



Six Tips for Youth-Supporting Professionals for Talking with Youth about Sexual and Reproductive Health

Introduction

Youth-supporting professionals can play a critical role in educating youth about sexual health. For example, professionals can support young people in developing the skills they need to safely negotiate sexual encounters.¹ When professionals approach conversations with youth about sexual and reproductive health openly and honestly, they can build and maintain a rapport with young people.

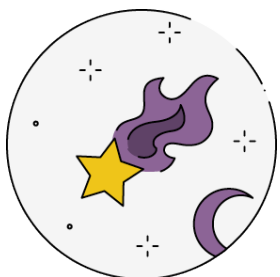
This tip sheet provides youth-supporting professionals with six tangible recommendations to promote effective and open conversations about sexual and reproductive health with young people, especially youth who are in the child welfare or juvenile justice systems or who are experiencing homelessness or disconnection from work and school (also referred to as opportunity youth).

These tips were developed through a series of discussion sessions with five youth who have been involved in the child welfare or juvenile justice systems or who have experienced homelessness or disconnection, and four youth-supporting professionals. Activate researchers identified relevant literature to support the themes that emerged from those discussions. Whenever possible, that research focused on youth in the child welfare or juvenile justice systems, youth experiencing homelessness, or opportunity youth.

These tips are based on two assumptions about the role of professionals in communicating with youth about sexual and reproductive health:

1. Youth-supporting professionals have conversations with young people about sexual and reproductive health. The recommendations in this tip sheet are meant to facilitate those conversations.
2. Youth-supporting professionals must acknowledge when they do not have answers to youths' questions and seek needed information in partnership with the youth. Youth-supporting professionals should avoid trying to "know everything" when discussing sexual and reproductive health with youth.

Youth-supporting professionals and youth identified the following six tips:



№ 1

Be Comprehensive and Clear in Discussions about Sexual and Reproductive Health

Both youth and professionals who support them identified a need for sexual and reproductive health education to include more concrete, real-world practical guidance. For example, youth wished they had learned what to expect when they get their period, how to use condoms, and which forms of contraception have what side effects. Several youth who experienced a pregnancy noted that professionals failed to provide them with relevant sexual and reproductive health

information, such as how to have a healthy pregnancy and what to expect while pregnant.

To be clear and comprehensive:

- **Ask youth what they want to discuss** and provide resources on a variety of topics to prompt discussion.²
- **Help youth develop functional and assertive communication skills**, for example, role-play conversations about contraception with a partner.³
- **Use a trauma-informed, youth-centered approach** that takes into consideration the circumstances and life experiences (e.g., experience in healthy relationships, intimate partner violence, and sexual abuse) that may impact a young person's sexual and reproductive health, the options available to them, and the decisions they make.²
- **Understand that the knowledge youth have and the information they need may be different**, depending on characteristics and their identity such as their sex, age, intellectual abilities, and past experiences. For example, youth in the juvenile justice and child welfare systems may not have received formal or informal sexual health education due to placement instability and changes in schools and healthcare providers. Youth who experience such instability may need more information from youth-supporting professionals than youth who have not been involved in these systems.^{3,4}



№ 2

Explain Confidentiality and Reporting Requirements

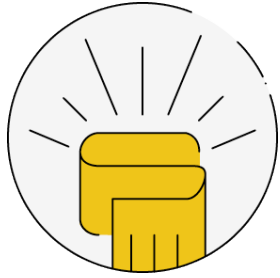
Concerns about confidentiality and reporting requirements can be barriers to discussing sensitive topics (e.g., sexual and reproductive health, intimate partner violence, child abuse/neglect).⁵⁻⁷ Although confidentiality and reporting requirements are complex and vary across professions, settings, states, and other circumstances, youth-supporting professionals should be familiar with their legal obligations and clearly discuss reporting requirements with youth.

