

Teen Parents in Foster Care: Risk Factors and Outcomes for Teens and Their Children

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November 2011

Overview. *Having a child at any age is a challenge, but the experience can be particularly daunting for teen parents, and even more so for teen parents in foster care. An estimated one in six girls in the United States gives birth before the age of 20,⁴¹ and studies have documented numerous negative outcomes for these young mothers and their children, including poverty, poor health, and low rates of high school graduation.²⁰ These outcomes may be worse for teen parents in foster care and their children, as they often have limited access to emotional and financial support. However, few studies on teen pregnancy trends have examined how youth in foster care fit into these trends, and data that could help illuminate this issue are relatively sparse. Similarly, little comprehensive information exists about the availability and delivery of reproductive health services for teens in foster care.*

In this Research Brief, Child Trends draws on its in-depth knowledge of adolescent reproductive health and child welfare, reviews a broad research literature, and examines analyses of primarily regional data to assess the extent to which teens in foster care are at risk of teen pregnancy and parenting. Our goal in undertaking this work is to increase decision makers' understanding of this population of high-risk youth, to inform strategies to reduce teen pregnancies in foster care, and to support teen parents living in foster care and their children.

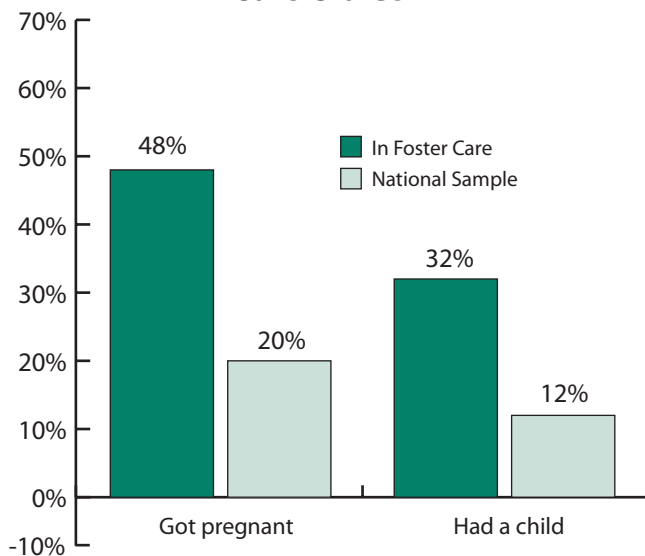
A VULNERABLE GROUP

In 2009, more than one-third of children in foster care—nearly 160,000—was over the age of 12. These teens come from all racial and ethnic backgrounds and from rural and urban environments. What they share is a double vulnerability: adolescence, which is often accompanied with risk-taking behavior; and being in foster care, which, by definition, means being removed from their families for any number of troubling reasons, including parental abuse or neglect.

In terms of developmental stages, adolescence is a critical time for adults to provide guidance to the young people in their lives and, in particular, to discuss making decisions about engaging in risky behaviors, such as using drugs or having sex. Teens in foster care may face additional challenges in making decisions around sexual behaviors because they are living in temporary settings and often lack permanent mentors in their lives. Among those in care, teens are more likely to live in institutional foster care settings (rather than being placed with families) than are younger children. In 2009, 34 percent of 13- to 18-year-olds in

Figure 1

Percent of Females Who Got Pregnant or Had a Child by Age 19, by Foster Care Status



Source: Courtney, M., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 19.

foster care lived in institutional settings, compared with four percent of children in foster care under the age of 12.¹¹ Being in foster care often causes children to become disconnected from family, mentors, and friends. Moreover, many children are moved from one foster placement to another multiple times, and often the longer a child spends in foster care, the more these types of disruptions occur. On average, teens spend approximately four years in foster care.¹¹

Although no national data exist on the incidence of teen pregnancies in foster care, the Midwest Evaluation of the Adult Functioning of Former Foster Youth (known as the Midwest Evaluation) found that rates of teen pregnancy and childbearing are much higher for teens who are or who have been a part of the foster care system than for other teens. The study compared a sample of youth who had been in foster care in three states (Illinois, Iowa, and Wisconsin) with a nationally representative sample of youth. By the age of 19, girls who had been in foster care were two-and-a-half times more likely than were girls nationwide to have become pregnant (48 versus 20 percent) and nearly three times more likely to have had a child (32 versus 12 percent) (See Figure 1).¹⁴ The statistics about males' roles in teen pregnancies were not much better; nearly one-half (49 percent) of 21-year-old men who had aged out of the foster care system reported having gotten someone pregnant, compared with one-fifth (19 percent) of young men nationwide (See Figure 2).¹³

