

I. WHAT IS MEANT BY HIGH-RISK YOUTH?

“Aren’t all teens high-risk?” people often ask when we say we work with high-risk teenagers. Clearly, the term “high-risk youth” is an inexact one that describes a wide range of young people. It is also true that teenagers as a group are at greater risk due to their risk-taking behavior and feelings of invulnerability.

However, for the purpose of this manual “high-risk youth” is used to mean young people who are especially prone to a variety of health problems and specifically prone to problems related to sexual health. These problems include:

- Unwanted pregnancy.
- Sexually transmitted diseases including HIV/AIDS.
- Sexual assault and abuse, either as a victim or as an abuser.
- Sexual dysfunction.
- Self-destructive, abusive or exploitative relationships.

Settings that provide services to these young people include:

- Residential treatment programs and group homes.
- Shelters for runaway and homeless youth.
- Foster care agencies.
- Substance abuse programs.
- Alternative schools.
- Schools for emotionally disturbed children.
- Special education classes.
- Juvenile detention and correctional facilities.
- Outpatient mental health programs.
- Sexual abuse survivor groups.
- Juvenile sex offender programs.
- Inpatient and outpatient psychiatric programs.
- Job training programs.
- Teen parent programs.
- Support groups for lesbian and gay youth.

Teens in these populations will have diverse issues and concerns. Yet, they also tend to share common characteristics, which are critical to the content and methodology of this teaching manual.

With regard to sexuality, many high-risk youth:

- Begin to have sexual experiences at an early age.
- Have more experience with sexual behavior than accurate knowledge.

- Have never discussed sexuality in a positive, open and honest atmosphere with a knowledgeable adult.
- Have negative feelings about sexuality and themselves as sexual people, though this may not be outwardly apparent. They are likely to have an underlying attitude that sex is dirty, dangerous, and hurtful and not something about which they can talk openly, nor feel positively.
- May not understand the difference between appropriate behavior and abusive behavior in a given situation.
- Engage in sexual behaviors to satisfy primarily non-sexual needs. For example, a teen may fulfill a need for acceptance and attention by having intercourse; or victim of sexual abuse may overcome feelings of being out of control by sexually controlling others.
- Rigidly conform to, or just as rigidly defy, sex-role stereotypes.

Finally, it is also important to recognize that many *though by no means all* high-risk teens:

- Have short attention spans and learn best through concrete tasks.
- Have little experience and comfort working in groups with their peers on a common task.
- Are hesitant to trust adults.
- Find traditional classroom settings unhelpful.
- Have limited reading, writing and speaking skills.
- Have mild to severe learning disabilities.

All of these factors need to be considered in designing and presenting sexuality education programs that best fit the needs of this extremely diverse group of young people.

II. WHY A MANUAL ON SEXUALITY EDUCATION FOR HIGH-RISK YOUTH?

SEXUAL HEALTH PROBLEMS FOR HIGH-RISK TEENS

Youth in general, regardless of class, race or ethnicity, are at risk for problems related to their sexual health. Yet, as the following statistics illustrate, high-risk youth from the populations described earlier are at special risk:

- Nationally, 52% of girls and 59% of boys have had intercourse by age 17.¹
- Among youth in custody of child protective services in one state, 86% of teens age 15 and older reported having intercourse.² In a study of teens in a juvenile detention facility, more than 80% reported having intercourse by age 17.³

- Nationally, almost 1 million teen girls become pregnant each year. That's 10% of all females aged 15 to 19. Almost 350,000 of these girls are age 15-17.⁴
- A study of youth in out-of-home care found that they were twice as likely to become pregnant as teens not in out-of-home care. Another study of youth formerly in out-of-home care found that 40% reported having been pregnant since leaving out-of-home care.⁵

- Among African-American males nationally, 20% report having had intercourse by age 13.⁶
- Among African-American males in the same juvenile detention facility noted above, double that percentage (40%) reported having consensual intercourse by the age of 10.⁷

- One general prevalence study found that 29% of females and 16% of males have experienced sexual assault by the age of 18.⁸
- Estimates of sexual abuse among runaway or delinquent females have been as high as 55%.⁹ A study of teen females in the child welfare system of a Midwestern state revealed that 43% had experienced sexual abuse.¹⁰