Youth-supporting professionals may be hesitant to initiate conversations about sensitive topics because they are unsure about their legal obligations and legal protections for youth. Meanwhile, youth may be hesitant to disclose information because they don't know if that information will be reported.⁹ Research shows that youth who said they talked about confidentiality with a youth-supporting professional were more likely to discuss sensitive topics than youth who did not talk about confidentiality with a youth-supporting professional.⁸

When discussing confidentiality and reporting with youth:

- **Be specific about the limits to confidentiality, reporting requirements, and what happens after a report is made.** Talk to youth about what does and does not have to be reported, who it needs to be reported to, who might have access to it, and how it will be protected. Explain the reporting process and the procedures for responding to a report, so youth know what to expect if a report is made.⁹
- **Talk to youth about confidentiality early and often, so youth feel comfortable discussing sensitive topics.** Have a conversation about confidentiality first before any other conversation occurs. During sensitive discussions, remind youth of confidentiality limits before or when they are disclosing potentially reportable information. Talking to youth about confidentiality may make them more likely to discuss sensitive topics in the future.⁸

- **Have a clear understanding of organizational mandates and state laws and reporting requirements that govern your professional work and clearly explain them to youth.** Become familiar with reporting procedures and what happens after a report is made (e.g., What happens after making a report of child abuse/neglect, rape, or intimate partner violence?). Youth-supporting professionals should review profession-specific codes of ethics, requirements based on practice setting (e.g., health care, juvenile justice facility, residential child welfare facility), and state-specific regulations.



№ 3

Customize Interactions with Youth Based on Context and Individual Needs

Youth-supporting professionals should consider the experiences of youth while remaining judgement-free and open for redirection (e.g., letting the youth guide the conversation).^{1,10} Youth-supporting professionals should take the contexts of youths' lives into account and talk to them about factors that influence their sexual and reproductive health, such as healthy relationships, consent, and communicating with partners about condoms and contraception.^{1,11,12}

To tailor your interactions with youth:

- **Talk to youth about the contextual factors that may affect the decisions they make about their sexual and reproductive health,** such as experience with healthy relationships, intimate partner violence, trauma, and messages they have received about sex from peers and others in their lives.^{1,13,14}
- **Build trust,** so youth feel more comfortable having conversations about sensitive topics or sharing information about themselves.⁵
- **Ask direct questions,** especially about human trafficking and other risk factors, such as drug use or sexual abuse. Doing so can be effective in reducing shame, discomfort, and guilt for the youth and help continue to build the foundation for discussion and disclosure.^{14,15}
- **Avoid making assumptions** about youths' experiences (e.g., whether they have been sexually active) and knowledge (e.g., whether they know how to use a condom correctly).
- **Acknowledge one's lack/gaps in knowledge and** turn these gaps into a joint learning opportunity for you and the youth.¹⁶ This also helps youth learn to find reliable sources of information when needed.
- **Avoid using phrases that downplay or trivialize,** how youth are feeling, such as "You will understand when you are older." Such phrases may discourage youth from talking about sensitive, but important, topics in the future.²⁰
- **Avoid overgeneralizations** that youth may perceive as judgmental, such as "Gen Z-ers are always on their phone."²⁰



Honor and Respect Youth Requests and Decision-Making

Youth are more receptive to sexual and reproductive health education when they feel respected and when their unique needs are met.¹⁷ Youth want to share their thoughts with, ask questions of, and be heard and valued by youth-supporting professionals.¹⁸

N^o 4 When having conversations, youth-supporting professionals should:

- **Honor and respect youths' decision-making autonomy.**^{4,7} It is developmentally appropriate for youth to play an active role in their healthcare decisions. Youth have individual needs and desires that professionals must take into account when working with youth. For example, provide information about all forms of birth control, and let youth choose what they want to use.
- **Be self-aware** and avoid letting personal values and beliefs get in the way of addressing youth needs.^{4,11} For example, a professional who believes young people should not engage in sexual activities should provide a young person asking about birth control with the medically accurate information and linkages to care needed to make an informed decision.
- **Talk with youth** and not *at* youth.^{7,20} Create and make space for youth to participate in conversations, acknowledge their requests, and support them in making their own decisions, rather than lecturing youth about what they should or should not be doing.
- **Meet youth where they are** and provide the information they request.²⁶ Tailor information to the youth's knowledge, experience, and age. Be prepared for unanticipated conversations and be ready to provide information in different formats (e.g., visual, auditory), and on multiple occasions.
- **Use active listening** to identify what the youth needs, and provide resources that meet those needs (e.g., provide medically accurate information on all forms of birth control and let the youth decide instead of encouraging one specific birth control).^{3,20}
- **Respect the family planning wishes of youth**, including youth who communicate wanting to become pregnant and start a family.²¹ Youth-supporting professionals should honor the youth's wishes for starting a family and when they would like to do so. Many youth reported not receiving information or support when they communicated that they wanted to become pregnant and start a family. Other youth reported not receiving information about all the forms of pregnancy prevention. It is important to give youth all the information so they can make an informed decision.



