

A Toolkit for Supporting the Sexual and Reproductive Health of Adolescents and Young Adults Across Systems

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About the Activate Center

Young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work face unique and often overlapping challenges and needs related to their sexual and reproductive health. However, research on the sexual and reproductive health of these young people is often not easily accessible or actionable for youth-supporting professionals.

Activate translates research into resources to help youth-supporting professionals better serve these populations of young people, based on annual needs assessments (surveys and listening sessions) that identify pressing informational needs and priorities among youth-supporting professionals.

Activate: *The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals* bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for professionals who support young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work (i.e., opportunity youth).

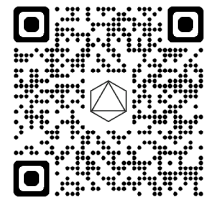
[Child Trends](#) leads Activate, in partnership with [Chapin Hall](#). Activate is supported by a [Research Alliance](#) of researchers, youth-supporting professionals, young people, and other experts.

About the Toolkit

This toolkit organizes Activate practice tools published through 2026 into topic-based modules. Each module includes a navigation matrix to help users identify relevant resources. For a version including the research summaries that informed the development of these practice tools, see the full Compendium, [Supporting the Sexual and Reproductive Health of Adolescents and Young Adults Across Systems: A Compendium of Activate Research and Practice Resources](#).

Want more information?

Scan the QR code or visit our website, www.activatecenter.org, to learn more about our work, explore our full library of research summaries and practice tools, and check out the searchable Resource Explorer.



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How to Use These Resources

The resources in this toolkit provide accessible, research-informed guidance for youth-supporting professionals working to support young people's sexual and reproductive health through direct service, training, or program development and refinement. Additionally, these resources may be useful for parents, caregivers, and young people looking to know more and support health and well-being.



Below is more information about how these resources can support individuals in the following roles:

Youth-Supporting Professionals

Use these resources to stay up-to-date on research, guide sensitive conversations with young people, help young people understand their sexual and reproductive health and options, and make the most of opportunities to support young people's sexual and reproductive health and well-being.

Supervisors, Managers, and Organization Leaders

Learn more about the state of research on young people's sexual and reproductive health and well-being, incorporate these resources into staff handbooks or professional development, and use them to support staff who are navigating discussions about sexual and reproductive health with adolescents and young adults.

Policymakers

Skim these resources for a nonpartisan overview of the state of research on pressing topics related to young people's sexual and reproductive health and well-being, as well as opportunities for youth-supporting professionals and systems in your jurisdiction.

Parents and Caregivers

Gain knowledge about research on young people's sexual and reproductive health; find helpful tips for having conversations about sexual and reproductive health with the young people you love and empowering them to make informed choices related to their sexual and reproductive health and well-being.

Young People

Find helpful facts, resources, and tools related to promoting sexual and reproductive health and well-being, as well as tips and sample language to support self-advocacy in interactions with caregivers, peers, and health care providers.

Toolkit Roadmap

This toolkit organizes Activate resources into five **modules**. Each module starts with a **cover page** that previews what you'll find inside that module, as well as a **navigation matrix** that uses icons to indicate the resource type, overlap with other module topics, and youth populations addressed in each resource.



The toolkit is organized into five modules. Each module contains practice tools offering research-based strategies and resources to support professionals' daily practice and conversations with young people about their sexual and reproductive health.



Module 1: Data and Data Use

Resources contain key data (and data collection guidance) related to sexual and reproductive health among adolescents and young adults experiencing homelessness, involvement with the child welfare system or juvenile justice system, or disconnection from school and work.



Module 2: Healthy Relationships

Resources provide practical guidance and conversation tools to help youth-supporting professionals discuss healthy relationships, consent, boundaries, communication, peer influence, and shared power with young people.



Module 3: Violence Prevention and Intervention

Resources offer research-informed guidance for professionals working with young people at risk for experiencing workplace sex-based harassment, sex trafficking, and intimate partner violence.



Module 4: Pregnancy and Parenting

Resources address the unique experiences of young parents, with emphases on young fathers and parenthood in the contexts of child welfare or justice system involvement.



Module 5: Sexual and Reproductive Health Care

Resources include guidance to help professionals support young people's understanding of contraception options, identify barriers to sexual and reproductive health care, and connect young people to accessible, youth-centered services.

Resource Types



Practice
Guide



Infographic



Conversation
Support



Q&A
Resource



Training



Tip
Sheet



Module 1: Data and Data Use



What's Inside? Resources contain key data (and data collection guidance) related to sexual and reproductive health among adolescents and young adults experiencing homelessness, involvement with the child welfare system or juvenile justice system, or disconnection from school and work.

Contents

Data on young people experiencing:

- Homelessness
- Child welfare system involvement
- Justice system involvement
- Disconnection from school and work

Research and data related to:

- Risk behaviors and sexually transmitted infections
- Contraception and pregnancy
- Sex education and health care access
- Sexual violence

Practical tools

- Infographics
- Data visualizations
- Links to practice resources
- Data collection and data use guidance





Module 1 Navigation Matrix

Data and Data Use

This matrix provides an at-a-glance overview of the resources in Module 1. Use the icons to quickly identify the resource type, overlap with other module topics, and the population(s) of young people emphasized. Click a resource title below to jump directly to that resource!

Resource Title	Topic Overlap:			Young People Experiencing...
 Sexual and Reproductive Health Among Youth Experiencing Homelessness				✓ Homelessness
 Sexual and Reproductive Health Among Youth Who Experience the Child Welfare System				✓ Child Welfare System
 Sexual and Reproductive Health Among Youth Who Experience the Justice System				✓ Justice System
 Key Data for Understanding the Sexual and Reproductive Health of Opportunity Youth				✓ Homelessness ✓ Disconnection
 A Practical Tool for Building Data Collection and Data Use Capacity in Youth-Supporting Organizations				✓ Child Welfare System ✓ Justice System ✓ Homelessness ✓ Disconnection

Resource Types:  Infographic  Practice Guide

Topics:  Data & Data Use  Violence Prevention & Intervention  Pregnancy & Parenting  Sexual & Reproductive Health Care



Sexual and Reproductive Health Among Youth Experiencing Homelessness

48%

of students experiencing homelessness in the past **30 days** reported being **sexually active**.

Among high school students:

Average age
at first sex

Ever had sexual
intercourse

Used alcohol or drugs
during last sex

Experiencing homelessness

14.2

60%

41%

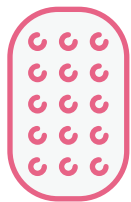
Stably housed

14.9

34%

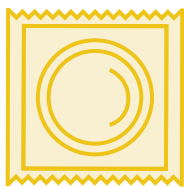
20%

When students experiencing homelessness last had sex:



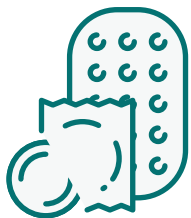
36%

used a hormonal
birth control.



38%

used a condom.

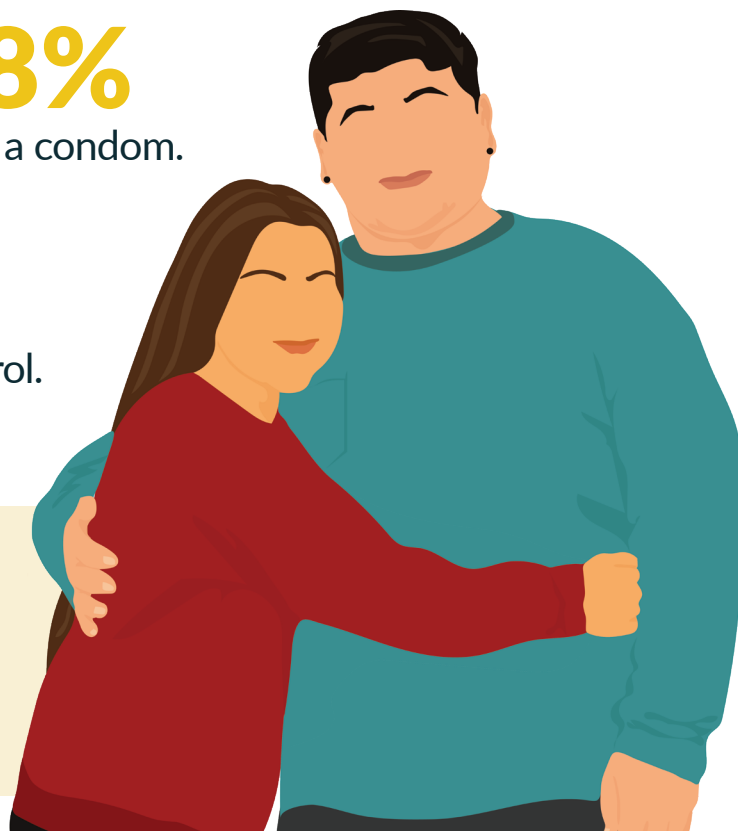


11%

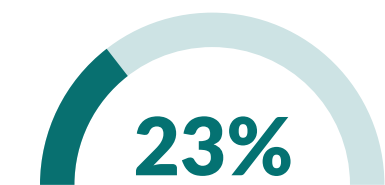
used a condom and
hormonal birth control.



To access the resource, associated
research summary, and references,
please scan the QR code or visit:
www.activatecenter.org/resource/srh-youth-homelessness



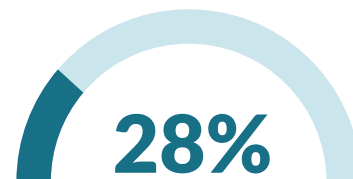
Of students experiencing homelessness:



experienced
sexual dating violence



experienced
physical dating violence



experienced
sexual violence

Of pregnant and parenting homeless and runaway youth:



Females who are pregnant or parenting

13-17 Years Old

10%

18-25 Years Old

44%



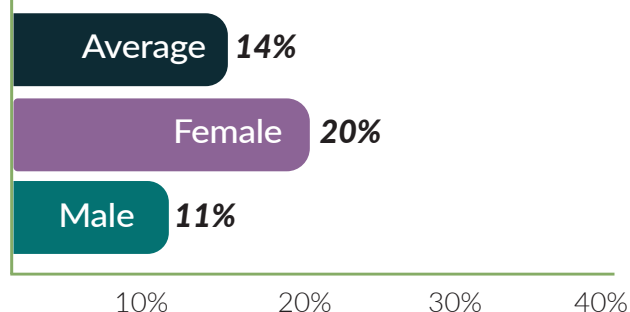
Males with a pregnant partner or parenting

3%

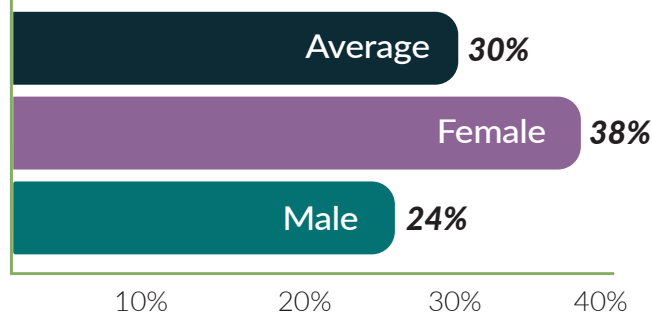
18%

Of homeless and runaway youth:

Survivor of sex trafficking



Engaged in the sex trade



Sex trafficking, a form of human trafficking, is commercial sex through force, fraud, or coercion, or involving a minor.

Sex trade is the consensual or nonconsensual exchange of sexual services for money or resources. Not all sex trade is trafficking.





Sexual and Reproductive Health Among Youth Who Experience the Child Welfare System

49%

of 11-21-year olds **who experience the child welfare system** have recieved some type of sex education.



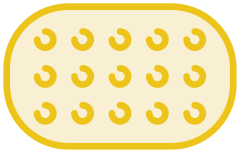
20%

received sex ed on
contraceptives only.



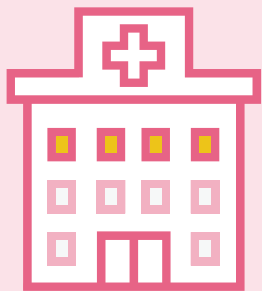
19%

received
abstinence-only sex ed.



10%

received sex ed on abstinence
and contraceptives.

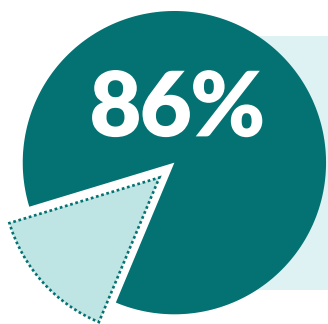


42%

of youth with an
open child welfare
case knew how to
access birth control
or family planning
services.



To access the resource, associated
research summary, and references,
please scan the QR code or visit:
[www.activatecenter.org/resource/
srh-of-youth-who-experience-cws](http://www.activatecenter.org/resource/srh-of-youth-who-experience-cws)

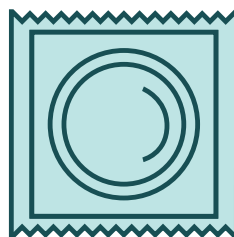


Most 19-year olds who **experience foster care** have had sexual intercourse.

Among youth who experience the child welfare system:



On average, youth report having six sexual partners by 19.



43%

of 18-year-olds report inconsistent or no condom use.



14%

of sexually active 19-year-olds reported ever having an STI.



49%

of women reported ever being pregnant by age 19.

54%

of youth who experience foster care reported some physical or sexual abuse.

30%

of women ages 16-24 who experience foster care reported pressure from a partner to not use birth control and/or their partner sabotaging their contraceptives.



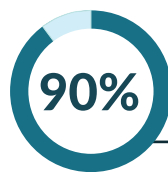


Sexual and Reproductive Health Among Youth Who Experience the Justice System

Childhood adversities like abuse and neglect are associated with early sexual activity.

Justice-involved youth are significantly more likely to experience these adversities than their non-justice-involved peers.

Of youth in detention ages 14-18

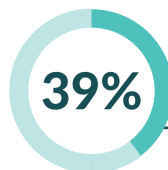


Reported ever having sex



Average age at first sex

Of youth with other justice system involvement



Reported having sex

(ages 12-17)



Had sex before age 13

(sexually active girls ages 11-17)

Average number of partners among youth who experience the justice system

Youth in a detention facility (ages 14-18)



9-10 partners

Youth on community supervision (ages 12-18)

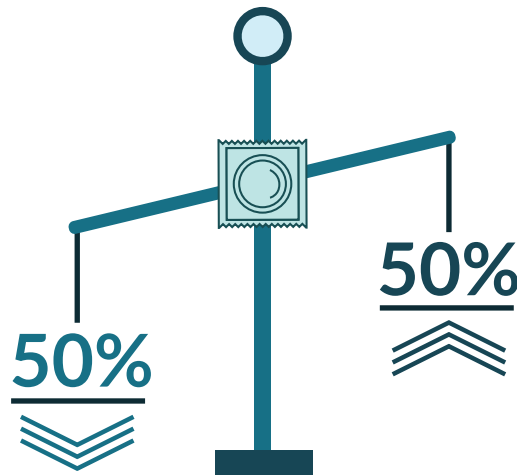


4 partners



To access the resource, associated research summary, and references, please scan the QR code or visit:
www.activatecenter.org/resource/key-data-srh-of-justice-system-involved-youth

Less than half
of youth who
experience
incarceration
consistently use
condoms.



More than half
of nonincarcerated
justice-involved
youth consistently
use condoms.

A review of STI prevalence among detained adolescents
found prevalence rates of

8-12%
chlamydia

2%
gonorrhea

1-3%
syphilis

Pregnancy and childbearing among young people who experience
the justice system

Experience arrest

No arrest

Pregnancy Likelihood

Young people who are arrested are
significantly more likely to have a
child by age 25



At least **1 in 10** young people
who experience the justice system
will experience teen pregnancy



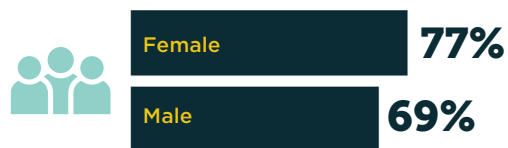
Key Data for Understanding the Sexual and Reproductive Health of Opportunity Youth

Opportunity youth are young people ages 16 to 24 who are not working nor enrolled in school. They are a diverse group who come from different backgrounds, races/ethnicities, and communities and who have varying strengths, resources, and needs. This infographic highlights key findings from Activate's analysis of the sexual and reproductive health (SRH) of opportunity youth using the National Survey of Family Growth. Learn more through Activate's research brief, "[Understanding the Sexual and Reproductive Health of Opportunity Youth](#)."

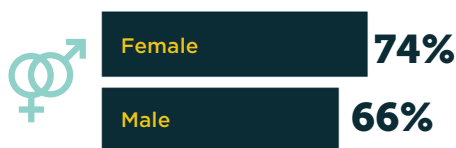
Sexual and Reproductive Health Outcomes

- Much like their connected peers (who are in school and/or working), most opportunity youth are sexually active.

Were sexually active in the past year



Had an opposite sex partner

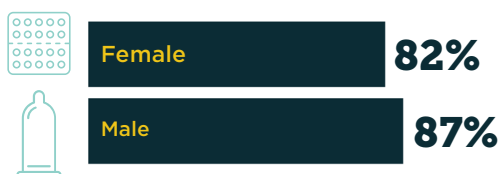


Had a same sex partner

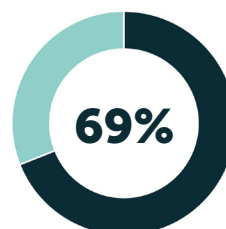


- Most opportunity youth use effective contraception and the majority of female opportunity youth access sexual and reproductive health care services.

Sexually active opportunity youth who used a condom and/or hormonal/long-acting contraceptive the last time they had sex



Female opportunity youth who accessed SRH services in the past year



- Female opportunity youth are more than twice as likely as their connected peers to have experienced a pregnancy and to have a child.

Ever been pregnant



Have a child*

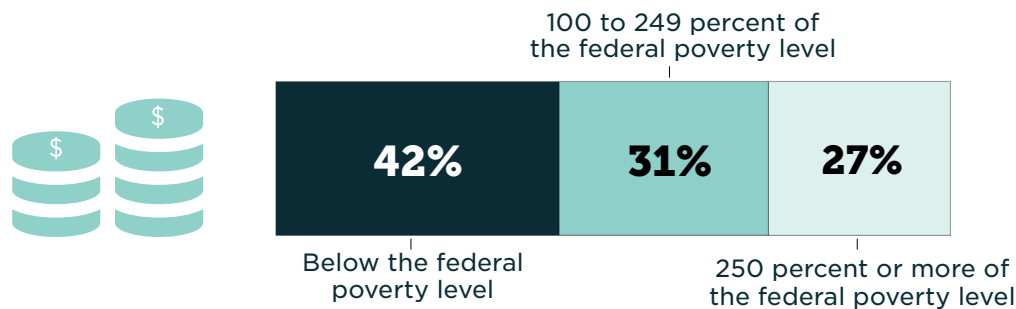


*We do not know whether the opportunity youth in our analysis were disconnected from school and work prior to giving birth.

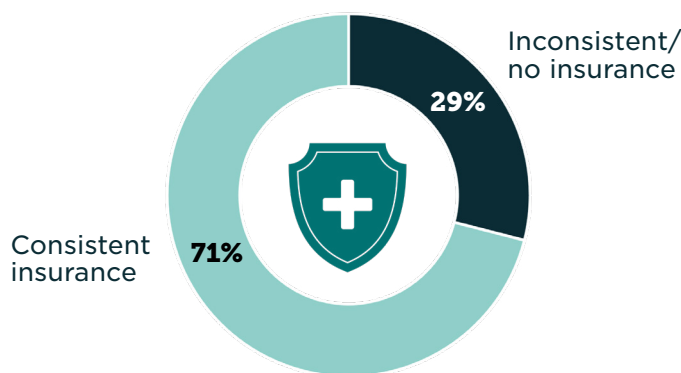


► Opportunity youth have access to, and may need, different types of supports.

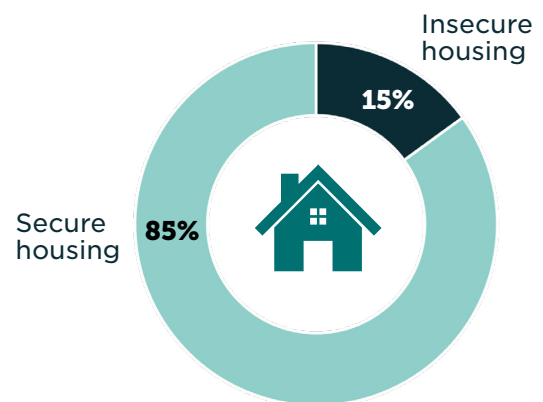
Percent of opportunity youth by household income



Percent of opportunity youth lacking health insurance for at least one month in the past year



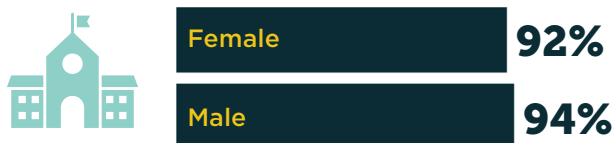
Percent of opportunity youth who had insecure housing in the past year*



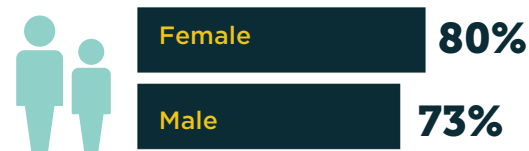
*Lacked a permanent place to stay at least one night in the past year

► Most opportunity youth have received information about sexual and reproductive health through both formal education (school or community-based) and informal conversations.*

Received formal sex education in school or a community setting



Have talked to their parents about SRH



*Topics may have included condom use, where to get birth control, HIV/AIDS, and/or STIs. We do not know the timing or quality of the information.

Suggested citation: Beckwith, S., DeCoursey, J., & Murphy, K., & Welte, K. (2023). Key Data for understanding the sexual and reproductive health of opportunity youth [infographic]. Bethesda, MD: Child Trends. <https://activatecenter.org/resource/key-data-for-understanding-the-sexual-and-reproductive-health-of-opportunity-youth>

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A Practical Tool for Building Data Collection and Data Use Capacity in Youth-Supporting Organizations

Amanda M. Griffin, Samuel Beckwith, and Gabriella Guerra

Organizations that support young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work routinely face situations in which they need to collect or use data on sexual and reproductive health. These data can be used to inform decisions, improve services, or better understand the populations the organizations serve. Without the capacity to collect and use data, organizations may be unable to best serve young people.

Consider the following two scenarios in which staff at youth-supporting organizations face common data-related issues.

Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for professionals who support young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work (i.e., opportunity youth).



Moving from Anecdotes to Actionable Data

It's 9:30 a.m. at a congregate care facility. The Executive Director kicks off the weekly staff meeting. She explains that, to better support the young people they serve, the organization needs a clearer understanding of young people's **sexual and reproductive health care service needs and their experiences accessing sexual and reproductive health care**. Staff have various information sources: anecdotes and observations, as well as intake forms and case files. Unfortunately, no one knows what to do with this information or how to interpret it.

Balancing Information Needs and Privacy

It's 4:45 p.m. at a drop-in center, and the youth support team is wrapping up the week with a quick debrief. Several young people requested information about emergency contraception and clinics where they could get STI testing. The team begins wondering whether the needs of young people may be changing, but it is hard to know whether this reflects a real shift or just an unusual week. They quickly realize that they need to **know more about the sexual and reproductive health behaviors of the young people they serve**. After one staff member suggests collecting this information during intake, another expresses concern about collecting such sensitive information.



In these scenarios, youth-supporting professionals recognized a gap in organizational knowledge about young people’s sexual and reproductive health or their sexual and reproductive health care service needs. Their organizations either did not collect sexual and reproductive health-related data or did not know how to use the data they collected.

This five-module tool describes ways youth-supporting professionals and their organizations could increase their capacity to collect and use data on sexual and reproductive health to address the types of challenges shared in these scenarios. It can help youth-supporting professionals understand *why* they should collect sexual and reproductive health data from the youth they serve and decide *what* data to collect. It can also help them interpret those data and report the information responsibly.

How does this tool build upon existing Activate resources?

This tool builds upon Activate’s previous summaries of the sexual and reproductive health data of [youth experiencing homelessness](#), [youth experiencing the child welfare system](#), [youth experiencing the justice system](#), and [youth disconnected from school and work](#) (i.e., opportunity youth). It provides guidance on how youth-supporting professionals and their organizations can collect their own data about young people’s sexual and reproductive health and use those data responsibly.

Who is this tool for?

This tool is designed to be accessible to all youth-supporting professionals. This includes direct service providers and program managers, as well as youth-supporting organizations, such as organizations that provide services to young people in foster care or young people experiencing homelessness. This tool can be helpful regardless of youth-supporting professionals’ current capacity to collect and use data.

The tool is divided into five stand-alone modules that offer practical guidance. Each module can be accessed and downloaded separately.

Table 1. Module List and Description

	Module Title	Description
	Module 1: Key Considerations for Collecting Sexual and Reproductive Health Data	Explains why, how, and by whom sexual and reproductive health data may be collected
	Module 2: Choosing Which Sexual and Reproductive Health Questions to Ask	Identifies sources of sexual and reproductive health questions
	Module 3: Protecting Privacy and Confidentiality	Discusses the protection of young people’s privacy and data confidentiality
	Module 4: Making Sense of Data Using Local, State, and National Comparisons	Explains <i>why</i> making comparisons can be helpful and <i>where to find</i> comparison data
	Module 5: Reporting Data Responsibly	Discusses the importance of presenting data in ways that provide context, avoid stigmatizing young people, and promote understanding



Module 1: Key Considerations for Collecting Sexual and Reproductive Health Data

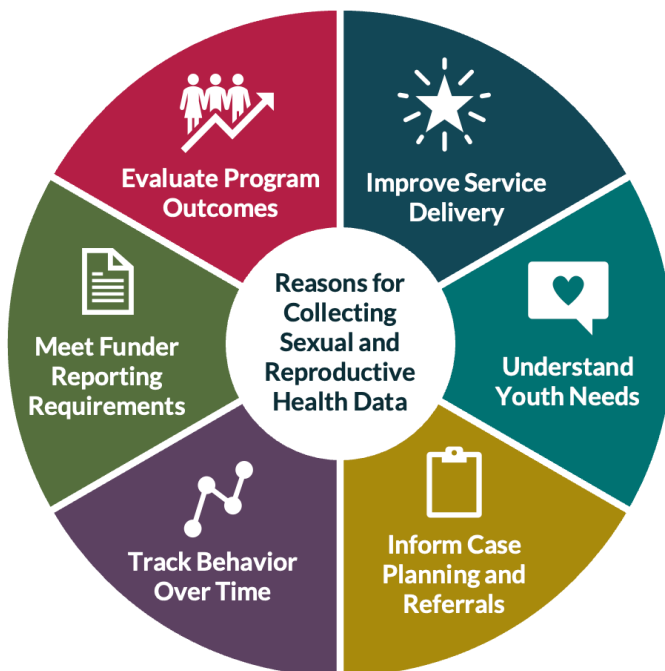
Before deciding what sexual and reproductive health data to collect, youth-supporting organizations might ask themselves the following questions:

KEY CONSIDERATIONS	
 Why are they collecting the data?	 How will the data be collected?
 Who can support data collection?	 What will the timing of data collection be?
 Will staff need training to collect the data?	 How often will data be collected?



Why collect sexual and reproductive health data?

Collecting sexual and reproductive health data without a clear purpose can create an unnecessary burden for both youth-supporting professionals and the young people they work with. Hence, it is important for youth-supporting professionals to know that they are collecting sexual and reproductive health data for a reason and not just for the sake of data collection.



Youth-supporting organizations may collect data to improve service delivery, understand young people's needs, inform case planning or referrals, track change over time, meet funder requirements, or evaluate outcomes. Table 1.1 lists common reasons for collecting data about sexual and reproductive health with example scenarios and data-driven solutions.



Table 1.1. Reasons for Collecting Sexual and Reproductive Health Data, Example Scenarios, and Data-Driven Solutions

Reasons	Scenario	Data-Driven Solution
Improve Service Delivery	Staff collect data from young people about their access to contraception and find that they do not have transportation to access the local clinic that provides contraception.	Establish a bi-monthly free ride program from the organization's office to the local clinic.
Understand Youth Needs	Staff survey young people to learn what they know about sexually transmitted infections (STIs) and find a significant knowledge gap.	Offer a workshop on STI prevention and treatment.
Inform Case Planning and Referrals	Staff routinely ask young people if they know where they can access sexual and reproductive health care services. Many young people report that they do not know where to go to obtain care.	Use Activate's Identifying Accessible Sexual and Reproductive Health Resources in Your Community to help identify and connect young people to local clinics.
Track Behavior Over Time	Staff observe an increase in the prevalence of risky sexual behaviors such as failure to use condoms based on data collected at intake and every six months thereafter.	Implement a new sexual health education curriculum.
Meet Funder Reporting Requirements	A youth-supporting organization is required to report the number of young people who participated in a sexual health education program to the funder.	Staff use a spreadsheet to track attendance in compliance with the funder's reporting requirements.
Evaluate Program Outcomes	Staff implement a sexual health curriculum and want to know if the sexual behaviors of the young people who participate in the training are changing.	Staff use a survey to ask young people about their sexual behaviors before and after the training.



Who can support data collection?

Responsibility for collecting sexual and reproductive health data does not need to fall on one staff member or team. Direct service providers, program administrators, data managers, and research partners may all play a role.



Will staff need training to collect the data?

Collecting data on sexual and reproductive health inevitably involves asking questions about sensitive topics. Consequently, youth-supporting organizations should ensure that the staff who are responsible for collecting those data are adequately trained to collect the data in a nonjudgemental, trauma-informed way that protects privacy and confidentiality (see **Module 3**). Organizations may choose to provide training themselves or bring in outside experts who have experience collecting this type of sensitive data.



How will the data be collected?

One option for collecting data is to ask young people to fill out an intake form, screening tool, or self-administered survey. Another option is for staff to ask young people questions and record the responses. Although some young people may feel more comfortable with the former, young people with limited literacy skills may prefer the latter. Building data collection into existing workflows can help make data collection more manageable and sustainable.



What will the timing of data collection be?

Timing is important when asking questions about sensitive topics such as pregnancy, STIs, or sexual health behaviors. In some cases, it may make sense to build rapport with young people before asking these questions. In other cases, such as when young people may need referrals or immediate support, asking these questions during intake may be more appropriate.



How often will data be collected?

Data should only be collected as frequently as needed to minimize the burden that collecting data places on both young people and youth-supporting professionals. Some information may only need to be collected once; other information may need to be collected repeatedly to understand change over time (e.g., increased access to contraception).

Module Takeaways

- Collect sexual and reproductive health data with a clear purpose, such as informing decisions or tracking change over time.
- Have a plan for how the data will be used to improve services, understand the needs of young people, or inform decision making.
- Integrate data collection into existing workflows to increase sustainability.
- Be intentional about the timing and frequency of data collection, especially when the data involve sensitive topics.



Reflection Questions

- What sexual and reproductive health related information could your organization collect from youth?
- How will collecting data on sexual and reproductive health benefit the young people your organization serves?
- Who in your organization could be involved in data collection, and in what ways?
- How will your organization make decisions about the timing of data collection?





Module 2: Choosing Which Sexual and Reproductive Health Questions to Ask

Once youth-supporting organizations know why they are collecting data on sexual and reproductive health, their next step is to decide which questions they will ask. Sexual and reproductive health encompasses a wide range of topics, including receipt of sex education or sexual health services, sexual activity, condom and contraceptive use, sexual and reproductive health knowledge, sexual and reproductive health care access, and sexual and intimate partner violence.

