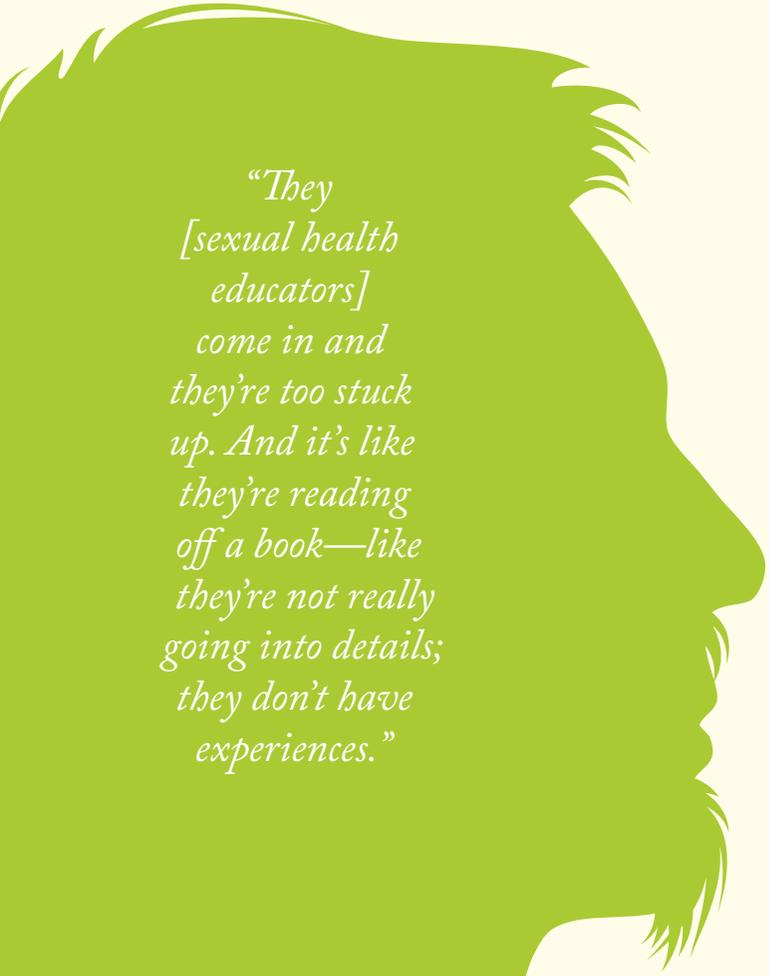
Some youth also believe that having a baby with their boyfriend will cement the relationship and provide some continuity in their life. Even though youth interviewed acknowledged that this belief frequently does not work, pregnancy and giving birth as a single mother is still not always seen as a detriment to their future, especially if the girl is *“...strong and they’ve got it together.”*

#### CONCERN ABOUT BIRTH CONTROL

Like youth in the general population, youth in care may not have received much reliable or accurate information regarding birth control. Some teens refuse to use certain birth control methods—hormonal methods, in particular—out of concern about possible side effects. However, rejecting hormonal birth control, including some of the most effective and long acting methods, puts youth in care at risk of unintended pregnancy. Young people’s attitudes about birth control reveal a need for more education about how methods work, the myths and misunderstandings about side effects, and the risk of pregnancy with each method. Educating youth on the importance of condom use is also

*“I have enjoyed the joy that I bring to my child and the joy that he brings to me. It’s like waking up in the morning and sometimes you might not be able to get out of the bed, or you might be discouraged, or you feel that you’re down and out, but you see your child and it just motivates you to keep going.”*

critical to helping them prevent pregnancies as well as STIs. When asked about condom use, several youth responded saying, *“Most of my friends don’t like condoms…”* or *“It doesn’t feel right.”* One girl said about her boyfriend: *“He feels like they suck... birth control sucks too.”*



*“They [sexual health educators] come in and they’re too stuck up. And it’s like they’re reading off a book—like they’re not really going into details; they don’t have experiences.”*



*“I don’t feel that either one [condoms or birth control] are important to use.”*



*“I don’t want to use birth control. I don’t like taking medicine and I don’t want to take something that’s gonna change my hormones, like changing my period.”*

## What's Missing?

The youth interviewed provided valuable insight into the risks that youth in care face in regards to teen pregnancy as well as gaps in child welfare structures and supports. In addition to more support in general, youth in care could benefit from stronger resources and better information on topics related to pregnancy planning, prevention, and safer sex.