RISK FACTORS UNDER THE MICROSCOPE

An extensive body of research has identified several family and individual factors that make teens more susceptible to getting pregnant or having a child. This section describes how teens in foster care fare on these risk factors. Teens in foster care may have higher rates of pregnancy and childbearing than do their counterparts who are not in foster care because they often experience more of these risk factors than does the average teen. The risk factors in question include chaotic and abusive/neglectful homes of origin; family turbulence while in care; and more engagement in problem behaviors and less engagement in academics pursuits—all of which are associated with early sexual initiation and risky sexual relationships and behaviors.²⁴

Understanding each of these associations may help inform program and policy efforts to reduce the especially high rates of pregnancy and childbearing among teens in foster care shown in regional samples and to better serve teen parents within foster care.

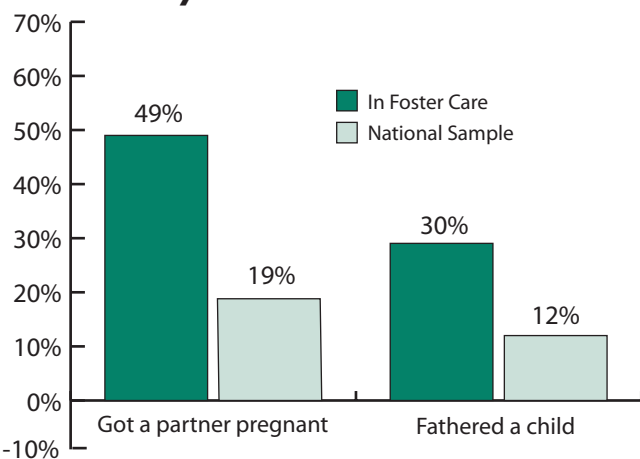
Family structure, turbulence, and socioeconomic status. Many aspects of the family environment are linked to teen pregnancy and childbearing:

- **Family structure** has a strong influence on whether a teen gets pregnant or has a child. In particular, growing up in a household without two biological parents is associated with an elevated risk of a teen birth,³⁴ and children in foster care are more likely to live in such households. Federal data reveal that between 50 and 80 percent of children in foster care have been removed from households headed by single mothers or unmarried couples.²⁹ Further, a recent study of a pilot program for nonresident fathers of children in foster care indicated that these percentages may be even higher in urban areas.⁵⁰ Once in foster care, children are also more likely to be living in households headed by a single parent or by a cohabiting couple than are other children.³⁶

- **Turbulence** in family environments—having many transitions in family structure or settings—is also associated with sexual risk-taking and with a greater likelihood that a teen will have a baby.⁵⁴ Indeed, turbulence seems to be an inherent part of involvement in the foster care system. Moreover, once teens have been removed from their homes to enter foster care, they often face additional upheaval,

Figure 2

Percent of Males Who Got a Partner Pregnant or Fathered a Child by Age 21, by Foster Care Status



Source: Courtney, M., Dworsky, A., Cusick, G.R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 21.

including separation from siblings and frequent placement moves. In addition, placements in group homes or residential treatment centers may mean that teens lack meaningful relationships with stable adults. A study of children in foster care in Illinois found that within the first year in foster care, children experienced, on average, two placement moves, and that more than three-quarters of these moves happened because the foster parents decided they no longer wanted to provide care.⁵⁶ Frequent placement moves are associated with a higher risk of teen pregnancy. For example, a California study of emancipated youth who had been in foster care found that young women with five or more placements were twice as likely to become pregnant while in foster care as were those with just one placement.³⁵

- **Socioeconomic factors** also have a bearing on whether a teen becomes pregnant. Growing up in a household with lower levels of parental education and income is associated with an increased likelihood of teen pregnancy.³⁴ Data indicate that the majority of children in foster care, prior to their placement, lived in low-income households, and that, once in foster care, these children were more likely than were other children to be living in low-income households or households receiving public assistance.³⁶

