2016

Love your Love Life: Disadvantaged African-American youth co-create services for their sexual and romantic health..pdf

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“Love your Love Life”:
Disadvantaged African-American youth cocreate romantic and sexual health psychoeducational resources

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In Press: *Social Work: The Journal of the National Association of Social Workers*

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“Love your Love Life”: Disadvantaged African-American youth cocreate psycho-educational romantic and sexual health resources

Abstract

While STD transmission, dating violence, trafficking, and unplanned pregnancy disproportionately afflict disadvantaged, African-American youth, social services to effectively remedy this crisis have needed improvement. Moreover, disadvantaged African-American youth have been significantly under-represented in mental health, social services, and best practices research, so existing evidence-based practice models are insufficiently inclusive of these youths’ perspectives. As a remedy, this study describes a formative evaluation of a youth-led, participatory action-based summer and after school program, “Love your Love Life” (LYLL). Over 8 successive semesters, 155 African-American youth authored instructional materials including a guide to dating, documentary, workbook, a power point presentation, social media messages and skits. They led seminars for their peers. The highly engaged youth contributed valuable information about their strengths, challenges, and preferences, and suggested improvements to make sexual and romantic health curricula more relevant for their peers.

Keywords: sex education, urban poor youth, disadvantaged African-American youth, teen pregnancy prevention, at-risk youth, after school programs, STD prevention in poor adolescents, participatory action research, formative program evaluation
Introduction and Purpose

With widening income inequalities profoundly affecting U.S. health outcomes, social workers need to continuously improve social services related to their clients’ health, especially for disadvantaged youth (CDC, 2013). By comparison with youth in privileged environments, severely disadvantaged youth experience higher rates of community violence, domestic violence, child abuse and disrupted parental attachments (Fox, Connolly & Snyder, 2005), and disadvantaged African-American children in particular are disproportionately deprived of accessible mental health care and social services (Bringewatt & Gershoff, 2010, McFayden, 2009; National Center for Children in Poverty, 2013). Sexual and romantic health risks ranging from dating violence to trafficking to STDs and unplanned pregnancy are a subset of negative health outcomes disproportionately afflicting disadvantaged African-American youth (CDC, 2013). The Love your Love Life (LYLL) psycho-educational program was cocreated, co-instructed, and co-evaluated by youth and staff in an after-school and summer program (Stand Up Help Out, or SUHO, www.standuphelpout.org), following our conviction that to combat structural violence (Farmer, 2003), marginalized persons need to coauthor their service designs. The following paper presents a formative, qualitative evaluation (Patton, 2004) of the project, which extended for 8 semesters and included 155 youth. We present the youths’ recommendations for program content and delivery modalities.

Background

The health crisis for disadvantaged African-American youth

While African-American youth ages 13-19 comprise 17% of the U.S. population, they make up 73% of HIV diagnoses in the U.S. (CDC, 2011), and in Chicago have nearly twice the rate of HIV
infection as whites (CDPH, 2012). African-Americans are disproportionately impacted by gonorrhea, chlamydia, and syphilis (CDPH, 2012), and disproportionately recruited into prostitution, commonly around age 12 (Raphael & Ashley, 2008). Almost half of Chicago African-American youth engage in sexual intercourse by the age of 13. The birth rate for African-American youth ages 15-19 in Chicago is 85.7 per 1,000 females, compared to 12.3 for Caucasian youth and 75.3 for Hispanic youth (Northwestern University, 2011).

Youth suffering from family and community violence and engaging in high-risk sexual behavior are also at greater risk for dating violence (Antle et al., 2011). Nationally, 1.5 million high school students reported physical abuse from a dating partner in a single year (Foshee and Matthew, 2007). One in five teenage girls has been physically or sexually abused by a dating partner, with African-American youth reporting twice as much dating violence as their white peers, and girls more victimized than boys (CDC, 2013). In Illinois, African-American youth suffered the highest rates of dating violence, and the girls suffered more forced sexual intercourse than any other Illinois cultural sub-group (CDC, 2010). Researchers prioritize better understanding of the causes of these socio-economic disparities in sexual health outcomes (Boonstra, 2014; CDC, 2015).