### **FOSTER PARENTS NEED TO BE APPROACHABLE AND PREPARED TO DISCUSS SEXUAL HEALTH AND SEXUALITY WITH THEIR YOUTH.**

When asked about discussing sex and related topics with their foster parents, youth gave both positive and negative responses. It is clear that establishing relationships with their foster parents can be difficult for a variety of reasons, and discussing issues related to sexual health might be particularly fraught given the sensitive nature of the topic. Several youth mentioned the fear of being judged by their foster parents and other adults and how that can deter them from broaching these subjects. One youth said they would feel more comfortable talking about sex with their foster parent, *"...if they wouldn't judge me or think of me differently."* Another youth simply said, *"I need to know they care."* And another stated, *"I need to have this conversation with a person who is not going to be jumping down my throat all the time."* Previous negative experiences with foster parents can add to the hesitance of approaching them about these subjects. One youth said, *"I've had so many foster parents in my life. I had several that were just scary—just too scared to talk to [them] about it."*

*"Listen to us first, then educate us later."*

Foster parents can play a critical role in supporting youth to make safe and healthy decisions. They are in a position to facilitate these discussions if they are given the right tools and knowledge to offer advice and guidance to their youth. While some youth interviewed said they would never feel comfortable talking with their foster parents, others said that if the parent could *"be honest and open"* and *"down to earth"* then it would be easier. It is possible for foster parents and the youth they care for to establish two-way, healthy relationships and it can be extremely positive for both when that alliance is created.<sup>xiv</sup>

### **SEX EDUCATION OFFERED TO YOUTH IN CARE NEEDS TO BE RELEVANT TO THEIR LIVES.**

Despite the lack of evidence-based teen pregnancy prevention programs specifically developed for youth in care, many of the youth interviewed

*"It would be easier for me to have a conversation if they came to me."*

*"Me, personally, I had a good foster parent. She was my best friend. I feel that I could talk to her about anything. I've been with her for seven years. I've been with her since I had my baby. She was down and upset but she got to a point where she got over it. And so [she just said], 'Don't do it anymore.'"*

had previous experience with some type of sex education. In general, their feelings toward sex education were apathetic, *“We sit there and we listen even to the statistic... it’s like, I heard what you said but I don’t care.”* According to one of the youth interviewed, *“It’s not effective because after a certain amount of time you just block out everything.”* Again, youth identified the fear of being judged as a factor that inhibited them from participating in these programs. One young person said, *“As soon as you go to a pregnancy prevention class, they automatically assume that you’re having sex.”* One youth suggested that sex education should be mandatory or court-ordered to avoid being judged or seen as promiscuous for participating.

*“Most [health educators] do and say the same things you heard at the last meeting. So what’s the point in going if you already know what they’re gonna say?”*

Similar to youth in general, in order for messages in a sex education class to resonate with them, youth in care want to hear information delivered in a way that will connect with their personal experiences. This can be done through examples and facilitated discussions as opposed to a lecture-style class.<sup>xv</sup> In other words, *“Make the sessions more conversational than informational.”* They also mentioned including conversations providing moral guidance in sex education programs such as, *“Good or bad, we want to know when is the right time to lose your virginity.”* This would be particularly helpful for youth who lack

relationships with trusted, adult mentors. The class could provide them some insight and skills when faced with decisions like having sex.

### **YOUTH IN CARE NEED ACCESS AND ENCOURAGEMENT TO VISIT HEALTH CLINICS FOR SERVICES.**

Like all youth, youth in care need to be able to access health services, including reproductive health services. As one teen mentioned, *“Access can be contingent on the ability or the willingness of the adult to do that.”* Others also mentioned that in more suburban or rural settings access can be particularly challenging. Youth in care are also worried about being judged if they access sexual health services. As one youth stated, *“Some will not use the clinic because they have trust issues.”*

*“We are tired of hearing ‘don’t do this or you’ll get an STD’ or ‘you’ll get pregnant.’”*

*“Looking at my situation now, I feel like I needed stronger birth control because it just wasn’t worth it to me.”*

# What now? How will you move forward to better support youth in care?

When working with youth in care, it is critical to be sensitive to their need to be considered a “normal” teen and have “normal” teenage experiences while taking into account increased risks they may face as a result of being in care. Finding the balance between these two concepts is difficult, but not impossible:

## **ADDRESS TEEN PREGNANCY AS SOMETHING THAT CAN HAPPEN TO ANY TEEN.**

Youth in care have said they don't like being singled out or labeled, they simply want programs that deliver medically accurate and reliable information.