Exposure to abuse and neglect. Exposure to verbal, physical, or sexual abuse during childhood and adolescence is associated with early initiation of sexual activity, failure to use contraception, and multiple sex partners.²⁴ All of these factors, in turn, are associated with a higher likelihood of experiencing a teen pregnancy and a greater risk of a teen birth.²⁴ Children and teens in foster care are more likely than are other children to have experienced abuse.² In fact, for most children, entering foster care is the direct result of abuse or neglect by parents or caregivers.³⁹ Confirming this pattern, a study of maternity group homes serving pregnant teens in foster care found that histories of physical, emotional, and sexual abuse were common among the residents.²¹

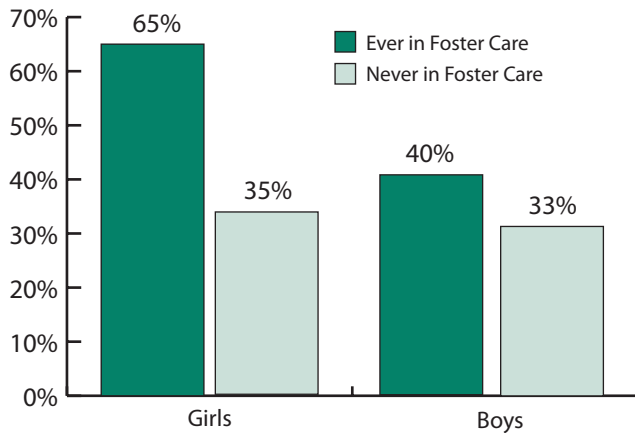
Educational performance and school engagement. High levels of school engagement and academic performance can act to protect teens against a host of negative outcomes, including teen pregnancy.²⁴ Yet children and teens in foster care face many educational challenges. They may already have academic problems before entering the foster care system, and these problems may become worse during their time in foster care.⁴⁶ Children in foster

care change schools far more frequently than do children who live with their parents. Illustrating this pattern, one study of children and teens in foster care in Washington state found that they were twice as likely to have changed schools than were children who were not in foster care.⁹ Frequent school transitions have been linked to low educational achievement and engagement and high rates of school dropout.⁴³

Further, lower standardized test results and grade repetition reflect the academic struggles of teens and children in foster care. In Washington state, children in foster care scored 15 to 20 percentile points below those outside the foster care system on statewide standardized tests, and twice as many teens in foster care had repeated a grade.⁹ Similarly, the Midwest Evaluation found that two-thirds of teens who had been in foster care had been suspended from school at least once, compared with the national average of less than one-third, and that one in six children in foster care had been expelled, compared with one in 20 nationally.¹⁵

Higher educational performance, greater educational expectations, and staying on track in school are all associated with delayed sexual experience and a reduced risk of a teen birth.⁵¹ In contrast, dropping out of school is associated with a greater risk of a teen birth,³¹ and research indicates that teens in foster care are less likely than are other teens to graduate from high school.⁷ Further, having a teen birth is associated with decreased educational attainment.⁴² Although many teen mothers drop out of school following the birth of their children, many other teen mothers drop out before they get pregnant.⁴² A study of pregnant and parenting teens in foster care in Illinois found that 30 percent of these teen mothers had not earned a high school diploma or GED and were not enrolled in school, however only eight percent of these young women attributed this to maternity leave.¹⁷

Behavioral problems. Teens who get in fights,⁵⁵ join gangs,⁵¹ use drugs and alcohol,³⁴ or engage in other destructive and self-destructive actions also have an increased risk of a teen birth. Federal data show that, since 2002, more than one-half of 16- and 17-year-olds in foster care entered the system because of behavioral problems.¹⁸ One California study found that teens in foster care were at least twice as likely as were teens living at home to report substance use; four times as likely to have carried a gun to school; and twice as likely to have been in a physical fight at school or to be a gang member.⁴

Figure 3**Percent of Teens Who Had Sexual Intercourse Before Age 16, by Foster Care Status**

