



Understanding the Research on Sexually Transmitted Infections: A Focus on Youth Involved with the Child Welfare or Juvenile Justice Systems or Experiencing Homelessness

Amanda M. Griffin, Colleen Schlecht, & Melissa Kull

Activate aims to bridge the gap between research and practice in support of the Office Population Affairs's mission to prevent unintended teen pregnancy and promote adolescent health. Activate translates research into practice by creating resources for use by professionals who work in systems with youth involved with the child welfare and juvenile justice systems, youth experiencing homelessness, and youth who are disconnected from school and work. These groups can be referred to collectively as Activate's focal populations.^a

This fact sheet presents findings from research on sexually transmitted infections (STIs) among youth involved with the child welfare or juvenile justice systems or youth experiencing homelessness.^b It is designed for youth-supporting professionals who want to better understand both the risk for and prevention of STIs among these populations. These professionals can use the information included in this fact sheet to write grant proposals, develop programs, or educate stakeholder groups, among other activities. The studies cited were identified as part of a 2020 review of the literature on pregnancy and STI prevention among Activate's focal populations.

STI Rates Among Youth and Young Adults

Rates of sexually transmitted infections (STIs) among adolescents and young adults in the U.S. have increased over the past decade.¹ Young people ages 15 to 24 years old account for approximately half of new STIs in the U.S. each year despite comprising only a quarter of the sexually active population.² However, national data may obscure important differences in STI rates between adolescents and young adults in the broader population and youth involved with the child welfare or juvenile justice systems and youth experiencing homelessness.

To date, relatively few studies have examined STI rates specifically among youth involved with the child welfare or juvenile justice systems or youth experiencing homelessness. Moreover, the research that has measured STI rates among youth involved with the child welfare or juvenile justice systems or youth experiencing homelessness is limited in two important ways. First, those studies have generally been based on self-reported data collected from young people whose characteristics and experiences may not reflect the characteristics and experiences of the larger population of youth who are involved with the child welfare or justice systems or experiencing homelessness. Second, those studies have generally not included comparison groups of same-aged peers.

a. For more information, please visit www.activatecenter.org.

b. Our review found no studies of STIs among opportunity youth (i.e., youth not working or enrolled in school).



STI Rates Among Youth Involved with the Child Welfare System

Relatively few studies have examined the prevalence of STIs among youth involved with the child welfare system, and the few studies that exist have yielded conflicting results.

One study found that STI rates among youth entering foster care are comparable to national prevalence estimates.³ However, other studies have found higher STI rates among youth currently or formerly in foster care than among their same-aged peers without a history of child welfare system involvement for some types of STIs.^{4,5}

National estimates indicate that STI rates among the general adolescent population vary by sex and race/ethnicity.² However, little is known about whether and how STI rates vary by sex or race/ethnicity among youth involved with the child welfare system. Additionally, researchers have not examined whether STI rates among youth involved with the child welfare system vary based on maltreatment or foster care placement histories.⁶

STI Rates Among Youth Involved with the Juvenile Justice System

Several studies, including a few systematic reviews, have examined STI rates among youth involved with the juvenile justice system.^c

Overall, research indicates that youth in the juvenile justice system have high rates of STIs compared to their peers in the general population.⁷⁻⁹ These studies also find higher rates of sexual risk-taking behaviors, such as using condoms inconsistently, having sexual intercourse while under the influence of alcohol or other drugs, and having multiple sexual partners.^{7,8} Research on STI rates among youth involved with the juvenile justice system also consistently finds higher rates of STIs among young females than among young males.¹⁰⁻¹⁴ For example, these studies suggest that the prevalence of gonorrhea and chlamydia may be two

times higher among incarcerated young males and three times higher among incarcerated young females than among their counterparts in the general adolescent population.⁷ Some of this research suggests that this difference may be due to a history of childhood sexual abuse or other victimization, which increases sexual risk-taking behaviors during adolescence.^{12,14}

STI Rates Among Youth Experiencing Homelessness

National data on the prevalence of STIs among youth experiencing homelessness do not exist. Rather, what we have are estimates from several studies of relatively small samples of youth whose characteristics and experiences do not necessarily reflect the characteristics and experiences of the larger population of youth experiencing homelessness.

Two systematic reviews of the literature on the prevalence of STIs among youth experiencing homelessness have been conducted:

- The first review included nine studies published between 2000 and 2015. Four of these studies were based on youth self-reports of having had an STI. This review found STI rates ranging from as low as 6% to as high as 32%.¹⁵
- The second review included five studies published between 2000 and 2016. All these studies were based on STI biospecimen testing. This review found STI rates ranging from 0.4%–17% among youth experiencing homelessness.¹⁶

There are no national STI prevalence estimates for youth experiencing homelessness. However, STI rates reported by studies of youth experiencing homelessness are higher than STI rates among young adults in the general population.¹⁷