### **PROVIDE OR IDENTIFY TRAININGS FOR PRIMARY CAREGIVERS.**

Medical providers should be familiar with the risk factors associated with being in care. In particular, providers should be able to refer young people to necessary mental health and reproductive health services and be prepared to handle issues of abuse, common among youth in care.

### **PROVIDE TRAINING FOR ADULTS WHO WORK WITH YOUTH IN FOSTER CARE.**

Foster parents, social workers, and those who work directly with youth in care can benefit from professional development specific

to the topic of teen pregnancy prevention—starting with the basics, sex education 101. They need to be prepared to answer questions and refer young people to quality reproductive health resources.

## **OFFER EVIDENCE-BASED SEX EDUCATION ON A CONTINUOUS BASIS.**

Youth in care report a lack of accurate information about preventing pregnancy, contraception, and other topics. Consider the fit of a program when engaging this population—in particular take into consideration the length (number of sessions) of a program, age-appropriateness, literacy level of your materials, as well as whether the program takes trauma into account.

## **MAKE SEX EDUCATION AN ON-GOING COMPONENT OF EXISTING PROGRAMS WITHIN CHILD WELFARE AGENCIES.**

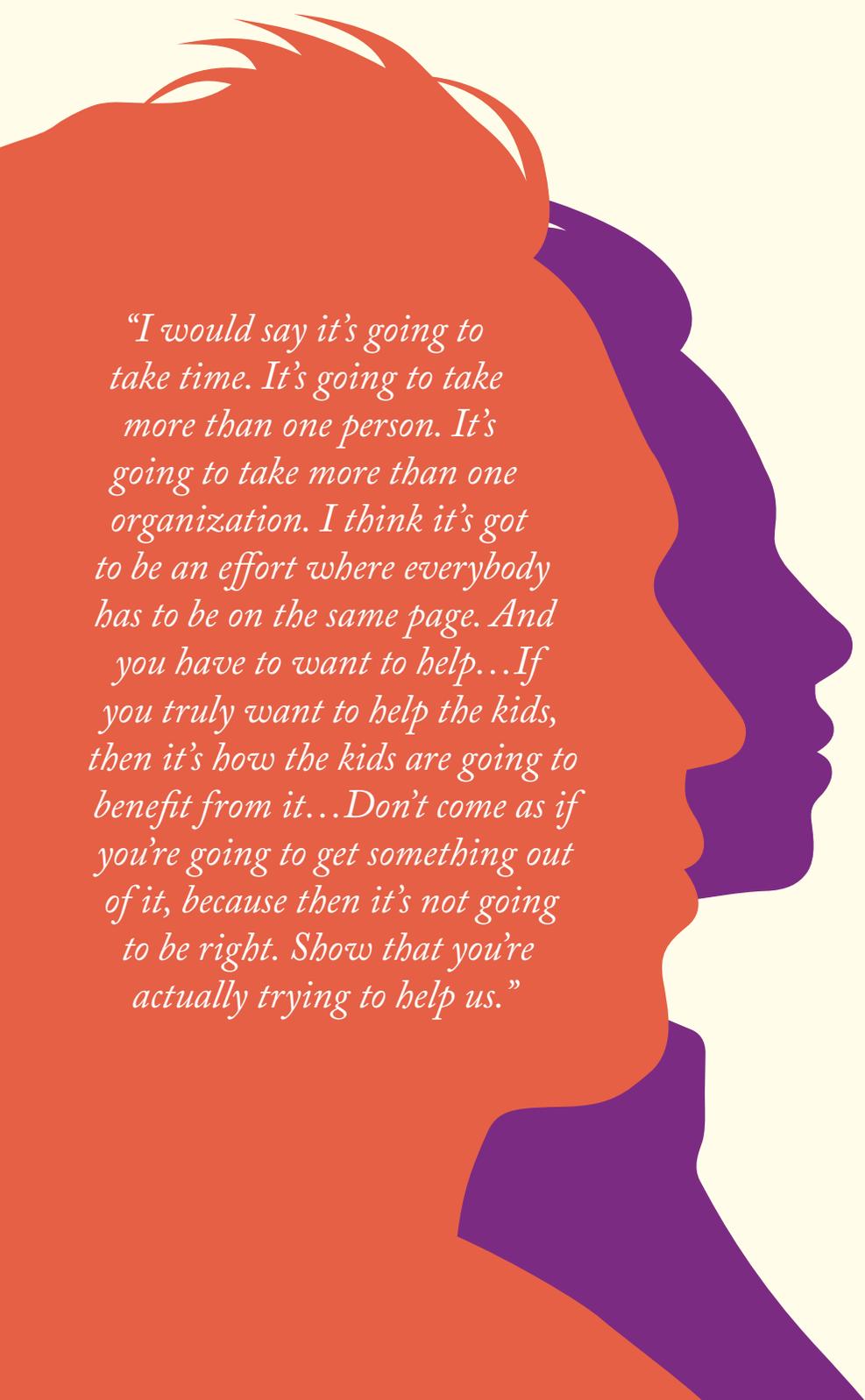
This will ensure that more youth will receive the knowledge required to make healthy decisions about sex, contraception, and related topics.