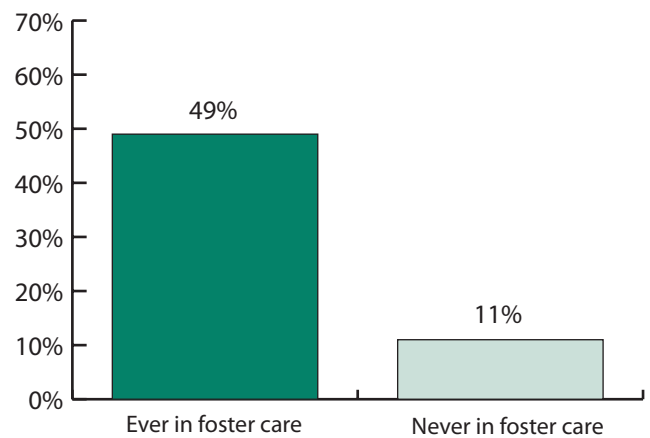
Source: Child Trends' analyses of Wave III of the National Longitudinal Study of Adolescent Health (2001-2002, when respondents were 20-24)

Sexual risk-taking. Early and risky sexual behaviors—such as having sex for the first time at a young age and using contraceptives inconsistently—have been linked to early pregnancy and childbearing.²⁴ Compared with teens outside the foster care system, teens in foster care engage in more of these behaviors, leaving them more susceptible to pregnancy or childbearing. Studies have found that those who have been in foster care are more likely to have had sex at an early age and have a greater number of sexual partners than those who have not been in foster care.^{6,10} For example, recent data indicate that approximately 65 percent of girls and 40 percent of boys who had ever been in foster care had sexual intercourse before the age of 16, compared with 35 percent of girls and 33 percent of boys who had never been in foster care (See Figure 3).⁴⁰

Research about contraceptive use among teens in foster care shows mixed results. For example, findings from one study suggest that, compared with teens nationwide, teens who had been in foster care were less likely to have used contraception when they first had sex.⁴⁰ In contrast, another study suggests that both groups of teens were equally likely to use contraception and condoms the most recent time they had sex, and, in fact, that use might be even higher for teens in foster care.⁶

Teens in foster care also seem to have higher rates of sexually transmitted diseases (STDs) than do teens not in care. A recent study found that, compared with girls nationwide, girls in foster care were three times as likely to report having had a sexual

partner with an STD (18 versus six percent).⁶ In addition, young adult women who were ever in foster care were more than 50 percent more likely to test positive for an STD (gonorrhea, chlamydia, or trichomoniasis) than were young women who were never in foster care (13 versus eight percent).⁴⁰ Intimate-partner violence, including being forced to have sex, is also associated with sexual risk-taking and teen pregnancy and childbearing.²⁴ One-half (49 percent) of females who were ever in foster care during their youth experienced forced sex (either before, during, or after their time in foster care), a percentage that is more than four times that for females nationwide (11 percent) (See Figure 4).⁴⁰

Figure 4**Percent of Female Teens Who Experienced Forced Sex, by Foster Care Status**

Source: Child Trends' analyses of Wave III of the National Longitudinal Study of Adolescent Health (2001-2002, when respondents were 20-24)

OUTCOMES, OPTIONS, AND RESOURCES

Outcomes among pregnant and parenting teens. Studies have documented many negative outcomes for teen mothers, their children, and the larger society. Teen parents are less likely to finish high school, more likely to be poor as adults, and more likely to rely on public assistance, compared with youth who delay childbearing.²⁰ Children of teen parents have poorer cognitive and educational outcomes, higher levels of behavioral problems, and poorer health outcomes than do children of older parents, and they are more likely to engage in early sexual activity and to become teen parents themselves.²⁰ Additionally, teen childbearing costs U.S. taxpayers billions of dollars through welfare payments and other assistance and through social services, such as health care and child welfare.⁴⁹

The challenges of teen parenthood are clear, but teen parents in foster care have additional vulnerabilities that make it even more difficult for them—and their children—to thrive. For example, the history of abuse faced by many teen mothers in foster care may act as a barrier to improving outcomes for themselves and their children.^{2,39} Between 1998 and 2006 in Illinois, about one in five teen mothers in foster care (many of whom were subject to abuse, themselves) were investigated for child abuse and neglect of their own children, strong evidence of an intergenerational pattern of abuse and neglect.¹⁷

As another example, many teen mothers in foster care fail to receive prenatal care, jeopardizing the health of themselves and their babies. Although teens in foster care have health coverage through Medicaid, a study of children in foster care in Illinois indicated that one in five teen mothers in foster care either did not receive any prenatal care or did not begin care until the third trimester.¹⁷ Further, repeat teen childbearing, which has been linked to poor outcomes for teens and their children,²⁵ seems to have greater prevalence among teen mothers in foster care. A study of teen parents in foster care in the Chicago area estimated that at least 30 percent of girls in foster care had been pregnant more than once and that nearly one-quarter of the teen mothers in foster care had at least two children by the time they left the system.¹⁷

Identifying intervention approaches to improve the well-being of teen parents in foster care, and their children, is critical to breaking what seems to be an intergenerational cycle of negative behaviors and poor outcomes. Moreover, the best time to address the risk factors for teen pregnancy is while teens are still in the foster care system—and before they become pregnant.