**Sexual and relationship education for adolescents**

While LYLL is the first sexual and romantic health services designed and co-instructed with disadvantaged African-American youth, studies with other groups show the value of support group-based sexual and romantic health education for youth. Pearson (2004) developed “Love U2: Communication smarts for all relationships,” a video, discussion, and workbook-based short-term training. The program was effective in increasing youths’ sexual and romantic health knowledge, with positive effects of a shortened version occurring at another site (Antle, 2011). A similar program employed with youth in detention, “Expect Respect” (Kerig et al., 2010), resulted in attitude change,
as did Safe Dates (Foshee et al. 2000; Herrman & Waterhouse, 2012), a dynamic curriculum involving classes, a theater production, and a poster contest. Three projects focused on culturally-relevant programming. In Project Talanoa (McGrath & Ta’ili, 2010), researchers conducted qualitative interviews (N=54), focus groups (N=16), surveys (N=24), and participant observation over three years with Pacific Islanders, resulting in a curriculum feasible to administer, culturally appropriate, and embraced by the community it aimed to serve. Rankin (2011) developed a culturally relevant curriculum to prevent dating violence among Mexican American youngsters. A human rights perspective was used to understand unplanned pregnancy among Native American youth (Hanson et al., 2014).

**Love your Love Life’s context: Stand Up Help Out**

Love your Love Life (LYLL) was the curriculum for Stand Up! Help Out! for 8 semesters (Fall, 2011 through Spring, 2014). Stand Up Help Out! (SUHO, www.standuphelpout.org [Bulanda & Author, 2013]) is a summer and after school program for disadvantaged African-American youth, based on a participatory action research model and strengths (Saleebey, 2012), self-determination (Ryan & Deci, 2000) and trauma treatment approaches (Courtois & Ford, 2009; Author, 2015). Led by a faculty member, the team includes social work masters and doctoral students and alumni.

SUHO began in summer, 2006 and is still funded. It offers three program cycles each year (four hours a day, four days a week for six weeks in Summer and two hours a day, four days a week for ten weeks each in Fall and Spring). Each cycle serves 15 to 30 adolescents aged 14 to 18. In addition to receiving a modest stipend, SUHO youth can be (paid) ECP research assistants, co-author papers, plan SUHO activities and evaluate the program (described fully in Bulanda, Szarzynski, Silar, & Author, 2013). Involving youth thoroughly in program design and evaluation likely contributes to youths’ engagement. Consistently, SUHO program attendance rates have been 90-99% (compared to
maximum participation rates of 70-79% reported by other after school programs [Deschenes et al., 2010]). In SUHO, attendance means that students were only allowed three absences and were expected to be punctual, participate, carry out responsibilities, and handle peer relationships without fighting and with respect.

Communities hosting SUHO had median incomes around $25,000, 48% unemployment, and Chicago’s highest crime rates. About 30% of youth were hungry and lacked clothing, transportation, hygiene and school supplies, with at least 10% in acute need (homeless or in deep poverty). Histories of child abuse, neglect, and/or severe family stress (terminal illness, disability) characterized 30% of youth. All youth were exposed to community violence, including drive-by shootings that menaced the SUHO program. Most saw someone dying from community violence and knew youth who had committed suicide or were imminently suicidal with no available mental health care. Many SUHO young men (who comprised 20-35% of SUHO participants depending on the semester) were actively threatened by gangs, and one was murdered six months after his brief participation in SUHO. All youth were aware of racial discrimination and police and criminal justice system brutalities.