Youth-supporting organizations do not need to collect data on every topic; rather, they should ask questions that will provide them with the data they need to support the young people they serve. Additionally, organizations should ask clear, age- and developmentally appropriate questions that youth will feel comfortable answering. It is also important to give young people the option to skip any questions they do not wish to answer.

Whenever possible, youth-supporting organizations should select questions that have already been developed and tested (or *validated*) with youth to ensure that they are clear, concise, and produce accurate responses. Another benefit of choosing validated questions is that they may allow youth-supporting organizations to compare the data they collect to data collected as part of studies involving similar populations.

Building Foundational Knowledge

The following concepts are used in this section and may be helpful to understand. These are terms commonly used in research and evaluation.

- ▶ **Measure:** A question, item, or tool used to gather information about the quantity or characteristics of what is being studied.¹
- ▶ **Validated:** A measure or tool that has been tested and shown to accurately assess what it was intended to measure.²
- ▶ **Youth-centered:** An approach that prioritizes the active participation, perspectives, needs, and strengths of youth.^{3,4,5}
- ▶ **Response burden:** The amount of time, effort, or stress experiences when completing a questionnaire or participating in a study.⁶

The figure below includes a curated list of questions related to the sexual and reproductive health topics that were featured in Activate's sexual and reproductive health data summaries for [youth experiencing homelessness](#), [youth experiencing the child welfare system](#), [youth experiencing the justice system](#), and [youth disconnected from school and work](#).

Figure 2.1. Sexual and Reproductive Health-Related Questions⁷⁻¹¹

Sex Education⁷

Which, if any, of these topics have you ever talked with a parent or guardian about?

- ☐ How to say no to sex
- ☐ Methods of birth control
- ☐ Where to get birth control
- ☐ Sexually transmitted diseases
- ☐ How to prevent HIV/AIDS
- ☐ How to use a condom
- ☐ Waiting until marriage to have sex
- ☐ None of the above

Have you ever had any formal instruction at school, church, a community center, or some other place about [INSERT ANY OF THE ABOVE TOPICS]?

- ☐ Yes
- ☐ No

Receipt of Sexual Health Services⁸

In the past year, have you received family planning counseling or services?

- ☐ Yes
- ☐ No

Where did you receive family planning counseling or services? (Check all that apply)

- ☐ Private doctor's office
- ☐ Community health clinic
- ☐ School
- ☐ Hospital
- ☐ Some other place

Sexual Activity⁹

Have you ever had sexual intercourse?

- ☐ Yes
- ☐ No

Figure 2.1. Sexual and Reproductive Health-Related Questions (cont.)

Sexual Activity (cont.)⁹

During the past 3 months, with how many people did you have sexual intercourse?

- ☐ I have never had sexual intercourse
- ☐ I have had sexual intercourse, but not during the past 3 months
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No

Condom and Contraception Use⁹

The **last time** you had sexual intercourse, did you or your partner use a condom?

- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No

The **last time** you had sexual intercourse with an opposite-sex partner, what one method did you or your partner use to prevent pregnancy?

- ☐ I have never had sexual intercourse with an opposite-sex partner
- ☐ No method was used to prevent pregnancy
- ☐ Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
- ☐ Condoms
- ☐ An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- ☐ A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure

Figure 2.1. Sexual and Reproductive Health-Related Questions (cont.)

Sexual and Reproductive Health Care Access⁹

Have you ever been tested for HIV? (Do **not** count tests done if you donated blood.)

- ☐ Yes
- ☐ No
- ☐ Not sure

During the past 12 months, have you ever been tested for a sexually transmitted infection (STI), such as chlamydia or gonorrhea?

- ☐ Yes
- ☐ No
- ☐ Not sure

Sexual & Intimate Partner Violence⁹

During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being physically forced to have sexual intercourse.

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? Count such things as being hit, slammed into something, or injured with an object or weapon.

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

Pregnancy (Open-ended numeric responses)^{10, 11}

[IF FEMALE] How many times have you been pregnant in your life? _____

[IF MALE] To the best of your knowledge, how many times have you made someone pregnant? _____

The questions in Figure 2.1 come from the [Youth Risk Behavior Survey \(YRBS\)](#),¹² the [National Survey of Family Growth](#),¹³ and the [National Longitudinal Study of Adolescent to Adult Health \(Add Health\)](#).¹⁴ Table 2.1 provides information about these and other national datasets. Although all four datasets summarized in Table 2.1 include questions about sexual and reproductive health, each has its own focus.

Table 2.1. National Datasets that Include Sexual and Reproductive Health-Related Items

National Datasets	Focus Areas
National Longitudinal Study of Adolescent to Adult Health (Add Health)	Adolescent and adult health, including relationships, sexual behavior, health outcomes, and social and environmental contexts
National Longitudinal Survey of Youth-1997	Transitions from adolescence to adulthood, including education, employment, fertility, family formation, and sexual behaviors
National Survey of Family Growth	Family life, marriage, fertility, contraception use, and sexual health across adolescents and adults
Youth Risk Behavior Survey (YRBS) ¹⁵	Health behaviors among high school-aged youth, including sexual and reproductive health, HIV/STI prevention, and related risk and protective factors

Module Takeaways

- Youth-supporting organizations should draw on existing survey instruments for widely used questions about sexual and reproductive health.
- Youth-supporting organizations should be thoughtful about the questions they ask young people and should avoid asking questions that are not relevant to their data collection goals.



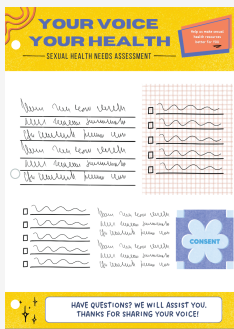
Reflection Questions

- Which sexual and reproductive health topics are most relevant to your organization's goals?
- What data does your organization need to improve service delivery or support decision making?
- How might young people experience or interpret the questions your organization chooses, and are those questions appropriate given the setting and the relationships staff have with young people?





Module 3: Protecting Privacy and Confidentiality



Protecting Sensitive Information

Mina is a case manager at a school reengagement program. Over the past two weeks, Mina has been hard at work developing a sexual health needs assessment for the young people the program serves. When young people are asked to complete the assessment, they voiced some concerns. One young person approaches Mina and says, “This is really personal information. I don’t mind sharing it with you, but what’s going to happen with it afterward? Are other people going to see my answers to these questions?” Mina isn’t sure what to say. The staff had agreed to keep the sexual health data safe but were still figuring out how exactly to do that.

Youth-supporting organizations that collect sexual and reproductive health data have an obligation to protect the privacy of the young people whose data they collect and the confidentiality of those data.



Privacy is the ability to control access to one’s personal information.¹⁷ Young people should be able to decide whether they want to share information about their sexual and reproductive health and what information they want to share. Protecting privacy involves, but is not limited to:

- Explaining the data collection process.
- Avoiding unnecessary data collection.
- Collecting data in a private setting.



Confidentiality is the duty to protect data that have been shared from unauthorized disclosure or breach.¹⁸ Maintaining confidentiality involves, but is not limited to:

- Physically or digitally protecting data (e.g., storing data in locked filing cabinets; password protecting data files).
- Limiting data access to those who need it.
- Removing identifying information (e.g., names, addresses) from data files.
- Reviewing any documents before they are published to ensure that individuals cannot be identified.

See the following resources for more information about safeguarding data:

- [10 Ways to Safeguard Data in the Nonprofit Sector \(Arizona State University\)](#)
- [Cybersecurity Assessment Tool \(Ford Foundation\)](#)

Having an *informed consent* process may be required in some circumstances, such as in the context of a research study or before undergoing a medical procedure.^a While informed consent requirements may not apply to many youth-supporting organizations, it is still best practice to give youth the opportunity to opt out of data collection activities. This can be done by establishing transparent processes for collecting, protecting, using, and sharing data and discussing the processes with young people before data collection. These processes may be described in a written document that is reviewed with youth prior to data collection. This document, which may be referred to as a *Client Confidentiality Statement* or *Client Privacy Notice*, should be written at an appropriate reading level using language youth will understand rather than jargon or technical terms.

Youth should also have the opportunity to ask any questions they might have about the protection and use of their data. Having transparent processes can help youth-supporting professionals build trust with youth and empower youth to make informed decisions about whether they want to share information related to their sexual and reproductive health.¹⁶

Module Takeaways

- Protecting privacy and confidentiality is a core responsibility for youth-supporting organizations that collect sexual and reproductive health-related data.
- Explaining to young people how their data will be collected, protected, shared, and used allows them to make informed decisions and builds trust with them.



Reflection Questions

- How does your organization protect young people's privacy during data collection, and how is the confidentiality of the data your organization collects maintained?
- How could those privacy and confidentiality protections be improved?
- What do young people need to know about how your organization protects, shares, and uses data?



^a Informed consent is the process by which a person voluntarily agrees to participate in a study, receive a medical procedure, or share personal information after being given clear, complete, and understandable information about what that participation involves.



Module 4: Making Sense of Data Using Local, State, and National Comparisons

This module describes how youth-supporting organizations can use comparison data to help make sense of the data they collect.



One approach is to compare what their data tell them about the sexual and reproductive health of the youth they serve **to what is known from studies involving similar populations.** Activate's infographics on the sexual and reproductive health of youth experiencing [homelessness](#), the [justice system](#), the [child welfare system](#), or [disconnection](#) from school and work can facilitate these comparisons.



Another approach is to compare what their data tell them about the sexual and reproductive health of the youth they serve **to local, state, or national benchmarks.** Making these comparisons can help youth-supporting organizations:

- Understand how the young people they serve are faring relative to their peers or other similar populations.
- Set realistic and meaningful goals for improving the sexual and reproductive health of the young people they serve.
- Demonstrate need to funders and other partners.

Whether youth-supporting organizations should compare their data to local, state, or national benchmarks depends on what they want to learn.

Sources of local data

Comparisons involving local data are a good option for youth-supporting organizations that want to know how the young people they serve are faring relative to other young people who live in the same geographic area. Local data sources may include the following:

- **County or city health/public health departments** may publish data on STI rates, teen births, or other sexual and reproductive health statistics.
- **Community health needs assessments** may include sexual and reproductive health indicators.
- **Hospital and health care systems** may publish community health reports that include statistics related to sexual and reproductive health.
- **School districts** that administer the Youth Risk Behavior Survey (YRBS) may publish their results, which can also be found [here](#).



Hypothetical Example: Using Local Data

Only 5% of the young people being served by a youth-supporting organization reported being screened for an STI in the past year. A community health assessment found that a similarly low proportion of youth across the city had been screened. The organization connects with the local public health department to discuss options for integrating screening within programs across the city that serve youth.

State data sources

Comparisons involving state-level data are a good option for youth-supporting organizations that want to know how the young people they serve are faring relative to other young people in their state. State data sources may include the following:

- **State health/public health departments** may publish data dashboards or reports on STI rates, teen pregnancy, birth outcomes, and sexual or reproductive health care service use.
- **State Title X Family Planning grantees** may publish reports that include service use and outcome data.
- States may publish their **Youth Risk Behavior Survey** results, which can also be found [here](#).



Hypothetical Example: Using State Data

30% of the youth being served by a youth-supporting organization reported using a condom the last time they had sex. A staff person finds the “used a condom during last sexual intercourse” item on the YRBS webpage and then selects their state. According to the most recent data, 60% of the state’s high school students used a condom the last time they had sex. The organization decides to implement a program that has been shown to increase condom use.

National data sources

Comparisons involving national data are a good option for youth-supporting organizations that want to know how the young people they serve are faring relative to young people across the country. The national data may be based on the entire youth population or a nationally representative sample.

- **Centers for Disease Control and Prevention (CDC)** publishes [national and state data](#) on STIs, teen births, contraceptive use, and adolescent health behaviors, data on family life, fertility, and reproductive health from the **National Survey of Family Growth**, and national, state, and school district-level [YRBS data](#).
- **Office of Population Affairs (OPA)** publishes reports with national estimated related to family planning and Title X programs.
- **National Center for Health Statistics** publishes [national data](#) on births, fertility rates, and maternal and reproductive health outcomes.



Hypothetical Example: Using National Data

A youth-supporting organization surveyed the female youth it serves and found that 70% of contraceptive users were using a hormonal or long-acting contraceptive method. Curious how this compares to national data, a staff person goes to OPA’s [Title X Family Planning Annual Report](#) summary and finds that 60% of female Title X clinic clients used a hormonal or long-acting contraceptive method.

Module Takeaways



- Youth-supporting organizations can make sense of their data by comparing what their data say about the sexual and reproductive health of youth they serve to local, state, or national benchmarks.
- Youth-supporting organizations can draw upon local, state, and national sources to make those comparisons.

Reflection Questions



- How can making comparisons to other data help your organization meet its goals?
- Which Activate infographic on the sexual and reproductive health of young people would best help your organization?
- Which type of comparison (that is, local, state, or national) are most relevant to your organization's goals?
- What contextual factors, such as differences in resources, geography, or population, should your organization consider when interpreting comparison data?
- How can you ensure that comparisons are used to support rather than unintentionally stigmatize youth?



Module 5: Reporting Data Responsibly

Comparing the sexual and reproductive health-related data youth-supporting organizations collect to sexual and reproductive health-related data from local, state, or national sources (see **Module 4**) can help youth-supporting organizations understand their data. It is important for youth-supporting organizations to report sexual and reproductive health data responsibly. These comparisons can lead to incomplete pictures, misleading interpretations, or oversimplified conclusions if they are presented without sufficient context. Context includes a range of social, geographic, and historical details that can shape young people's experiences (e.g., mistrust of health providers), affect their [access](#) to sexual and reproductive health care services (e.g., lack of services in rural areas), and contribute to gaps in sexual and reproductive health.¹⁷



Data can be framed and explained in ways that reinforce stigma or support a strengths-based understanding of young people's sexual and reproductive health.

Below are some tips related to *language, framing, and interpretation* that can help youth-supporting organizations report sexual and reproductive health data responsibly.



Use person-centered language.

Place the person rather than their condition first and foremost. For example, use *young people in foster care* instead of *foster youth*.



Be specific about whom you are referring to.

Avoid vague language when referring to groups. That makes it difficult to determine who is included and who is not — for example, “at-risk youth.”



Do not center one type of person as the norm.

Avoid positioning one group as the default or “norm” and other groups as “different” or “non-normative” when making comparisons.



Take a strengths-based approach.

Do not minimize the challenges young people face but also highlight their accomplishments, resilience, and areas in which they are thriving.



Pair statistics with personal narratives.

When appropriate, humanize the data by pairing them with quotes or stories (keeping in mind **Module 3's** discussion of privacy and confidentiality) to help audiences understand young people's experiences.



Empower youth.

Whenever possible, involve young people in shaping how data about their sexual and reproductive health are framed and communicated.



Visualizing data can shape how people interpret and respond to data. Choices about what data are shown and how they are presented can influence what audiences take away from data visualizations. Thoughtful visual design can help audiences focus on the most important takeaways without misinterpretation.

Below are some tips for visualizing data.¹⁸

- **Be intentional about what you present.** Consider your intended audience, the questions they need answered, and how they will use the information.
- **Make the data clear and accessible.** Use descriptive titles, plain labels, short definitions, and explanatory notes where needed. Apply [accessibility best practices](#), including readable color contrast and simple formatting.
- **Keep it simple.** Limit each visual to one key message, split up complex information across multiple visuals, and order them to tell a coherent story.
- **Use visuals to reinforce meaning.** Choose chart types and layouts that make patterns clear and data easy to interpret.

Table 5.1 includes a list of resources where youth-supporting professionals and their organizations can find practical guidance on data visualization and communication.

Table 5.1. Additional Resources on Data Visualization and Communication

Source	Description
Data Viz Project	Comprehensive, interactive library that can be used to explore different ways to visualize data (for example, charts, maps, diagrams) and select the right format based on the data type and communication goal
Census Data Visualization Gallery	Curated gallery of data visualizations created using U.S. Census data that demonstrate how complex datasets can be translated into clear, engaging visuals for broad audiences
The Sharing Survey Results Tip Sheet	Practical guidance on communicating survey findings effectively by tailoring messages, using clear visuals and plain language, and focusing on key takeaways
Communicating with Census Data: Data Visualization	Practical guidance on best practices for designing effective visuals, including how to choose formats (for example, tables, charts, maps) and improve clarity to make data accessible and help communicate key insights

Module Takeaways



- Data without context may be misunderstood or even stigmatize the young people you serve.
- Consider your framing and the language you use to discuss and interpret your data.
- Simple, accessible, and appealing data visualizations are a powerful tool for getting your message across.

Reflection Questions



- Think about a time when you encountered data about a group of young people. How were those data framed, and what impact did that framing have on your perception?
- What are some ways you can ensure that the data you share do not unintentionally reinforce stigma?
- What does a strengths-based narrative look like in practice when sharing data about young people?

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Module 2: Healthy Relationships



What's Inside? Resources provide practical guidance and conversation tools to help youth-supporting professionals discuss healthy relationships, consent, boundaries, communication, peer influence, and shared power with young people.

Contents

Relationship characteristics

- Healthy communication
- Boundaries and limits
- Relationship norms
- Positive peer influences
- Power dynamics

Consent guidance

- Seeking, giving, and receiving consent
- Verbal and nonverbal cues
- Situational influences on consent
- Sexual decision-making

Support strategies for professionals

- Trauma-informed approaches
- Digital and interpersonal safety
- Creating supportive spaces
- Youth-centered communication

Practical tools

- Conversation starters and tips
- Reflection and follow-up prompts
- Skill-building activities
- Tips for being a supportive adult
- Ready-to-use training





Module 2 Navigation Matrix

Healthy Relationships

This matrix provides an at-a-glance overview of the resources in Module 2. Use the icons to quickly identify the resource type, overlap with other module topics, and the population(s) of young people emphasized. Click a resource title below to jump directly to that resource!

Resource Title	Topic Overlap:			Young People Experiencing...
 Crucial Conversations about Healthy Romantic Relationships: A Toolkit for Youth-Supporting Professionals				✓ Child Welfare System ✓ Justice System ✓ Homelessness ✓ Disconnection
 A Practice Guide for Understanding Consent				
 How to Decode Signs of Sexual Cyberbullying and Support Teens and Youth				
 A Practice Guide for Promoting Youth Mental Health and Sexual and Reproductive Health as a Supportive Adult				
 A Technical Assistance Tool for Helping Youth Navigate Peer Influence				
 Conversation Strategies for Talking with Young People about Healthy Relationships				

Resource Types:



Practice Guide



Tip Sheet



Training

Topics:



Healthy Relationships


Violence Prevention
& Intervention

Pregnancy
& Parenting

Sexual & Reproductive
Health Care

Crucial Conversations about Healthy Romantic Relationships

A Toolkit for Youth-Supporting Professionals

Rachel Rosenberg, Karlee Naylor, Nia-Simone Woods,
Katelyn Rust, and Samuel Beckwith



Introduction

Crucial Conversations About Healthy Romantic Relationships focuses on three critical domains¹ of healthy romantic relationships¹: communication, such as sharing thoughts/feelings; boundaries/limits, including setting, enforcing, and respecting boundaries and limits; and shared power, such as negotiating roles and responsibilities.

This toolkit is for you: professionals who support teens and youth who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work. **The Toolkit has four sections that can be used together or as standalone tools to help you with the following:**

- **Lay the foundation for talking to young people about healthy romantic relationships**—Includes helpful tips and groundwork that may be needed while talking with teens about healthy romantic relationships (page 2).
- **Start conversations with youth about healthy romantic relationships**—Includes strategies for starting the conversation, continuing the conversation, and checking in after the conversation (page 4).
- **Know the dos and don'ts for talking with teens and youth about healthy romantic relationships**—Includes a list of things to consider doing, or to avoid, while talking with youth about healthy romantic relationships (page 9).
- **Identify additional resources** to help you support youth to have healthy romantic relationships (page 11).

This tool is based on a research summary from Activate* which describes [healthy romantic relationships and youth well-being](#). Healthy romantic relationships are developmentally appropriate during adolescence and young adulthood.^{2,3} Young people who engage in healthy relationships may experience better outcomes such as decreased mental health concerns, higher overall life satisfaction, and higher self-esteem.⁴ However, young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work may be at an increased risk for unhealthy romantic relationships, such as abusive relationships and those that involve sexual exploitation.⁵⁻⁷ This increased risk may be due to:

- Limited experience observing and experiencing healthy relationships⁸⁻¹⁰
- General instability in housing and school, which may create instability in relationships¹¹
- Experiences with trauma associated with instability, systems-involvement, homelessness, and/or disconnection from school¹²⁻¹⁴

You can use this toolkit to help youth understand the components of healthy romantic relationships, navigate conversations with partner(s), and identify where to turn for support if they are in an unhealthy romantic relationship.¹⁵ Although the toolkit focuses on romantic relationships, much of its guidance applies across types of relationships (e.g., relationships with friends, peers, adults, parents).

**Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).*

¹ The domains were identified by a group of young people with lived expertise, program administrators and direct service providers who support them, and other experts on sexual and reproductive health working with systems-involved youth, youth experiencing homelessness, and disconnected youth.

Laying the Foundation to Talk to Young People About Healthy Relationships

When talking with youth about healthy romantic relationships, consider how well you are prepared for the conversation.¹⁶ This tool outlines six conditions that may help you talk to young people about healthy relationships, why those conditions are important, and how you can cultivate these conditions for the youth you support.

You can establish the foundation for talking to young people about healthy relationships when you:

1. Develop rapport and trust with the young person.
2. Create a welcoming and private space.
3. Prepare for, engage in, and follow up with youth intentionally.
4. Remain self-aware and willing to reflect on your own assumptions.
5. Maintain your knowledge of state-mandated reporting policies.
6. Pay attention to cultural norms.



For more information on laying the foundation for talking about healthy relationships with youth, see section four of this toolkit: *Additional Resources for Talking With Youth About Healthy Romantic Relationships*.

Conditions for laying the foundation for talking with youth

Condition 1: Rapport and trust with the young person	
Why is this condition important?	How do I create the condition?
Build rapport and trust with a young person to ensure they feel heard, understood, and supported. Trust helps youth feel comfortable discussing healthy relationships. ¹⁷	Trust and rapport are built over time. You can build trust and rapport when you 1) actively listen, 2) respond without judgment, and 3) show authenticity. You can help empower, advocate for, and guide youth through challenging situations in their relationships. ^{18,19}

Condition 2: A welcoming, private space	
Why is this condition important?	How do I create the condition?
A welcoming and private space can help youth feel comfortable talking about themselves and their romantic relationships. ^{20,21}	Reduce distractions that can cause anxiety (e.g., visual, auditory, and motion over-stimulation). ^{22,23} Create opportunities for youth-led individual or group sessions and for youth to express themselves creatively (e.g., through art or play). ^{24,25}
Condition 3: Intentionality in preparing for, engaging in, and following up with youth	
Why is this condition important?	How do I create the condition?
Be intentional in how you approach interactions with youth. Help youth have an honest and open dialogue. ²⁶	Ensure that time with youth is meaningful. Plan topics ahead of time but prioritize allowing youth to drive what is most important. ²⁷ Work with youth to set an agenda, ask specific and open-ended questions, set goals, and provide resources and/or homework between interactions. ²⁸
Condition 4: Self-awareness of assumptions	
Why is this condition important?	How do I create the condition?
Self-awareness helps you understand your emotions, biases, strengths, and areas for growth in conversations with young people. ^{29,30}	Take steps to develop greater awareness of your own strengths, challenges, and areas for growth. Engage in ongoing professional development and learning (e.g., work-related professional development resources, case conferencing, and/or clinical supervision if available). ^{31,32,}
Condition 5: Knowledge of state-mandated reporting policies	
Why is this condition important?	How do I create the condition?
Be clear with youth about what you legally must report to authorities (e.g., abuse) when disclosed. This ensures that youth feel comfortable having open and honest conversations.	Learn mandated reporting policies in your state. Have conversations about those policies with youth. ³³
Condition 6: Awareness of cultural norms	
Why is this condition important?	How do I create the condition?
Talk with youth about differences in cultural norms related to healthy relationships. Work with youth to navigate their own cultural beliefs and those of their current and future partner(s). ³⁴	Talk about differences in communication styles, gender norms, and views of healthy romantic relationships. For example, some cultures rely on verbal and nonverbal cues while others just focus on verbal cues. ³⁵

Conversation Starters for Talking With Youth About Healthy Romantic Relationships

Communication, boundaries/limits, and shared power are key components of healthy romantic relationships that are critical for young people who experience the child welfare and/or juvenile justice systems, homelessness, and/or disconnection from school and work—according to the young people and youth-supporting professionals who advised this work.

You can use these conversation starters to initiate discussions with young people. For each component—communication, boundaries/limits, and shared power—you will find a definition and suggested conversation prompts to help you start the conversation, continue the discussion, and follow up after the conversation. These prompts are not exhaustive.

Communication

Communication is how partners in a relationship express their thoughts and feelings, both verbally and nonverbally.^{36,37} Healthy communication includes active listening, honesty, emotional regulation, and self-awareness.^{38,39} Preferences and styles may vary from youth to youth depending on culture and experiences.^{40–42}

Experience in the child welfare and/or juvenile justice systems, homelessness, and/or disconnection from school and work may limit young people's opportunities to learn communication skills and practice these in safe relationships with parents, siblings, and friends due to frequent moves or unstable placements. Through these conversation starters, you can help young people reflect on their communication styles and strengthen their verbal and nonverbal communication skills.

Use these conversation starters to talk with youth about communication in their romantic relationships.²

 Communication	
Active listening	
Getting started	• What does active listening look like to you? In other words, how does someone show that they are really listening to you?
Continuing discussions	• How would you approach a discussion with your partner(s) if you wanted them to listen to you more actively? • Have you and your partner(s) discussed words or actions that signal you are actively listening to one another?
Following up	• How have you and your partner(s) used active listening since we last spoke?

² All prompts in this document are informed by the research literature on healthy romantic relationships.



Communication

Honesty about wants and needs

Getting started	• In what ways are you honest with your partner(s) about your wants and needs?
Continuing discussions	• What wants and needs are easier or more difficult to be honest about? What barriers are there to being honest? • How might you let your partner(s) know they can be honest with you? • How can you prepare yourself and respond when you have an honest conversation about wants and needs that involves difficult topics?
Following up	• How are you feeling about the amount of honesty about your wants and needs within your relationship(s) since we last talked?

Nonverbal communication

Getting started	• What kinds of nonverbal cues do you use when you communicate with your partner(s) (e.g., eye contact, hand movement, direction you face)?
Continuing discussions	• What nonverbal communication cues do you use that help you have good conversations with your partners(s)? • What nonverbal communication cues do you use that may challenge your conversations with your partner(s)? • What nonverbal communication cues do you notice your partner(s) using when they communicate with you?
Following up	• How have you changed how you communicate using nonverbal cues with your partner(s) since we last spoke?

Boundaries/limits

Boundaries/limits are an individual's expectations and limits of what behaviors are acceptable or not acceptable within their relationships.⁴³ Individuals generally have physical, material, mental or intellectual, and emotional boundaries/limits.⁴⁴ Understanding and recognizing boundaries/limits is essential for establishing and maintaining a healthy romantic relationship. Healthy boundaries/limits allow youth to feel comfortable with expectations in their relationships.⁴⁵

Time spent in the child welfare and/or juvenile justice systems, homelessness, and/or disconnection from school and work can leave young people with little control over how they are treated in those relationships and their lack of autonomy within those relationships.⁴⁶ Therefore, youth may have less practice establishing boundaries/limits in relationships and need additional help figuring out their boundaries/limits and communicating those to other people.

Use the conversation starters on the following page to talk with young people about boundaries/limits in their romantic relationships.



Boundaries and Limits

Establishing boundaries/limits

Getting started	• When you and/or your partner(s) set a boundary or limit, how do you show you respect that limit?
Continuing discussions	• What is an example of a boundary/limit that you set and your partner respected? • How comfortable are you talking to your partner(s) about boundaries/limits you want them to better respect? What helps you feel more comfortable with setting a boundary or limit? • What does considering your partner(s) boundaries/limits look like to you?
Following up	• Since we last spoke, what boundaries have you set with your partner and how were those boundaries respected?

Physical boundaries

Getting started	• How do you know your partner(s) respect your physical boundaries?
Continuing discussions	• How do your partner(s) check in on your comfort with your physical boundaries? • How do your partner(s) react when you say no or share you are uncomfortable? What are some ways you can talk with them about how you would like them to change? • How do you react and change when your partner tells you no or shares they are uncomfortable?
Following up	• In what ways have you and your partner(s) further discussed what is off limits or uncomfortable for each of you?

Personal belongings

Getting started	• How do your partner(s) show they know and follow your boundaries for using your personal belongings and/or those related to personal information, such as asking for your password for social media or monitoring your social media?
Continuing discussions	• How did you and your partner(s) determine your boundaries around personal belongings and personal information? • How can you discuss boundaries around using your personal items and information with your partners? • In what ways can you discuss your partner(s)' boundaries around the ways you use their personal items and information? • How might discussing your boundaries change your relationship with your partner(s)?
Following up	• How have you and your partner(s) demonstrated understanding and respect for your boundaries in sharing personal belonging and information since we last spoke?

Shared power

Shared power means that partners in a relationship support and respect one another and have balanced, mutually agreed-upon roles and responsibilities.⁴⁷⁻⁴⁹ People in relationships with shared power tend to be more satisfied in their relationship and may experience better mental health.⁵⁰

Talking about and understanding shared power in romantic relationships is complex. For example, shared power is influenced by behaviors and biases related to numerous factors such as gender identity, sexual orientation, race, and disability status.⁵¹ Youth experiencing the child welfare and/or juvenile justice systems, homelessness, and/or disconnection from school and work may have limited examples of shared power in relationships due to a lack of stability in their homes and living arrangements and few opportunities to openly discuss power-sharing.

Use these conversation starters to talk with young people about shared power in their romantic relationships.

 Shared Power	
Input in decision making	
Getting started	• What are some examples of the input you have or want to have when making decisions?
Continuing discussions	• When you are having a conversation or making a decision with your partner(s), what kind of input do you want to have? • How comfortable are you talking with your partner(s) about the kind of input you have (e.g., spending time together and apart, day-to-day decisions, or decisions about sex and contraception)? • Do you think your partner(s) have the input in decision making they want? Why?
Following up	• How has the input in decision-making with your partner(s) been since we last spoke?
Influence of societal pressure and/or bias	
Getting started	• How do societal pressures or biases such as those related to gender identity, sexual orientation, race, religion, or ability affect how you share power in your relationships?
Continuing discussions	• How comfortable are you talking to your partner(s) about how gender identity, sexual orientation, race, or ability affect power sharing in your relationships? • What do you and your partner(s) do to prevent biases or societal pressures from affecting power sharing in your relationships?
Following up	• How have you and your partner(s) talked about how biases or societal pressures affect how you share power in your relationships since we last talked?



Shared Power

Agreement about power sharing

Getting started	• In your relationship(s), how do you discuss and come to a mutual agreement about roles and power when making decisions?
Continuing discussions	• In what ways do you have mutual agreement, such as how you spend time together, who you spend time with, or decisions about sex and contraception? • In what areas do you and your partner(s) lack agreement or have an imbalance? • How comfortable are you describing your concerns and negotiating a change if roles and power become unbalanced? How would you start a conversation about an imbalance of power with your partner(s)?
Following up	• How have you and your partner(s) experienced and discussed roles and power dynamics in your romantic relationship(s) since we last spoke?