Use Positive Mannerisms and Body Language

Youth-supporting professionals should pay attention to verbal and non-verbal communication styles when talking about sexual and reproductive health. This includes being aware of body language, tone, mannerisms, and facial expressions.²²

Nº 5

To create an open conversation with youth:

- **Pay close attention to tone of voice**, including vocal pitch.²² Use a moderate tone of voice (i.e., not too loud or too soft) to convey warmth and self-confidence; use a neutral tone of voice to avoid sounding irritated or dismissive.¹⁶
- **Be mindful of facial expressions.**²² Smiling communicates positivity and helpfulness while eye contact can also communicate confidence. Maintaining eye contact communicates attention and interest in what another person is saying.²² Together, these kinds of facial expressions communicate active listening and can encourage youth to speak openly and honestly about sexual and reproductive health.
- **Avoid reactions that communicate negative emotions**, such as disgust (e.g., furrowed eyebrows, wrinkling your nose, raised lip), or concern (e.g., raised eyebrows, wrinkled forehead, and open mouth), by taking a deep breath before reacting.²²
- **Ask questions in a non-judgmental manner.** Avoid starting questions with a statement followed by a question such as, "sex at a young age can be risky. Are you sexually active?" Instead, just ask "are you sexually active?" Avoid changing your tone of voice or communicating judgement through body language (e.g., crossing your arms, not making eye contact, or not facing the youth).
- **Use positive mannerisms** such as head nods and speaking slowly without rushing to indicate active listening and encourage the youth to keep talking.¹



Build Safe Physical and Emotional Environments (in-person and virtually)

Youth and youth-supporting professionals said safe physical and emotional environments are essential to open and honest conversations about sexual and reproductive health.^{1, 18}

Nº 6

To create a safe physical and emotional environment both in-person and virtually:

- **Build a trusting relationship with youth** before discussing sexual and reproductive health in-person or virtually.¹

- **Ensure a clean and organized space** that smells fresh by using a candle or essential oil diffuser.²³ If creating a virtual space, ensure the space within the camera angle is tidy and try to minimize distractions. Include welcoming art in the space.
- **Ensure the space is private and accessible.** In-person spaces should be private with minimal risk for others to overhear. Spaces should be accessible to youth with different abilities.
- **Include comfortable furniture** with a variety of options, such as comfortable chairs, beanbag cushions, and a blanket or a weighted blanket.¹⁷
- **Have information readily available** in the space for youth to read and take with them or create virtual information that can be easily emailed and downloaded.²⁴
- **Create group norms,²⁵ encourage confidentiality, discuss limitations, and build trust among the group** before discussing sexual and reproductive health in a group setting (in-person or virtually). Ensure youth in the group feel comfortable.