Symptoms consistent with complex and traumatic stress disorders were common (Author, in press). Interpersonal (as opposed to impersonal) trauma correlates with depression, mediated by attachment security (Fowler, Allen, Oldham & Frueh, 2013), so it was not surprising that in a representative program 30% described depression of suicidal intensity. The SUHO program was their only accessible mental health resource. Tragically, despite assiduous efforts at reporting child abuse and seeking out other means of protection such as kinship care, shelters, and residential placement, about 15% of youth continued to be traumatized by family and community violence concurrently with services. SUHO instructors provide a strengths-based assessment, goal planning, and individual counseling using revised trauma treatment guidelines developed for concurrent (as opposed to past)
traumatization (Author, in press), which youth valued greatly:

“The instructors were not just physically available, but they made themselves mentally available in order to assist us youth. By mentally available, I mean that they did not just seek to cut those off who didn’t have stellar performance in the program. Instead, they always looked for a way to help troubled youth.”

In response to youths’ concerns, SUHO focused initially on anti-violence, peace-building curricula, and then from Fall, 2011 through Spring, 2014 on “Love your Love Life” (LYLL). The LYLL curriculum focused on sexual health, romantic relationships, partner and family violence, healthy conflict resolution, avoiding trafficking, and birth control resources. Youth authored a guide to dating, workbooks, created documentaries and presented to other community youth about LYLL issues.

**Methods**

A formative evaluation in a participatory action context

This research is a formative program evaluation in a participatory action research context. Formative evaluation focuses on describing the process of program development and provision, and often is used to develop and improve programs (Davies et al., 2009, Patton, 2014). Participatory action research (PAR) systematically engages stakeholders associated with specific problems in the identification of problems for study, developing data collection and data analysis methods, and in carrying out the research and disseminating it (Author, 2012, 2014). PAR empowers research participants by affirming their strengths and enriching their skills (Author, 2014; Lederach & Thapa, 2012). Preserving youths’ vernacular and fidelity to their strengths and cultural values is important for validity, and also avoids importing negative racial stereotyping and silencing of youths’ voices (Huggins, 2012). For this formative evaluation process, the central question posed was: “What
curriculum topics and service methods do disadvantaged African-American youth find most valuable for making good romantic and sexual health choices?” LYYL program evaluation occurred from Fall, 2011 through Spring, 2014 (eight semesters).

**Data collection**

The 155 youth were recruited based on referrals from funders, schools, and other youth. All interested candidates were contacted via telephone, and 15 to 30-minute interviews were conducted to gauge fit and interest. Depending on the semester, 25-50% of youth interviewed became SUHO members. High school students between the ages of 14 and 18, with the majority 15-16 years old and 10% under 15, they resided in disadvantaged communities on Chicago’s south side. All self-identified as African-American, with one also Latina and Caucasian.

Data collected using ethnographic observation were: 1) Facilitators’ field notes, including questions youth submitted anonymously into a “mailbox” (all cycles, N=155), 2) five focus groups held during two of the semester program cycles, guided by program facilitators and youth, documented by audiotape and/or field notes, on topics such as abortion and the best service modalities (individual, group, single-gender, etc., N=46), 3) peer-led program evaluation exit interviews (all cycles, N=155), and 4) youth-co-authored materials for teaching their peers, including *The Stand Up Help Out Guide to Dating* (N=55), a workbook (N=26), a videotaped documentary (N=55), two videotaped skits (N=44), a PowerPoint presentation (N=30), and a survey (N=14). To maximize inter-rater reliability, all data were coded collaboratively by at least two investigators together (Armstrong, et al. 1997).

Field notes and findings were reviewed by instructors and youth for member-checking of their accuracy. Member checking was valuable in part so researchers could keep up with the youth’s vernacular. An example is the term, “thot.” In some contexts, boys used “thot” to mean “that hoe
[whore] over there.” In other contexts, girls as well as boys used the term to refer to any person one is not committed to but about whom one has sexual “thoughts.” It labeled someone who is known to engage in sexual activity with various people, is very flirtatious, and an object of transitory sexual desire.