Dos and Don'ts for Talking With Youth About Healthy Romantic Relationships

You can use these dos and don'ts to guide your conversations with young people about healthy romantic relationships. Approach each conversation with empathy, willingness to listen and learn, and commitment to improve.³ For more information on dos and don'ts for talking with youth about healthy relationships, see section four of this toolkit: *Additional Resources for Talking With Youth About Healthy Romantic Relationships*.

The following list of recommendations is not exhaustive but provides a starting point for talking with young people about healthy romantic relationships:

- Create an open and judgement-free zone.
- Help young people explore their experiences rather than labeling them.
- Validate young peoples' feeling and experiences.
- Approach conversations with an open mind.
- Use a trauma-informed lens.
- Respect youth's privacy and be transparent about limits to transparency.

You can find examples about dos and don'ts for talking with youth about healthy romantic relationships on the next page.

³ Factors such as cultural norms play an important role in conversations about healthy romantic relationships. For more information about cultural considerations to keep in mind when talking about healthy relationships with youth, see "Laying the Foundation."

Dos and Don'ts for Talking with Youth about Healthy Romantic Relationships

DOS	DON'TS
 DO ask nonjudgemental, open-ended questions. <i>"Can you walk me through the interaction and how it made you feel?"</i>	 DON'T use language that can be interpreted by the young person as implying blame or shame. <i>"It might not have been productive to react like that. You probably should have reacted a different way."</i>
 DO encourage youth to explore the spectrum of identities and feelings. <i>"It sounds like your partner may have made you feel unsafe or uncomfortable by doing that."</i>	 DON'T rely on black and white labels. <i>"Your partner was being abusive toward you."</i>
 DO validate feelings, experiences, and fear. <i>"Disagreements in relationships can be really stressful, and it's possible for partners to disagree about something without overstepping each other's boundaries."</i>	 DON'T trivialize experiences, fears, needs, or wants. <i>"It's unrealistic to set a boundary to prevent disagreement or arguments from ever happening."</i>
 DO ask the young person about their knowledge on a subject and fill in gaps. <i>"It can be difficult for someone to know if they're in an unhealthy relationship. What does a healthy relationship look like to you?"</i>	 DON'T make assumptions or generalizations about what a young person does or does not know. <i>"Young people are too naïve and inexperienced to recognize when they're in an unhealthy relationship."</i>
 DO understand that the young person did what felt safest for them in the moment and validate them. <i>"It can be really difficult to know what to do in that situation."</i>	 DON'T ignore complexities of a situation. <i>"You should have left the relationship as soon as the problems started."</i>
 DO tell youth what is private, as well as what must be disclosed (and when). <i>"I want you to feel safe sharing things with me, but there are things—like if someone hurt you or you are thinking about hurting someone else—that I'm legally required to report to authorities. We can talk more about that if you have questions."</i>	 DON'T assume young people know what must be disclosed or that everything is confidential. <i>"Don't worry, everything you tell me will stay between us."</i>

Additional Resources for Talking With Youth About Healthy Romantic Relationships

You can use the resources below to access additional information about components of healthy relationships, building communication skills, boundaries/limits, and shared power.

Resource name and link	Resource description	Use this resource to ...
National Healthy Marriage Resource Center, The Annie E. Casey Foundation, and Innovation Center for Community and Youth Engagement (2019) Relationships matter: Strengthening vulnerable youth	This report reviews the importance of healthy relationships among youth and how to discuss them with youth.	Gain knowledge and comfort about healthy romantic relationships.
John Hopkins University (2020). 12 elements of healthy relationships	This blog explores elements of healthy relationships and provides links to resources for additional information.	Gain additional examples of how to talk with youth about healthy relationships.
Youth.Gov (n.d.). Characteristics of healthy and unhealthy relationships	This webpage describes characteristics of healthy relationships for teens and unhealthy relationship characteristics.	Gain knowledge of healthy relationships and signs of healthy and unhealthy relationships.
Forbes Health (2024). How to communicate in a relationship, according to experts	This article outlines different forms of communication and provides examples of good and bad communication. It also provides additional examples of conversation starters to use with youth.	Prepare for conversations with youth and see prompts for starting those discussions.
Positive Psychology (2024). How to Set Healthy Boundaries and Build Positive Relationships	This article defines boundaries, provides examples of healthy boundaries, and includes links to other helpful resources.	See examples of additional conversation starters to use with young people.
Therapist Aid (2016). What are personal boundaries?	This article provides different types of boundaries and characteristics of people within each boundary type.	Provide youth with examples of different types of boundaries and utilize the self-reflection questions in your work to help youth set boundaries.
Mass.Gov (n.d.). Boundaries in healthy relationships	This webpage provides components of healthy and unhealthy	Inform your work by reviewing additional

Resource name and link	Resource description	Use this resource to ...
	relationships, provides guidance on how to think about and set boundaries, and offers conversation prompts to discuss boundaries with partners.	information on healthy and unhealthy relationship components.
OurPath (2021). Healthy boundaries for partners of trans people	This article provides information around boundaries during and after transition where one partner identifies as transgender.	Explore boundaries and considerations when working with youth who are transgender or whose partner(s) are transgender.
Eastland County Crisis Center (n.d.). Relationship Equality Wheel for Teens	This infographic provides information on different components of equality.	Talk through different elements of a relationship as they work through shared power in their relationships.
Love is Respect (n.d.). Power and Control	This webpage provides information on different power dynamics and ways that partners may control one another.	Review aspects of healthy and unhealthy relationships to explore potentially controlling behavior.
Love in Respect (n.d.). 4 things that make a relationship healthy or unhealthy	This blog provides information on characteristics of a healthy and unhealthy relationship. The resource provides different elements of shared power.	Identify different elements of shared power.

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A Practice Guide for Understanding Consent

Rachel Rosenberg, Matthew Rivas-Koehl, Brittany Mihalec-Adkins, Colleen Schlecht, Jenita Parekh, and Dane Rivas-Koehl

Introduction

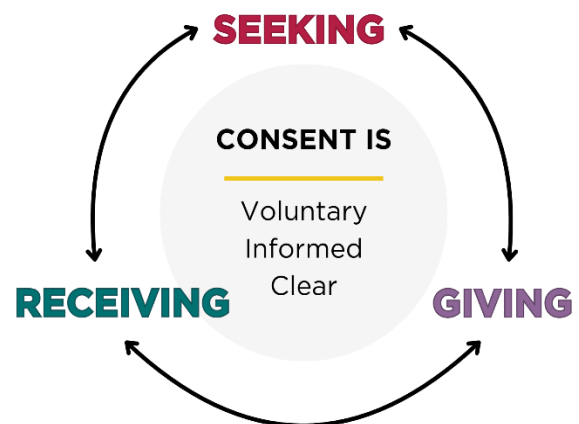
This guide introduces the concept of consent for sexual activity and provides an overview of what youth-supporting professionals need to know about the topic of consent to inform their work with youth. The guidance is designed for youth-supporting professionals working with young people who experience the child welfare and/or juvenile justice systems, homelessness, and/or disconnection from work and school. Research indicates that young people with these experiences have higher rates of trauma than their peers in the general population, which can affect how consent for sexual activity is understood and communicated.^a Therefore, the information in this guide draws on trauma-informed research and guidance to ensure clarity and compassion in youth-supporting professionals' interactions with young people.

Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

Consent for sexual activity (hereafter consent) is defined as a voluntary, informed agreement to engage in sexual activity conveyed through clear words or actions by individuals who are fully able to make this decision.^{1,2} Since we define consent as the agreement for sexual activity, we also note the equally important decision to decline to engage in sexual activity throughout this guide. Consent is an active, ongoing process that includes the freedom to agree and the right to decline.³ This process has three interconnected processes:

- **Giving consent**—communicating one's willingness to engage in sexual behavior. This process also includes communicating that one does not want to engage in sexual behavior.⁴
- **Seeking consent**—inquiring about whether one agrees to sexual behavior or learning the partner(s) does not agree through verbal or nonverbal signs.⁵
- **Receiving consent**—the process through which an individual interprets whether they have received consent from another person and acts accordingly.^{6,7}

Consent can take different forms, including external and internal consent. External consent is clear communication about agreement to engage in sexual activity.⁸ Internal



^a For more information on how trauma is associated with consent, please see the accompanying research synthesis.

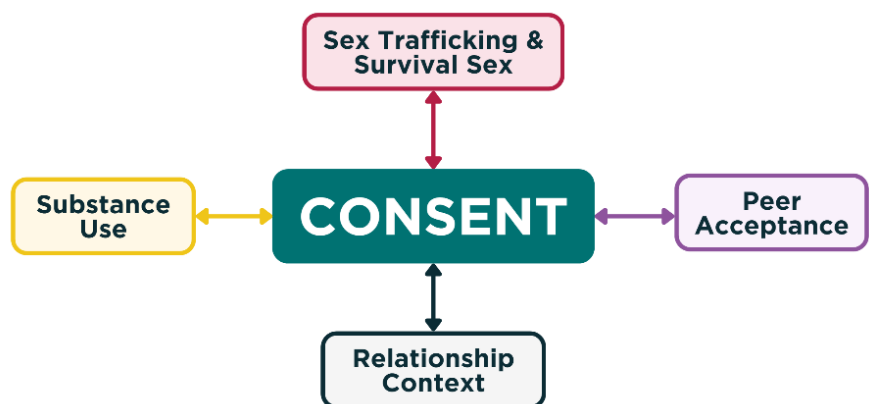
consent refers to how one feels about their affirmative decision to engage in sexual activity.^{9,10} Both forms of consent are important and inform how a young person might feel about, think about, and communicate consent. Discussing the importance of internal and external consent should not be misconstrued as evidence of the myth that if a young person says “no,” they mean “yes.” Consent-related messaging focused only on external consent may overlook that not all young people feel safe or feel able to say “no” in all situations. For example, someone might say “yes” to an activity with which they do not feel comfortable but are afraid of negative repercussions if they say “no.” Additionally, young people must respect the consent they receive. Further, if a potential partner hesitates or a young person is unsure if they received consent, they must pause, clarify if consent was provided, and stop if needed.¹¹

Legal definitions mostly focus on external consent and vary by state. These definitions usually include factors such as age, intoxication (voluntarily and involuntarily), and consciousness. Youth-supporting professionals need to understand how consent is legally defined in the state where they work, including the state’s mandatory reporting laws, specifically regarding young people’s disclosure of sexual activity that may involve sexual assault or exploitation. For more information on states’ mandated reporting requirements, see the following two resources: [The National Center for Youth Law](#) summarizes key information on age of majority and access to reproductive services, and this [federal report](#) provides a breakdown of different components of mandated reporting by state.

What do youth-serving professionals need to know about consent?

Youth-supporting professionals can help young people understand consent in developmentally- and age-appropriate ways,¹² regardless of a young person’s experience with sexual activity.¹³ Further, youth-supporting professionals can use this information to enhance their awareness about different influences on consent and inform their work to support young people. Youth-supporting professionals must remember that while understanding more about consent can help young people make informed decisions about engaging in sexual activity, consent education alone is not enough to prevent unwanted sexual activity.¹⁴ Sexual violence prevention programs incorporate several other elements beyond consent to ensure that young people understand what sexual violence is, what resources are available to them if they have experienced sexual violence, and how to receive consent respectfully.¹⁵

The following table provides more information on the influences of consent—biological (e.g., age and sex), social (e.g., substance use), and other factors (e.g., relationship dynamics and survival sex).¹⁶ Youth-supporting professionals can use this table to learn more about differences in how young people might approach giving, seeking, and receiving consent based on different factors. This information will not apply to all young people with these experiences but can provide a starting point for talking about consent with different groups of young people.



Influences on Consent

Influence	Influences on consent youth-supporting professionals should know:	Tips for sharing information with a young person about influences on consent:
Age	Young people ages 14-18 report barriers to declining to engage in sexual activity. They are still developing self-efficacy skills and may be more susceptible to peers influencing their views about sexual activity and consent. ^{17,18}	You may feel pressure to consent, but you should not say yes if you do not want to.
Sex	Some females may be more likely to give verbal consent, while some males may be more likely to use nonverbal cues to communicate their consent or decline to engage in sexual activity. ^{19,20,21} However, these differences may be due to societal expectations and norms. ²²	Some females are more likely to use words to communicate consent, and some males are more likely to use body language to communicate consent. However, this might be due to pressure people feel to act a certain way. You should always clearly ask for, give, and receive consent.
Substance Use	Substance use can influence youth's communication, behavior, and perception in ways that complicate giving, seeking, and perceiving consent. ^{23,24,25,26, 27}	Being under the influence of drugs or alcohol can make it harder to communicate consent or refusal and can make it harder to understand what others are saying or feeling.
Relationship Dynamics	Young people might engage in sex to avoid conflict or make their partner(s) happy. ²⁸ Young people may also feel they owe someone sex and fear the consequences of withholding sex. ²⁹	You may find it is difficult to say no to a partner if you are afraid you will upset them. You can always say no if you don't want to engage in sexual activity.
Survival Sex	Young people who engage in sex to meet basic needs ³⁰ may have different experiences giving, seeking, and receiving consent. For example, a young person may feel like they have to say yes to sex to access housing, ³¹ which can change how they give and receive consent.	If someone is struggling to meet their basic needs like housing or food, they may feel pressured to agree to sex in exchange for money, food, or a place to sleep. If you find yourself in that situation, you do not need to say yes to having sex just to get the things you need. You can reach out to an adult (like me) who can help.

Communicating Consent

Verbal communication about consent reduces ambiguity and is the clearest way to communicate interest or disinterest.³² You can remind youth that verbal cues can help avoid ambiguity or misinterpretations since youth often rely on nonverbal cues about consent.^{33,34} The following table provides examples of verbal and nonverbal cues for communicating consent. This information can help youth-supporting professionals talk with young people about ways that consent is given, including examples of refusals to engage in sexual activity.

Ways Young People Might Communicate Consent

Type of Communication	Giving consent to engage in/continue sexual activity	Declining to engage in/continue sexual activity
	(Examples)*	(Examples)*
Verbal Cues Only	Providing direct, spoken communication agreeing to an activity ^{35,36}	Saying clearly and directly that you do not want to do something
	Before: "Yes, I'd love to do that!"³⁷ During: "I really like this! I'd love to keep going."³⁸	Before: "No, I'd rather not do that."³⁹ During: "I'm not having fun anymore. I want to stop."⁴⁰
Nonverbal Cues Only	Displaying actions and/or body language to show you're comfortable, interested, and/or in agreement with the activity ⁴¹	Displaying actions and/or body language to show you're uncomfortable, not interested, and/or not okay with the activity
	Before: Excitedly nodding when someone suggests an activity in which you'd like to engage.⁴² During: Taking a step closer or holding someone tighter during an interaction such as a hug.⁴³	Before: Frowning and shaking your head or moving away when someone suggests an activity in which you do not want to engage. During: Pulling away from an interaction or pushing someone's arms or hands away.⁴⁴
Verbal and Nonverbal Cues	Using words <u>and</u> body language to show agreement	Using words <u>and</u> body language to show refusal
	Before: "Yeah, a hug sounds nice," while opening your arms.⁴⁵ During: "This is nice," while leaning into the person you are hugging.⁴⁶	Before: "No, I don't want a hug," while stepping away.⁴⁷ During: "Please let go," while pulling away from a hug.⁴⁸

*The examples provided in this table are informed by the research studies included in the accompanying research synthesis.

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How to Decode Signs of Sexual Cyberbullying and Support Teens and Youth

Colleen Schlecht, Amanda M. Griffin, and Rachel Rosenberg



Introduction

How to Decode Signs of Sexual Cyberbullying and Support Teens and Youth explains how to identify, recognize, and support youth who may experience and/or engage in sexual cyberbullying.^{a,b} This primer from Activate* is meant for professionals who support young people who experience the child welfare and/or juvenile justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

Sexual cyberbullying is a broad term used to describe any sexually aggressive or coercive behavior facilitated by technology to intentionally harm, embarrass, threaten, or intimidate another person.^c Youth can experience and/or engage in sexual cyberbullying.

Sexual cyberbullying is harmful to all youth, especially youth who have experienced trauma,^{1,2} unstable living arrangements,³ and/or a lack of supportive adults in their lives.^{4,5} Furthermore, some youth may rely on digital platforms to stay connected with family and friends from whom they have been separated and experience an increased risk for sexual cyberbullying.⁶⁻⁸

* Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

Decoding Sexual Cyberbullying Behaviors

What does sexual cyberbullying look like?

Sexual cyberbullying behaviors include:



Sextortion



Revenge porn



Online Sexual Harassment



Cyberstalking



Nonconsensual Sexting



Cyberdating Abuse

The chart on the next page describes sexual cyberbullying behaviors and examples of each sexual cyberbullying behavior.

^a The information provided in this resource is based on Activate's [summary of research on sexual cyberbullying](#).

^b We use "experience and/or engage in sexual cyberbullying" to refer to youth who experience sexual cyberbullying, engage in behaviors of sexual cyberbullying, or both. This language is purposeful and YSP should avoid labeling youth as victims or perpetrators in this work.

^c The term "cyber" may be outdated and not relevant to youth. However, it is still used in the literature. Youth-supporting professionals should consider using other terms such as online or electronic or ask young people what words they would use.

Sexual Cyberbullying Behaviors

WHAT IS THIS BEHAVIOR?

Non-physical way of forcing sexual favors by threatening to reveal evidence of someone's sexual activity.⁹

SEXTORTION



WHAT COULD IT LOOK LIKE?

Receiving or sending a message claiming that an explicit image (e.g., a nude) will be shared online unless one complies with the sender's requests.¹⁰

ONLINE SEXUAL HARASSMENT

Unwanted sexual behavior on any digital platform.¹¹ This can occur between anyone, including family, friends, acquaintances, or strangers.



Receiving or sending an unsolicited message on Instagram asking about what someone likes/is into sexually.

NONCONSENSUAL SEXTING

Nonconsensual texting of sexually explicit messages or photos.¹² This can occur between anyone, including family, friends, acquaintances, or strangers.



Receiving or sending a naked picture on Snapchat without consent.

REVENGE PORN

Revealing sexually explicit images or videos of a person on the internet without the consent of the subject to cause them distress or embarrassment.¹³



Distributing photographs or videos of an ex-partner, obtained via hacking or other methods. Finding an explicit image or video of oneself that an ex-partner posted without consent after a breakup.

CYBERSTALKING

Using technology to repeatedly threaten, harass, or intimidate another person, making the other person concerned about their safety.¹⁴ This can occur between anyone.



Receiving/sending messages through a social media platform saying that one is being watched. This includes watching someone's social media to learn where they are and arriving uninvited.¹⁵

CYBERDATING ABUSE

Using technology to spread negative information (e.g., spreading rumors, talking badly about their body) or to direct aggression or control toward an intimate partner or romantic interest.¹⁶



Spreading rumors about a partner or romantic interest's sexual identity/orientation on an online gaming chat room. Or, finding hurtful comments about one's body on a partner's Instagram post.

Where does sexual cyberbullying happen?

Sexual cyberbullying can occur through:	Sexual cyberbullying can occur on:
• Email • Instant messaging • Text messaging • Public posts and direct messages	• Social media applications (apps) • Online dating apps • Online gaming forums (e.g., video game chat rooms) • Blogs • Other websites

Although online platforms allow young people to communicate, and to easily and directly connect with peers, they can also be used to search for people or post information anonymously. Professionals should be aware of social media and dating apps young people frequently use, as well as their logos. A 2024 Pew Research Center publication—[Teens and Social Media Fact Sheet](#)—provides more information about how teens use online platforms.¹⁷ A recent literature review examined what is known about how sexual harassment is facilitated by dating apps.¹⁸

Social Media and Dating Apps



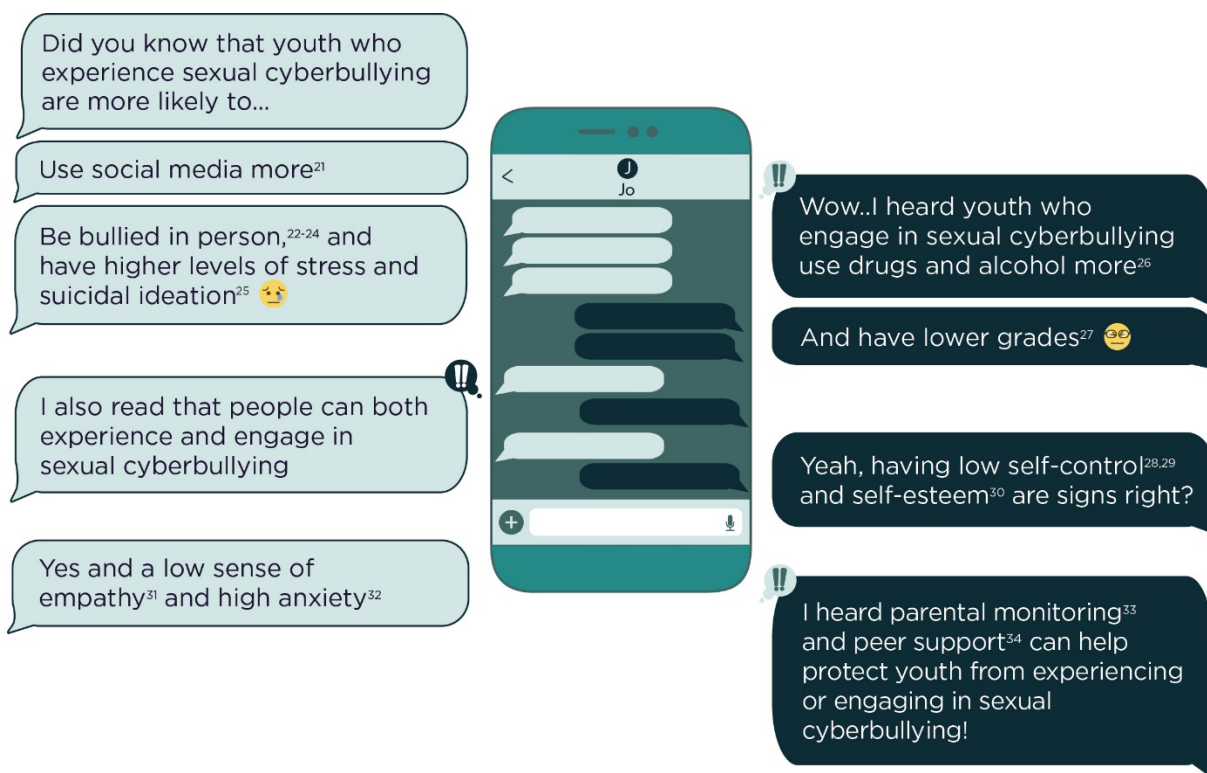
You can help youth protect themselves. Youth need to know how to use these settings for each app to protect their personal information and minimize their risk for experiencing sexual cyberbullying.^{19,20} Every app has its own privacy and location settings.^d For example, youth should know whether their posts on different apps are public or private, whether the app is tracking their location, and whether it sells their personal information to third parties.

^d At the time of publication, Senate bill 1409: Kids Online Safety Act passed the U.S. Senate with bipartisan support and will move to the House of Representatives. The bill aims to hold tech companies such as Facebook accountable for harmful online behavior such as bullying and sexual cyberbullying. The bill requires tech companies to use a “duty of care” and default settings as the safest possible.

Decoding Signs of Sexual Cyberbullying

What are the signs of sexual cyberbullying?

Some factors may put young people at higher risk of experiencing and/or engaging in sexual cyberbullying behaviors, while others may protect young people against experiencing or engaging in those behaviors. Not all young people who exhibit risk factors will experience and/or engage in sexual cyberbullying. However, youth-supporting professionals should be aware of these factors and be prepared to talk about sexual cyberbullying with youth who exhibit them.



What signs of sexual cyberbullying can you listen for?

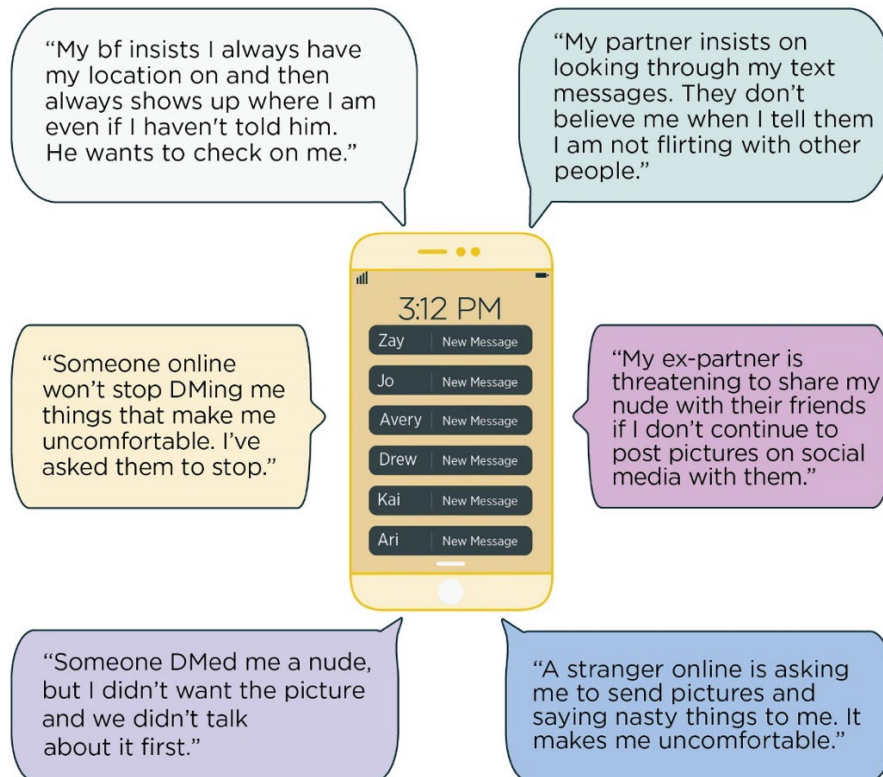
Understanding how young people describe sexual cyberbullying can help youth-supporting professionals identify when sexual cyberbullying is occurring.

In addition to slang, emojis may also have sexual connotations. Be aware that youth may talk through emojis, and the meaning of emojis change frequently. Talk with youth to determine whether they are experiencing sexual cyberbullying and/or sexually cyberbullying others.

The quotes in the graphic below are examples and include vernacular terms/slang that young people and youth-supporting professionals report commonly hearing. However, slang changes over time and varies by geography and culture, among other factors. The slang used in these examples may not match the slang you hear from youth.



A youth who is experiencing sexual cyberbullying may say:



A youth who is sexually cyberbullying others may say:



Decoding How to Help Youth

- **Teach young people** how to use privacy and location settings to protect their personal information and minimize their risk for experiencing sexual cyberbullying.
- **Educate young people** on how to use technology safely and protect themselves against malicious behavior online by teaching them the signs of sexual cyberbullying.
- **Learn about sexual cyberbullying laws** within your state. There is variation from state to state in what is considered sexual cyberbullying,³¹ so make sure you know the laws within your state and have conversations with youth about those laws.
- **Have routine conversations with young people** to teach them about sexual cyberbullying, including what it looks like, why it is harmful, and whether to do anything/what to do if they are experiencing and/or engaging in sexual cyberbullying.
- **Discuss consent with young people** and ensure they know that photos of themselves or others should not be shared without permission.
- **Demonstrate support for young people** who have experienced sexual cyberbullying by asking them what they need.
- **Demonstrate support for youth who cyberbully others** by asking about their understanding of their behavior, explaining reasons why sexual cyberbullying is not acceptable, and connecting them to services to understand the root causes of their behavior, if needed.
- **Connect youth with local services** (e.g., counseling, digital safety courses, legal consultation) to support their mental health and legal needs after sexual cyberbullying occurs.

Prepare for conversations about sexual cyberbullying by reviewing these resources:

<i>Privacy Settings for Social Media Apps</i>	A youth centered resource that shares links to privacy settings instructions for popular social media sites.
<i>Project iGuardian</i>	Program to keep teens and youth safe from online predators through education and awareness.
<i>National Sexual Violence Resource Center</i>	Center that provides information to prevent and respond to in-person and cyber sexual violence.
<i>The Cyberbullying Research Center</i>	Center that provides information to prevent, identify, and respond to instances of cyberbullying.
<i>Cyberbullying Laws</i>	Online tool that summarizes cyberbullying laws in each state.
<i>What Is Consent?</i>	Online resource to help people understand what consent looks like.
<i>Without My Consent</i>	Online resource that provides multiple tools to fight online harassment.
<i>Let's Talk Consent</i>	A flyer explaining consent with additional resources.

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A Practice Guide for Promoting Youth Mental Health and Sexual and Reproductive Health as a Supportive Adult

Samuel Beckwith, Brittany P. Mihalec-Adkins, Lee Ann Huang, Shaniah Smith, and Julia Tallant

Safe, supportive relationships are critical for helping young people thrive. These can—and ideally should—include positive relationships with peers and family members. However, they can also include relationships with supportive adults outside the family, including youth-supporting professionals. Research suggests that young people who have supportive adults in their lives benefit greatly from these relationships. For example, young people who have supportive non-parental adults in their lives tend to experience better sexual and reproductive health outcomes,^{1,2} have better social and emotional development,³ and develop fewer depressive symptoms.⁴

This guide offers research-informed strategies for youth-supporting professionals to actively and intentionally promote young people's mental health and help prevent unintended teen pregnancy and negative sexual and reproductive health outcomes. It is relevant to all youth-supporting professionals, including those who support youth who experience homelessness, the child welfare system, the justice system, and/or disconnection from school and work. Young people with these experiences are more likely to face challenges accessing mental health and sexual and reproductive health resources.^{5,6,7,8}

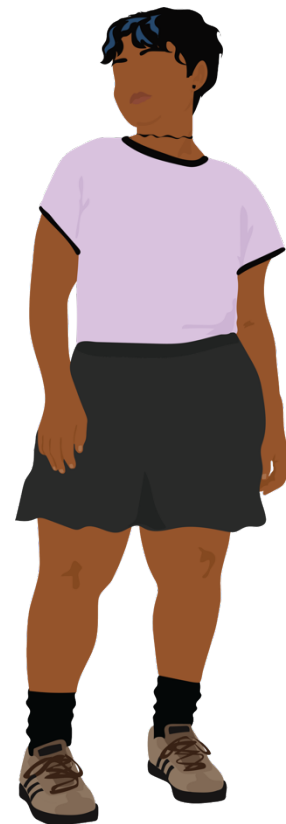
This guide:

- Describes research-informed ways of being a supportive adult to young people
- Presents common challenges young people may face and explains how supportive adults can help address them
- Provides high-level guidance for being a supportive adult

Importantly:

- Some young people may have had negative or even traumatic experiences with systems and youth-supporting professionals.
- Youth-supporting professionals and young people may have differing values, perceptions, and definitions related to “safety” and “support.”
- Young people may need time before they perceive youth-supporting professionals as safe and supportive adults.

Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for professionals who support young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work (i.e., opportunity youth).



Tips for Being a Supportive Adult

The ways adults engage with young people are critical for helping to promote positive outcomes.⁹ Applying practices aligned with trauma-informed, strengths-based approaches to working with young people is helpful for building engagement and promoting well-being.^{10,11} Below are five [research-informed](#) tips on how to be a supportive adult for young people, with “dos,” “don’ts,” and reminders for each tip.

Listen to young people.

Young people appreciate being listened to more than being lectured to.

Don’t: Make assumptions about young people’s lives, experiences, or perspectives. Instead, go by what they have chosen to share with you. Don’t assume or dictate how a conversation will unfold.

Do: Demonstrate that you want to build a collaborative relationship in which the young person has a voice. Pause and ask young people if they want to hear your thoughts or suggestions before offering advice. Be open to learning from young people and their insights.