Options and resources for pregnant and parenting teens in foster care. Although the federal data system tracks living arrangements for all children and youth in foster care, the system does not track whether a young woman is pregnant or not. As a result, it is difficult to study where teen parents in foster care end up living. Some evidence suggests that teen mothers may leave their foster homes if they become pregnant, in some cases because they move in with the baby's father and in other cases because they are forced to leave. It also is likely that teens in foster care face more uncertainty and instability after the birth of their child than do teen parents living with their families. Less stable and supportive home environments may lead teen parents in foster care to experience stress

about child-rearing,⁸ which, in turn, can result in negative outcomes for their children, such as being abused and neglected.

Currently, pregnant and parenting teens have several government-supported options, depending on their living arrangement, the preferences of the foster family (if applicable), and the laws of the state in which they live:

■ **Remaining with foster families.** In most states, teens must leave foster care after turning 18 or after high school graduation, although in 11 states and the District of Columbia, a teen can stay in the foster care system until the age of 21 or even 23.⁴⁸ Child welfare laws allow pregnant teens who are currently living with foster parents to continue living with these foster parents if the family is willing and able to have an infant join the household; however differing state regulations often present a barrier to this living situation. For example, some states offer only a small “infant supplement” to cover the financial expenses of the teen parent's child, and the money offered is considerably less than the amount offered for two same-age or unrelated children.⁴⁷ Similarly, because licensing requirements for providing foster care for an infant differ from those for older children, some families may be unable to meet the requirements necessary to keep both the teen parent and child—even if the family is willing.

Estimates based on a nationally representative sample of teen mothers show that approximately one-half of these young women live with at least one parent (up to two-thirds among those under 18).⁵³ Research suggests that this type of living arrangement can be associated with improved economic status, residential stability, educational attainment, and child care for teen mothers.⁴⁴ Teen mothers in foster care, however, are less likely to have a stable home environment before and after the birth of their child, which may lead to less support during pregnancy and child-rearing.

■ **Entering independent living programs.** Some teen parents may choose to leave foster care before or at the age of 18, and they may enter independent living programs, which are available for pregnant and parenting teens in foster care in most localities. The decision to enter such a program may depend, in part, on a teen mother's relationship with the father of her

baby. These programs typically provide an array of services to promote independent living skills (such as vocational and financial training) in addition to housing or vouchers to assist with paying rent. Teens in foster care who are pregnant or parenting are often given priority for the limited housing available, and, in some cases, group homes specialize in services for pregnant and parenting female teens.²²

- **Joining programs such as Second Chance Homes.** Second Chance Homes, also called maternity group homes, are clusters of apartments or homes that provide housing to pregnant and parenting teen girls (and sometimes teen fathers),³ thus providing a community for youth who frequently do not come from stable, supportive homes. The services provided by these programs, which may be offered on a short- or long-term basis, range from education, to health care and counseling, to parenting classes. Some of these programs also serve teen fathers, encouraging them to support their children and to develop good parenting skills. Although research on maternity group homes is limited, preliminary findings suggest that this approach holds promise for helping teen parents cope with the challenges in their lives.³ Interviews with group home, foster care, and Second Chance Home providers indicate that pregnant and parenting teens are more successful in transitioning to independent living when they are offered comprehensive support services.³² Examples of long-term, comprehensive programs are Florence Crittenton Homes, which are residential programs that offer round-the-clock support to pregnant and parenting teen mothers and provide services including child care; parenting and attachment classes; substance abuse treatment; and education about breastfeeding, nutrition, adoption, and independent living skills.¹⁹
- **Participating in home visiting programs.** Home visiting programs bring nurses or other trained professionals into the homes of expecting and new teen mothers to improve their parenting skills,¹² and this approach may be appropriate for teen parents who have been in foster care, regardless of their current living situation. Program evaluations have found selected home visiting programs to be effective in delaying repeat childbearing, lowering incidences of reported abuse and neglect, reducing substance abuse, and improving mother-child relations and child outcomes among young, disadvantaged mothers.³⁷