**Data analysis**

Thematic and axial coding were used (Miles & Huberman, 1994). Two of us identified major themes and created a code book. Eight major themes pervading all materials, each with sub-categories expressed by a majority of youth, emerged. Then, four authors reviewed the coded content. A second stage of coding took place with an original coder and another author, who provided feedback to clarify and add insight to findings. At the end of each coding session, two authors wrote up observation notes together, and sent them to a third author for review. Developing axial codes to synthesize related themes yielded seven major topics, common to the majority of youth, which are described below.

**Results**

**“What counts the most is counting on people”**

Like teenagers everywhere, the youth were passionately interested in all matters romantic. They were curious about each others’ love and lust. In the PowerPoint presentation created by the youth, they defined love and lust clearly:

“Love = quality time other than just sex, honestly caring about each other’s feelings, feeling comfortable, intense feelings of affection and care, loyalty, confidence, faithfulness. Lust = being focused on a person’s looks and body, being mainly interested in having sex, wanting to leave directly after sex, keeping the relationship on a fantasy level vs. discussing real feelings, strong sexual desire, difficult feelings.”
The youth said that the most important love life issues were loyalty, honesty, and trust. Discussions about what comprises an ideal romantic relationship were saturated with the words “trust,” “faithful”, “dependable”, “loyal” and “honesty.” They genuinely hoped for trustworthy and monogamous relationships, yet often feared betrayal. For example, their skit portrayed a couple conversing, when the boyfriend received a call from someone labeled by the phone as Mark. “Is that just like a code name for ‘Michelle’ or something?” asked the girlfriend.

**Myths and fears: Youths’ needs for accurate sexual knowledge**

Naïve observers might assume youth were sexual experts, based on their self-confidence, reactive rowdiness, and frankness. An example is when youth considered abstinence.

“Young man: I’d like to, I mean alter it a little bit because you know, my mama is a very religious person and she’s been going strong with it [abstinence] for five years so if she can go that long, I think some of these teens can wait until marriage. Not saying that I have, I’m just saying you know some kids be thirsty but it’s called some control.

Young woman: what if you don’t get married.

Young man: Vibrators! The youth responded with a loud uproar of laughter.”

But, in fact youth had a great need for romantic and sexual education, which they reported they were not receiving at home or school. They asked, for examples, “Can you get STDs from ear wax?”

“What is cherry popping?” “Can a condom be the wrong size?” “How does an orgasm happen?”

Some young women feared birth control pills caused seizures, and some young men thought the vaginas of promiscuous girls would “get loose.” Their solutions also reflected lack of knowledge. “If you a freak [have sex] and you wash up, your hole gonna get tight again,” advised one young man.

“If you play sports, that kind of helps you get tight again,” offered a young woman. They also asked questions typically answered in sex education health classes, “Can you get pregnant if you’re taking
birth control?” “Can chlamydia and herpes be cured?”

**Teen pregnancy: Choices and consequences**

Notably, being pregnant was not regarded as shameful. Many saw positive results of teen pregnancy, such as the fourteen year old who said: “I wanted to commit suicide until I had my baby, now she is my reason for living.” Still others said that they wanted to have a baby because they wanted to be loved. One said that becoming a mother “makes them grown.” Another said becoming a teenage parent meant freedom from taking direction from their own parents, “Cousins my age, they had kids so it’s like couldn’t nobody tell them nothing.” Both males and females said that females might get pregnant to secure boyfriends.

Students debated whether one could still accomplish one’s goals after having a baby. While several felt pregnancy was problematic (“they ruin their life because they want to go to college and they want to get jobs and now they can’t do that because you have a shorty at home”), many others disagreed,

“I don’t think it necessarily ruins your life. I just think it like slows it down. Like if you want to go to college, you can still go to college but you might just have to wait until the right time.”

“I think you can go to college even if you do have a baby because my brother had a baby and him and his baby’s mama went to college and they’re in their second year now.”