Keep in mind: A young person’s experience with you has the potential to change how they view other youth-supporting professionals or their willingness to seek help and support in the future. By listening nonjudgmentally, you can serve as a positive example of youth-supporting professionals and represent the field well.

Respect young people’s priorities.

Although you bring personal and professional experience to your relationships with young people, they may want support in different areas than you initially assumed. Approaching with humility and not assuming that you always “know best” are critical for successful relationships.

Don’t: Steer young people toward your priorities while disregarding their priorities, which can suggest that you don’t trust young people as the experts and drivers of their own lives.

Do: Ask young people about the things that are important to them and their well-being-related goals. Prioritize these in your work and, over time, develop a shared understanding of how you can best support the young person’s well-being.

Keep in mind: Sometimes adults’ values or opinions influence their reactions and suggestions to young people. In turn, these reactions may make a young person feel like their autonomy isn’t being prioritized.

Be open and invite tough conversations.

Let young people know that they can talk to you about anything, including their mental health or their sexual and reproductive health. Even if you don't have the perfect response or immediate on-site services in these areas, a young person may not have the opportunity to get connected with needed services unless you ask. At the same time, respect young people's boundaries related to the information they choose to share with you at a specific time.

Don't: Let worries about how to respond prevent you from asking about these topics.

Do: Ask if they would like to discuss sexual and reproductive health or mental health topics at this time—or later, if they would prefer. Use non-stigmatizing, welcoming language (e.g., “A lot of young people wonder about this”). Offer to find and share more information or resources related to the topics young people raise.

Keep in mind: If you are a mandated reporter, explain this early on. Include what kinds of situations you are, and are not, required to report. Explain who the young person can talk to (e.g., therapists, advocacy agency staff), what information is legally required to remain confidential, and what may have to be reported.

Connect young people to concrete resources.

To demonstrate your commitment to young people's well-being in a different way, leverage your organization's resources or your ability to navigate systems to help provide material support. Young people may be interested in a variety of resources, such as connections to other services, transportation assistance, or food support.

Don't: Allow uncertainty about whether you can provide the help a young person needs to stop you from asking about what would be helpful. On the other hand, don't make empty promises or ask about needs without following through on offers to help identify resources.

Do: Share how you plan to identify a resource (e.g., “I'm going to ask my team at our meeting this afternoon about who in our network can set you up with that”). Provide clear and timely updates on progress toward connecting young people with the assistance they need.

Keep in mind: Young people may have preferences about the types of resources they use. For example, they may prefer resources located near their home for convenience, or outside their neighborhood due to concerns of stigma or shame about accessing resources. Ask about young people's preferences and try to honor them as you make connections.

Cultivate meaningful relationships with clear expectations.

Don't: Apply these tips early on, then inconsistently afterward. Try to follow these tips in every interaction, not just when you're first establishing rapport.

Do: Set expectations early on regarding how long you might be working with that young person, especially if your interactions will be time-limited. Openly discuss expectations and opportunities related to maintaining contact or transitioning the relationship to an informal relationship (if appropriate and desired), once your professional role in that young person's life is over.

Keep in mind: Working with young people involves balancing both building rapport and maintaining professional boundaries. Youth-supporting professionals are responsible for guarding against inappropriate interactions or blurred boundaries with young adult clients. Consult organizational policies, supervisors, professional networks, and your profession's ethical principles to identify specific best practices for navigating this balance.



Ways Supportive Adults Can Help Youth Address Challenges

While these tips can support work with all young people, some young people face challenges that can increase their risk for both poor mental health as well as unintended pregnancy and related reproductive health outcomes. Supportive adults cannot solve all challenges. However, they can play key roles in addressing challenges by: 1) noticing warning signs, 2) talking with young people about their experiences, and 3) encouraging decisions that promote safety and well-being.

Example of challenge	Noticing warning signs	Talking with young people about their experiences	Encouraging decisions that promote safety and well-being
	<i>What you might notice:</i>	<i>How to bring it up:</i>	<i>How you can respond:</i>
Unsafe or unhealthy romantic relationships ^{12,13}	Frequent fights or breakups; isolation from others; fear of partner's emotions or responses; repeatedly shifting blame for conflict to themselves	"What feels good about the relationship, and what feels hard?" "Would you say that your relationship feels the way you want it to?" "Would it be helpful if I shared a few websites about different dynamics in teen relationships?"	<i>Meet young people where they are:</i> In general, follow young people's lead in terms of how they describe and label their relationships, rather than telling them that their relationship is unhealthy. <i>Identify resources:</i> Offer to connect them with community and online resources; share information about healthy relationships and boundaries. Offer young people contact information for domestic violence resources if needed. <i>Build strengths:</i> When appropriate and with the young person's knowledge, help identify safe adults or services for additional support.
Bullying victimization and associated psychological distress or sexual and reproductive health outcomes ^{14,15,16}	Reluctance to attend school or other settings with peers; references to having issues on social media	"Has anybody been giving you trouble at school—students or staff? How about online?" "Is there a teacher or other adult at school who you trust?" "What is something you wish you could change or improve about what it's like at your school?"	<i>Help create a safer network:</i> When appropriate, discuss options for involving school staff or other trusted adults; discuss how young people can use location or privacy settings to protect themselves online. <i>Build strengths:</i> Ask about supportive online and real-life peers. Create or connect young people with spaces to socialize with peers (e.g., after-school program partners).

Example of challenge	Noticing warning signs	Talking with young people about their experiences	Encouraging decisions that promote safety and well-being
	<i>What you might notice:</i>	<i>How to bring it up:</i>	<i>How you can respond:</i>
Barriers to accessing physical or mental health care services ^{17,18,19}	Missed appointments; reluctance to seek care; concerns about cost; uncertainty about how to find an appropriate provider; worries that a parent or caregiver will not allow them to seek care or will be upset if they seek care	“Is there anything that makes it hard for you to get to your appointments?” “Would you like to brainstorm options for getting you to your next appointment?” “Do you want to know more about how therapy works?”	<i>Offer practical help:</i> When appropriate, assist with transportation or scheduling; provide information about community resources; help young people with disabilities find needed accommodations. <i>Build strengths:</i> If desired, work with young people before appointments to help build confidence and self-advocacy; debrief after appointments to ensure needs are met.

Concluding Guidelines

Being a supportive adult for a young person does not require you to solve all the challenges young people are facing. Supportive adults can make a difference for young people by:

- Checking in
- Creating safe and supportive spaces for open conversation
- Providing reassurance and accurate information
- Making connections to resources and support
- Consistently recognizing and building on young people’s strengths

Find more resources to help with each of these on Activate’s [website](#).

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A Technical Assistance Tool for Helping Youth Navigate Peer Influence

Rachel Rosenberg, Amanda M. Griffin,* Karlee Naylor,* Matthew Rivas-Koehl,* and Colleen Schlecht

Peer influence plays a critical role in shaping youth's^a experiences and behaviors. Peer influence can include direct pressure from peers, perceived peer norms about what “everyone” is doing, digital influences, and the influence of close friends' attitudes and behaviors—influences that can be both positive and negative. Peer influence is particularly important in relation to substance use and risky sexual activity, which can increase the risk of unintended teen pregnancy.^{1,2,3} Youth-supporting professionals can help youth develop positive peer networks that support healthier decisions about substance use, sexual activity, and contraception use.^{4,5,6}

This tool provides practical, research-informed strategies that youth-supporting professionals can use to help youth recognize and respond to negative peer influence, strengthen positive peer connections, and make safe decisions related to substance use and sexual activity. This resource builds on previous Activate resources^{7,8} that focus on helping youth-supporting professionals [build trust and rapport](#) with youth before [engaging in difficult conversations](#), such as conversations about substance use and risky sexual activity.

Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare or justice system, homelessness, or disconnection from school and work (i.e., opportunity youth).

Why Peer Influence, Substance Use, and Risky Sexual Activity Can Be Addressed Together

Substance use is linked to risky sexual activity, including engaging in sexual activity when judgement and decision-making are impaired,^{9,10} sexual initiation before age 14,¹¹ inconsistent contraceptive use,¹² coercive sexual encounters,¹³ and sex with multiple partners.¹⁴ These sexual activities increase the risk of unintended teen pregnancy and sexually transmitted infections (STIs).¹⁵

Research shows that peer influence can shape both substance use and risky sexual activity. For example, when asked about their peers broadly, youth often overestimate alcohol use among their peers, which can make alcohol use^b seem more normative.^{16,17,18} Research further shows that close friends shape norms through everyday interactions and shared expectations.¹⁹ For example, youth may be less likely to try substances when their close friends do not use them. Peers can also shape norms and behaviors related to sexual activity and contraception use.²⁰ Youth who perceive that their peers are sexually active or approve of sexual activity are more likely to engage in sexual activity than those who do not share these perceptions.²¹ Peer influence on substance use and sexual activity may be particularly important for youth experiencing the child welfare system, juvenile justice system, or homelessness. Young people in these

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^a Throughout this resource, we use youth to refer to all adolescents and young adults ages 14-24.

^b Alcohol is the most commonly studied substance when examining the relationship between substance use and sexual activity.

settings are more likely to experience disruptions in their connections to stable, supportive adults, due in part to placement instability, and may consequently rely on peers for emotional support and guidance.^{22,23,24,25,26,27} Together, this research suggests that youth-supporting professionals can help youth recognize and respond to peer influence and build peer relationships that support safer decisions.

Strategies for Helping Youth Address Peer Influence Related to Substance Use and Risky Sexual Activity

Below we describe four strategies that youth-supporting professionals can use to help youth resist negative peer influences (i.e., peer pressure) and strengthen positive peer influences related to substance use and sexual activity. For each strategy, we include guidance on how to apply it in practice. The strategies are intended as general guidance and may need to be adapted based on the circumstances and experiences of the youth you are working with.

Help youth recognize and name negative peer influence.

Youth may experience negative peer influence (i.e., peer pressure) from friends, romantic partners, or acquaintances to use substances or engage in risky sexual activities.^{28,29} This peer pressure can occur in person or through digital communication, such as text messaging, social media, or other platforms and apps.^{30,31} Youth may sense when this is happening but lack the language to describe it. Helping youth recognize and name this peer pressure is an important first step in building their ability to respond effectively. To help youth name the kinds of peer pressure they experience, youth-supporting professionals can:

- Help youth identify **what** negative peer influence looks like. Negative peer influence can include peer pressure, as well as peer approval of risky behaviors or peer engagement in risky behaviors without directly pressuring others to join in.
 - “Do you feel pressured to engage in certain activities when you see your peers posting on social media about those activities?”
- Ask questions to help youth identify **who** is pressuring them to make risky choices and/or who is encouraging them to make safer choices.
 - “Is anyone in your life pushing you to do something you don’t want to do?”
 - “Who do you look to for examples of how you want to be or things you want to do?”
- Ask questions to identify **where** youth are experiencing peer influence. For example, is it happening in a residential care setting, at home, or at school?
 - “Where do you feel like you have the most freedom to make your own choices?”
 - “Are there certain places where you feel you have to do what your friends expect you to do?”
- Help youth **connect** their experiences to their feelings and choices. Youth may not always label an experience as feeling peer pressured, but they may connect it to feelings such as nervousness, guilt, or embarrassment.
 - “How did you feel in your body when that situation happened?”
 - “What made it feel hard to do what you wanted to do?”
- “Did you feel like you would be judged or let someone down if you didn’t do that?”



What can you do to help youth name the kinds of peer influence they experience?

Start by creating a trusting, nonjudgmental space where youth feel comfortable sharing. Use open-ended questions and real-life scenarios to help them reflect on situations where they may feel pressured or influenced by peers, and introduce clear, age-appropriate language to describe what they may have experienced. This process can help youth recognize what is happening, describe it in their own words, and consider how they want to respond.

Teach and practice refusal and boundary-setting skills.

Youth are more likely to resist peer pressure when they have simple, prepared responses.^{32,33,34,35} Teaching youth refusal skills can help them navigate situations where they feel pressured to use substances or engage in risky sexual activity by giving them strategies to avoid or exit these situations.^{36,37,38} Refusal skills include being direct, giving reasons for not participating in an activity, redirecting to alternatives, using external excuses, or using humor. Youth-supporting professionals should also work with youth on respecting and responding to boundaries regarding substance use and sexual activity set by others. Boundary-respecting skills include recognizing and honoring when others express discomfort or say no and understanding that respecting others' boundaries is as important as asserting one's own. Youth-supporting professionals can help youth practice the S.T.O.P. approach to saying no, which includes setting boundaries and responding to peer influence with clear communication.³⁹





What can you do to teach and practice refusal and boundary-setting skills?

Role-play with youth so they can practice setting and respecting boundaries in a low-stakes environment. Support youth in identifying and clarifying their boundaries before they are in a situation where they need to assert them. Reinforce that setting boundaries includes both expressing their own limits and recognizing and respecting others' boundaries. Prepare youth for real-world challenges by practicing how to respond when someone ignores or pushes past their boundaries, including when to disengage or seek support.

Provide accurate information about peer norms and substance use trends.

Youth may underestimate or be unaware of the risks associated with substance use and unprotected sex. Youth can also hold inaccurate beliefs about how common these behaviors are among their peers, and this can influence their own choices.⁴⁰ Providing accurate, relevant information in a nonjudgmental way can help youth better understand what their peers are actually doing, what risks may be involved, and how to make safe choices.^{41,42}

It is important for youth-supporting professionals to stay up to date on information, including the slang or “[street names](#)⁴³” for drugs, and to [understand](#)⁴⁴ how those drugs impact the body. In addition, information about regional and national trends on substance use among youth can be helpful. For more information on how to track trends in your community, see the list below. These resources can help professionals stay informed and discuss trends with youth in accurate, nonjudgmental ways:

- [Monitoring the Future](#) is an ongoing study at the University of Michigan that conducts annual surveys of more than 25,000 adolescents and young adults on attitudes and behaviors related to drug use. The project regularly publishes data on prevalence and emerging trends.⁴⁵
- The [Youth Risk Behavior Surveillance System](#) (YRBSS) is the largest public health monitoring system in the United States focused on high school students. YRBSS tracks and publishes health-related behaviors, including sexual behavior, substance use, and social media use.⁴⁶
- The [National Survey on Drug Use and Health](#) (NSDUH) provides nationally representative data on substance use, substance use disorders, mental health, and receipt of substance use and mental health treatment among U.S. residents age 12 and older. NSDUH data are used to generate national, regional, and state-level prevalence estimates, which can be viewed by age group on interactive maps.⁴⁷

Youth-supporting professionals do not need to present detailed data on sexual behavior and substance use to youth. Instead, they can use information to answer questions accurately, correct misperceptions about what “everyone” is doing, and connect youth to credible information when needed.





What can you do to provide accurate information about peer norms and trends related to substance use and sexual activity?

Talk with youth openly about different substances, the different names they are called, how they affect the body and mind, and their risks and side effects. Youth may use slang or euphemisms, so stay up to date on slang and jargon used in your community. Discuss questions about sexual activity using accurate language and in a non-stigmatizing way. When youth say that “everyone” is using substances or having sex, respond with curiosity and accurate information rather than judgment. For example, the scenario below shows how a youth-supporting professional might correct a misperception while talking with a young person:

- **Youth:** Everyone drinks at parties. If you don’t, you’re basically the only one.
- **Professional:** It can definitely feel that way, but actually a lot of teens don’t drink at all or drink less than people think. Research shows that many high school students choose not to drink.
- **Follow-up:** Do you feel like it’s really everyone, or just certain groups of people?

Encourage youth to build prosocial peer relationships.

Prosocial peers are those who generally support or help others and model positive behaviors; research suggests they can help protect against substance use in their peer groups.^{48,49} When youth are surrounded by peers who value safety, respect boundaries, and engage in positive activities, they are less likely to be encouraged to use substances or to see substance use as acceptable.⁵⁰ In prosocial peer groups, youth encourage one another to make healthy, safe, and constructive choices, such as helping others, respecting boundaries, and discouraging harmful behaviors.⁵¹ Relationships with prosocial peers, such as peer-to-peer mentors, are associated with positive social, academic, and health-related behaviors.^{52,53}

Prosocial peer relationships can encourage youth to:^{54,55,56}

- Spend time with friends who respect their choices.
- Support friends who say no to substances or unsafe sex.
- Create group norms around safety and respect.

Prosocial peer relationships can also create a strong sense of belonging, which can reduce the pressure some youth may feel to seek acceptance through engaging in peer pressure (including related to substance use or sexual activity).^{57,58,59,60} In this way, prosocial peer relationships serve as both a buffer against negative influences and a source of support that promotes resilience and well-being.



What can you do to encourage youth to build prosocial peer relationships?

Create opportunities for youth to take on meaningful leadership roles, such as co-facilitating activities or discussions with other youth. Support youth in building skills that strengthen positive relationships, including how to initiate contact, check in on friends, and maintain supportive connections. Teach and give youth opportunities to practice ways to recognize and respond to harmful or risky peer behaviors, including how to speak up safely or seek help from a trusted adult when needed.

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Conversation Strategies for Talking With Young People About Healthy Relationships

Matthew Rivas-Koehl, Mindy E. Scott, & Dane Rivas-Koehl





Activate partners with youth-supporting professionals, young people, and researchers to translate research and create research-based resources for professionals who support young people experiencing the justice system, the child welfare system, homelessness, or disconnection from school and work.





Training Goals

Introduce four key
elements of healthy
adolescent
relationships

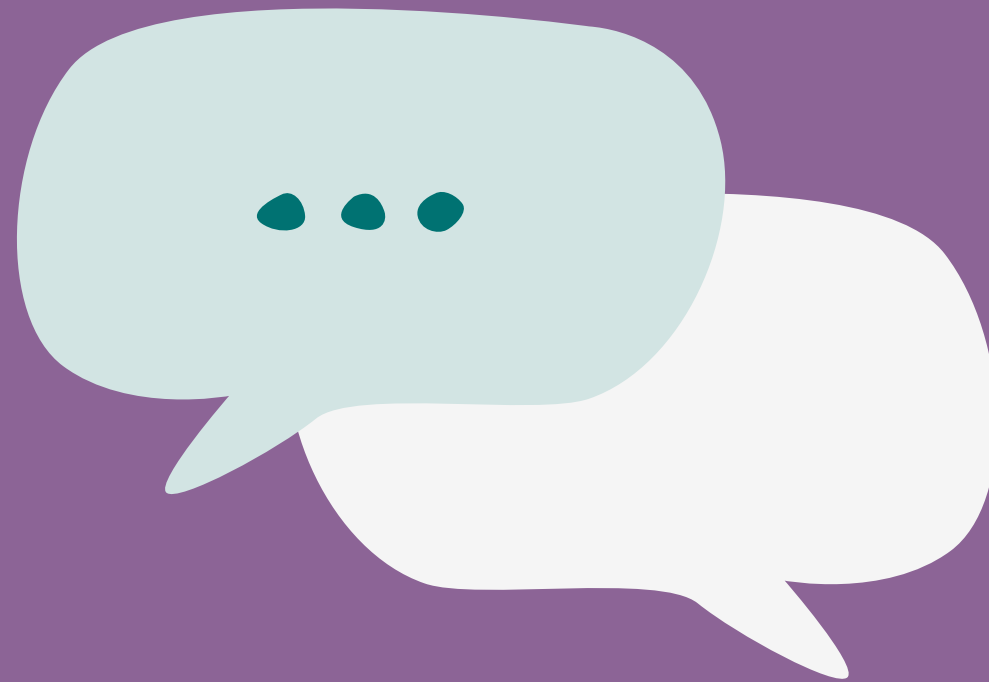
Share how to apply
knowledge about
these elements of
healthy
relationships in
your conversations
with youth

Discuss how to
navigate aspects of
youth relationships
in the context of
technology

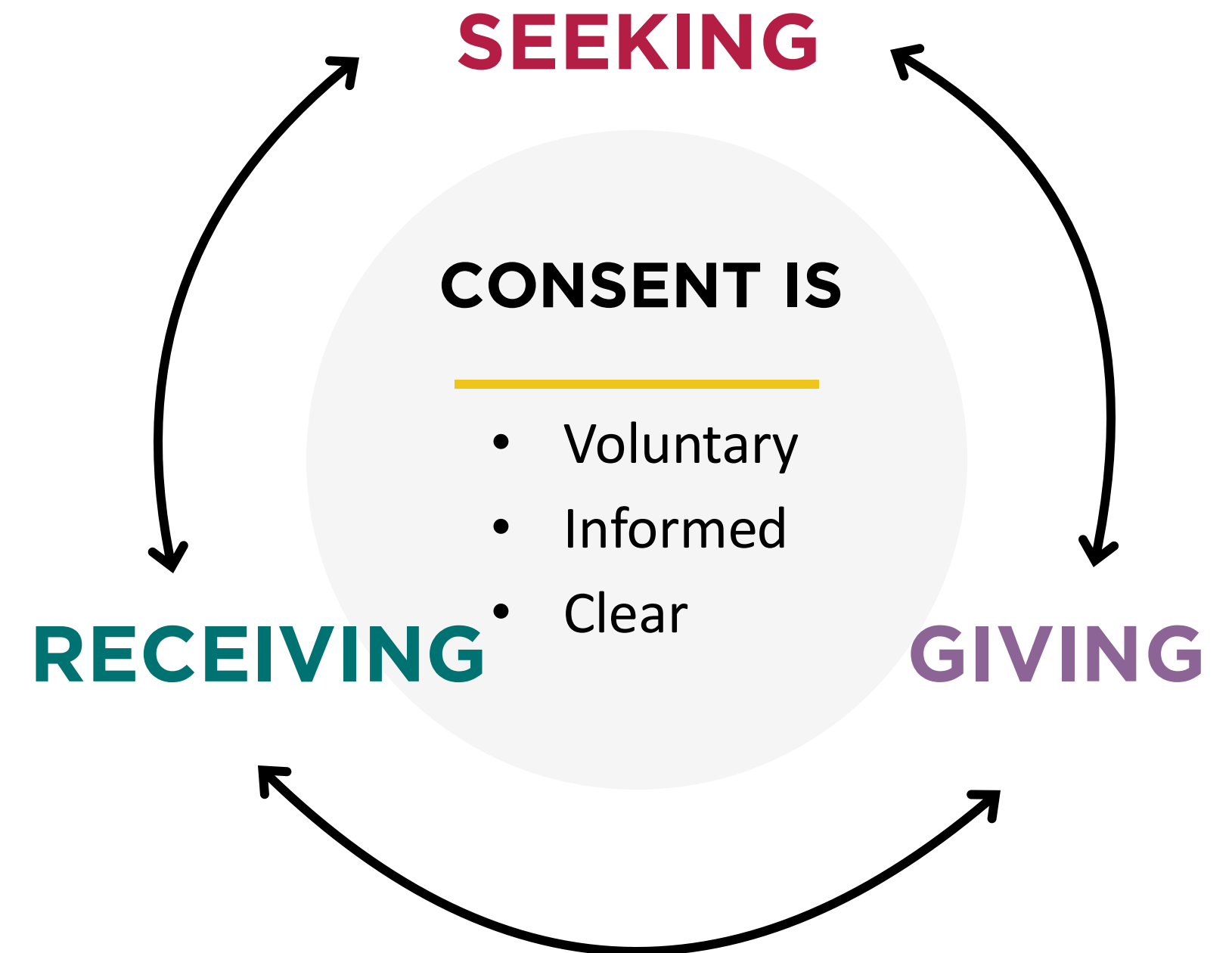
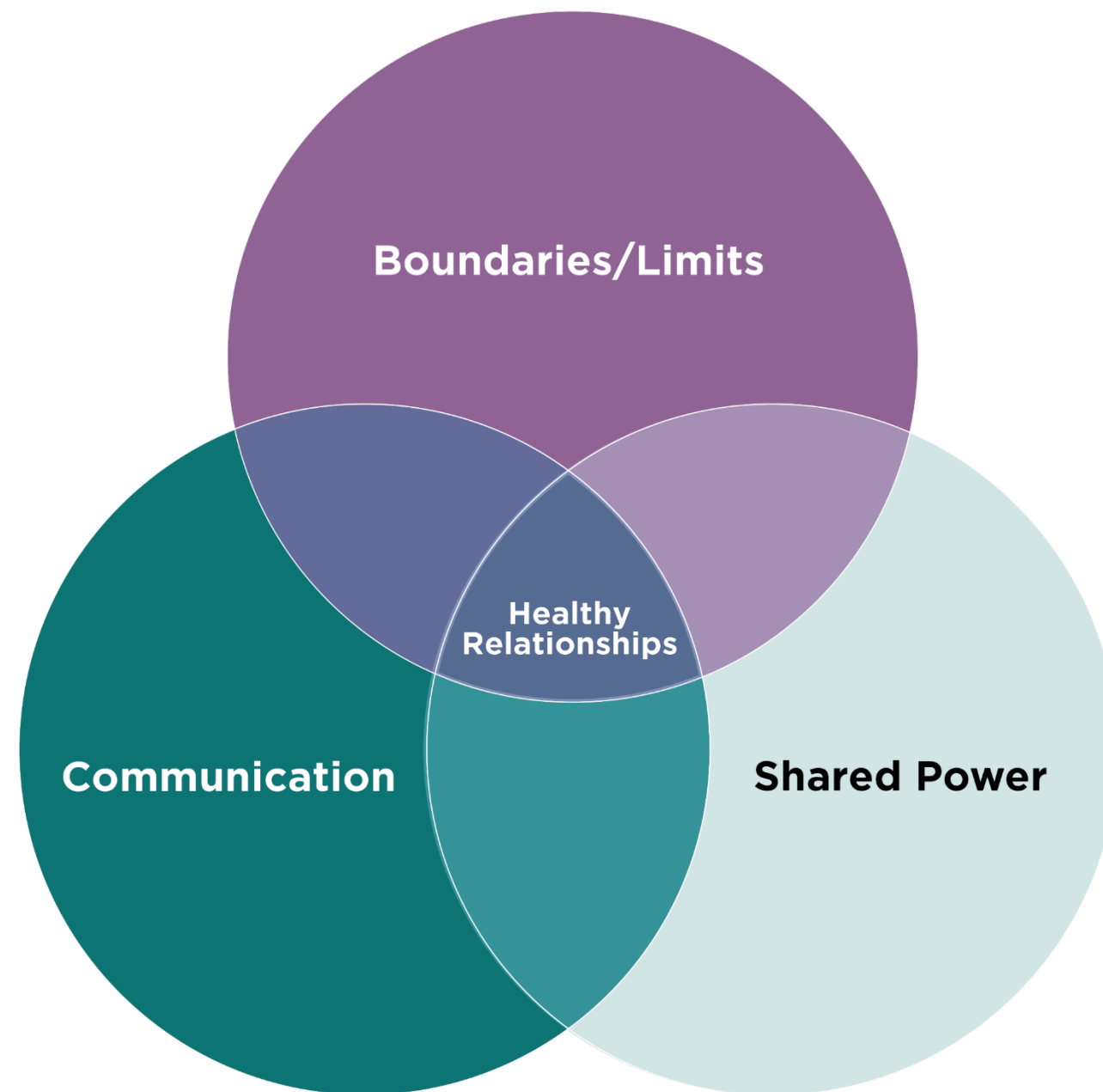


Handout Exercise 1

Reflecting on Talking With Young People



Healthy Relationships



Healthy Communication: *What to Know*





What Does Healthy Communication Look Like?

Active Listening

- Listening to understand, not just to respond

Clarity

- Clearly stating what you mean/your intentions
- Intentionally trying to see another perspective
- Not making assumptions





What Does Healthy Communication Look Like?

Emotional Regulation

- Being able to pause and come back to a conversation

Open to Repair

- Recognize missteps, apologize, compromise, and work to rebuild trust

Respect

- Handle sensitive topics with respect



Healthy Communication: *Talking With Young People*





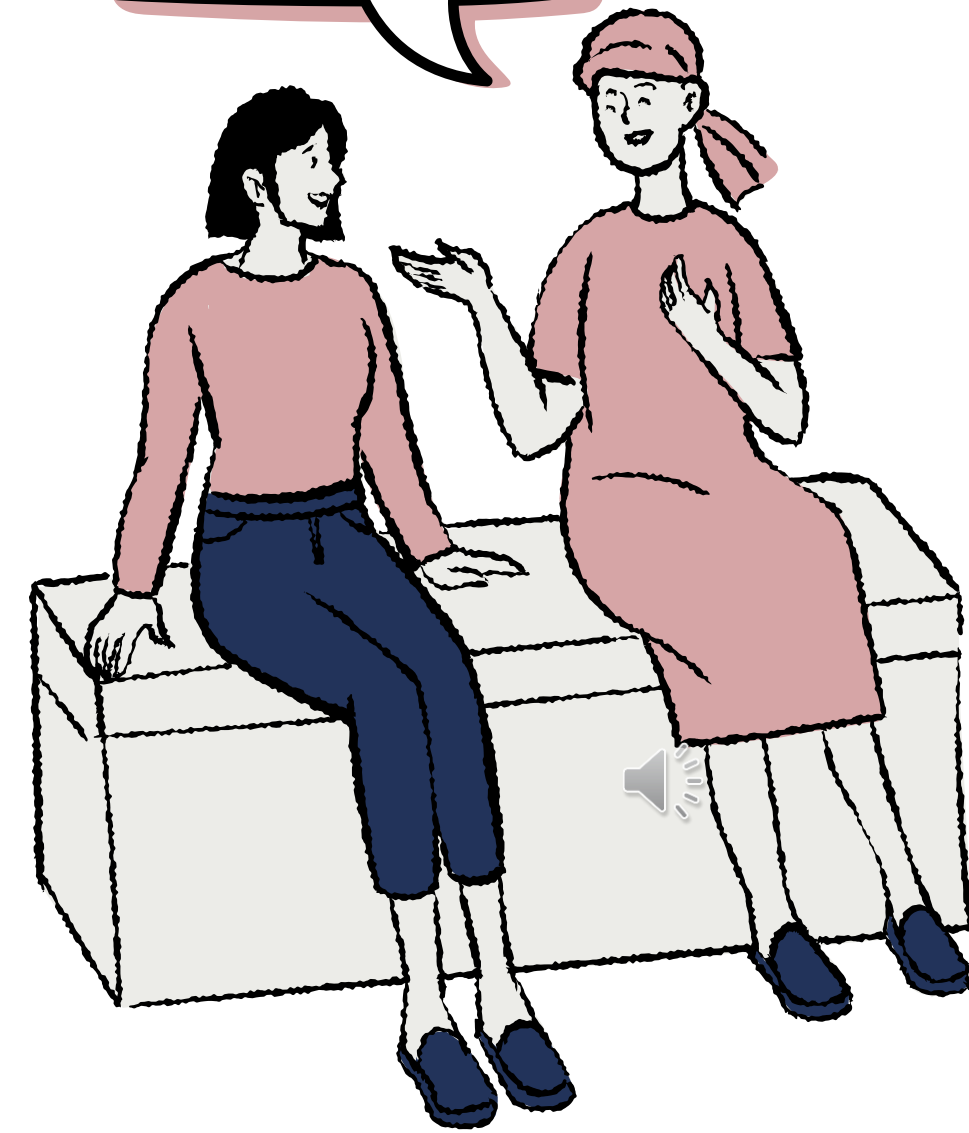
Model Healthy Communication

Ask direct questions to understand young adults' relationships

Avoid making assumptions about their experiences

Practice active listening using phrases

"What I'm hearing is XYZ. Did I get that right?"



Handout Exercise 2

Is this a communication issue,
a power issue, or both?



Shared Power:

What to Know





What Does Shared Power Look Like?

- 1 Decisions made together
- 2 Each person's needs matter
- 3 No one dominates, controls, or punishes to get their way



Shared Power:

Talking With Young People





Listen, Reflect, Explore

Listen

- What happened?
- How did it make you feel?
- Did you feel you had a choice?