The comparatively higher prevalence of STIs among youth experiencing homelessness has been attributed to their higher rate of engagement in sexual risk-taking behaviors in exchange for food, shelter, and other basic needs.¹⁵ Studies of STI rates among

c. A systematic review involves identifying, appraising, and synthesizing all relevant studies on a particular topic using a comprehensive and predetermined search strategy.

youth experiencing homelessness have generally found higher rates among females (with estimates ranging from 16.7% to 46%) than among males (with estimates ranging from 9% to 13.1%).¹⁵

More Research on STI Rates Is Needed to Inform Practice

Research on STI rates among youth involved with the child welfare or juvenile justice systems or youth experiencing homelessness is extremely limited. It is difficult to apply the findings from individual studies to the larger population of youth who are homeless or involved with systems. More research is needed to understand the prevalence of STIs among youth involved with systems or experiencing homelessness, variation in STI rates among those youth, factors that contribute to that variation, and changes in STI rates among those populations over time.

References

1. Shannon C.L., Klausner J.D. (2018). The growing epidemic of sexually transmitted infections in adolescents. *Current Opinion in Pediatrics*, 30(1), 137-143. doi:10.1097/MOP.0000000000000578
2. Centers for Disease Control and Prevention (2019). Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services. doi:10.15620/cdc.79370
3. Cheung K.K., Montgomery D., Benjamins L.J. (2015). Prevalence of sexually transmitted infections among adolescents entering child protective services. *Journal of Pediatric and Adolescent Gynecology*, 28(5), 324-326. doi:10.1016/j.jpjg.2014.09.011
4. 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. doi:10.1016/j.jadohealth.2013.05.010
5. Ahrens K.R., Richardson L.P., Courtney M.E., McCarty C., Simoni J., Katon W. (2010). Laboratory-diagnosed sexually transmitted infections in former foster youth compared with peers. *PEDIATRICS*, 126(1), e97-e103. doi:10.1542/peds.2009-2424
6. 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. doi:10.1016/j.childyouth.2016.02.023
7. Barnett E., Sun A., Abrams L., Chung P.J. (2020). Reproductive health needs of recently incarcerated youth during community reentry: a systematic review. *BMJ Sexual & Reproductive Health*, 46(3), 161-171. doi:10.1136/bmjsexrh-2019-200386
8. Borschmann R., Janca E., Carter A., et al. (2020). The health of adolescents in detention: A global scoping review. *The Lancet Public Health*, 5(2), e114-e126. doi:10.1016/S2468-2667(19)30217-8
9. Udell W., Mohammed S. (2018). The prevalence of physical health problems among youth in the juvenile justice system: A systematic review. *Journal of Health Disparities Research and Practice*, 12(3), 71-94. <https://digitalscholarship.unlv.edu/jhdrp/vol12/iss3/6>
10. Aalsma M.C., Wiehe S.E., Blythe M.J., Tong Y., Harezlak J., Rosenman M.B. (2011). Mental health screening and STI among detained youth. *Journal of Community Health*, 36(2), 300-306. doi:10.1007/s10900-010-9311-0
11. Centers for Disease Control and Prevention (2011). Sexually Transmitted Disease Surveillance 2010. Atlanta, GA: U.S. Department of Health and Human Services.
12. Leve L., Van Ryzin M., Chamberlain P. (2015). Sexual Risk Behavior and STI Contraction Among Young Women With Prior Juvenile Justice Involvement. *Journal of HIV/AIDS & Social Services*, 14(2), 171-187. doi:10.1080/15381501.2014.912171
13. Neeki M., Dong F., Lowes L., et al. (2020). Increasing chlamydia and gonorrhea infections among female juveniles: The need for collaboration to improve treatment. *Cureus*, Published online June 4, 2020. doi:10.7759/cureus.8446
14. Odgers C.L., Robins S.J., Russell M.A. (2010). Morbidity and mortality risk among the "forgotten few": Why are girls in the justice system in such poor health? *Law and Human Behavior*, 34(6), 429-444. doi:10.1007/s10979-009-9199-3
15. Caccamo A., Kachur R., Williams S.P. (2017). Narrative review: Sexually transmitted diseases and homeless youth—What do we know about sexually transmitted disease prevalence and risk? *Sexually Transmitted Diseases*, 44(8), 466-476. doi:10.1097/OLQ.0000000000000633
16. Williams S.P., Caccamo A.E., Kachur R., Bryant K.L. (2017). P4.94 STI rates among homeless persons in the U.S. *Behavioural and Social Science Research*, 93, A225.3-A227. doi:10.1136/sextrans-2017-053264.589
17. Santa Maria D., Daundasekara S.S., Hernandez D.C., Zhang W., Narendorf S.C. (2020). Sexual risk classes among youth experiencing homelessness: Relation to childhood adversities, current mental symptoms, substance use, and HIV testing. *Rendina H.J., ed. PLOS ONE*, 15(1), e0227331. doi:10.1371/journal.pone.0227331

This project is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,092,000 with 100 percent funded by OPA/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, OPA/OASH/HHS, or the U.S. government. For more information, please visit <https://opa.hhs.gov/>.