“Well you can, but you have to have the right support system. Some young moms don’t have that support system so they, you know can’t do all that they wanted to because they have no one to watch their child.”

Several young men said men suffered fewer consequences from teen pregnancy, so it was a woman’s problem.
Feelings about abortion were mixed. Some perceived abortion as “killing a baby,” and others viewed it as a “better safe than sorry” way of preventing life complications. Others demonstrated compassion, “I think you shouldn't judge someone getting an abortion or not because you're not going to be the one that has to get up with the baby…you don't know the situation.”

**Family and partner violence**

Youth were frequently troubled about family and sexual violence, yet also accepted violent solutions to social conflict. For instance, while advocating violence reduction in their neighborhoods, some also insisted a young man’s current girlfriend should (as a rule) fight his ex-girlfriend. Some family members encouraged and accompanied youth to carry out violent revenge. Two apprentices in a skit portrayed a couple in a physically violent relationship. The apprentices had each seen their mother being physically abused. When the actors portrayed the boy abusing the girl, the youth audience laughed, evidently anxious. The drama allowed them to express both their fears and ideals: The young authors had the belligerent couple seek counseling.

As trust built in the LYLL groups, youth reported dimensions of relationship violence that rarely are addressed in sexual health curricula. Several 13 year old girls (and one boy) described being seduced, raped, and trafficked by much older men from the community. The predatory men had never been reported for statutory rape, and youth said no one had taught them that an adult having sex with a person under 18 was illegal. Tragically, some girls expected sooner or later they would be raped, even gang-raped, prompting several to suggest it was better to lose one’s virginity to someone caring before an assault took place. One summer, four boys and a girl talked about their attempt at gang rape of a fellow SUHO member. It never came to fruition because the potential victim became suspicious and left, a decision for which group members initially mocked her. Since the apprentices brought this up and a non-blaming, human rights perspective framed the discussion, all could support
the young woman’s self-protection and re-think gang rape as a problem. Some young women insisted on their power, advising their peers: “Personally, the most power is the girl because she says when it’s happening and when it’s not … Because if you just take it, that’s called rape, you know. It’s up to the girl.”

**Gender, gender roles, and sexual orientation**

Youth had many concerns about the other gender’s sexual experiences. Young women asked about de-escalating sexual encounters when their male partners were expecting more, such as, “Can boys get turned off once they’re turned on?” Other young women wondered whether they were obligated to follow through on sexual text messages (“sexts”). Fostering dialogue between all youth seemed helpful. One young woman asked her peers,

“I am asking you guys a question, right? What do you think is having too much sex? I am asking you for your opinion.” Young man: “I know some girls that act like boys. They do what boys do. I’m telling you… I’d say too much sex is like doing it like five times everyday. I say three times a day is enough.”

At times, the youth seemed to reinforce sexist gender roles. For instance, though the group acknowledged that people of both genders could be promiscuous, only females with many sexual partners were degraded: “It’s easy for a guy to hop from girl to girl, but a girl won’t do that because she don’t want to be labeled with a bad name.” A young man said, “you can’t turn a ‘thot’ into a housewife.” Young men more readily asserted that sexual acts could be performed without romantic connection, while young women more often said sexual acts lead to attachment. Young women stated they wanted strong men and providers who were trustworthy, kind, and loyal. One young man asserted he couldn’t become emotional because he would seem weak, and many young men experienced trauma, but resisted talking about it, prompting instructors to reach out to young men in
Sexual orientation was the most tension-charged of any discussion topic. Some thought it was a human right to have one’s sexual orientation respected, others believed it was a sin, and many ridiculed those with a gay or lesbian sexual orientation. Tragically, some youth who came out to their parents were “put out.” Youth made active use of the group to become more sensitive with each other.

**Defining rights**

Enabling disadvantaged youth to improve their choices requires attitude change (Ali, Swann & Hamburger, 2011), but finding effective ways to change attitudes can be difficult when violence is normalized, as a participant articulately said:

“It is difficult for teenagers to improve their attitudes about things because they have no hope. From young children into their teen years they have seen violence instead of love, which means they don’t know what it is liked to be loving, nice, or even positive sometimes.”