Reflect

- What I am hearing is that you felt pressured. Is that right?

Explore

- What would shared power have looked like in the decision-making process about your dress?



Boundaries:

What to Know





Four Types of Boundaries

Physical

Touch, affection, sex,
personal space



Emotional

Sharing feelings, privacy
around past experiences



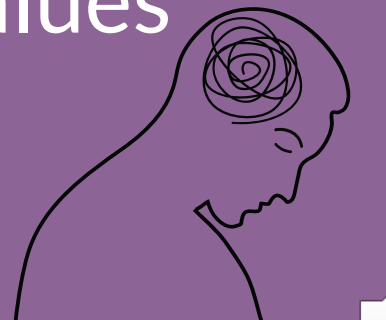
Material

Money, possessions,
phone access



Mental

Beliefs, opinions, values



Boundaries:

Talking With Young People





Strategies for Talking With Young People About Boundaries

Talk about boundaries in general before discussing boundaries in dating relationships

Consider asking youth to reflect through written prompts and share what they are comfortable sharing. For example:

- “What are 3 things that are deal-breakers for you in a relationship (e.g., breaking promises, other actions you won’t tolerate)?”
- “What’s one thing you do not share (e.g., clothes, phone, location)?”



Handout Exercise 3

Helping Young People Reflect on Boundaries



Consent:

What to Know





What Is Consent?

Voluntary, informed agreement

Ongoing and can change at any time

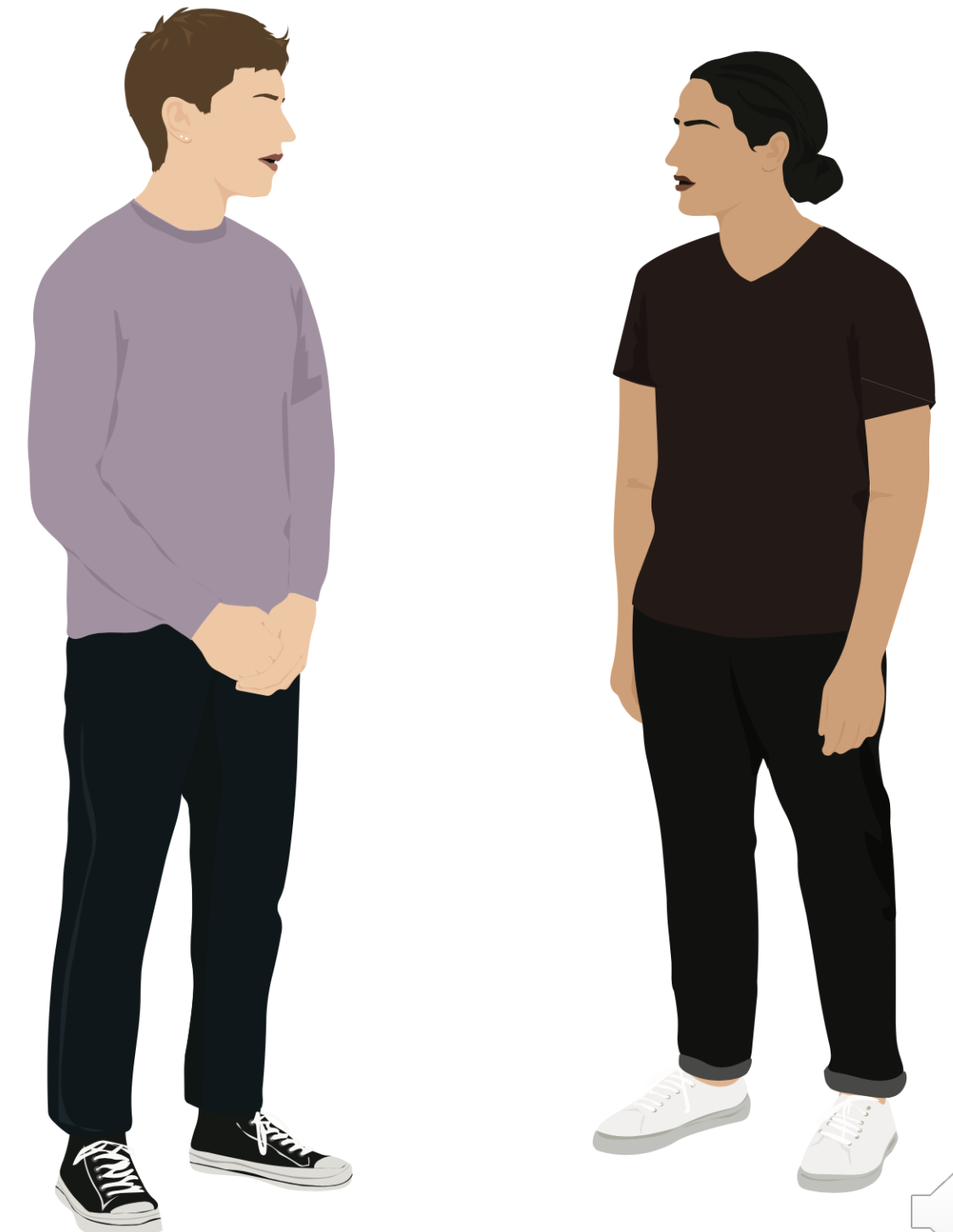
Pressure, fear, or impairment
cannot lead to consent

Verbal and nonverbal

The absence of a “no” does not mean “yes”

What parts of your body are you comfortable with me touching?

...I need time to think about that before going further.



Consent:

Talking With Young People





Ways Young People Communicate Consent

Type of Communication	Giving consent to engage in/continue sexual activity	Declining to engage in/continue sexual activity
	(Examples)*	(Examples)*
Verbal cues only	Providing direct, spoken communication agreeing to an activity ^{35,36}	Saying clearly and directly that you do <i>not</i> want to do something
	Before: “Yes, I’d love to do that!” ³⁷ During: “I really like this! I’d love to keep going.” ³⁸	Before: “No, I’d rather not do that.” ³⁹ During: “I’m not having fun anymore. I want to stop.” ⁴⁰
Nonverbal cues only	Displaying actions and/or body language to show you’re comfortable, interested, and/or in agreement with the activity ⁴¹	Displaying actions and/or body language to show you’re uncomfortable, not interested, and/or not okay with the activity
	Before: Excitedly nodding when someone suggests an activity in which you’d like to engage. ⁴² During: Taking a step closer or holding someone tighter during an interaction such as a hug. ⁴³	Before: Frowning and shaking your head or moving away when someone suggests an activity in which you do not want to engage. During: Pulling away from an interaction or pushing someone’s arms or hands away. ⁴⁴
Verbal and nonverbal cues	Using words <u>and</u> body language to show agreement	Using words <u>and</u> body language to show refusal
	Before: “Yeah, a hug sounds nice,” while opening your arms. ⁴⁵ During: “This is nice,” while leaning into the person you are hugging. ⁴⁶	Before: “No, I don’t want a hug,” while stepping away. ⁴⁷ During: “Please let go,” while pulling away from a hug. ⁴⁸

Source: Rosenberg, R., Rivas-Koehl, M., Mihalec-Adkins, B., Schlecht, C., Parekh, J., & Rivas-Koehl, D. (2025). A Practice Guide for Understanding Consent. Child Trends.
Note: The examples provided in the table are informed by research included in an accompanying research synthesis.



Handout Exercise 4

Helping Young People Practice Consent



Healthy Relationships and Technology:

What to Know





Technology and Relationships— Risks and Opportunities

Technology can facilitate community and connection,
but can also expose youth to harm

Things for youth-supporting professionals to be aware
of include:

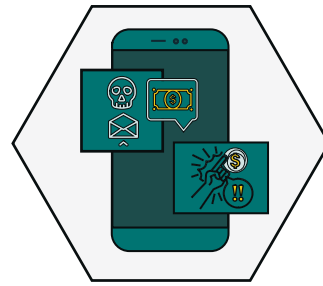
- Sexual cyberbullying and digital red flags
- Misinformation and disinformation



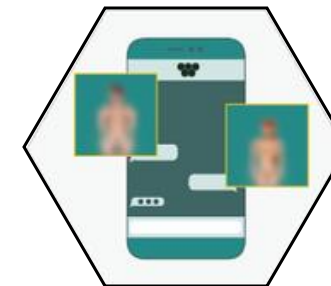


Sexual Cyberbullying: What Is It?

Sexual cyberbullying is a broad term used to describe any sexually aggressive or coercive behavior facilitated by technology to intentionally harm, embarrass, threaten, or intimidate another person.



Sextortion: Receiving or sending a message claiming that an explicit image will be shared online unless one complies with the sender's request



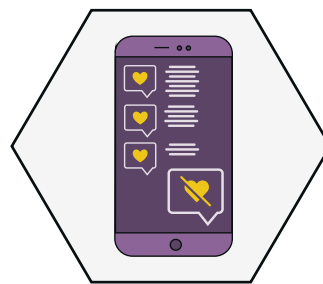
Revenge porn: Distributing photographs or videos of an ex-partner, obtained via hacking or other methods



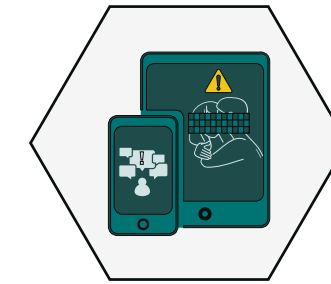
Online sexual harassment: Receiving or sending an unsolicited message on Instagram asking about what someone likes/is into sexually



Cyberstalking: Receiving/sending messages through a social media platform that one is being watched



Nonconsensual sexting: Receiving or sending a naked picture on Snapchat without consent



Cyberdating abuse: Finding hurtful comments about one's body on a partner's Instagram post

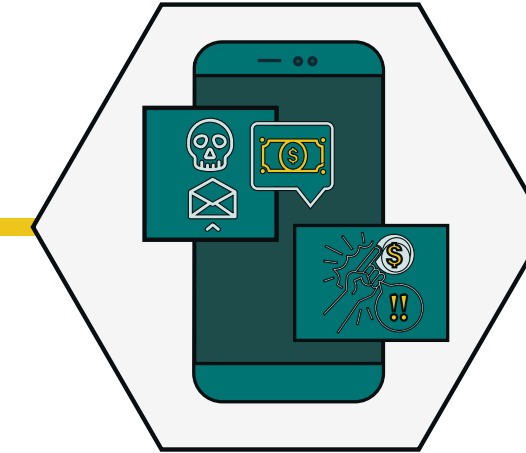


Sexual Cyberbullying Behaviors

WHAT IS THIS BEHAVIOR?

Non-physical way of forcing sexual favors by threatening to reveal evidence of someone's sexual activity.⁹

SEXTORTION

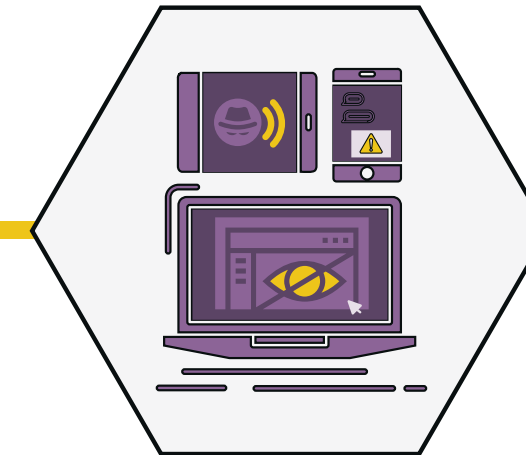


WHAT COULD IT LOOK LIKE?

Receiving or sending a message claiming that an explicit image (e.g., a nude) will be shared online unless one complies with the sender's requests.¹⁰

ONLINE SEXUAL HARASSMENT

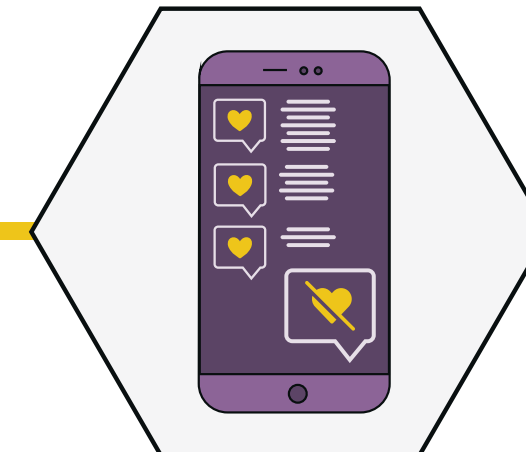
Unwanted sexual behavior on any digital platform.¹¹ This can occur between anyone, including family, friends, acquaintances, or strangers.



Receiving or sending an unsolicited message on Instagram asking about what someone likes/is into sexually.

NONCONSENSUAL SEXTING

Nonconsensual texting of sexually explicit messages or photos.¹² This can occur between anyone, including family, friends, acquaintances, or strangers.



Receiving or sending a naked picture on Snapchat without consent.

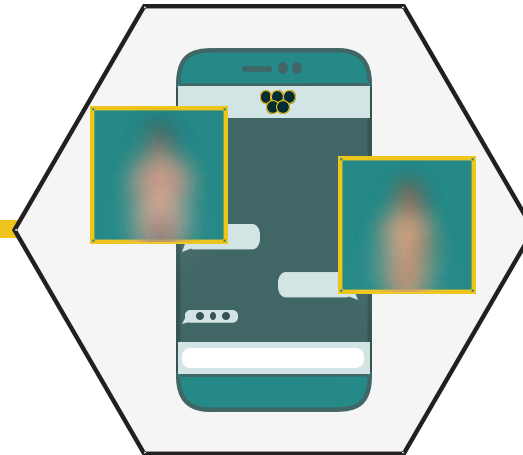


Sexual Cyberbullying Behaviors

WHAT IS THIS BEHAVIOR?

Revealing sexually explicit images or videos of a person on the internet without the consent of the subject to cause them distress or embarrassment.¹³

REVENGE PORN

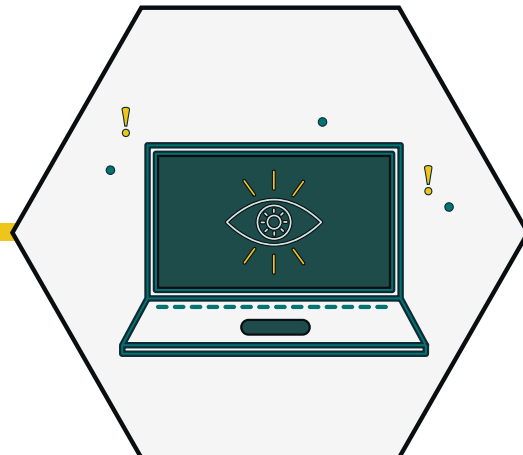


WHAT COULD IT LOOK LIKE?

Distributing photographs or videos of an ex-partner, obtained via hacking or other methods. Finding an explicit image or video of oneself that an ex-partner posted without consent after a breakup.

CYBERSTALKING

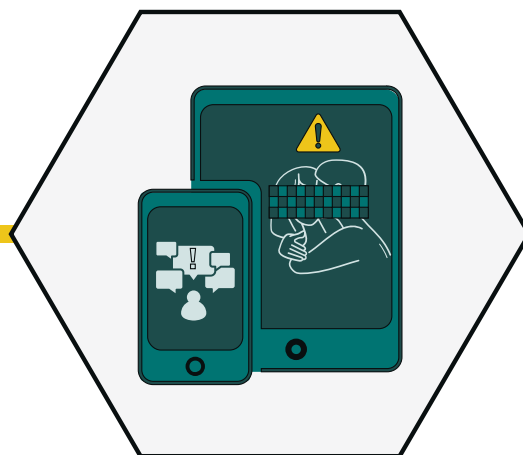
Using technology to repeatedly threaten, harass, or intimidate another person, making the other person concerned about their safety.¹⁴ This can occur between anyone.



Receiving/sending messages through a social media platform saying that one is being watched. This includes watching someone's social media to learn where they are and arriving uninvited.¹⁵

CYBERDATING ABUSE

Using technology to spread negative information (e.g., spreading rumors, talking badly about their body) or to direct aggression or control toward an intimate partner or romantic interest.¹⁶



Spreading rumors about a partner or romantic interest's sexual identity/orientation on an online gaming chat room. Or, finding hurtful comments about one's body on a partner's Instagram post.



Healthy Relationships and Technology:

Talking With Young People





Helping Young People Think About Healthy Relationships in a Digital World

Sample prompts

- “How do you and your partner use social media in your relationship?”
- “How fast is ‘fast enough’ to reply to a message or text?”
- “What would you do if someone pressured you to send a photo you did not want to?”

How youth can communicate digital boundaries to partners

- “I’m not sharing my password.”
- “I’m busy. I’ll reply when I can.”
- “Don’t post me without asking.”

Increase access to and use of accurate, research-informed information



Handout Exercise 5

Healthy Relationships in Digital Spaces



Final Considerations





Final Considerations

Balance between
guiding young
people and
respecting their
autonomy

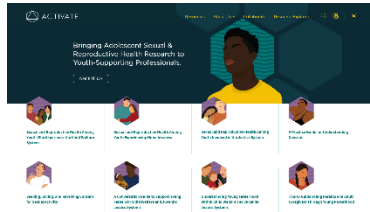
Meet young people
where they are

You don't need to
know everything





Stay Informed!



Website: activatecenter.org/



LinkedIn: linkedin.com/company/activate-collective





Acknowledgements: The authors would like to thank the many contributors to this resource. Experts who informed the resource include Chris Drescher and Morrigan Hunter. We also thank other Activate project team members who assisted in the development of this resource, including Amy Dworsky (co-Principal Investigator) and April Wilson (Project Director). We are grateful for the support of Child Trends staff who contributed to this resource, including Gabriella Guerra, Karlee Naylor, Kristen Harper, Marta Alvira-Hammond, Olga Morales, Catherine Nichols, Brent Franklin, and Stephen Russ.

Suggested Citation: Rivas-Koehl, M., Scott, M.E., & Rivas-Koehl, D. (2026). Conversation strategies for talking with young people about healthy relationships (Recorded training). Child Trends.



Conversation Strategies for Talking With Young People About Healthy Relationships

Participant Training Guide

Name: _____ Date: _____

How to use this handout

Use this handout while watching the [pre-recorded training](#). When prompted, pause the [video](#), write your responses, and then resume. The goal is not to have perfect answers; rather, it is to practice asking questions that center young people's perspectives and experiences, identify healthy and unhealthy relationship dynamics, and plan how you might use these strategies in your own setting.

Learning objectives

- Describe key elements of healthy adolescent relationships.
- Use practical conversation strategies to talk with young people about healthy relationships.
- Help young people safely navigate digital-based relationships.

Exercise 1: Reflecting on talking with young people (Slide 5)

Before the training moves into strategies, take a moment to think about why conversations about healthy relationships can be challenging for youth-supporting professionals.

What can make it difficult to talk with young people about healthy relationships?

What do you want young people to feel during these conversations with you?

Safety reminder

If a situation may involve interpersonal violence, coercion, stalking, threats, sexual exploitation, or fear of retaliation, prioritize safety and follow your organization's reporting, referral, and safety-planning protocols. Do not put responsibility on a young person to confront someone when doing so may increase the level of risk to them.



Exercise 2: Is this a communication issue, a power issue, or both? (Slide 14)

Scenario: Jordan tells Kate that she should wear a certain dress to prom. Kate wears the dress even though she does not want to because she is not sure how to discuss the issue with Jordan.

2A. What additional information would you need?

Area to explore	Questions to consider
Choice and pressure	Did Kate feel like she could say no? Was she worried about how Jordan would respond?
Pattern over time	Has Jordan made decisions for Kate before? Does this happen with clothes, friends, social media, money, transportation, or plans?
Reaction to disagreement	What happens when Kate disagrees with Jordan? Does Jordan listen, become angry, guilt-trip her, threaten her, or punish her?
Safety and fear	Is Kate afraid of Jordan? Has there been intimidation, monitoring, threats, or physical harm?
Support and autonomy	Who does Kate feel comfortable talking to? What would she want to do next?

2B. Draft follow-up questions for Kate that center the perspective of young people.

Write questions that are open-ended, nonjudgmental, and grounded in curiosity. Before you fully understand the situation, avoid assuming that Kate is overreacting or that Jordan is abusive or telling Kate what to do.

Questions for Kate:

2C. Draft a prompt Kate could use with Jordan, if it feels safe to her.

In real situations, first consider whether it would be safe for the young person to raise the issue directly.

One thing Kate could say to Jordan:

→ Sample follow-up questions you could adapt:

- How did you feel when Jordan told you what to wear?
- Did you feel like you had a choice?
- What do you think would have happened if you had said you wanted to wear something else?
- Is this the kind of thing that has happened before, or did it feel unusual?

→ Sample prompts Kate could adapt:

- When you told me what to wear, I felt pressured. I want us to make suggestions without making each other feel controlled.
- I am open to hearing your opinion, but I want the final choice about my clothes to be mine.
- Next time, can we talk about what we each like without making it feel like one person gets to decide?

Exercise 3: Helping young people reflect on boundaries (Slide 23)

3A. Write general boundary-related questions you could ask young people.

Try to write questions that do not require young people to disclose personal experiences unless they choose to.

Questions about everyday boundaries:

Questions about relationship boundaries:

Examples of boundary reflection questions

Boundary focus	Questions young people could reflect on
Values and deal-breakers	- What are three things that help you feel respected in a relationship? - What is one deal-breaker for you in a friendship or dating relationship?
Physical boundaries	- How do you know when physical affection feels okay to you? - What could someone say or do to check in before touching you?
Emotional boundaries	- What parts of your life do you like to keep private until trust has been built? - What does it look like when someone respects your feelings?
Material and digital boundaries	- What is something you do not share, such as clothes, money, your phone, passwords, or location? - What would you want someone to ask before posting a photo of you?
Communication boundaries	- How fast is fast enough to reply to a text? - What could you say if you need time before responding?

3B. Practice turning a boundary into language.

Choose one boundary and write a sentence a young person could use to communicate that boundary clearly.

Boundary:

Language to communicate boundary:

Exercise 4: Helping young people practice consent (Slide 28)

Sometimes young people may struggle to figure out how to communicate consent in practice. Use this exercise to help you practice becoming more comfortable talking to young people about communicating consent in their everyday lives.

Purpose	Example language
Ask clearly	• Can I kiss you? • Is this okay? • Do you want to keep going?
Check in	• Do you want to stop or keep going? • How are you feeling about this? • Do you want to slow down?
Decline or slow down	• I am not ready. • Let's slow down. • No, I do not want that. • I changed my mind.
Respect the answer	• Okay. Thanks for telling me. • We can stop. • I do not want you to feel pressured.

Write one consent check-in question you could use to help a young person practice:

Write one respectful response to hearing “no,” “not now,” or “I changed my mind”:



Exercise 5: Healthy relationships in digital spaces (Slide 32)

Technology can support connection, identity exploration, and relationships across distance. It can also create opportunities for pressure, monitoring, harassment, image-based abuse, and other harms. Use this exercise to connect digital behavior back to communication, shared power, boundaries, and consent.

5A. What concerns you, and what concerns young people?

What concerns me as a youth-supporting professional?	What have I heard about that concerns young people?

5B. Connect digital concerns to healthy relationship concepts.

Digital situation	What relationship concept does it connect to?
Someone expects immediate replies and becomes angry when the young person does not respond.	Communication boundaries; shared power; possible monitoring or control
Someone pressures a young person to send a sexual photo.	Consent; boundaries; pressure cancels consent
Someone shares a private image, message, or screenshot without permission.	Consent; trust; privacy; digital boundaries
Someone asks for passwords or location access as proof of trust.	Material/digital boundaries; shared power; potential coercion or surveillance
Someone posts a photo of a young person without asking.	Consent; digital boundaries; respect

Closing reminder

You do not have to solve every relationship issue in one conversation. Your role is to create space, ask good questions, model respect, help young people reflect, and follow appropriate safety protocols when concerns arise.



Acknowledgements

The authors would like to thank the many contributors to this resource. Experts who informed the resource include Chris Drescher and Morrigan Hunter. We also thank other Activate project team members who assisted in the development of this resource, including Amy Dworsky (co-principal investigator) and April Wilson (project director). We are grateful for the support of Child Trends staff who contributed to this resource, including Gabriella Guerra, Karlee Naylor, Kristen Harper, Marta Alvira-Hammond, Olga Morales, Catherine Nichols, Brent Franklin, and Stephen Russ.

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Conversation Strategies for Talking With Young People About Healthy Relationships

Matthew Rivas-Koehl, Mindy E. Scott, & Dane Rivas-Koehl

Training Script

Slide 1: Conversation Strategies for Talking With Young People About Healthy Relationships

Hello, and thank you for listening to this recorded training on talking with young people about healthy relationships! The training is offered by Activate – the Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-supporting Professionals. My name is Matthew Rivas-Koehl and I am one of the leads at the Activate Center who supports our research-to-practice translation products. I'm joined by my colleague Mindy Scott.

Slide 2: Activate partners with youth-supporting professionals, young people, and researchers to translate research and create...

Hello everybody. I lead the Activate Center and look forward to sharing guidance from a number of Activate's resources focused on having conversations with young people about different aspects of healthy relationships.

I want to start by saying a bit more about the Activate Center.

Activate is led by Child Trends in partnership with Chapin Hall and an external research alliance made up of practitioners, young people, and researchers. We aim to bridge the gap between research and practice. Specifically, we create research-based resources for use by professionals who support young people who experience the child welfare or justice systems, homelessness, or disconnection from school and work (we often call youth who are disconnected "opportunity youth").

The substantive focus of the center is translating research on the sexual and reproductive health of young people in their early teens through early twenties. As I mentioned, we are particularly interested in research that can be used by professionals who work with young people involved in systems, experiencing homelessness, or disconnected from school and work. And we interpret the concept of sexual and reproductive health broadly to include healthy relationships.

Slide 3: Training Goals

Our goal in this training is to keep this information as practitioner-focused as possible, really emphasizing considerations for youth-supporting professionals whenever we can. So we will introduce information about healthy relationships and share some tips about how to apply this information in practice. Then, we are also going to address how some of our information and tips about healthy relationships can apply in digital settings.

As we move through the presentation, you'll see that we introduce concepts, then move to how to apply them. We'll do that for each major concept that we cover.

Slide 4: Handout Exercise 1

Throughout the training, you will see five slides like this one. At each point, we will ask you to pause the training after our cue and turn your attention to the accompanying handout. The handout can be found [here](#). Our handout is meant to be a training tool that can help you follow along and practice some of the skills that we're talking about in the training.

The first exercise is a reflection. We've heard in our work with youth-supporting professionals that having conversations about relationships can be tricky. We'd like you to reflect on why this might be. Pause the training now and answer the accompanying questions for Exercise 1 in the handout.

Slide 5: Healthy Relationships

This slide gives a bit of a road map for key elements of healthy relationships that we are going to cover. On the left, you'll see that we at the Activate Center have emphasized communication, boundaries, and shared power as central to healthy relationships. We've also expanded upon this to explicitly include consent as another key element of healthy relationships. We are going to talk in more detail about each one of these factors. Of course, these are not the *only* elements of healthy relationships, but they are important ones.

I'm now going to hand it over to Mindy to get us started talking about healthy communication.

Slide 6: Healthy Communication: What to Know

Thanks Matthew! Ok, let's talk first about a few things to keep in mind about healthy communication.

Slide 7: What Does Healthy Communication Look Like?

Healthy communication requires several things. First, an essential component is active listening, which is where someone is really paying attention and reflecting back what they heard rather than just waiting for their turn to talk. Second, healthy communication also requires clarity, which means people say what they mean instead of expecting someone to read their mind. For the other person in

the conversation, this might include trying not to make assumptions and using active listening to clearly understand the other person.

Slide 8: What Does Healthy Communication Look Like?

Effective communication also includes elements of emotional regulation, or someone's ability to pause and come back to a conversation rather than react in the moment.

Healthy communication might also include the ability to repair, particularly when things get tough or may have gone wrong in a previous conversation. People misstep; disagreements happen. What matters is whether someone can recognize those missteps, apologize, compromise, and work to rebuild trust.

And finally, healthy communication means that sensitive topics such as sex, boundaries, and trust are handled with respect and empathy rather than pressure, ridicule, or avoidance.

One important point to emphasize with young people is that communication is a life skill. It is something people can practice and improve over time. Additionally, healthy communication is something that can always be modeled, including in your own interactions with young people.

Slide 9: Healthy Communication: Talking With Young people

Now let's shift from defining healthy communication to discussing how to talk about it with young people.

Slide 10: Model Healthy Communication

When you talk with young people about relationships—or really, any time you interact with young people—it's important for you, as the adult, to model healthy communication as you go. Here are some things you can do:

- Ask direct questions so you can better understand what is happening in the young person's relationship instead of guessing.
- Avoid making assumptions about what the young person meant, what they wanted, or how they felt. This is especially important because the same behavior can mean very different things depending on the context.

Active listening is especially useful here. You might say something like, "What I'm hearing is that you felt ignored when that happened. Did I get that right?" That kind of reflection communicates respect, slows the conversation down, and gives the young person a chance to clarify.

When you model these behaviors, this approach also shows young people that conversations about relationships do not have to feel like "interrogations" or awkward interactions. They can be collaborative, thoughtful, and grounded in trying to understand one another.

Slide 11: Handout Exercise 2

One practical way to help young people think about communication is by discussing scenarios. We'd like you to turn to the handout and draw your attention to Exercise 2, where we've provided an example scenario to work through.

The scenario: Jordan tells Kate that she should wear a certain dress to prom. Kate wears the dress even though she does not want to because she is not sure how to discuss the issue with Jordan.

This scenario is useful because it sort of sits in a gray area that warrants some conversation to figure out. On the surface, it may sound small. At the same time, it raises important questions like: Was Kate afraid to disagree? Did she feel pressured? Was this a one-time conflict or part of a broader pattern in the relationship?

Using scenarios like this helps young people practice how to distinguish between healthy and unhealthy dynamics without immediately putting them on the spot to disclose their own experiences. Pause the training now and work through the Exercise 2 activities in the handout.

Slide 12: Shared Power: What to Know

The example of Jordan and Kate gives us a natural segue into the next element of a healthy relationship: shared power.

Communication problems and power imbalances are not the same thing, but they can overlap. Sometimes what looks like a communication issue is really about control. So, when we talk with young people about healthy relationships, it is important to help them think not only about whether people are communicating well with one another, but also about how decisions get made and whose needs, values, and priorities count.

Slide 13: What Does Shared Power Look Like?

Shared power means that people in relationships make decisions together, rather than one person calling all the shots. It means each person's needs matter. In other words, each person should be able to freely express their needs and wants: No one dominates, controls, or punishes the other person in order to get their way.

This does not mean both people always want the exact same thing or that conflict never happens. It is perfectly normal for disagreements to arise and for people to want different things in a relationship. But shared power does mean there is room for both people's voices and preferences. In a relationship with shared power, disagreement does not automatically turn dark with elements of control like pressure, threats, guilt, or retaliation.

Understanding the concept of shared power can be helpful for young people because it shifts the question from "Did we argue?"—the answer to which might be "yes," even in a healthy relationship—

to “How did that decision happen, and did everyone involved really have a say?” That is often a more revealing question.

Slide 14: Shared Power: Talking With Young People

When talking with young people about shared power, it can help to return to a concrete example rather than keep the conversation abstract. Shared power becomes easier to recognize when young people can picture what decision-making, influence, pressure, and choice actually look like in a specific situation.

