

# The Impact of Sexual Identity Development On The Sexual Health Of Former Foster Youth

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**Purpose:** Former foster youth (FFY) receive less sexual and reproductive health education, experience more negative sexual health outcomes, and engage in more risky sexual behaviors than peers outside the foster care system. Counteracting these adverse experiences requires understanding the contributing processes.

**Methods:** FFY were recruited from service organizations that serve them to complete an online anonymous survey (n = 219; ages 18-24). Measures included: Multidimensional Model of Sexual Health (33 items; z score range: -61.92-25.18;  $\alpha$  = .92); Measure of Sexual Identity Exploration and Commitment (MoSIEC; 4 dimensions measured with Likert-type scale 0 (very uncharacteristic of me) to 6 (very characteristics of me), Commitment (6 items; range: 7-36;  $\alpha$  = .85), Exploration (8 items; range: 8-48;  $\alpha$  = .91), Synthesis/Integration (5 items; range: 5-30;  $\alpha$  = .87), and Sexual Orientation Identity Uncertainty (3 items; range: 3-17;  $\alpha$  = .72); Adolescent Patient-Provider Interaction Scale with language modified to encompass six individuals/groups with whom the youth interacted and completed once for each individual/group (8 items; range: child welfare worker, 8-40,  $\alpha$  = .94; foster parents, 8-40,  $\alpha$  = .95; professional service provider, 8-40,  $\alpha$  = .90; member of family of origin, 8-40,  $\alpha$  = .94; sexual education teacher, 8-40,  $\alpha$  = .90; and peers, 8-40,  $\alpha$  = .92); Adverse Childhood Experiences (10 items yes/no; range: 0-10); Childhood Sexual Abuse Severity Scale (4 items yes/no; range 0-4); degree of discussion of sexuality-related topics (11 topics rated from 1 (never) to 4 (often), completed six times, once for each individual/group; range: public child welfare worker, 0-31; foster parents, 0-32; professional service provider, 0-33; member of family of origin, 0-33; formal sexual education teacher, 0-33; and peers, 0-33. Associations of sexual socialization and sexual health were assessed with hierarchical linear models, with tests of mediation by sexual identity development of the relationship between sexual socialization and sexual health using bootstrapped confidence intervals. Analytic controls included time in the foster care system, race/ethnicity, gender identity, sexual orientation identity, and current romantic relationship status, with significance accepted for  $p < 0.05$ .

**Results:** Individuals' gender identity, sexual orientation, adverse childhood experiences, sexual abuse history, and sexuality-related discussions with foster parents and with peers all impacted sexual health. Unexpectedly, sexuality-related discussions with foster parents negatively impacted sexual health. Alternatively, sexuality-related discussions with peers positively impacted sexual health. All four dimensions of sexual identity development significantly contributed to sexual health outcomes, Commitment  $b = .428$ ,  $p < .001$ ; Exploration  $b = .169$ ,  $p < .05$ ; Synthesis/Integration  $b = .350$ ,  $p < .001$ ; Sexual Orientation Identity Uncertainty  $b = -.235$ ,  $p < .001$ . Mediation occurred with all four MoSIEC though individuals/groups impacted was dependent on dimension considered, whereas no interaction effects were detected.

**Conclusions:** The sexual health of FFY is negatively affected not only by traumatic childhood experiences but by sexuality-related discussions with foster parents. Importantly, some of these outcomes are mediated by sexual identity development. These results demonstrate the developmental importance of sexual identity and highlight several areas where negative sexual outcomes could be addressed.

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