Although some teen mothers may choose to marry the father of their child, the living arrangements available to teen mothers in foster care often make it difficult to involve fathers in their children's lives. For example, a foster family may be unwilling to allow the baby's father to join the household. Data collected from the Midwest Evaluation shed light on this obstacle, finding that the majority (96 percent) of 19-year-old teen mothers who remained in foster care reported living with their child, whereas only six percent of teen fathers in care lived with their child.⁶ Also, most independent living programs are single-sex, so a young woman still in foster care could not live with the father of her child in the subsidized arrangements.¹⁶ Although a father's presence and involvement in the life of his child is generally believed to be a positive influence, sometimes this is not the case, for example, if the father engages in illegal activities, drug use, abusive parenting, or other risky behaviors.³⁸

DISCUSSION AND IMPLICATIONS

Child Trends' review of research suggests that teens who have been in foster care have a number of risk factors that increase their likelihood of engaging in risky sexual behaviors and having a teen pregnancy or birth, compared with teens who have not been in foster care. Although some support exists for pregnant or parenting teens in foster care, these teens often experience significant instability in terms of housing and education and typically lack guidance on parenting and the importance of prenatal care. On the basis of the research highlighted in this brief, we see several challenges to reducing rates of pregnancy and childbearing among teens in foster care and to preventing negative outcomes for these teen parents and their children. We also suggest research areas and approaches that should be considered to better address the needs of teens in foster care—both before and after they become parents.

Challenges to reducing rates of pregnancy among teens in foster care. Little is known about the ways in which the foster care system and the human services field, in general, address the needs of teens in foster care who are at risk for teen pregnancy or those who are pregnant or parenting. However, evidence suggests that providing guidance on delaying sex, negotiating and using contraception, fostering healthy romantic relationships, and improving motivations to avoid pregnancy can help teens (in foster care or otherwise) avoid risky sexual behaviors and pregnancy. A first step in meeting the needs of this vulnerable population, then, is to iden-

tify the systemic challenges that caseworkers, foster parents, and policy makers face in their efforts to promote healthier sexual and reproductive health outcomes:

■ **Difficulty in discussing teen sexual activity and relationships.** Effective pregnancy prevention efforts often are directed at improving parental involvement in teen decision-making, and encouraging parent-teen discussions about sexual activity, contraceptive use, and STD prevention.²³ Some teens in foster care remain in contact with biological parents while in care; however, a biological parent may not be in a position to discuss sexual matters. Foster parents, in most cases, are the likely choices to initiate these conversations, but challenges exist for them as well. For example, some teens may have experienced many placements and may not have a strong connection to their foster parents. As a result, many foster parents report frustration with their inability to “parent,” despite their responsibility for the care of the children they have taken into their households.⁴⁵ In addition, it is not clear whether foster parents receive any training or guidance about speaking to their foster children about sensitive issues such as sex. Other impediments to such discussions may exist as well. For example, some teens may have suffered sexual abuse as part of the experience that caused them to be placed in care. For such teens, having conversations about dating and sexual relationships may be best handled under the guidance of professionals, such as counselors or therapists, because having to dwell on these topics may be emotionally charged and delicate.

■ **Disruptions in placement.** Disruptions in foster care placement are linked with poorer relationship quality between teens and their foster parents.²⁷ Disruptions also have ripple effects that may subsequently weaken teens’ relationships with other key adult figures in their lives,⁵² thereby reducing the likelihood that teens will receive guidance on sexual and reproductive health concerns and that pregnant or parenting teens will receive prenatal and postnatal support.

■ **Heavy caseloads among caseworkers.** Caseworkers may serve as key facilitators of sexual health knowledge, but heavy caseloads and feelings of being unprepared to provide such information may act as barriers to this process, especially given the limited time and resources

that can be allocated to each teen.²⁸ Well-intentioned case managers may simply lack the time to add this responsibility to their list of duties.

■ **Lack of consensus about who should provide sex education.** Limited research describes the extent of the sex education received by teens in foster care, compared with that received by other teens, and it is unclear who is providing these teens with this information. As mentioned above, teens who experience multiple placements may not receive this kind of education from their foster parents—and caseworkers are frequently limited by personal or structural barriers that prevent them from providing this information. Other caring adults may not feel that they have the authority to undertake such a sensitive conversation. Residential programs or group homes for teens in foster care may offer alternative education programs that may or may not include the type of sex education that is often found in the curricula of traditional schools.