Slide 15: Listen, Reflect, Explore

Let's revisit the scene with Jordan and Kate. Young people like Kate may come to you to talk about what happened. You might start by listening. You could ask, “What happened?” “How did that make you feel?” or “Did you feel like you had a choice?” Those questions invite the young person to elaborate on the experience and how they felt without leading them toward a particular answer.

Then reflect back what you are hearing. For example, “What I’m hearing is that you felt pressured. Is that right?” Reflection helps young people feel understood and gives them a chance to confirm or correct your interpretation.

Next, explore by probing the situation a bit more. You might ask, “What would shared power in that decision have looked like?” This question helps move from simply naming a problem to imagining a healthier dynamic. It gives young people language not only for what felt off, but for what they might want instead in a relationship.

Notice that, here, we are talking with young people about shared power by using the elements of healthy communication that we just discussed—you can see how there is overlap.

Now I am going to pass it over to Matthew to talk about two more key elements of young people’s healthy relationships.

Slide 16: Boundaries: What to Know

Thanks Mindy. I am going to cover the concepts of boundaries and consent. I think shared power transitions nicely to thinking about boundaries. Shared power is partly about whether both people’s needs, preferences, and limits matter in a relationship, while boundaries help us make that determination more concrete. They give us language for what feels okay, what does not, and what respect looks like in practice. Discussing boundaries also reminds us that healthy relationships are not just about liking or caring about someone but also about respecting them as their own independent person.

Slide 17: Four Types of Boundaries

Boundaries are personal limits that communicate what someone is and is not comfortable with, including what they choose to share, consent to, or participate in. Boundaries vary by person, but it can be helpful to organize them into four broad categories.

Physical boundaries involve touch, affection, sex, and personal space.

Emotional boundaries involve sharing feelings and privacy around past experiences.

Material boundaries can include those around money, possessions, or access to things like a phone.

And **mental or intellectual boundaries** involve beliefs, opinions, and values.

One useful thing to emphasize with young people is that not everyone will have the same boundaries, and that is okay. A boundary that feels very important to one person may not feel as important to another. What matters is whether those boundaries can be communicated and respected. And notice how this distinction ties back to both communication and shared power!

Slide 18: Boundaries: Talking With Young people

When talking with young people about boundaries, it can help to start in a broad way. Some young people may be more comfortable thinking about boundaries in friendships, family relationships, or daily life before applying those ideas to dating or romantic relationships.

This framing can reduce pressure and help young people engage in some reflection first. Then, once there is more comfort and clarity, you can move toward relationship-specific examples.

This also helps keep the conversation from feeling like a test. The goal is to help young people identify what matters to them and practice putting that into words.

Slide 19: Strategies for Talking With Young People About Boundaries

A practical strategy is to talk about boundaries in general before jumping straight into dating. You might ask about boundaries with friends, roommates, family members, or classmates. That can help young people identify the concept before attaching it to a more personal or emotionally charged context.

It can also be helpful to give young people structured opportunities to reflect. Writing prompts can work well because they allow time to think and do not require personal disclosure. For example, you might ask the young people to reflect and write about, “What are three deal-breakers for you in a relationship?” or “What is one thing you do not share, such as your clothes, your phone, or your location?”

The goal here is not to force disclosure. It is to help young people identify their own limits and begin practicing language for expressing them.

Slide 20: Handout Exercise 3

Let's pause again for a quick exercise. Consider what other questions you could ask to help young people reflect on and talk about their personal boundaries. You might think about questions that help them define what matters to them, imagine what respect looks like, or identify how someone could communicate a boundary clearly. Consider the different types of boundaries as you do this.

Questions can also stay general rather than personal if that feels more appropriate for the young people you work with.

Pause the training now and complete Exercise 3 in your handout.

Slide 21: Consent: What to Know

Now that we have talked about boundaries, let's cover consent. Consent is a clear intersection of communication, power, and boundaries. If boundaries help a person identify their limits, consent is about whether there is clear, voluntary, and informed agreement around what is happening. That's why consent is not just a one-time checkbox: It's an ongoing process grounded in choice, information, communication, and respect.

Slide 22: What Is Consent?

At its core, consent is voluntary, informed, and enthusiastic agreement. Consent is ongoing, which means it can change at any time. A person can agree to something and then decide they do not want to continue. Pressure or fear (or impairment due to substances, for example) can never lead to consent because they undermine a person's ability to choose freely.

Critically, consent can be communicated both verbally and nonverbally, although a combination of both is always best because it reduces ambiguity. And one myth we want to challenge clearly is the idea that the absence of a "no" means "yes." It does not.

Now, even though we often think about consent in the context of romantic relationships and sex, consent is important across contexts and relationships. For example, people can discuss consent in the context of sharing food, looking at someone's phone, or posting pictures of another person.

When talking with young people, it can be helpful to keep bringing consent back to real questions like, "Was there a choice?" "Was the person informed?" "Was there pressure?" "Could they change their mind?" To connect back to other elements of healthy relationships, we can use a question like, "Were that person's boundaries understood and respected?"

Slide 23: Consent: Talking With Young People

When we move into talking with young people about consent, examples matter. Consent can feel abstract until young people hear what it actually sounds like in practice. Because we've already

talked about boundaries, you can frame consent as a way for people to actively communicate and honor those boundaries in real time.

Slide 24: Ways Young People Communicate Consent

This slide provides concrete examples of how young people might communicate consent. As you can see, there isn't just one perfect phrase or way to ask, and both verbal and nonverbal cues matter. No matter what, consent should involve a clear ask, clear check-ins, and/or clear responses.

Examples of asking for consent might include questions like, "Can I kiss you?" or "Is this okay?" Examples of checking in might sound like, "Do you want to keep going?" or "Want to stop or keep going?" And examples of declining or slowing down might sound like, "I'm not ready," "Let's slow down," or "No, I don't want that."

For youth-supporting professionals, these examples can be useful because they make the conversation specific. They give young people language they can recognize, practice, and use. You can find this visual and more tips in our consent TA tool linked here too!

Slide 25: Handout Exercise 4

Even if young people have a solid understanding of what consent is and why it is important, they may still feel uncomfortable communicating consent, or struggle with how to bring it up. Exercise 4 in your handout is meant to help you as a youth-supporting professional become more comfortable with helping young people practice consent. Pause the training now and complete Exercise 4 in your handout.

Slide 26: Healthy Relationships and Technology: What to Know

We've now covered several key concepts of healthy relationships. In this final section, we want to briefly address how these concepts can play out (or not) online.

Slide 27: Technology and Relationships - Risks and Opportunities

Using technology to communicate, such as texting, DMs, social media, and video calls, are important ways that young people communicate and connect with one another. This can be particularly true for young people who have more trouble doing so in-person. (This goes back to that communication piece of healthy relationships we discussed.) For example, technology can help young people stay in touch, explore their identities, and maintain relationships across distances. But, in some cases, it can also expose them to harm.

The point here is not to debate whether technology is good or bad, but to be aware that healthy and unhealthy relationship dynamics—including those related to communication, power, boundaries, and consent—can occur online as well.

It is useful for youth-supporting professionals to stay aware of the digital contexts young people navigate—including current platforms, norms, and trends—because these contexts shape how relationship dynamics are experienced and interpreted. On the next slide, we will dive more into cyberbullying and what to watch for with that. I also want to highlight that experts are increasingly concerned about mis- and disinformation online: This goes for both young people *and* the rest of us too. We all might receive information that influences our ideas about how technology influences relationships, and it's important to question the motives behind that information and its source. In other words, I am reminding us all of something we might have heard many times: You can't trust everything you see online!

Slide 28: Sexual Cyberbullying: What Is It?

Sexual cyberbullying, which refers to a wide range of behaviors, is defined as any sexually aggressive or coercive behavior facilitated by electronic media. These actions are intended to harm, embarrass, threaten, or intimidate another person. The terms used for specific behaviors may overlap and are not always used consistently.

Sexual cyberbullying may have a detrimental effect on young people who have prior experiences with trauma, unstable living arrangements, and/or a lack of supportive adults in their lives. Furthermore, some of these young people may rely on digital platforms to stay connected with family and friends from whom they have been separated, increasing their risk for being a victim of sexual cyberbullying. However, sexual cyberbullying can happen to any youth, not just those who have experienced trauma or instability. It is important to be prepared to help all youth navigate relationships in a digital context.

For youth-supporting professionals, part of the work is helping young people recognize that harmful behaviors online represent harmful behaviors in their relationships. Connecting these behaviors back to other concepts we've discussed, consider how some of these experiences are clear indications of boundaries being violated or an imbalance of power in a relationship. In a minute, we'll talk through these types of harm in more detail. Pause here and take time to read through each definition. You can do this out loud if you are viewing in a group setting.

Slide 29: Sexual Cyberbullying Behaviors

All of these relationship concepts are at play when we think about sexual cyberbullying. Examples of sexual cyberbullying include sextortion, where someone is coerced into providing sexual images or favors under threat—this type of behavior connects directly to the idea of boundaries and what it looks like to violate boundaries, maybe resulting from power one has over another

Online sexual harassment involves sending unwelcome sexual messages or engaging in inappropriate behavior in digital spaces. This also relates to boundaries.

Nonconsensual sexting occurs when private, explicit images or messages are shared without consent, tying directly to consent and to healthy communication and boundaries.

Slide 30: Sexual Cyberbullying Behaviors

Revenge porn involves sharing intimate images or videos of someone to humiliate or harm them, often after a breakup: In this scenario, boundaries are violated, trust is broken, and no consent is present.

Cyberstalking refers to persistent and unwanted online monitoring, harassment, or threats.

Cyberdating abuse includes manipulative or abusive behaviors in online relationships, such as controlling someone's actions or spreading harmful content—definitely connecting back to shared power.

We provide these as examples of some behaviors or experiences that you might want to watch out for in terms of harm that can occur online, and how they connect back to healthy relationships.

Slide 31: Healthy Relationships and Technology: Talking With Young People

So how do we actually talk with young people about healthy relationships in digital spaces?

A useful starting point is to remember that many young people already understand the platforms they are using very well. What they may need help with is thinking through what healthy communication, consent, privacy, and boundaries mean within those platforms: That's where you can come in.

Slide 32: Helping Young People Think About Healthy Relationships in a Digital World

We can help young people think about what healthy relationships and boundaries mean in the digital world.

This slide offers a few concrete ways to start those conversations. You might ask, “How do you and your partner use social media in your relationship?” “How fast is fast enough to reply to a message or text?” or “What would you do if someone pressured you to send a photo you did not want to send?” These questions invite young people to think about expectations, pressure, and digital norms without assuming a problem.

It is also helpful to give examples of digital boundaries. A young person might say, “I’m not sharing my password,” “I’m busy. I’ll reply when I can,” or “Don’t post me without asking.” These and other examples make it easier to connect healthy relationships to online behavior.

Finally, encourage young people to look for accurate, evidence-informed information. Inaccurate or misleading messages about relationships are easy to find online, so source-checking matters.

Slide 33: Handout Exercise 5

You're almost to the end of the training and this is our last exercise in the handout. Now that we've introduced the digital context, reviewed several forms of sexual cyberbullying, and discussed strategies for talking with young people, pause the training and complete Exercise 5 in the handout.

After that, I am going to pass it over to Mindy to wrap us up.

Slide 34: Final Considerations

As we begin to wrap up, we want to leave you with just a few final considerations that can guide your practice across all of these topics.

Slide 35: Final Considerations

These reminders are meant to bring us back to the role of youth-supporting professionals like you all. You do not have to solve every relationship issue in one conversation. What matters is creating space for reflection, respect, and safer decision-making.

Guide young people toward making healthy relationship decisions but respect their autonomy by not telling them how to feel or what to do.

Meet young people where they are. Young people may vary with respect to their understanding of healthy relationships, their relationship experiences, and their capacity to consider new information.

You do not need to have all the answers; your role is to create space, ask good questions, model respect, and help young people reflect on what healthy relationships look and feel like in their lives.

Slide 36: Stay Informed!

Thank you for taking time to participate in this training. If you would like to learn more about Activate or any of the resources mentioned in this presentation, please visit our [website](#) or [LinkedIn page](#).

Related Research and Resources

Citation	Informed Content on Slides:
Rosenberg, R., Naylor, K., Rust, K., Beckwith, S., & Woods, N. (2024). Healthy romantic relationships and youth well-being . Child Trends.	5-19, 32
Rosenberg, R., Naylor, K., Simone-Woods, N., Rust, K., & Beckwith, S. (2024). Crucial conversations about healthy romantic relationships: A toolkit for youth-supporting professionals . Child Trends.	
Rosenberg, R., Rivas-Koehl, M., Mihalec-Adkins, B., Schlecht, C., Parekh, J., & Rivas-Koehl, D. (2025a). A practice guide for understanding consent . Child Trends.	5-19
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Module 3: Violence Prevention and Intervention



What's Inside? Resources offer research-informed guidance for professionals working with young people at risk for experiencing workplace sex-based harassment, sex trafficking, and intimate partner violence.

Contents

Research on sex trafficking and intimate partner violence

- Definitions
- Prevalence
- Warning signs and risk factors
- Connections to system involvement and homelessness

Workplace harassment

- Defining sex-based harassment
- Identifying workplace risk factors
- Prevention and intervention strategies

Practical tools

- Conversation starters
- Screening and assessment tools
- Evidence-based programs and supports
- Resource directories and hotlines





Module 3 Navigation Matrix

Violence Prevention and Intervention

This matrix provides an at-a-glance overview of the resources in Module 3. Use it to quickly identify each type of resource, overlap with other module topics, and the population(s) of young people emphasized. Click a resource title below to jump directly to that resource!

Resource Title	Topic Overlap:		Young People Experiencing...
 A Research-Based Question and Answer Resource on Sex Trafficking for Youth-Supporting Professionals			✓ Child Welfare System ✓ Justice System ✓ Homelessness ✓ Disconnection
 How to Start a Conversation With a Young Person Who May Be a Sex Trafficking Survivor			
 A Research-Based Question and Answer Resource on Intimate Partner and Teen Dating Violence for Youth-Supporting Professionals			✓ Child Welfare System ✓ Justice System ✓ Disconnection
 How to Start a Conversation With a Young Person Who May Be Experiencing Intimate Partner Violence or Teen Dating Violence			

Resource Types:



Conversation Support



Q&A Resource

Topics:



Healthy Relationships



Violence Prevention & Intervention



Pregnancy & Parenting



Sexual & Reproductive Health Care



A Research-Based Question and Answer Resource on Sex Trafficking for Youth-Supporting Professionals

Colleen Schlecht, Amanda M. Griffin, & Melissa Kull

Sex trafficking is of growing concern to professionals who support young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work. Sex trafficking survivors (i.e., those who are currently being trafficked or who were trafficked in the past) may suffer a variety of short- and long-term physical and psychological consequences including sexually transmitted infections, unintended pregnancy, depression, post-traumatic stress disorder, substance abuse, malnutrition, and suicidality. These consequences can disrupt normative development and persist into adulthood.^{1, 2}

This resource provides answers to common questions that youth-supporting professionals may have about sex trafficking. Some of these questions may be of interest to all youth-supporting professionals, regardless of the young people with whom they work. Other questions may be of particular interest to youth-supporting professionals who work with young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work.

- What is sex trafficking?
- What are the signs a young person may be a sex trafficking survivor?
- How can you start a conversation with a young person who may be a sex trafficking survivor?
- What sex trafficking screening and assessment tools have been developed for use with young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school?
- What resources related to sex trafficking are available to young people who are sex trafficking survivors or youth-supporting professionals?
- How prevalent is sex trafficking among young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school?
- What are the links between sex trafficking and child welfare system involvement, justice system involvement, and experiencing homelessness?
- What evidence-based programs are available to help young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school who are at risk for or survivors of sex trafficking?

Activate: The Collective to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals aims to bridge the gap between research and practice in support of the Office of Population Affairs' mission to prevent unintended teen pregnancy and promote adolescent health. Activate translates research into practice by creating research-based resources for use by professionals who support young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from work and school (i.e., opportunity youth).

By providing research-based answers to these questions, this resource can help professionals appropriately respond to the needs of young people who experience with the child welfare and/or justice systems, homelessness, and/or disconnection from school and work who are at risk for or survivors of sex trafficking.

What is sex trafficking?

Sex trafficking is the crime of using force, fraud, or coercion to induce another individual to do a commercial sex act as defined by the Trafficking Victims Protection Act of 2000 (TVPA).³ Common types include escort services, pornography, illicit massage businesses, brothels, and outdoor solicitation. Under TVPA, **any commercial sexual activity with a young person under age 18, even without force, fraud, or coercion**, is considered trafficking.⁴ Sex trafficking of a minor is also referred to as the commercial sexual exploitation of children.

What are the signs that a young person may be a sex trafficking survivor?

A young person may be a sex trafficking survivor if they:⁵

- Want to stop participating in commercial sex but feel scared or unable to.
- Disclose that someone pressured them to engage in commercial sex.
- Live where they work or are transported by guards between home and their workplace.
- Live with or are dependent on a family member who is abusive or has a substance use problem.
- Have a “pimp” or “manager” in the commercial sex industry.
- Work in an industry where it may be common to be pressured into performing sex acts for money, such as a strip club, go-go bar, or an illicit cantina or massage business.
- Have a controlling parent, guardian, romantic partner, or “sponsor” who will not allow them to meet or speak with anyone alone or who monitors their movements, spending, or communications.

Importantly, **any commercial sexual activity with a young person under age 18, even without force, fraud, or coercion**, is considered sex trafficking.

How can you start a conversation with a young person who may be a sex trafficking survivor?

Before starting a conversation with a young person about sex trafficking, first ask yourself the following:

- Does the young person appear to be in crisis (e.g., threatening to harm themselves or others, unable to control their emotions or behaviors, under the influence of alcohol or other drugs)?
- Are you somewhere young people feel safe?
- Can you maintain confidentiality?
- Have you built enough rapport with the young person to ask sensitive questions?
- Do you know enough information about the young person to ask questions that are sensitive to their history of trauma or other adverse experiences?
- Do you believe you are the best person in your organization to have this conversation with the young person?

Following are some questions you can ask young people to determine if they are a sex trafficking survivor:⁶

- Are your communications (e.g., calls, emails, texts, chats, conversations) ever restricted or monitored?
- How do you get by day-to-day if you are living on the streets?
- Has anyone offered you something like food or a place to sleep in exchange for sexual favors?

New York State's Office of Children and Family Services has developed several child trafficking resources to facilitate conversations with young people about sex trafficking, including [Do's and Don'ts When Discussing Child Trafficking](#) with survivors and [Engaging in Conversations with Potential Survivors](#).

Between **15% and 40%** of young people experiencing homelessness report being a survivor of sex trafficking.



What sex trafficking screening and assessment tools can be used with young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school?

The following sex trafficking screening and assessment tools have been validated with young people involved with the child welfare system or experiencing homelessness.

The [Human Trafficking Screening Tool](#) for youth involved with the child welfare system, youth who have run away, and youth experiencing homelessness was developed and tested by the Urban Institute.²⁶

New York's Office of Child and Family Services (OCFS) requires the completion of a [rapid indicator tool](#) on behalf of all young people under age 18 who are under the care or supervision of a county Department of Social Services or OCFS to determine whether they are at risk for or a survivor of sex trafficking. A [Spanish language version](#) is also available.²⁷

The [Human Trafficking Interview and Assessment Measure](#) (HTIAM-14) is a human trafficking screening tool validated for use with 18 to 22 year-olds experiencing homelessness.²⁸ It can take up to 45 minutes to administer and requires an interviewer with human trafficking expertise.

The [Quick Youth Indicators of Trafficking](#) (QYIT) is a sensitive, brief, and user-friendly trafficking screening tool developed by Covenant House that is validated for use with homeless young adults.²⁹

The [Trafficking Victims Identification Tool](#) (TVIT) is a 30-item validated screening tool for identifying human trafficking survivors developed by the Vera Institute.^{30,31}

What resources related to sex trafficking are available to young people who are sex trafficking survivors or youth-supporting professionals ?

If you are working with a young person who you believe is a sex trafficking survivor, share the 24-hour National Human Trafficking Hotline that connects sex and labor trafficking survivors with services and supports.

- Phone number: 1-888-373-7888
- Text option (message and data rates may apply): Text 233733
- Live chat function: www.humantraffickinghotline.org/chat
- Submit a tip online using the anonymous online reporting form: <https://humantraffickinghotline.org/report-trafficking>

The following organizations provide additional sex trafficking resources and trainings:

- *Futures Without Violence*: Empowers individuals and organizations working to end violence against women and children around the world through programs, policies, and campaigns. For more information visit: www.futureswithoutviolence.org
- *Polaris*: Serves as a data hub for the anti-human trafficking field to support the social justice movement to fight sex and labor trafficking. For more information visit: <https://polarisproject.org/human-trafficking/>

- *Human Trafficking Search*: Global resource and research database on human trafficking. For more information visit: <https://humantraffickingsearch.org/traffickingresources>
- *Darkness to Light*: Offers a single session online training about the root cause of commercial sexual exploitation of young people under age 18 and why preventing sexual abuse is important for reducing the risk that young people will be sex trafficked. For more information visit: <https://www.d2l.org/education/additional-training/child-exploitation/>

How prevalent is sex trafficking among young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school?

Estimates of the prevalence of sex trafficking among young people in the U.S. are not available.⁷ Although several studies have examined the prevalence of sex trafficking among samples of young people experiencing homelessness, these samples are typically small and not representative of the homeless youth population.

Between 15% and 40% of young people experiencing homelessness report being a survivor of sex trafficking.⁸⁻¹²

Many young people experiencing homelessness who have been sex trafficked were first sex trafficked when they were under age 18. Depending on the study, between 36% and 86% of young people experiencing homelessness who were sex trafficked were under age 18 the first time they were trafficked.^{9,11} A study of young people seeking services for homelessness in 10 U.S. and Canadian cities found that 50% of those who identified as survivors of sex trafficking were under age 16 the first time they were trafficked.¹²

What are the links between sex trafficking and child welfare system involvement, justice system involvement, and experiencing homelessness?

Sex traffickers strategically target young people in foster care because their trauma histories coupled with the child welfare system's failure to provide a sense of belonging leave them vulnerable to exploitation.^{7,13-15} Sex traffickers also know where group homes are located and seek out young people in those placements, using cell phones first to entice them and then to control and track their whereabouts.

Young people in foster care, especially those in congregate care, often run away from their placements, which puts them at risk for sex trafficking. Some young people who run away end up on the street where they may be exploited by sex traffickers or recruited into sex trafficking by other young people who are being sex trafficked. They may also resort to "survival sex" to meet their basic needs.^{10,17}

Sex trafficking can lead to justice system involvement among young people. Historically, minors involved in the sex trade were criminalized by the justice system for prostitution and related offenses such as running away. Despite efforts by child advocates to shift the response to sex trafficking from punitive to restorative, sex trafficking survivors continue to be detained and incarcerated for offenses related to their sexual exploitation.¹⁸

Young people experiencing homelessness are at heightened risk for commercial sexual exploitation and sex trafficking. Many young people who are homeless resort to “survival sex” to meet their basic needs for shelter, food, and other essentials. Additionally, homelessness among young people often is a result of other risk factors for commercial sexual exploitation and sex trafficking such as poverty, family dysfunction,¹⁹ and a history of neglect, abuse, or other trauma.

What evidence-based programs are available to help young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school who are at risk for or a survivor of sex trafficking?

The **Runaway Intervention Program (RIP)** is an intensive home visiting and case management program that promotes the healthy development of 12 to 15 year-old girls who have run away and have been sexually assaulted or exploited. After an initial assessment, advanced practice nurses provide case management, healthcare, and health education at home and in school. Studies have found that RIP reduces risk behaviors, increases self-esteem, and helps runaway youth who identified as females reconnect to school and family.²⁰⁻²² For more information visit: <https://cdc.thehcn.net/promiseppractice/index/view?pid=3600>

Peer Education and Connection through Empowerment (P.E.A.C.E.) is a three-month, group- based, trauma-informed and peer-supported psychosocial intervention for 16 to 24 year-old girls who have experienced homelessness and sex-based violence, including sexual exploitation or trafficking. Group activities focus on health promotion and include psychoeducational sessions facilitated by a health promotion coordinator and two peer mentors. Evaluations of PEACE have found improvements in quality of life and reductions in experiences of victimization among participants 12 months post-enrollment,²³ as well as satisfaction with the intervention.²⁴ For more information visit: <http://kh-cdc.ca/en/project-profiles/peace.html>

One study found that **50%** of sex trafficking survivors seeking services for homelessness were **under age 16** the first time they were trafficked.



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How to Start a Conversation With a Young Person Who May Be a Sex Trafficking Survivor

Before starting a conversation with a young person about sex trafficking, first ask yourself the following:

- Does the young person appear to be in crisis?
- Are you somewhere young people feel safe?
- Can you maintain confidentiality?
- Have you built enough rapport with the young person to ask sensitive questions?
- Do you know enough information about the young person to ask questions that are sensitive to their history of trauma or other adverse experiences?
- Do you believe you are the best person in your organization to have this conversation with the young person?



Here are some questions you can ask young people to determine if they are a sex trafficking survivor:

- Are your communications (e.g., calls, emails, texts, chats, conversations) ever restricted or monitored?
- How do you get by day-to-day?
- Has anyone offered you something like food or a place to sleep in exchange for sexual favors?

If you are working with a young person you believe is a sex trafficking survivor, share the 24-hour National Human Trafficking Hotline.

www.humantraffickinghotline.org

Visit activatecollective.org for more information.

A Research-Based Question and Answer Resource on Intimate Partner and Teen Dating Violence for Youth-Supporting Professionals

Melissa Kull, Colleen Schlecht, & Amanda M. Griffin

Intimate partner violence (IPV) and teen dating violence (TDV) are of growing concern to professionals who support young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work. IPV/TDV have been linked to negative sexual and reproductive health outcomes among young people who experience the child welfare and/or justice systems and/or homelessness, including a lower likelihood of frequent condom use, unplanned pregnancy, and engaging in sex under the influence of alcohol and drugs.¹⁻³

This resource provides answers to common questions that youth-supporting professionals may have about IPV and TDV. Some of the questions may be of interest to all youth-supporting professionals, regardless of the young people with whom they work. Other questions may be of greater interest to youth-supporting professionals who work with young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work.

- What are IPV and TDV?
- What are the signs that a young person may be experiencing IPV/TDV?
- How can you start a conversation with a young person who may be experiencing IPV/TDV?
- What supports are available to young people experiencing IPV/TDV?
- What is the prevalence of IPV/TDV among young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school?
- What evidence-based programs are available to help young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school who are at risk for or experiencing IPV/TDV?

By providing research-based answers to these questions, this resource can help professionals appropriately respond to the needs of young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work who are experiencing or at risk for IPV/TDV.

Activate: The Collective to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals aims to bridge the gap between research and practice in support of the Office of Population Affairs' mission to prevent unintended teen pregnancy and promote adolescent health. Activate translates research into practice by creating research-based resources for use by professionals who support young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).



ACTIVATE

What Are Intimate Partner Violence (IPV) and Teen Dating Violence (TDV)?

[Intimate Partner Violence](#) (IPV) is any abuse between romantic partners who may or may not be living together.⁴ [Teen dating violence](#) (TDV) is IPV that occurs within the context of a dating relationship in which the partners are under age 18.

[IPV](#) can take different forms, including:^{5,6}

- **Physical violence:** Hurting or trying to hurt a partner using physical force. This includes hitting, shaking, kicking, pushing, biting, throwing objects, using a weapon, and strangulation.
- **Sexual violence:** Forcing or attempting to force a partner to take part in a sex act or sexual touching when the partner does not or cannot consent; posting or sharing sexual pictures of a partner without their consent; or sexting someone without their consent.
- **Psychological aggression:** Using verbal and non-verbal communication with the intent to mentally or emotionally harm or exert control over a partner.
- **Stalking:** Pattern of repeated, unwanted attention and contact by a current or former partner that causes fear or safety concerns.

What are signs that a young person may be experiencing IPV/TDV?

Young people may be in unhealthy or abusive relationships if they:⁷

- Report that their partner is intensely jealous or possessive.
- Become depressed, moody, or argumentative.
- Frequently check in with their partner.
- Have unexplained bruises, scratches, or burns on their body.
- Report symptoms (e.g., sore throat, headaches, or dizziness) that could be caused by strangulation.⁸
- Defer to the partner's every wish.
- Often apologize for their partner's behavior.
- Experience a change in academic performance.
- Are isolated from friends and family.
- Get visibly upset after phone calls or dates with their dating partner.

In studies of young people currently or formerly in foster care, **16% to 62%** of young women and **20% to 31%** of young men report being a victim of IPV/TDV.



- Are afraid of making their partner angry.
- Describe being “punished” by their partner through silence, humiliation, or force.
- Lose interest in activities.

How do you start a conversation with a young person who may be experiencing IPV/TDV?

These prompts are ways to start a conversation with a young person who may be experiencing IPV/TDV.^{9, 10}

1. Explain that a healthy relationship is one in which their partner cares about their happiness, understands that they have friends and a life outside of the relationship, does not pressure them to do anything, and values their privacy. Then express concern that they may not be in a healthy relationship.
2. Ask the young person if their partner ever...
 - a. Tries to stop them from seeing or talking to family or friends.
 - b. Calls them derogatory names, puts them down, or criticizes them.
 - c. Threatens or scares them.
 - d. Hits, slaps, pushes, or kicks them.
 - e. Pressures or forces them to do something sexual when they don't want to.
 - f. Humiliates them when they are alone or in front of others.
 - g. Controls where they go, what they wear, or what they do.
 - h. Gives them the silent treatment for not doing what they wanted.
3. Give the young person time and tools.
 - a. Encourage them to think about their relationship.
 - b. Assure them that you will be there for them if they want to talk.
 - c. Encourage them to talk with someone else if they are not comfortable talking with you.
 - d. Share resources that they might find helpful.

What supports are available to young people experiencing IPV/TDV?

If you believe a young person is experiencing IPV, share the National Domestic Violence Hotline, a 24-hour confidential service for survivors, victims, and those affected by domestic violence, intimate partner violence, and relationship abuse.

- Phone number: 1-800-799-SAFE (7233)
- Text option (message and data rates may apply): Text “START” to 88788
- Live chat function: <https://www.thehotline.org/>

If you believe a young person is experiencing TDV, share the National Teen Dating Abuse helpline, a 24-hour helpline for teens (ages 13-18) experiencing dating abuse.

- Phone number: 866-331-9474
- Text option (message and data rates may apply): Text "LOVEIS" to 22522
- Live chat function: <https://www.loveisrespect.org/>

How prevalent are IPV and TDV among young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school?

Research indicates that between 10% and 30% of young people in the general population experience IPV or TDV, with rates varying for males and females.⁹⁻¹¹ **Studies of IPV/TDV among young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school find similar rates**, although rates are often based on small, nonrepresentative samples.

Studies of young people currently or formerly in foster care have found that 16% to 62% of young women and 20% to 31% of young men have been a victim of IPV/TDV.^{2, 12-13} One of these studies also found that 30% of females with a history of child welfare system involvement had experienced reproductive coercion (e.g., partners telling them not to use birth control, taking a condom off during sex, or forcing them to have sex without using a condom).¹²

Sixteen percent of first-time, court-involved non-incarcerated females in a longitudinal study reported being the victims of physical dating violence, and court-involved males were as likely as court-involved females to report being victimized.^{14, 15}

Between one-fifth and one-third of the young people seeking drop-in services in Los Angeles reported being a victim of IPV.^{16, 17} In one study, 25% of the females and 22% of the males reported being the victim of IPV during the past year.¹⁶ In the other study, 31% of the young people who had been in a sexual relationship within the past year reported being a victim of IPV within the context of their most recent relationship.¹⁷

The only published study of IPV/TDV among young people disconnected from work and school found that 14% of young Black females enrolled in an employment training program reported being the victim of TDV.¹⁸ Data from the National Survey of Family Growth indicate that 13% of females and 7% of males who were disconnected from school and work had ever been forced to have sex by a male dating partner.¹⁹

What evidence-based programs are available to help young people at risk for or experiencing IPV or TDV?