The SUHO program’s explicitly human rights orientation made it possible to address problems such as sexist gender roles or gang rape without condemning any one individual. They improved each others’ sensitivity to human rights and added distinctive human rights for their context. One apprentice thought freedom of speech meant being able to talk to your partner about sex: “You got to talk about it with your partner or whatever. You got to tell him like how you feel. If you don’t want to, don’t just do it just because the other person wants to.” They valued transparency about STDs: “Both should have the right to know if their partner has a disease. If they want to continue with that for some reason then they can.” They felt it was a human right to have sex in their homes rather than on dirty streets, and said perhaps there would be fewer pregnancies if parents supported their sexual explorations:
“I think us as humans have urges. Parents need to accept that and if they know we are human, they should let us do it in our house. I think they’d rather, I’m serious, I think if you don’t want your child doing it in the alley, in bathrooms, on stairs, in cars with all these diseases then you should talk to them about it and if they decide that that’s what they want to do then you need to make sure they’re taken care of.”

“I just personally feel like you will prefer to know what your child is doing at your house. If you notice, most teens that get pregnant, it happens outside their parents’ house. Parents try to restrict something that cannot be restricted. You can never watch your child 24/7, especially if you are at work. School gets out early, there are all types of things that are going on…”

Youth or adult confidantes?

When it came to finding confidantes, most youth did not trust adults, but formed trusting friendship bonds. When asked ‘How do you most prefer to learn about love life issues?’ nearly all participants said they preferred talking with friends first, then one on one conversations with a peer, talking with people their own age with no adult present, talking to a sexual partner, and researching the internet with friends (in that order). Youth appreciated the instructors’ encouragement that they take on leadership roles, “I feel like Miss A. and Miss N. pushed me when it came to like taking a leadership role in group activities and they like striving me to do better with that.”

Talking with adults at home, or learning from school, television, or public service announcements ranked much lower. When asked about teachers, one youth collaborator replied, “We don’t learn s*** at school.” When asked with whom they would least like to discuss love life issues, youth said fathers, uncles and mothers. They were comfortable talking about love life issues with SUHO instructors:

“For me they really reached out to me with my family issues and gave me a lot of
information about non-violence and basically just important things that was going on in my life. I really appreciate them for that even though they have to do it.” [it’s their job]

Youth advocated mixed-gender groups for most topics, “I think it should be a group discussion … so they can tell them the 411.” Still others said, “Boys get with their friends … but they don’t know the girl’s perspective, and girls get with their friends but they don’t the boy’s perspective.” “Co-ed is good, you can use that to see what boys be thinking, so it’s basically being nosy on the boys’ point of view!” Separate boy and girl groups occurred periodically, and youth felt they were an important addition. Some boys felt uncomfortable “talking around females,” and several females echoed the sentiment that some things were for just-girls, such as, “their monthly friend, monthly visit.”

**Discussion and Implications**

This study aimed to engage disadvantaged Black youth as co-creators of curricula and service design addressing sexual health and romantic decision-making the youth had prioritized as vitally important. Previous curricula have not been designed for or with disadvantaged Black youth. It is likely that the service design needs indicated by these youth are specific to their experiences of extreme disadvantage and discrimination (Alexander, 2012; Bringewatt & Gershoff, 2010), but also have some features that can be applied to youth in other contexts, which can be a topic for further research. In addition, this research focused exclusively on youths’ self-reports and opinions. Further research could examine the specific impact of the LYLL service design on youths’ sexual and romantic decision-making, and contribute further curricular revisions to refine the model.