## **ENSURE YOUTH HAVE ACCESS TO AGE-APPROPRIATE RESOURCES AND SERVICES ON HEALTHY RELATIONSHIPS AND REPRODUCTIVE HEALTH.**

Youth in foster care are often transient so they need to be able to access quality reproductive health resources from wherever they are. Consider developing wallet cards, or distributing existing resources such as the *Pocket Protector: A Guide to Birth Control Options* (available through the Campaign's Online Store: <http://bit.ly/Zltdjm>), and recommend websites teens can access with a mobile phone or text messaging resources where they can get their questions answered in real time.



*“Give us a voice. And even if you don't give us a voice, advocate for us!”*



*“I would say it’s going to take time. It’s going to take more than one person. It’s going to take more than one organization. I think it’s got to be an effort where everybody has to be on the same page. And you have to want to help...If you truly want to help the kids, then it’s how the kids are going to benefit from it...Don’t come as if you’re going to get something out of it, because then it’s not going to be right. Show that you’re actually trying to help us.”*

## About this Publication

The National Campaign and GCAPP worked together on this report. Firsthand accounts from youth in foster care used in this publication were compiled by TEAM-MOE in collaboration with GCAPP between October 2010 and June 2011, before the federally funded Personal Responsibility Education Program (PREP) began in Georgia. The Georgia Department of Human Services (DHS) Division of Family and Children Services (DFCS) has since taken steps to incorporate these findings into their current PREP implementation with youth in the Georgia foster care system.

As a result of federal funding Georgia’s PREP initiative is (1) providing evidenced-based teen pregnancy prevention programming to youth in foster care; (2) providing science-based relationship education programming to youth in foster care; (3) providing training to adult caregivers (foster parents, group home staff, and case managers) who work with youth in foster care to increase their ability to discuss healthy decision-making about sexual health and interpersonal relationships; (4) including sexual health education and health services in foster youth’s written transitional living plans; and (5) ensuring that the sexual and reproductive health of foster youth are assessed as part of their regularly scheduled comprehensive health screenings.

The publication of this report was funded by the Centers for Disease Control and Prevention (CDC) and is supported by grant number 1U58DP002916-03. Materials developed as part of this project are solely the responsibility of the authors and do not necessarily represent the official views of CDC. The National Campaign and GCAPP wish to thank the CDC for its support of this resource.

### ABOUT THE AUTHORS

Sara Leonard is the Partnerships Manager; Desyree Dixon is a Fellow; Jennifer Drake Fantroy is a Senior Manager, State Support; and Kyle Lafferty is a Senior Manager, State Support. All work at The National Campaign.