Two evidence-based IPV/TDV prevention programs have been used with young people involved with the child welfare and/or justice system. We could not find documentation of these or similar programs being used with young people experiencing homelessness or disconnected from work and school in peer-reviewed or gray literature.

Break the Cycle's Ending Violence is a 3-day teen dating violence prevention curriculum designed for middle and high school students. Teens learn about preventing and safely ending abusive relationships; their legal rights and responsibilities; and building healthy relationships. Schools, community-based organizations, and juvenile detention facilities have used the curriculum.²⁰
https://www.violencepreventionworks.org/public/ending_violence.page

The Youth Relationships Project is an 18-session teen dating violence prevention program for 14 to 16 year-olds with a history of child maltreatment. This program aims to increase awareness about the signs of an abusive relationship and teach youth how to develop healthy relationships with dating partners. Youth learn about abuse and power dynamics in relationships, develop skills to avoid abusive relationship and resolve conflicts in non-violent ways, and become familiar with community resources from which they can seek help if they experience dating violence.^{21, 22}
<https://crimesolutions.ojp.gov/ratedprograms/467>

Between **one-fifth** and **one-third** of the young people seeking drop-in services in Los Angeles reported being a victim of IPV.



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- **Jennifer Farmer**, Healthy Teen Network

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How to Start a Conversation With a Young Person Who May Be Experiencing Intimate Partner Violence or Teen Dating Violence

Ask the young person if their partner has ever

- Tried to stop them from seeing or talking to family or friends.
- Calls them derogatory names, puts them down, or criticizes them.
- Threatens or scares them.
- Pressures or forces them to do something sexual when they don't want to.
- Physically hurts them.
- Humiliates them when they are alone or in front of others.
- Controls them.
- Gives them the silent treatment for not doing what they want.

Give the young person time and tools.

- Explain that a healthy relationship is one in which their partner cares about their happiness.
- Express concern that they may not be in a healthy relationship.
- Encourage them to think about their relationship.
- Assure them that you will be there if they want to talk and encourage them to talk with someone else if they are not comfortable talking with you.
- Share resources that might be helpful.



If you are working with a young person you believe is experiencing IPV or TDV, share the following hotlines:

- The National Domestic Violence Hotline: <https://www.thehotline.org>
- National Teen Dating Abuse Helpline: <https://www.loveisrespect.org>
- StrongHearts Native Helpline: www.strongheartshelpline.org



Visit activatecollective.org for more information.



Module 4: Pregnancy and Parenting



What's Inside? Resources address the unique experiences of young parents, with emphases on young fathers and parenthood in the contexts of child welfare or justice system involvement.

Contents

Research on:

- Adolescent and young adult pregnancy
- Challenges, strengths, and resilience among young parents
- Parenting while being parented
- Navigating co-parenting
- Impacts of early parenthood on family systems and conflict

Specific practice approaches

- Intergenerational approaches
- Engaging caregivers in services
- Building on family strengths

Guidance for working with young fathers

- Young fatherhood in the child welfare and justice systems
- Engagement strategies

Practical tools

- Conversation starters
- Reflection and follow-up prompts
- Perspective-taking activities
- Concrete tips





Module 4 Navigation Matrix

Pregnancy and Parenting

This matrix provides an at-a-glance overview of the resources in Module 4. Use it to quickly identify each type of resource, overlap with other module topics, and the population(s) of young people emphasized. Click a resource title below to jump directly to that resource!

Resource Title	Topic Overlap:		Young People Experiencing...
 Tips to Guide Young Parents and Adult Caregivers Through Young Parenthood			✓ Child Welfare System ✓ Justice System ✓ Homelessness ✓ Disconnection
 A Conversation Guide to Support Young Fathers in Child Welfare and Juvenile Justice			✓ Child Welfare System ✓ Justice System ✓ Disconnection

Resource Types:



Tip Sheet



Conversation Support

Topics:



Healthy Relationships



Violence Prevention & Intervention



Pregnancy & Parenting



Sexual & Reproductive Health Care

Tips to Guide Young Parents and Their Adult Caregivers Through Young Parenthood

Asari Offiong, Brittany Mihalec-Adkins, Lee Ann Huang, and Amy Dworsky

This tip sheet is for youth-supporting professionals who work with young parents who have experienced the child welfare or juvenile justice systems, homelessness, or disconnection from work and school. Its purpose is to provide guidance to these professionals about ways to help young parents and their adult caregivers navigate adolescent parenthood.

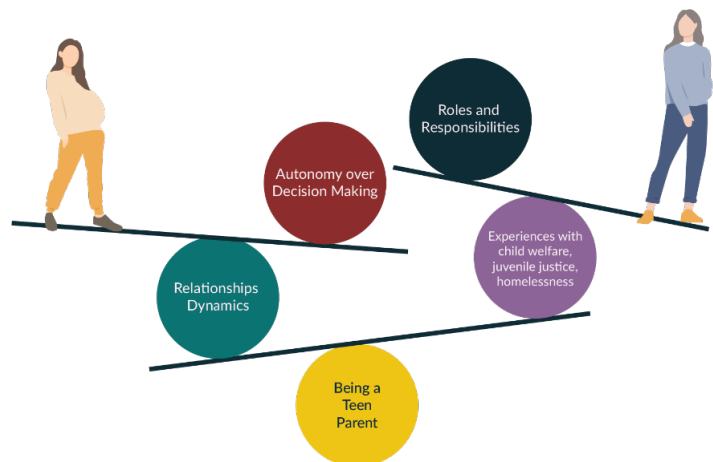
Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

Overview

As adolescents seek greater levels of independence, conflict and negotiation with their adult caregivers are developmentally appropriate.^{1,2} When adolescents become young parents, their relationship dynamics with their adult caregivers change further.^{3,4} As summarized in our research brief, young parents find themselves having to balance shifting relationship dynamics and assume new roles and responsibilities, while adult caregivers may find themselves having to give young parents more autonomy and decision-making power.^{5,6,7} These changes require both young parents and their adult caregivers to interact and communicate differently. The relationship between young parents and their adult caregivers may be especially complex when the young person has experienced the child welfare or juvenile justice systems, homelessness, or disconnection from school and work.^{8,9}

Supporting healthy family dynamics and relationships between young parents and their adult caregivers is essential. When young parents are supported, they can thrive and demonstrate the resilience needed to overcome the challenges and stigma often associated with young parenthood.¹⁰ Investing in the relationship between young parents and their adult caregivers can have a positive effect not only on the young parent but also on the well-being of their young child.^{11,12} Youth-supporting professionals can serve as the link between young parents and their adult caregivers and help strengthen their relationships.

The table on the next page highlights strategies youth-supporting professionals can implement when working with young parents and their adult caregivers, whether directly or indirectly.



Opportunities for professionals to support young parents and their adult caregivers

Educate young parents and caregivers on adolescent development

- Connect with adult caregivers to help them [understand their role](#) as the young parent transitions into adulthood.
- Develop or share resources that explain the key features of [adolescent development](#), particularly around adolescents' increased desire for independence.
- Promote [positive parenting](#) strategies and disciplinary practices.

Promote young parents' self-efficacy¹³

- Use [strengths-based](#) language to help promote growth and increase young parents' confidence in parenting.
- Encourage caregivers to make space for young parents' [decision-making](#) autonomy.
- Set [achievable goals](#) and celebrate young parents' achievements.

Foster strong, healthy youth-adult relationship dynamics¹⁴

- Identify behaviors and patterns that may contribute to [conflict](#) between young parents and their caregivers.
- Encourage family nights and activities to create [opportunities](#) for positive memories.
- Provide opportunities for young parents and caregivers to safely, non-judgementally, and respectfully share their [feelings](#) about young parenthood.

Equip young parents and adult caregivers with strong communication skills

- Connect young parents and their adult caregivers to programs that focus on [adolescent](#) and [child](#) development and enhance [family well-being](#).
- Teach young parents how to ask for specific forms of help while setting or maintaining boundaries.
- [Facilitate conversations](#) between young parents and their adult caregivers about the types of support that are helpful vs. unhelpful.

Assist with clarifying caregiving roles and responsibilities¹⁵

- Become familiar with local programs that provide additional support to young parents.
- Co-develop a caregiving plan with young parents to clarify their responsibilities and decision-making autonomy and discuss their support needs, including child care, housing, and money, with their adult caregivers.
- Help young parents who do not have physical custody of their child to be [actively involved](#). Careful considerations should be taken when there are safety concerns for the child or the other co-parent.

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A Conversation Guide to Support Young Fathers in Child Welfare and Juvenile Justice Systems

Asari Offiong, Karlee Naylor, Samuel Beckwith, Lee Ann Huang, and Mindy E. Scott

This conversation guide, informed by research and guidance from research and practice experts, provides youth-supporting professionals with important context and guidance for having conversations with young fathers who experience the child welfare and/or justice systems. The conversation guide has the following goals:

- Foster meaningful, supportive conversations with young fathers about their experiences and/or needs in navigating health, human service, and employment/education systems.
- Increase awareness about and identify the needs of young fathers with experiences in the child welfare and/or juvenile justice systems.
- Identify opportunities to support and connect young fathers to resources.

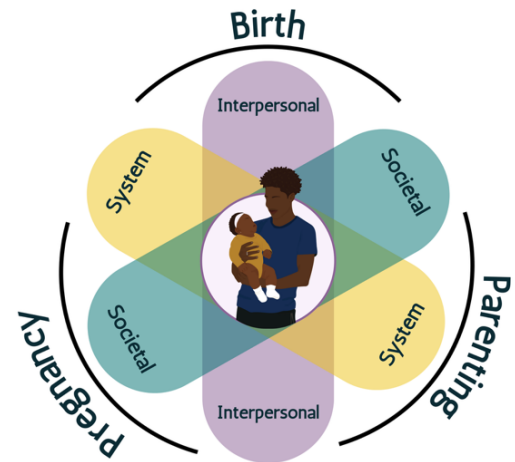
Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

This resource first reviews why it's important to prioritize young fathers' experiences and offers general considerations to help youth-supporting professionals engage with them. Pages 3-4 of this resource then orient youth-supporting professionals to the conversation guide. At the end, we provide additional resources for supporting young fathers.

The Importance of Prioritizing Young Fathers

Experiencing pregnancy and parenthood are common among young men who experience the child welfare and/or justice systems.^{1,2,3} Data indicate that 15 percent of males who experience detention or residential placement have fathered a child.⁴ A study of high school students found that the odds of becoming a parent before age 25 were 70 percent higher for young men who had ever been arrested in comparison to peers who had never been arrested.⁵ Among a sample of youth transitioning to adulthood from foster care, about 17 percent of males reported fathering a child and 37 percent reported getting someone pregnant by age 21.⁶ Although much of the available research and programs designed for young parents focus on mothers,^{7,8} there is also extensive research on the benefits of father engagement on child development.⁹ When fathers are engaged, their children may demonstrate more positive academic, social, and emotional outcomes^{10,11} key factors to preventing risky behaviors in the short and long term.¹² In addition, research indicates that when young parents are supported, they are more involved and confident as parents and demonstrate overall personal development.^{13,14,15}

Despite the noted benefits of supporting young fathers, limited resources exist that are specific to their experiences. Based on Activate’s research summary focused on young fathers with experiences in the child welfare and/or juvenile justice systems, we know that young fathers receive less attention and support, in part due to societal attitudes around men and boys and perceptions of fatherhood.^{16,17} There also are systemic, interpersonal, and individual influences that shape how young men navigate and experience fatherhood.¹⁸ At each level, and depending on the age of their child, young fathers may experience unique barriers or facilitators that shape their ability to parent effectively.^{19,20} It is important for youth-supporting professionals working in the child welfare and/or juvenile justice systems to understand and identify the specific needs of young men who are fathers.



How to Engage With Young Fathers

The following key considerations can help youth-supporting professionals prepare *before* engaging young fathers in discussions about their experiences and needs.

- Become familiar with the young father:** Gather information about the young father from existing case files or by conducting intake assessment interviews to understand their past experiences, history, and intersecting identities. The linked document is an [example guide](#) of how to collect information on a young person. It will help to be aware of their relationship dynamics with their own family, co-parent, and other people in their life. Research on young fathers with systems involvement indicates high levels of exposure to trauma and increased mental health and substance use challenges, which impact fathers’ behaviors and experiences.^{21,22} Building a rapport with the young father will help the youth-supporting professional gain a clear understanding, rather than make assumptions, and to be open to fathers’ perspectives.
- Think about where the conversations are held:** Confidentiality and safety are critical issues for young people, but especially for those with experiences in the child welfare and/or juvenile justice systems. Young fathers report being distrustful of professionals and systems,²³ so it is necessary to create a safe space and communicate the purpose of having discussions about what supports they need along their parenting journey.
- Realize that discussions about fatherhood might feel uncomfortable for young fathers:** Young men report often being dismissed or forgotten about in their roles as fathers,²⁴ and they may need time and space to feel comfortable discussing their needs. In such cases, to build rapport and trust, youth-supporting professionals should consider facilitating group sessions among young fathers. Studies of fatherhood programs reveal the benefits and value of support groups for young fathers, particularly when led by other fathers.^{25,26} As a result, youth-supporting professionals may experience greater strides and ease in connecting with the young father individually after engaging them in group discussions.
- Focus on fathers’ assets in addition to their needs:** Young men with experiences in child welfare and/or juvenile justice systems are often viewed negatively by society.^{27,28} Youth-supporting professionals can consider the application of a Positive Youth Development approach to their work with young fathers involved with the child welfare and/or justice systems.²⁹ For example, professionals can reiterate young fathers’ value to their families, affirm their desires to be active and involved fathers, and recognize their strengths and resilience.

Using the Conversation Guide

Several practice resources focus on supporting young fathers' co-parenting and interpersonal relationships. This conversation guide is intended to help youth-supporting professionals working with young fathers in child welfare and/or juvenile justice systems *navigate the multiple systems with which young fathers interact*. Key systems include **health**, **human services**, **employment**, and **education**. For more information about young fathers' experiences with each of these systems, see the full brief on Understanding Young Fatherhood Within Child Welfare and Juvenile Justice Systems.

Break the ice

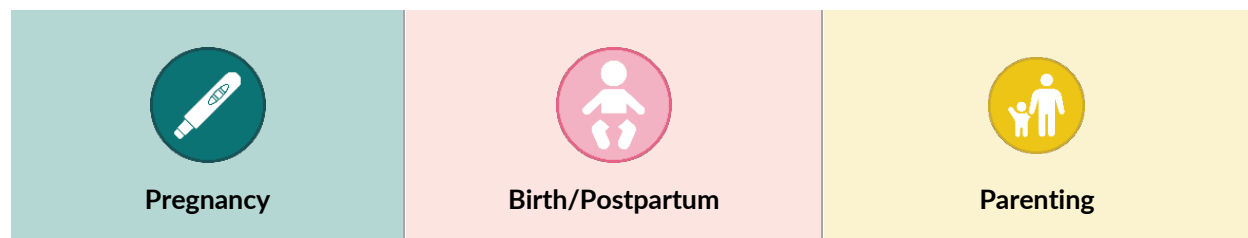
To start, youth-supporting professionals should break the ice by acknowledging common emotional experiences that young fathers may have. This is called normalizing—a counseling technique that helps the young person feel seen and validated that their feelings or behaviors are common, and not unusual. Additionally, general questions or comments can create a level of comfort, trust, and rapport. Consider the following prompts as warm-ups and a way to get familiar with the young father.

- *It's common for young fathers to feel unsure or sense pressure from the people around them. How are you feeling mentally or emotionally?*
- *Many young fathers are trying to figure themselves out individually, while also trying to learn and raise their children—which can be difficult at times. Tell me about your child(ren). How would you describe their personality?*
- *Being a parent has both ups and downs. What are the best parts of being a father for you? What have been the most difficult parts of becoming (or being) a father?*

Talk about systems

After breaking the ice and establishing a rapport, it is important to find out what systems young fathers need support with (i.e., health, human services, employment, or education). Pages 5-7 provide examples of system-specific discussion topics and prompts to initiate conversations, depending on where the young father is on their parenting journey.

The prompts address:



Based on available research, the topics provided represent critical discussions to have with young fathers and may lead to other topics not mentioned in the tool. It is important to broach these topics with care, sensitivity, and authenticity. The sample prompts intentionally focus on the young father—on his needs, perspectives, and experiences. When relevant and necessary, youth-supporting professionals can frame questions about co-parenting dynamics or other family members in a way that is needed to better understand the context. As youth-supporting professionals engage in conversations, they may not have direct or immediate responses for the young father on every topic. Nonetheless, these conversations create an opportunity to jointly identify and research available resources and/or referrals. In some cases, the conversation topics are intended to help the young father problem-solve and/or develop their own action plan.

Plan for next steps

Each conversation should end with next steps for either the young father and/or the young-supporting professional. Whenever possible, invite the young father to share their thoughts on the conversation and on any next steps they would like to prioritize. As a guiding principle, youth-supporting professionals should remember that the young father is the expert on their own life and should respect the father's feelings and decisions. Professionals helping young fathers navigate various systems should consider the following steps:

- Youth-supporting professionals should talk with their colleagues and other professionals about what they learn from young fathers. As noted in the available research about young fathers' personal experiences, there is still more to learn and understand about fatherhood experiences in adolescence. By discussing barriers and facilitators that young fathers generally experience in different systems, youth-supporting professionals can help address any challenges and better support young fathers. There may be opportunities, both organizationally and within the community, to compile resources and services that address young fathers' needs.
- Youth-supporting professionals should also maintain ongoing conversations with fathers. Young fathers, especially those with experiences in the child welfare and/or juvenile justice systems, encounter several challenges related to parenthood and in navigating the transition from adolescence to adulthood.^{30,31} Ongoing conversations and check-ins with young fathers are critical to build rapport and ensure that young fathers receive the necessary support to navigate multiple systems.

This conversation guide is intentionally broad to maximize flexibility and help youth-supporting professionals tailor conversations to young fathers' varied experiences and identities. For example, young fathers with multiple children may need to discuss a variety of topics. In addition, the guide includes prompts that use positive framing and focus mainly on the young father's needs and experiences. We encourage youth-supporting professionals to adopt this framing in their interactions with young fathers.

Health Care Systems

Example pregnancy, birth, postpartum and parenting topics

Prenatal care
Postpartum depression

Substance use
Child wellness visits

Stress and well-being
Mental health/Therapy

Example Prompts



- Have you accompanied the mother to any pregnancy-related medical visits? What was that like for you?
- What questions do you have about the baby's development during the pregnancy?
- How are you feeling mentally or emotionally since learning about the pregnancy?
- How are you coping with everything? How do you cope with stress?



- [Baby not born] What, if any, conversations have you had with the mother about the birthing plan? What support would you like to help you feel prepared?
- [Baby is born] How did everything go with the birth?
- Have you and the mother identified a regular doctor/pediatrician for the baby?
- How have you been doing mentally since the birth of the baby? What about the mother?



- Is your child enrolled in a health insurance plan? How about you?
- Where does your child go for check-ups? How is that working?
- Have you been to the doctor for check-ups or emergency care this year?
- How are you handling the stress of being a parent?

Human Services

Example pregnancy, birth, postpartum and parenting topics

Eligibility of services
Legal rights
Custody and visitation

Paternity
Parenting support

Receipt of public assistance
Social support
Childcare

Example Prompts



- In some cases, soon-to-be parents are eligible for programs before the baby is born. Has anyone talked with you about this?
- Are you aware of your rights as a parent?
- Do you feel you have the information and resources you need to prepare for the baby's birth?
- Being listed as the father on the baby's birth certificate has a lot of implications. Have you talked about a plan with the baby's mother?



- Are you receiving any support such as WIC, SNAP, TANF, housing assistance, or energy assistance? If not, have you checked to see if you are eligible?
- How have you been handling the newborn/infant phase?
- What arrangements do you have regarding the custody of the baby? Do you need legal support to navigate that conversation with the mother?



- What public assistance have you received since becoming a parent? If none, have you checked to see if you are eligible?
- What, if any, support have you received as a father?
- What is your current childcare situation? How is it working? What would an ideal situation look like?

Educational and Employment

Example pregnancy, birth, postpartum and parenting topics

Employee parenting benefits
School/work experience

Work/school schedule
Career aspirations
Child support

Education goals
Barriers to meeting goals

Example Prompts



- What are your education or employment goals now that you are expecting a baby?
- Who can you talk with about child support and your legal rights and obligations?
- Have you looked into any resources your job or school has for parents? (e.g., daycares, excused absences, paid leave etc.)



- Has your time spent at work or school changed since your child was born? What is your next step for staying on track with work and/or school?
- How are managing the financial responsibilities of caring for your child?



- What is your current or most recent work experience? How about education?
- Do you have specific career or educational plans or goals?
- Are you aware of the supports available through your school or job for parents?
- How have you found balancing parenting and working/pursuing education? What kinds of support or services would help improve that balance?

Additional Practice Resources and Tools

Young fathers do not have universal contexts and experiences. As youth-supporting professionals engage with young fathers, the following research-informed resources can further increase their knowledge and understanding of young fathers' specific needs.

- Casey Family Programs. [What are some strategies for engaging fathers in child welfare?](#)
- Zero to Three. [Helping Young Fathers Across the Transition to Parenthood: A Rock or a Rolling Stone?](#)
- Center for the Study of Social Policy. [Changing Systems & Practice to Improve Outcomes for Young Fathers, Their Children, & Their Families](#)
- National Responsible Fatherhood Clearinghouse. [Responsible Fatherhood Toolkit: Resources from the Field](#)
- Office of Adolescent Health. [Resources for Serving Young Fathers](#)

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Module 5: Sexual and Reproductive Health Care



What's Inside? Resources include guidance to help professionals support young people's understanding of contraception options, identify barriers to sexual and reproductive health care, and connect young people to accessible, youth-centered services.

Contents

Research on:

- Social determinants of health
- Access to sexual and reproductive health care

Tools for supporting access to care

- Engaging young people in sensitive conversations
- Identifying unmet sexual and reproductive health needs
- Connecting young people to providers and services

Contraception resources

- Overview of options
- Birth control methods matrix

Practical tools

- Actionable tips
- Community resource mapping tool





Module 5 Navigation Matrix

Sexual and Reproductive Health Care

This matrix provides an at-a-glance overview of the resources in Module 5. Use it to quickly identify each type of resource, overlap with other module topics, and the population(s) of young people emphasized. Click a resource title below to jump directly to that resource!

Resource Title	Topic Overlap:	Young People Experiencing...
 Practice Tips for Professionals Who Support Youth in Foster Care		✓ Child Welfare System
 6 Tips for Youth-Supporting Professionals for Talking with Youth About Sexual and Reproductive Health		✓ Child Welfare System ✓ Justice System ✓ Homelessness ✓ Disconnection
 Identifying Accessible Sexual and Reproductive Health Resources in Your Community		
 Helping Young People Choose the Birth Control Method Right for Them: A Guide for Youth-Supporting Professionals		

Resource Types:



Tip Sheet



Practice Guide

Topics:



Healthy Relationships



Violence Prevention & Intervention



Pregnancy & Parenting



Sexual & Reproductive Health Care

Practice Tips for Professionals Who Support Youth in Foster Care

The following tips accompany our resource, [*Incorporating the Social Determinants of Health in Practice to Address Sexual and Reproductive Health for Young People Involved in Foster Care*](#). We worked with both youth-supporting professionals and youth with lived expertise in foster care to identify practice tips for navigating the social determinants of health when working with youth in foster care. These tips cover a range of social conditions that may arise when talking to youth about pregnancy prevention and related sexual and reproductive health topics. While each general practice tip applies across all social determinants of health, we provide examples of how to apply these tips within specific social determinant categories in our full resource.

Ensure that young people have someone with whom they feel safe discussing sexual and reproductive health.

Caseworkers should help young people identify a medical provider or school staff member with whom they feel safe speaking about sexual and reproductive health.

Tailor information to individual young people and ensure that these conversations are responsive to a range of experiences.

Caseworkers can help young people by providing relevant resources and tailoring sexual and reproductive health information to individual young peoples' needs, experiences, and communities.

Always make space for youths' input and let them drive the conversation.

Caseworkers can help young people by consistently making space for youths' input in, and ownership of, conversations about sexual and reproductive health and allowing them to control the conversation.

Do not assume anything about the young person's sexual behaviors or knowledge.

Caseworkers can help young people by refusing to make assumptions and judgements about young people's sexual behaviors and knowledge.

Figure 1. Social determinants of health



Ensure that conversations are non-punitive. Young people cannot feel worried that they will get in trouble for being honest.

Caseworkers can help young people by assuring that conversations about sexual and reproductive health are not punitive and remain confidential (unless the topic requires mandated reporting) and ensuring that young people do not experience negative consequences stemming from honest conversations and attempts to seek help.

Present all available options and let the young person pick what works for them, or what they're most comfortable with at that moment—even if some options conflict with the caseworker's personal beliefs.

Caseworkers can help young people by presenting all available options (e.g., contraceptive options) and helping them select an appropriately tailored sexual and reproductive health service and/or health aide that makes them feel most comfortable at the time.

Ensure that conversations are held in the young person's preferred language and address language barriers (e.g., offer resources and handouts in the young person's preferred language, hire an interpreter).

Caseworkers can help by ensuring that young people have access to interpreters or staff skilled in a range of languages to engage in conversations.

Build a broad network of professionals to connect young people within communities.

Caseworkers can help by cultivating a network of professionals with whom young people can connect to ensure that youth receive relevant and helpful information.

Provide preventative care and conversations. Don't just reach out when something happens.

Caseworkers can help by connecting young people to preventative care while in foster care and ensuring that sexual and reproductive health care is built into case plans and discussed with young people.

Provide access to resources such as transportation or financial support for services.

Caseworkers can help by providing transportation to appointments or providing bus passes for young people. Additionally, caseworkers should ensure that young people can afford any co-pays, prescriptions, or other follow-up needed to access sexual and reproductive health services.

Suggested Citation: Rosenberg, R., & Tallant, J. (2022). *Practice Tips for Professionals Who Support Youth in Foster Care*. Child Trends. <https://activatecenter.org/resource/practice-tips-for-professionals-who-support-youth-in-foster-care/>



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

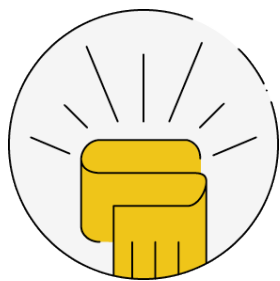
Concerns about confidentiality and reporting requirements can be barriers to discussing sensitive topics (e.g., sexual and reproductive health, intimate partner violence, child abuse/neglect).⁵⁻⁷ Although confidentiality and reporting requirements are complex and vary across professions, settings, states, 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

NO 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.

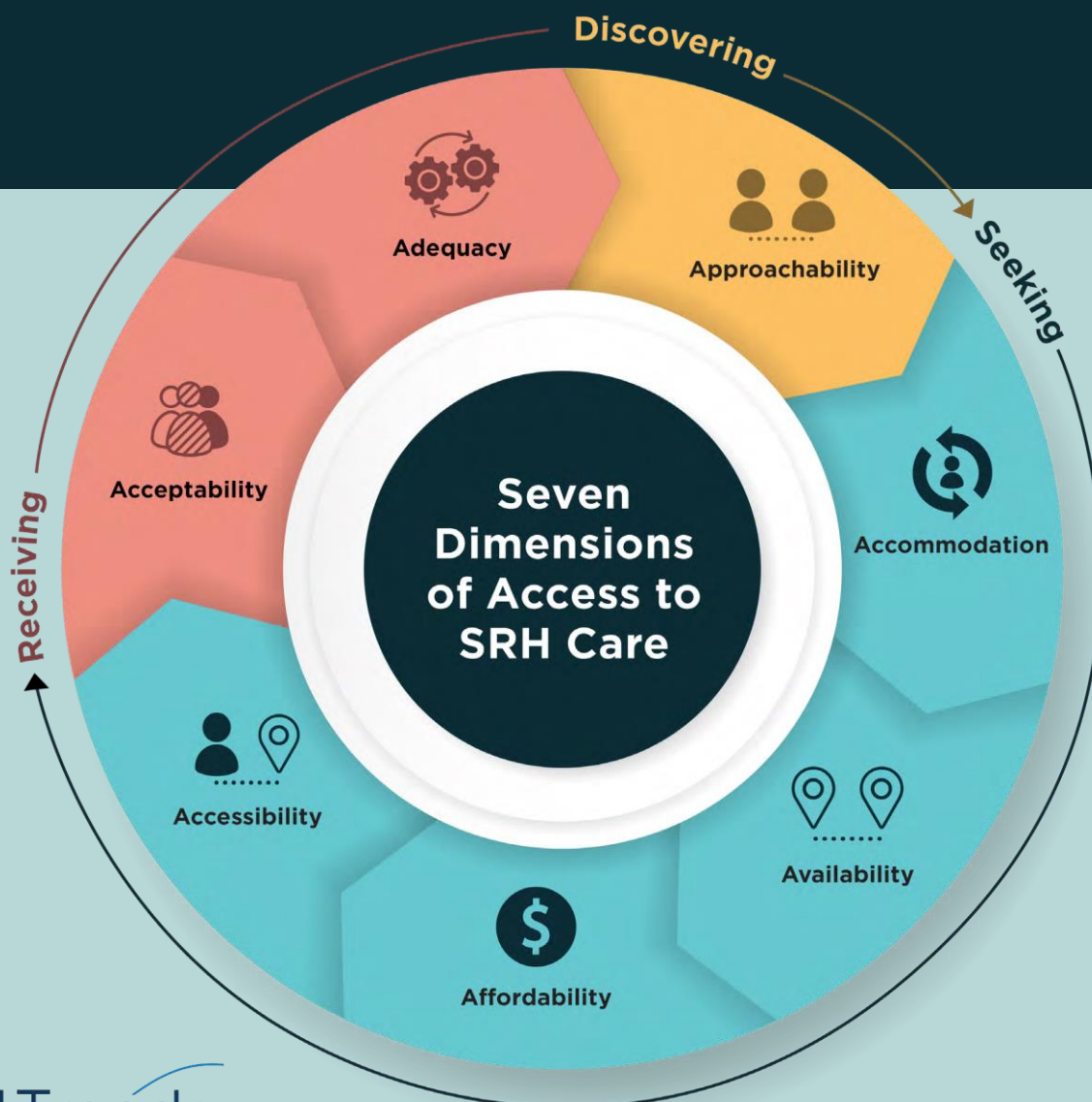
Suggested citation: Rosenberg, R., Woods, N., Finocharo, J., & Garrido, M. (2021). Six tips for youth-supporting professionals for talking with youth about sexual and reproductive health. <https://www.activatecollective.org/activate/resources/6-tips-youth-supporting-professionals-talking-with-youth-about-sexual-reproductive-health/>

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Identifying Accessible Sexual and Reproductive Health Resources in Your Community

Asari Offiong, Lee Ann Huang, Maia Pruim, Abigail Wulah, Katelyn Rust, and Julia Tallant



Introduction

Identifying Accessible Sexual and Reproductive Health Resources in Your Community is a tool to help you, as youth-supporting professionals, scan the landscape of sexual and reproductive health care providers for teens and youth. When you know the landscape, you can intentionally refer youth to providers who meet their individual needs. The information in this tool is based on a research summary from Activate*: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals, which describes seven dimensions of access to sexual and reproductive health care.^a

This landscape scan tool walks through the seven dimensions of access to sexual and reproductive health care. You will engage with questions and research-based examples about each dimension of access, a guided opportunity to reflect on your answers, and potential strategies to consider your next steps. You will begin to **critically determine how to address barriers and facilitators** to accessing sexual and reproductive health care for youth who have diverse needs.