Unfortunately, often disadvantaged Black youths’ greatly increased exposure to STDs, unwanted pregnancy, dating violence and trafficking have been conceptualized as due to youths’ individual traits. Findings here suggest researchers can be more accurate by understanding such
problems in terms of “structural violence”: the harm people suffer because of systemic lack of resources, rights, and influence enjoyed by privileged persons (Farmer, 2003, Huggins, 2012; Maas Weigert, 2008). By comparison with privileged peers, SUHO youth lacked sexual and romantic health educational resources, mental health and social support services, basic medical and birth control resources, and safe places for sexual explorations. They were concerned about family violence and sexual traumas including gang rape at much higher rates than privileged peers. Although youth had some heroic role models, they experienced adults exposing them to community violence and coercing them into criminal activities ranging from prostitution to drug trafficking. Repeated disappointments in child welfare authorities and police brutality left many youth with no protection, to the point where interpersonal violence and sexual abuse by community adults were normalized. The corrosive poverty most experienced and their awareness of negative social stereotypes that they are, as they put it, “all gang-bangers” (Alexander, 2012; Huggins, 2012) caused them to believe that the wider society regarded them as not worth helping. No wonder they mistrusted adults. It is important for service providers for disadvantaged African-American youth to recognize this structural violence and remedy it by establishing safe, supportive contexts in which youth can support each others’ dignity and respond constructively to societally-based trauma.

The SUHO youth, like disadvantaged youth around the globe (Rimkus, 2010), relied primarily on each other for social support. Engaging youth as romantic and sexual health educators capitalizes on disadvantaged youths’ reliance on each other, develops youths’ identities as leaders who can master community challenges, and enlists their expertise in developing social media that reflect their vernacular and cultural values (see also Adelman & Kil, 2007; Strasburger & Brown, 2014). Youth found it deeply meaningful to lead the LYLL groups:

“My favorite part of the program was … when we did a skit, when we had guest speakers, and
when we presented to another … group. I was a leader in the program when we presented to
the other … group.”

Their peer audiences applauded them as well.

Involving youth as co-designers and co-evaluators of services has scientific advantages. Youth can answer questions that researchers pose, such as how cultural values impact socioeconomic disparities in sexual health (Boonstra, 2014). For instance, while researchers tend to regard teen pregnancy as a problem that maintains poverty, SUHO youth saw many positive outcomes in teenage pregnancy (consistent with Edin & Kefalas, 2011).

A strengths and human rights orientation (Bricker-Jenkins, et al., 2012; Witkin, 1998) is valuable for ethical and service reasons. Youth prioritized remedying human rights violations. They strove to protect themselves and their siblings from child abuse and trafficking. They reflected on sexist gender roles, could frame preventing STDs as a human rights concern, and were open to addressing oppressive homophobic sexual orientation patterns from a human rights perspective. Youth were most eager for support and information so they could make sound romantic and sexual health choices. They enriched traditional sexual and romantic health curricula with deeper understandings of their traumas, challenges, and strengths.

Given the youths’ lack of basic sexual health information, it is likely that sexual health disparities could be significantly reduced if policy-makers prioritize providing sensitive and universally accessible sexual health education and medical resources for disadvantaged youth. Legal and child welfare systems need to improve child protection and reduce sexual exploitation crimes by more widespread human rights education and aggressive advocacy for victims. Improved access to culturally-relevant mental health care is essential to prevent the consequences of complex trauma and depression, and to shore up youths’ judgment and impulse control.
For social workers to be most effective in addressing romantic and sexual health problems that disproportionately affect African-American youth, the youth need to be included as co-designers, co-instructors, and co-evaluators of their services. Youths’ desires for trusting and loyal intimate relationships were intact and passionately held. These ideals and the youths’ frankness, resilience, and commitment to services they regard as helpful are significant strengths for practitioners to build on in service provision. As dedicated professionals in social services help at-risk African American adolescents grapple with sexual and romantic health issues, a continued effort must be put forth to design and implement programs that not only include youths’ voices, but focus on the issues most important to youth in curricula that youth find culturally relevant, comfortable and accessible.

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