## References

- <sup>i</sup> Midwest Evaluation of Adult Functioning of Former Foster Youth. University of Chicago at Chapin Hall.
- <sup>ii</sup> Child Welfare Outcomes 2007-2010: Report to Congress. <http://archive.acf.hhs.gov/programs/cb/pubs/cwo07-10/cwo07-10.pdf>.
- <sup>iii</sup> The AFCARS Report: Preliminary FY 2011 Estimates as of July 2012. No. 19. [www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf](http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf).
- <sup>iv</sup> Casey Foundation. *Data Snapshot on Foster Care Placement*. [http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/D/DataSnapshotFosterCarePlcmnt/DataSnapshot\\_FinalWeb.pdf](http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/D/DataSnapshotFosterCarePlcmnt/DataSnapshot_FinalWeb.pdf).
- <sup>v</sup> Casey Family Programs. *Improving Outcomes for Older Youth in Foster Care*. 2008. Retrieved February 28, 2013 from [http://www.casey.org/resources/publications/pdf/WhitePaper\\_ImprovingOutcomesOlderYouth\\_FR.pdf](http://www.casey.org/resources/publications/pdf/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf).
- <sup>vi</sup> Jim Casey Youth Opportunities Initiative. *Time for Reform: Aging out and on their own*. 2007. Retrieved February 28, 2013 from [http://dredf.org/programs/clearinghouse/Time-for-Reform\\_07.pdf](http://dredf.org/programs/clearinghouse/Time-for-Reform_07.pdf).
- <sup>vii</sup> United States Department of Health. The Children's Bureau. *Child Welfare Outcomes 2007-2010: Report to Congress*. September 2012. Retrieved February 28, 2013 from <http://archive.acf.hhs.gov/programs/cb/pubs/cwo07-10/cwo07-10.pdf>.
- <sup>viii</sup> Child Trends. *The Family Environment and Adolescent Well-Being: Exposure to Positive and Negative Family Influences*. June 2006. Retrieved March 7, 2013 from [http://www.childtrends.org/Files/Child\\_Trends-2006\\_06\\_01\\_FR\\_FamilyEnvironmen.pdf](http://www.childtrends.org/Files/Child_Trends-2006_06_01_FR_FamilyEnvironmen.pdf).
- <sup>ix</sup> Child Trends. *Teen Parents in Foster Care: Risk Factors and Outcomes for Teens and Their Children*. November 2011. Retrieved March 7, 2013 from [http://www.childtrends.org/Files/Child\\_Trends-2011\\_11\\_01\\_RB\\_TeenParentsFC.pdf](http://www.childtrends.org/Files/Child_Trends-2011_11_01_RB_TeenParentsFC.pdf).

<sup>x</sup> Svoboda, Deborah E., Terry Shaw, Richard P. Barth, Charlotte Lyn Bright. Pregnancy and parenting among youth in foster care: a review. 31 January 2012. Retrieved February 28, 2013 from [http://www.law.harvard.edu/programs/about/cap/cap-conferences/pp-workshop/pp-materials/10\\_pregnancy-and-parenting-among-youth-foster-care.pdf](http://www.law.harvard.edu/programs/about/cap/cap-conferences/pp-workshop/pp-materials/10_pregnancy-and-parenting-among-youth-foster-care.pdf).

<sup>xi</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. "Fast Facts: Reproductive Health Outcomes of Youth Who Ever Lived in Foster Care." July 2009. Retrieved January 27, 2013 from [http://www.TheNationalCampaign.org/resources/pdf/FastFacts\\_FosterCare\\_Reproductive\\_Outcomes.pdf](http://www.TheNationalCampaign.org/resources/pdf/FastFacts_FosterCare_Reproductive_Outcomes.pdf).

<sup>xii</sup> Criss, M.M., Pettit, G.S., Bates, J.E., Dodge, K.A., & Lapp, A.L. "Family adversity, positive peer relationships, and children's externalizing behavior: A longitudinal perspective on risk and resilience." *Child Development*. 2002. P. 73, 1220-1237.

<sup>xiii</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. *Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care*. 2005. Retrieved March 7, 2013 from [http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope\\_FINAL.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope_FINAL.pdf).

<sup>xiv</sup> Rauktis, M. E., et al. "Treatment foster care and relationships: Understanding the role of therapeutic alliance between youth and treatment parent." *International Journal of Child and Family Welfare* 8.4 (2005): 146.

<sup>xv</sup> Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy



