

Child abuse investigations may not prevent poor sexual health outcomes in girls

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The Child Protective Services (CPS) system aims to investigate and intervene in cases of child abuse and neglect, but a new study suggests it may be missing an opportunity to also help prevent poor sexual health

outcomes in adolescent girls.

The researchers found that girls who had undergone investigation by CPS after being maltreated or abused were more likely to continue to experience adverse sexual health outcomes—including sexually transmitted infections (STIs) or pregnancy—before turning 18 than girls whose cases may not have been severe enough to be reported to CPS.

However, the researchers also found that compared to girls who were investigated by CPS but remained with their families, girls who entered [foster care](#) after their investigation had a lower chance of experiencing pregnancy or a [live birth](#).

The study was recently published in the journal *JAMA Pediatrics*.

Sarah Font, associate professor of sociology at Penn State and lead author on the study, said the findings suggest that additional, more effective strategies are needed for preventing these outcomes in vulnerable girls.

"Having contact with CPS, whether it results in services after the investigation or not, is a strong predictor of negative outcomes later in life," Font said. "That point of contact can be a good time to provide intervention, but CPS works within such a narrow mandate with limited funding, that services aren't always possible. This work points to there being a real opportunity to refer some of those families to alternative services at that point."

Jennie Noll, professor of human development and [family studies](#) and director of the Child Maltreatment Solutions Network at Penn State, said these alternative services could focus on ways to successfully transition at-risk adolescents to healthy adulthood.

"The question is how do we get kids from protective services to a successful transition into adulthood, and this research provides a clue into the kinds of interventions that could be augmented to better serve these kids," Noll said. "In addition to life-skills training and education about STIs, [teen pregnancy](#), and contraception, these interventions should include evidence based treatments that directly address the trauma from their abuse or maltreatment."

According to the researchers, abuse or maltreatment during childhood and adolescence can affect future sexual health and behavior in a number of ways. Girls who have experienced abuse may be more likely to use drugs or alcohol, have difficulties with executive function, and have skewed views of interpersonal relationships.

For example, when girls don't experience safe and stable support from their family during adolescence, they may not gain the skills to form trusting and mutually respectful relationships with others, which could possibly lead to becoming involved with violent or coercive romantic partners.

But while other studies have confirmed these risk factors, Font said the majority of previous research on the subject focused on whether the abuse itself puts adolescents at risk and less on what the system is doing to help.

"Because the experience of both CPS involvement over time and foster care in particular can look really different, kids have a wide range of experiences and presumably we think that those matter," Font said. "I wanted to go beyond this monolith of simply looking at whether a child has gone through foster care or not to thinking about what it looks like to have a positive or not positive experience with the system."

For the study, the researchers used data from 9,392 female adolescents

to track their medical histories and interactions with CPS from the time they were 13 through the age of 18.

Data included adverse sexual health outcomes—including pregnancy, live birth and contracting an STI—as well as types of alleged maltreatment prior to 13 years of age and history of any interventions from CPS. This included all investigations, including those that didn't result in further action, as well as in-home services and foster care.

After analyzing the data, the researchers found that 8.4% of the girls in the study had a confirmed STI, 11.2% became pregnant, and 6.1% had a live birth before their 18th birthday. Additionally, 23.5% of the girls had one or more "concerning sexual health outcome,"—a general measure the researchers used to encompass STIs, pregnancy, live birth, suspected exposure to an STI, and high-risk sexual behavior.

However, they also found that girls who left their homes to move into foster care before they turned 13 were less likely to get pregnant or have a live birth. Furthermore, girls who then moved from foster care to adoption before the age of 13 had a 41.0% lower odds of an STI diagnosis, 52.0% lower odds of pregnancy, 61.0% lower odds of a live birth, and 33.0% lower odds of one or more concerning sexual health outcomes before they turned 18.

The researchers said future research could consider the efficacy of targeted sexual health and pregnancy prevention programs and assess rates of uptake for more effective contraceptive practices, such as IUDs, for maltreated girls.

More information: Sarah A. Font et al, Child Protection Intervention and the Sexual and Reproductive Health of Female Adolescents Ages 13 to 17 Years, *JAMA Pediatrics* (2022). [DOI: 10.1001/jamapediatrics.2021.6605](https://doi.org/10.1001/jamapediatrics.2021.6605)

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