The lack of consensus as to who should provide teens in foster care with sex education often results in these teens not receiving any sex education at all. However, preliminary evaluations indicate that some programs have been successful at providing teens in foster care with the skills and information to help them avoid high-risk sexual behavior. Power Through Choices is one such program. Its curriculum focuses on improving knowledge of contraception, using local resources, and practicing communication and decision-making skills about sexual health. The program has been found to demonstrate positive changes in participants’ knowledge and attitudes and a reduction in the likelihood of having unprotected sex.⁵ Peer-to-peer training sessions represent another potential avenue for helping young people in foster care receive reliable information about sex and how to avoid or minimize risky behaviors. This approach has shown some promising results in teen pregnancy prevention initiatives.²³

■ **Limited focus on outreach to teen males.** In addition to addressing the communication challenges identified above, efforts to improve guidance to teens should include a greater focus on teen males. Although much of the spotlight on teen pregnancy in foster care (and on teen pregnancy, in general) is on females, teen males in foster care are also

more likely than teen males nationwide to impregnate a partner.¹³ Increasingly, research has shown the importance of male involvement in sexual decision-making,³⁰ as well as in the lives of children.²⁶ However, teen mothers who choose to remain in foster care face some barriers to living with the father of their child, in part, because of single-sex requirements in many independent living situations and in Second Chance Homes, as noted. Efforts to promote responsible sexual behavior and pregnancy prevention need to focus on female and male involvement in sexual decision-making. In addition, these efforts need to incorporate ways to help teens, both males and females, develop the vital emotional and interpersonal skills necessary for successful relationships and to promote program approaches that may help young dads become responsible fathers.

STRENGTHENING THE RESEARCH BASE

To better address what regional data suggest to be high rates of teen childbearing and, thus, to address the related negative outcomes among teens in foster care, future research should focus on constructing a more comprehensive view of this issue. Current research on rates of pregnancy and childbearing among teens in foster care are based on small and regional samples, so there is no national estimate of the percentage of teens who become pregnant or have a child while they are in foster care or moving out of care.

In 1999, federal legislation was enacted that required states to begin gathering demographic and outcomes data for the National Youth in Transition database, which will focus on the financial, educational, service, and risk experiences of youth who are transitioning out of the foster care system.¹ Guidance was issued in 2010, and states were required as of October of that year to begin collecting youth transition data. This database represents a valuable resource for examining teen pregnancy and childbearing among this high-risk population.

Additionally, researchers need to develop a better understanding of current child welfare practices for those at risk of teen pregnancy and those who are pregnant or parenting. For instance, research should examine practices

involved in providing sex education for adolescents in foster care. This examination should assess the sex education training received by foster care parents and caseworkers, as well as information obtained from teens in foster care about what sex education services they are receiving, and from whom. In addition, promising models of peer-to-peer sex education training should be evaluated to identify alternative strategies for reaching the vulnerable and often isolated youth in foster care.

CONCLUSION

Teens in foster care face formidable family, individual, and educational barriers that place them at risk of becoming a teen parent and, indeed, existing studies have found higher rates of teen pregnancy and parenthood for youth in foster care than for youth not in care. Teens in foster care who become parents have fewer resources to help them avoid passing on to their children a legacy of disadvantage linked to early parenthood, to high levels of abuse and neglect, and to greater risk of entering the foster care system themselves.

Although few studies of pregnant and parenting teens in foster care have been conducted, what is known about teen pregnancy prevention from the broader literature should be considered and applied, where possible, to this particular group of teenagers. Future research should better describe the experiences of teens in foster care, particularly those who become parents while in the system, as well as the experiences of children who are born to these parents. Research and programs should explore practices, supports, and policies that may help to reduce or prevent high rates of teen parenthood in this population, as well as to better understand approaches to improve the lives of teen parents and their children overall.

Child Trends thanks the William and Flora Hewlett Foundation for its support of this Research Brief. The authors also thank Carol Emig of Child Trends for her careful review of and helpful comments on this brief. Before assuming the presidency of Child Trends in September 2006, Ms. Emig was the executive director of the Pew Commission on Children in Foster Care.

Editor: Harriet J. Scarupa

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