- Lesbian and gay teens, also over-represented in agencies serving high-risk youth, are about four times more likely to attempt suicide than heterosexual teens.¹¹ Forty percent of gay and bisexual teens attempt suicide at least once.¹²

Largely due to the circumstances they face in their lives (poverty, lack of opportunity, racism), youth of color are over-represented in schools and agencies serving high-risk youth. Some noteworthy statistics regarding youth of color include the following:

- Among male high school students, 76% of African-Americans, and 63% of Latinos have had sexual intercourse.¹³
- Among female high school students, 67% of African-Americans and 46% of Latinas have had sexual intercourse.¹⁴
- While African-American and Latino teens make up only 15% of U.S. teenagers, they account for 65% of teenage AIDS cases and 70% of HIV-infected teenagers in the U.S.¹⁵

HIGH-RISK TEENS GET LITTLE SEXUALITY EDUCATION

Although these statistics indicate that high-risk teens have profound problems related to their sexuality, they rarely receive responsible sexuality education or family planning services. A 1993 survey of all 50 states found that, though the majority of states had written policies on sexuality education for youth in public schools, only eight states had such policies for youth in out-of-home care. Only 17 states provided any training to their state social workers in human sexuality.¹⁶

Numerous arguments have been made against sexuality education for these teens:

- “The topic is too controversial. We don’t want a parent or community backlash.”
- “Sex education condones sexual activity among teenagers and therefore, promotes such activity. This is especially true with our high-risk teens who have been sexually active from a young age.”
- “Since we have a co-ed facility, we don’t want to give our kids any ideas by teaching sex education.”
- “We’re nervous that sexuality education will distract the teens from the primary reason they are here – to get treatment.”
- “We don’t want our kids to become overstimulated. Many of them have been sexually abused and they couldn’t handle it.”
- “With all the other issues our teens present, there is just no time. Furthermore, we don’t have the personnel.”
- “Our clients receive sex education in their ‘mainstream’ schools, so it’s been ‘taken care of.’”

While it is true that sexuality education can be controversial and that high-risk youth have more difficulty managing strong feelings and are more prone to “acting out,” it is important to know that parents are overwhelmingly supportive of sexuality education.¹⁷ Further, research has repeatedly demonstrated that sexuality education does not lead to increased sexual activity. In fact, some studies have reported a decrease in sexual intercourse following sexuality education.¹⁸

Often concerns have more to do with adults’ ambivalence and discomfort confronting the sensitive area of teen sexuality, than any realistic risk of sexuality education itself. Our own experience has shown us that very few of the concerns described earlier actually materialize during sexuality education.

Schools and agencies are able to greatly minimize the risk of parental/community complaints and teen negative acting out by doing some advanced preparation for the sexuality education groups. See the “How to Use This Manual” section for ideas about preparing your school/agency for sexuality education. For further information, contact the Sexuality Information and Education Council of the United States (SIECUS) at www.siecus.org.

Our choice is *not whether* teens will receive sexuality education. They are constantly learning sex from the media, peers and personal experimentation. Our choice is whether we leave sexuality education to these unreliable and, at times, exploitative sources or provide opportunities for teens to learn accurate information and explore their feelings and values.

THIS MANUAL AS A RESOURCE

A study by the White House Office of National AIDS Policy recommended that “user friendly” prevention programs target youth at the highest risk for HIV infection.¹⁹ *Streetwise to Sex-Wise* provides an easy to use yet comprehensive model for a basic series on human sexuality for high-risk teens. It applies a current “state-of-the-art” methodology of sexuality education to teens in non-traditional settings who often have limited academic skills and are resistant to classroom-based learning. The lessons are simple, concrete and actively involve group members in the learning process. They extend beyond mere factual information and address attitudes, values, and skills, an approach that experts find is more likely to lead to positive behavior change in young people.

In addition, this manual provides background information on teaching sexuality education to high-risk teens, including profiles of the sexual health concerns of four specific high-risk populations. And finally it includes a resource section of books, audio-visuals, and other teaching tools especially appropriate for high-risk youth.

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