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Endnotes

1. Oliver, V. & Cheff, R. (2012). The role of sexual health services among homeless young women living in Toronto, Canada. *Health Promotion Practice, 13*(3), 370-377.
2. Banister, E., Begoray, D., & Daly, L. (2011). Responding to adolescent women's reproductive health concerns: Empowering clients through health literacy. *Health Care for Women International, 32*, 344-354.
3. Ross, C., Kools, S., & Laughon, K. (2020). "It was only me against the world." Female African American Adolescents' perspectives on their sexual and reproductive health learning and experiences while in foster care: Implications for positive youth development. *Children and Youth Services Review, 118*(2020): 105463
4. Massey Combs, K., Aparicio, E.M., Prince, D.M., Grinnell-Davis, C., Marra, L., & Faulkner, M. (2019). Evidence-based sexual health programs for youth involved with juvenile justice and child welfare systems: Outcomes across settings. *Children and Youth Services Review, 100*(2019): 64-69.
5. Kim, B., & White, K. (2018). How can health professionals enhance interpersonal communication with adolescents and young adults to improve health care outcomes?: Systematic literature review. *International Journal of Adolescence and Youth, 32*(2), 198-218.
6. Ti, A., Burns, R., Barnert, E. S., Sufrin, C., & Dehlendorf, C. (2019). Perspectives on Patient-Centered Family Planning Care from Incarcerated Girls: A Qualitative Study. *Journal of Pediatric & Adolescent Gynecology, 32*(5), 491-498. a9h.
7. Hudson, A. L. (2012). Where Do Youth in Foster Care Receive Information About Preventing Unplanned Pregnancy and Sexually Transmitted Infections? *Journal of Pediatric Nursing, 27*(5), 443-450. c8h. <https://doi.org/10.1016/j.pedn.2011.06.003>
8. Santelli, J., Klein, J., Song, X., Heitel, J., Grilo, S., Wang, M., Yan, H., Kaseeska, K., Gorzkowski, J., Schneider, M., Dereix, A., & Catalozzi, M. (2019). Discussion of potentially sensitive topics with young people. *Pediatrics, 143*(2).
9. Davey, A., Asprey, A., Carter, M., & Campbell, J. (2013). Trust, negotiation, and communication: Young adults' experiences of primary care services. *BMC Family Practice, 14*.
10. American Psychological Association. (2009). *Report of the APA Task Force on Gender Identity and Gender Variance*. <https://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf>
11. Harmon-Darrow, C., Burruss, K., & Finigan-Carr, N. (2020). "We are kind of their parents": Child welfare workers' perspective on sexuality education for foster youth. *Children & Youth Services Review, 108*, N.PAG-N.PAG. a9h. <https://doi.org/10.1016/j.childyouth.2019.104565>
12. Albertson, K., Crouch, J. M., Udell, W., Schimmel-Bristow, A., Serrano, J., & Ahrens, K. R. (2020). Caregiver-endorsed strategies to improving sexual health outcomes among foster youth. *Child & Family Social Work, 25*(3), 557-567. a9h. <https://doi.org/10.1111/cfs.12726>
13. Roberts, T., Auinger, P., & Klein, J. (2004). Intimate partner abuse and the reproductive health of sexually active female adolescents. *Journal of Adolescent Health, 36*, 380-385.
14. Levin, D., Ward, M., & Neilson, E. (2012). Formative sexual communications, sexual agency and coercion, and youth sexual health. *Social Service Review, 86*(3), 487-516.
15. Goldberg, A., Moore, J., & Barron, C. (2019). Domestic minor sex trafficking: Guidance for communicating with patients. *Hospital Pediatrics*.
16. Fava, N. & Bay-Cheng, L. (2013). Trauma-informed sexuality education: Recognizing the rights and resilience of youth. *Sex Education, 13*(4), 383-394.
17. Boustani, M., Frazier, S., Lesperance, N. (2017). Sexual health programming for vulnerable youth: Improving knowledge, attitudes, and behaviors. *Children and Youth Services Review, 73*, 375-383.
18. Fine, M., & McClelland, S. I. (2006). Sexuality education and desire: Still missing after all these years. *Harvard Educational Review, 76*, 297-338.
19. Wight, D. & Fullerton, D. (2013). A review of interventions with parents to promote the sexual health of their children. *Journal of Adolescent Health, 52*, 4-27.
20. Fischer, J., Kelly, C., Kitchener, B., Jorm, A. (2013). Development of guidelines for adults on how to communicate with adolescents about mental health problems and other sensitive topics: A Delphi study. *Sage Open, 1*-15.
21. Tucker, J., Sussell, J., Golinelli, D., David, A., Kennedy, P., & Wenzel, S. (2012). Understanding pregnancy-related attitudes and behaviors: A mixed-methods study of homeless youth. *Perspectives on Sexual and Reproductive Health, 44*(4).
22. Gaughran, K. (n.d.) *Body language: Winning patient trust and better outcomes*. <https://healthcaresuccess.com/blog/doctor-marketing/26045.html>
23. Sirgy, J., Uysal, M., & Kruger, S. (2016). Towards a benefits theory of leisure well-being. *Applied Research Quality Life*.
24. Colarossi, L., Dean, R., Stevens, A., Ackeifi, J., & Noonan, M. (2019). Sexual and reproductive health capacity building for foster care organizations: A systems model. *Children and Youth Services Review, 105*.
25. Torretta, A. & VanderWay, S. (2019). Creating group norms by using full value commitments in experiential education programming. *Journal of Extension, 57*(3).
26. Ullman, J. (2017). Teacher positivity towards gender diversity: Exploring relationships and school outcomes for transgender and gender-diverse students. *Sex Education, 17*(3), 276-289