Lack of access to sexual and reproductive health care and education can lead to greater risks to health and other negative outcomes.^{1,2} Youth who have experience with the child welfare and/or justice systems, homelessness, and/or disconnection from school and work face additional barriers in access to care³⁻⁵ due to limited access to health education and public systems that may restrict how and when they can receive sexual and reproductive health care services.⁶

**Activate: The Center to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals* bridges the gap between research and practice in support of the Office of Population Affairs' aims to promote adolescent health and prevent unintended teen pregnancy. Activate translates research and creates research-based resources for use by professionals who support young people experiencing the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

How to use this tool

1. **Identify providers in your community:** Use online searches and/or your network to compile a list of sexual and reproductive health care service providers in your community (e.g., clinics, school-based health centers, hospitals). The list might include providers to whom you already refer youth for sexual and reproductive health care services and/or providers to whom you would like to begin referring youth.
2. **Complete the worksheet:** Complete *Section A: Exploring the Seven Dimensions* of this worksheet for each sexual and reproductive health care service provider on your list that serves youth. For some of the questions, you may not know the answers—which is acceptable. Based on your responses to the guiding questions provided, select the option that best represents your assessment of the provider's capacity to provide accessible care.
3. **Review and reflect:** Review and reflect on your assessment using *Section B: Reflecting on the Seven Dimensions*. Some of the dimensions may be more critical than others to the youth you serve. You may need to gather additional information on certain dimensions to better assess the questions for a comprehensive understanding. On a periodic basis, update your understanding and reflect on each provider individually and the collective network of providers in your community.
4. **Consider next steps:** Consider the strategies in *Section C: Applying Next Steps* to guide your next steps.

^a Each of the examples used to illustrate the dimensions is based on this research summary. At the end, there is a full list of references provided.

Section A. Exploring the Seven Dimensions

Answer the guiding questions for each dimension of access. Based on your overall knowledge, indicate for each dimension whether you believe the provider (A) is weak, (B) you are unsure, or (C) is strong.

Name of Provider/Organization: _____ Location: _____

Approachability 	
- Is it clear that youth are involved in their marketing and outreach plan? - Do the services and/or resources appear relatable or relevant to what youth need? - Are youth you work with aware of/familiar with the service/provider? - Are youth engaged and hands-on in the design or delivery of services?	Website does not mention serving youth or offering youth-specific services Youth ambassadors promote the services on social media and in the community  A. Weak B. Unsure C. Strong
Accommodation 	
- Are the hours convenient for youth? - Are same-day or walk-in appointments available? - Is telehealth an option? - Does the provider offer help with filling out medical forms?	Clinic only has weekday hours, requires an appointment, and telehealth is not an option Clinic has evening and weekend hours, allows for walk-ins, and offers telehealth appointments  A. Weak B. Unsure C. Strong
Availability 	
- Does the provider offer all the sexual and reproductive care services the youth you serve might need, including health education, counseling, contraceptives, STI prevention and treatment, and abortion? - Does the provider offer support for expectant and parenting youth including prenatal, labor and delivery, and/or postpartum care?	Clinic only provides limited contraception options Clinic offers a full array of sexual and reproductive care options including all types of contraceptives and pregnancy care  A. Weak B. Unsure C. Strong

Affordability 💰	
- Does the provider offer free or low-cost care? - Does the provider accept Medicaid? - Will the provider help youth identify ways to pay for care (e.g., Medicaid or insurance) and help them enroll in or use those mechanisms?	<i>Services are cost-prohibitive and the provider does not accept Medicaid</i> <i>Services are affordable due to sliding-scale fees, Medicaid acceptance, and/or other alternatives</i>  A. Weak B. Unsure C. Strong
Accessibility 📍	
- Is the facility easy to reach by car, public transportation, or walking? - Are the facility and the surrounding area safe? - Is the facility accessible for youth with mobility or other disabilities?	<i>Clinic cannot be reached via public transit and is in an area with no sidewalks</i> <i>Clinic is on or near public transit lines and the area is walkable</i>  A. Weak B. Unsure C. Strong
Acceptability 👤	
- Does the diversity of the staff represent the intersecting identities and experiences of youth you serve? - Is the environment safe for all youth? - Is the provider flexible, knowledgeable, and willing to adjust to the beliefs and norms of the youth you serve? - Does the provider apply trauma-informed approaches, such as sensitivity to safety, choice, respect, trustworthiness, empowerment, and peer support?	<i>Clinic staff are not knowledgeable of the youth served, nor are they making efforts to learn</i> <i>Clinic staff are diverse and have a great understanding of the youth they serve</i>  A. Weak B. Unsure C. Strong
Adequacy ⚙️	
- Does the provider take a holistic approach to servicing youth by providing comprehensive care that considers all their needs? - Is the provider timely in following up with youth after appointments? - Is the clinic well connected to other youth-friendly services and/or providers? - Does the clinic coordinate care across settings?	<i>Clinic does not coordinate care or tailor services to youth needs</i> <i>Clinic has a care coordinator who follows up with youth and ensures that services align with their needs</i>  A. Weak B. Unsure C. Strong

Section B. Reflecting on the Seven Dimensions

Fill in the table below with your responses for each of the dimensions in Section A.

Dimension of Access	Response (Weak, Unsure, or Strong)
Approachability	
Accommodation	
Availability	
Affordability	
Accessibility	
Acceptability	
Adequacy	

Take a moment to review your responses carefully. To guide your reflection of the responses, walk through these questions on your own or with your colleagues.

- What additional information do you/your colleagues need from the provider to gain a better understanding of their position on each dimension?

- Do you have the capacity to train or provide guidance to this provider about the needs of your youth?

- Based on your organization's values and priorities, is this a provider you want to consider as a referral partner for sexual and reproductive health services?

- How does this provider compare to others in your community?

- If this provider is the only provider in your community and does not fully meet youths' needs, how can you support and advocate for youth who need to access sexual and reproductive health care from this provider?

Section C. Applying Next Steps

You can use the following strategies and resources to support youth and enhance their ability to access sexual and reproductive health care in your community.

Strategies

- Set up meet-and-greets with the providers in your community.
- Provide youth gift cards, ride shares, or bus/public transit tokens to assist with transportation needs.
- Develop and/or offer training for providers focused on the sexual and reproductive health needs of the youth you serve.
- Conduct follow-up meetings with youth referred to these providers to assess their experiences.
- Connect with an existing coalition or convene a local task force with other community organizations and/or providers to ignite a coordinated care network.
- Educate youth on local/state policies and on their rights as they relate to sexual and reproductive health care in individual or group discussions.

Resources

[Intersections in the Work to Ensure Youth in State Custody have Access to Sexual Health Care](#)—Fact sheet on how access to sexual and reproductive health care in juvenile justice settings intersects with other youth identities.

[Healthcare Provider Survey Report](#)—Report on providers’ experiences providing sexual and reproductive health care to youth in the child welfare system and recommendations to improve access.

[Trauma Informed Consequences \(TICs\) for Youth Experiencing Homelessness](#)—Tip sheet on applying a trauma-informed approach to working with and serving youth who have experiences with homelessness.

[Supporting the Sexual and Reproductive Health of Youth in Foster Care After Roe](#)—Overview of the barriers to sexual and reproductive health care for youth in the child welfare system and recommendations to improve access since the overturning of *Roe v. Wade*.

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Helping Young People Choose the Birth Control Method Right for Them: A Guide for Youth-Supporting Professionals

Amanda M. Griffin, Colleen Schlecht, and Emma Pliskin

Introduction

“Helping Young People Choose the Birth Control Method Right for Them: A Guide for Youth Supporting Professionals” (the Guide) is a research-informed resource designed for

professionals who work with young people who experience the child welfare or justice systems, homelessness, or disconnection from school and work. It is intended to facilitate a conversation that centers young people’s birth control preferences, needs, and priorities. The guidance it offers was informed by research and conversations with young people who have lived expertise and with youth-supporting professionals. By using this resource, youth-supporting professionals can empower all young people to choose the birth control method that is right for them.

The Guide includes three sections that are meant to be used together:

1. Instructions for Using the Guide
2. Background
3. Conversation Starters and Birth Control Methods Matrix

“[A Birth Control Methods Information Booklet](#)” (Information Booklet) provides detailed information about all the birth control methods included in the birth control methods matrix. It also includes a glossary of terms. Professionals can use this resource to learn about birth control methods they are not familiar with and can share the information with young people to empower them to choose the birth control method that is right for them.

Activate: The Collective to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals aims to bridge the gap between research and practice in support of the Office of Population Affairs’ mission to prevent unintended teen pregnancy and promote adolescent health. Activate translates research into practice by creating research-based resources for use by professionals who support young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from school and work (i.e., opportunity youth).

Instructions for Using the Guide and the Information Booklet

Familiarize yourself with the questions, statements, and birth control methods matrix in the Conversation Starters and Birth Control Methods Matrix ahead of talking with a young person. For additional guidance, read Activate’s “[Six Tips for Youth-Supporting Professionals for Talking with Youth about Sexual and Reproductive Health](#).”

1. Review the Background section which summarizes the research informing this Guide.
2. Reflect on the questions at the top of page 4 before starting a conversation about birth control with a young person.

3. Record the young person's responses or have the young person record their responses to the five conversation-starter questions at the bottom of page 4.
4. Read each of the ten statements on page 5 to the young person, or have them read the statements aloud and note which they agree with. Young people may agree with more than one statement.
5. Highlight the columns in the Birth Control Methods Matrix on pages 6 and 7 that correspond to the statements with which the young person agrees. You may need to highlight more than one column.
6. Look for the symbols that appear in all or most of the highlighted columns. These symbols represent the birth methods that best align with the young person's preferences, needs, and priorities. Their preferences, needs, and priorities may align with more than one method of birth control.
7. Provide the young person with the page(s) in the Information Booklet that correspond to the birth control methods that best align with their preferences, needs, and priorities.
8. Refer young people who want additional information about their birth control options to online tools such as [Bedsider's](#) tool for exploring birth control options. It is designed for women ages 18 to 29 and operated by [Power to Decide: The Campaign to Prevent Unplanned Pregnancy](#).

You should also feel free to use the Guide and Information Booklet in whatever way is most helpful to you and to the young people with whom you work.

Background

Birth control is a personal choice that involves many considerations

Choosing to use birth control (also known as contraception) and choosing which birth control method to use are extremely personal decisions. No birth control method is right for everyone, and what works best for one person may not work best for another.

To make an informed choice about which birth control method to use—or whether to use any method at all—young people need medically accurate information about the full range of birth control options. Moreover, because they are still building decision-making autonomy regarding their sexual and reproductive health, they may also need support in choosing a birth control method.¹ This may be especially important for young people who are involved with the child welfare or justice systems, experiencing homelessness, or disconnected from school and work.

Research on factors that influence birth control choice has focused on young women

Research suggests that young women in the general population who are choosing a birth control method must consider the attributes of different methods, such as side effects, effectiveness, cost, effort involved, and user control; contextual factors, such as reproductive history, relationship characteristics and previous contraceptive experiences, and attitudes toward pregnancy; and factual and experiential information provided by peers, family members, and health care providers.^{2,3}

Research on factors that influence birth control choice among young people with certain experiences is limited

Comparatively fewer studies have looked at the factors that are important to young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from work and school when they are choosing what birth control to use. Furthermore, these studies involve small, nonrepresentative samples, so their findings may not generalize to the population of young people who experience the child welfare and/or justice systems, homelessness, and/or disconnection from work and school. Despite their limitations, the studies do point to some of the same factors that influence the contraceptive choices of young women in the general population. These include the experiences of family and friends, the responses of their partners,³⁻⁵ maintenance requirements,⁶ side effects,^{7,8} insurance coverage,⁶ and pregnancy attitudes.⁹ Finally, research suggests that these young people want more information about their contraceptive options, including information about side effects and relative effectiveness.⁶

Some populations of young people have been excluded from most research on factors that influence birth control choice

To date, young men have largely been excluded from research on factors that influence young people's choice of birth control methods. Some studies examine the role that partners play in decision making about birth control, but none of these studies included young men as study participants. Two factors probably contribute to the exclusion of young men from this research. First, the birth control options available to young men are far more limited than those available to young women. Second, young women are often the focus of research because they are most directly affected when a birth control method fails and a pregnancy occurs. However, excluding young men from this research reinforces the notion that young men have no role to play in pregnancy prevention and that young women are solely responsible for using birth control.

Many researchers assume that lesbian or gay young people are not at risk for pregnancy, and exclude them from studies as a result.^{10,11} There are, however, exceptions: Some studies have found that some people may seek birth control to suppress menstruation, not just for pregnancy prevention.^{12,13} Given that lesbian and gay young people are overrepresented among young people involved with the child welfare and/or justice systems, experiencing homelessness, and/or are disconnected from work and school,¹⁴ it is important for youth-supporting professionals to be aware of their needs and preferences.

Conversation Starters and Birth Control Methods Matrix

The Conversation Starters and Birth Control Methods Matrix aim to help professionals facilitate a conversation with young people about choosing the birth control methods best for them. This section of the Guide includes questions to start the conversation; statements to help young people identify their birth control preferences, needs, and priorities; and a birth control methods matrix that professionals can use interactively with young people to guide their decision-making about birth control methods and aid in using the Information Booklet.

Before Starting a Conversation with Young People about Choosing Birth Control

We recommend reflecting on the following five questions before starting a conversation about birth control with a young person:

1. Is your location one in which the young person will feel safe and you can have a private conversation?
2. Will you feel comfortable having a conversation about choosing a birth control method with this young person?
3. Are you prepared to listen to the young person and avoid being judgmental?
4. Have you built enough rapport with the young person to ask sensitive questions?
5. Do you believe you are the best person to have this conversation with the young person?

Questions to Start Conversations about Choosing Birth Control

You can use these questions to begin a conversation about choosing birth control. Questions 1 and 2 ask young people to describe their interests in having children in the future and their current birth control choices. Questions 3 to 7 ask young people to think about their ability to access birth control.

Some questions may be particularly relevant for young people involved with the child welfare and/or justice systems, experiencing homelessness, and/or disconnected from work and school. The birth control choices of these young people may also be affected by factors not reflected in these questions. For example, because young people experiencing homelessness may not have health insurance or a health care provider, they may choose a method that is inexpensive and available over the counter.¹⁵ Likewise, the methods that young people in foster care choose may depend on whether they are living in a foster home, a group care setting, or their own apartment.

1. Do you see yourself having a child (or another child) in the future? If so, when?
2. What, if any, form of birth control are you currently using? Why did you choose that form of birth control?
3. Do you have someone you can count on to help you access birth control?
4. What barriers might make it difficult for you to access birth control?
5. Do you have a health care provider you feel comfortable going to?
6. Do you have transportation to a health care provider?
7. Do you have health insurance?

Using the Birth Control Methods Matrix

You can use the 10 statements below to help young people choose a contraceptive method that is right for them. Each statement focuses on a feature of certain contraceptive methods that may or may not be important to a particular young person. Read each statement with the young person or ask them to read the statement and ask whether they agree or disagree. If the young person agrees with the statement, the table indicates which column(s) they should look at in the contraceptive matrix on page 6 for birth control methods that align with their preferences, needs, and priorities. Young people may agree with more than one statement so they may have to look at more than one column to find the birth control methods with which their preferences, needs, and priorities are best aligned.

	If agree, go to
1. I prefer a method that I can get without going to a health care provider.	☐ Column 1
2. I prefer to have a hormone-free method.	☐ Column 2
3. I would not feel comfortable inserting a birth control device inside my body.	☐ Column 3
4. I would not feel comfortable having a health care provider insert a birth control device inside my body.	☐ Column 4
5. I prefer a method that will be invisible to my partner.	☐ Column 5
6. I prefer a method that will last for more than a year.	☐ Column 6
7. I prefer a method that I only use or think about when I have sex.	☐ Column 7
8. I prefer a method that will permanently prevent pregnancy.	☐ Column 8
9. I prefer a method that also protects against STIs/HIV.	☐ Column 9
10. I need a method for males.	☐ Column 10

Note: These statements are designed help young people identify the birth control methods they might want to consider. However, they do not cover the full range of factors that may be important when it comes to choosing a method of birth control. For example, they do not address the side effects or potential benefits of some birth control methods. That information, along with other details about each method, can be found in the [Information Booklet](#). The information in the booklet can also be shared with young people to help them further narrow down their choice of birth control. Depending on the birth control method they choose, young people may need an appointment with a healthcare provider.

The birth control methods in the matrix are divided into five categories:

Use the Matrix as a starting point to identify possible birth control methods with young people. The [Information Booklet](#) provides important and more detailed information about each birth control method that young people select. You can print and share the information about each birth control method to help young people to choose the birth control method that is right for them.

Long-term reversible: These are the most effective reversible methods of birth control, last for several years, and can be removed at any time.

Short-term hormonal: These birth control methods use hormones to prevent pregnancy. They are effective but not as effective as long-term reversible methods.

Short-term barrier: These birth control methods prevent pregnancy by blocking sperm from passing through the cervix. They are less effective than long-term reversible or hormonal methods.

Short-term behavioral: These birth control methods require users to engage in specific behaviors to prevent pregnancy. They are less effective than long-term reversible or hormonal methods.

Permanent: These birth control methods permanently prevent pregnancy and are highly effective.

Birth Control Methods Matrix

Birth Control Methods	Does NOT require going to a health care provider	Hormone-free	Does NOT require YOU to insert a device inside your body yourself	Does NOT require a health care provider to insert a device inside your body	Invisible to your partner	Lasts for more than one year	Need to think about each time you have sex	Permanently prevents pregnancy	Protects against STIs& HIV	For males
	1	2	3	4	5	6	7	8	9	10
Long-term reversible										
LNG IUD—T										
Copper T IUD										
Implant										
Short-term hormonal										
Injection or “shot”										
Oral contraceptives (combined)										
Oral contraceptives (progestin only)										
Transdermal contraceptive patch										
Contraceptive ring										
Emergency contraceptive pill										

Birth Control Methods	Does NOT require going to a health care provider	Hormone-free	Does NOT require YOU to insert a device inside your body yourself	Does NOT require a health care provider to insert a device inside your body	Invisible to your partner	Lasts for more than one year	Need to think about each time you have sex	Permanently prevents pregnancy	Protects against STIs & HIV	For males
	1	2	3	4	5	6	7	8	9	10
Short-term barrier										
Diaphragm / cervical cap										
Sponge										
Spermicide / contraceptive gel										
Internal ("female") condom										
External ("male") condom										
Short-term behavioral										
Fertility awareness-based methods										
Withdrawal										
Permanent										
Tubal ligation or "tying tubes"										
Vasectomy										

*In some states, these birth control methods can either be prescribed by a pharmacist or dispensed by a pharmacist without a prescription. To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptive>

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Helping Young People to Choose the Birth Control Method Right for Them

Birth Control Methods Information Booklet

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The goal of Activate: The Collective to Bring Adolescent Sexual and Reproductive Health Research to Youth-Supporting Professionals is to bridge the gap between research and practice to support the Office of Population Affairs' mission to prevent unintended teen pregnancy and promote adolescent health. Activate translates research into practice by creating resources for professionals who support young people involved with the child welfare and/or justice system, experiencing homelessness, and/or disconnected from work and school (i.e., opportunity youth).

Table of Contents

	Introduction.....	1
	Levonorgestrel intrauterine system (LNG IUD).....	2
	Copper T intrauterine device (IUD)	3
	Implant	4
	Injection or “Shot”	5
	Oral Contraceptive Pill (Combined)	6
	Oral Contraceptive Pill (Progestin only).....	7
	Transdermal Contraceptive Patch.....	8
	Contraceptive Ring	9
	Emergency Contraceptive Pill: Ella	10
	Emergency Contraceptive Pill: Levonorgestrel	11
	Diaphragm	12
	Cervical Cap	13
	Sponge	14
	Spermicide/Contraceptive Gel.....	15
	Internal (Female) Condom	16
	External (Male) Condom.....	17
	Fertility Awareness-Based Methods	18
	Withdrawal	19
	Tubal Ligation or “Tying Tubes”	20
	Vasectomy	21
	Glossary of Key Terms	22

Introduction

Birth control, also known as contraception, is a method or device used to prevent pregnancy. Choosing which birth control method to use is an extremely personal decision. No contraceptive method is the right choice for everyone, and what works best for one person may not work as well for another. To make an informed choice, young people—who may have less experience using birth control and be less aware of their needs and preferences—require medically accurate information about the full range of birth control options. This is no less true for young people who are involved with the child welfare or justice systems, who are experiencing homelessness, and who are disconnected from work and school.

Activate developed this booklet to help youth-supporting professionals empower these young people to choose the birth control method that is right for them. Except where otherwise noted, we drew on information from several online sources, including Bedsider, the Cleveland Clinic, the Centers for Disease Control and Prevention, and the Food and Drug Administration.¹⁻⁵ The booklet addresses the following questions about 18 birth control methods:⁶

- What is it?
- What type of method is it?
- What brands are available?
- Who can use it?
- How is it used?
- Can it be reused?
- How long does it last?
- Does it require an appointment with a health care provider?
- Does this method require a prescription?
- Does it prevent STIs?
- Can you get pregnant in the future if you use this method now?
- What percentage of users are likely to get pregnant within the first 12 months with [typical use](#)?⁷⁻⁹
- What percentage of users are likely to get pregnant within the first 12 months with [perfect use](#)?
- What are some side effects of using this method?
- What are the potential benefits of using this method?
- What are the less common risks associated with using this method?
- Who should not use this method?

The booklet also includes some follow-up questions that youth-supporting professionals to ask young people who are considering a particular method of birth control [as well as a glossary of key terms](#). The booklet is designed to be used in conjunction with the [Helping Young People Choose the Birth Control Method Right for Them: A Guide for Youth-Supporting Professionals](#), which youth-supporting professionals can use to guide young people's contraceptive decision making.



Levonorgestrel intrauterine system (LNG IUD)

What is it?	Small T-shaped device placed inside the uterus that releases progestin
What type of method is it?	Intrauterine hormonal & Long-acting reversible contraceptive (LARC)
What brands are available?	Mirena, Kyleena, Liletta, & Skyla
Who can use it?	Females
How is it used?	Placed into the uterus by a healthcare provider
Can it be reused?	No
How long does it last?	3-7 years
Does it require an appointment with a health care provider?	Yes—One to place the IUD and one to check its placement
Does this method require a prescription?	Yes---It must be prescribed by a healthcare provider before insertion
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	0.1%-0.4%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.1%-0.3%
What are some of the side effects of using this method?	Spotting between periods, irregular periods, and cramps
What are the potential benefits of using this method?	Reduced cramps, lighter or no periods, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	Rarely pushes through the uterine wall during insertion; pelvic inflammatory disease or ectopic pregnancy
Who should not use this method?	Individuals who are pregnant Individuals with any of the following medical conditions should consult a doctor prior to use: anatomical abnormalities; breast, cervical, or endometrial cancer; pelvic inflammatory disease; postpartum sepsis; gestational trophoblastic disease; sexually transmitted infection, tuberculosis, or unexplained vaginal bleeding

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?



Copper T intrauterine device (IUD)

What is it?	Small T-shaped copper device placed inside the uterus
What type of method is it?	Intrauterine & LARC
What brands are available?	Paragard
Who can use it?	Females
How is it used?	Placed into the uterus by a healthcare provider; can act as emergency contraception if inserted within 5 days of unprotected sexual intercourse
Can it be reused?	No
How long does it last?	4-12 years ¹⁰
Does it require an appointment with a health care provider?	Yes—One to place the IUD and one to check its placement
Does this method require a prescription?	Yes---It must be prescribed by a healthcare provider before insertion
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	0.8%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.6%
What are some of the side effects of using this method?	Spotting between periods, irregular periods, heavy bleeding, anemia, and cramps
What are the potential benefits of using this method?	Non-hormonal, long-lasting, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	Rarely pushes through the uterine wall, slips out, or results in an infection
	Individuals who are pregnant Individuals with any of the following medical conditions should consult a doctor prior to use: anatomical abnormalities, endometrial or cervical cancer, pelvic inflammatory disease, are post-abortion, have postpartum sepsis, confirmed gestational trophoblastic disease, have a sexually transmitted disease, tuberculosis, or unexplained vaginal bleeding

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?



Implant

What is it?	Single, thin rod placed under the skin of the upper arm that releases progestin
What type of method is it?	Hormonal & LARC
What brands are available?	Nexplanon
Who can use it?	Females
How is it used?	Placed under the skin in the upper arm by a healthcare provider
Can it be reused?	No
How long does it last?	FDA approved for 3 years, but shown to be effective for 5 years
Does it require an appointment with a health care provider?	Yes—One to place the implant and one (potentially telehealth) for follow-up
Does this method require a prescription?	Yes---It must be prescribed by a healthcare provider before implantation
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	0.1%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.1%
What are some of the side effects of using this method?	Spotting or irregular periods (especially for the first 6-12 months); less common side effects include acne, change in appetite or sex drive, ovarian cysts, depression, discoloring or scarring on the skin over the implant, dizziness, hair loss, headache, nausea, nervousness, and sore breasts
What are the potential benefits of using this method?	Reduced cramps, lighter or no periods, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	Insertion or removal complications
Who should not use this method?	Individuals who have breast cancer

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?



Injection or “Shot”

What is it?	Shot of progestin in the buttocks or arm
What type of method is it?	Hormonal
What brands are available?	Depo-Provera
Who can use it?	Females
How is it used?	Shot in the buttocks or arm by a healthcare provider
Can it be reused?	No
How long does it last?	3 months
Does it require an appointment with a health care provider?	Yes—Every 3 months
Does this method require a prescription?	Yes—It must be prescribed by a healthcare provider
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	4%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.2%
What are some of the side effects of using this method?	Loss of bone density (after 2 years), irregular bleeding or bleeding between periods, appetite changes, weight gain Less common side effects include changes in sex drive, depression, hair loss, more body or facial hair, nervousness, dizziness, headache, nausea, and sore breasts
What are the potential benefits of using this method?	Lighter periods after 1 year of use, prevention of uterine cancer, and private (i.e., invisible to a partner)
What are the less common risks associated with using this method?	None reported
Who should not use this method?	Individuals who have breast cancer

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Are you afraid of needles?



Oral Contraceptive Pill (Combined)

What is it?	Pill that combines estrogen and progestin
What type of method is it?	Hormonal
What brands are available?	Kariva, Reclipsen, Solia, Yasmin, and Yaz
Who can use it?	Females
How is it used?	Taken by mouth at the same time every day
Can it be reused?	No
How long does it last?	1 day
Does it require an appointment with a health care provider?	Yes—Healthcare providers in some states allow telehealth appointments, and in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Yes—In some states, health care providers will prescribe the combined birth control pill via an app or telehealth appointment Some states allow pharmacists to prescribe the combined birth control pill or to dispense the combined birth control pill to individuals without a prescription ¹¹
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are some of the side effects of using this method?	Spotting between periods, nausea, breast tenderness, headaches, or change in sex drive; side effects typically lessen or stop after the first 2 to 3 months
What are the potential benefits of using this method?	Lighter and more regular period; reduced cramps or PMS; less or no acne; prevention of bone thinning, breast or ovary cysts, ectopic pregnancy, endometrial and ovarian cancers, and anemia
What are the less common risks associated with using this method?	Rare but serious risks include high blood pressure, blood clots, heart attacks, or strokes
Who should not use this method?	Individuals who are breastfeeding and/or <21 days postpartum (or < 42 days with other risk factors) Individuals with any of the following medical conditions should consult a doctor prior to use: history of stroke, migraine headaches, breast or liver cancer, cirrhosis, deep venous thrombosis, pulmonary embolism, hypertension, heart disease, lupus, solid organ transplant, or peripartum cardiomyopathy

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you be able to take a pill at the same time every day?



Oral Contraceptive Pill (Progestin only)

What is it?	Progestin-only pill
What type of method is it?	Hormonal
What brands are available?	Aygestin, Camila, Errin, Heather, Jencycla, Jolivette, Nora-Be, Ortho-Micronor, Nor-QD, Heather, Jencycla, Norlyroc, Deblitane, Sharobel, Lyza, Norlyda, Tulana, Incassia, Lyleq (Norethindrone), Opill (Norgestrel), Slynd (Drospirenone)
Who can use it?	Females
How is it used?	Taken by mouth at the same time every day
Can it be reused?	No
How long does it last?	1 day
Does it require an appointment with a health care provider?	Yes—Health care providers in some states allow telehealth appointments and, in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Depends—In some states, health care providers will prescribe the progestin-only birth control pill via an app or telehealth appointment; some states allow pharmacists to prescribe the progestin-only birth control pill or to dispense it to individuals without a prescription ¹² Opill is available without a prescription from select retailers
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7% (2% for Opill)
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are some side effects of using this method?	Irregular bleeding, acne, breast tenderness, headaches, nausea, change in sex drive, and ovarian cysts; side effects typically lessen or stop after the first 2 to 3 months
What are the potential benefits of using this method?	Lighter periods Slynd has a 24-hour window in which to take a missed pill
What are the less common risks associated with using this method?	None reported
Who should not use this method?	Individuals who have breast cancer

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you be able to take a pill at the same time every day?



Transdermal Contraceptive Patch

What is it?	Patch worn on the lower abdomen, buttocks, or upper body (but not on the breasts) where it releases progestin and estrogen
What type of method is it?	Hormonal
What brands are available?	Xulane and Twirla
Who can use it?	Females
How is it used?	Placed on the skin by the user each week for 3 weeks then not placed in week 4 to have a menstrual period
Can it be reused?	No
How long does it last?	1 week
Does it require an appointment with a health care provider?	Yes—Health care providers in some states allow telehealth appointments and, in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Yes—Some states allow pharmacists to prescribe the patch or to dispense the patch to individuals without a prescription ¹³
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are some of the side effects of using this method?	Spotting between periods, nausea, breast tenderness, headache (first 2 to 3 months), skin irritation, and change in sex drive
What are the potential benefits of using this method?	Lighter and more regular period; reduced cramps or PMS; prevention of bone thinning, breast or ovarian cysts, ectopic pregnancy, endometrial and ovarian cancers, and anemia
What are the less common risks associated with using this method?	Rare but serious risks include high blood pressure, blood clots, heart attacks, or strokes
Who should not use this method?	Individuals who are breastfeeding and/or postpartum <21 days postpartum (or < 42 days with other risk factors) Individuals with any of the following medical conditions should consult a doctor prior to use: history of stroke, migraine headaches, breast or liver cancer, cirrhosis, deep venous thrombosis, pulmonary embolism, hypertension, heart disease, lupus, solid organ transplant, or peripartum cardiomyopathy

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?

Contraceptive Ring

What is it?	Small flexible ring placed inside the vagina where it releases progestin and estrogen
What type of method is it?	Hormonal
What brands are available?	NuvaRing and Annovera
Who can use it?	Females
How is it used?	Placed into the vagina by the user for 3 weeks then taken out for 7 days
Can it be reused?	NuvaRing: No—Insert a new ring after 7 days with no ring Annovera: Yes—Reuse same ring after 7 days with no ring for 13 cycles
How long does it last?	NuvaRing: 3 weeks Annovera: 1 year
Does it require an appointment with a health care provider?	Yes—Health care providers in some states allow telehealth appointments and, in some states, the health care provider can be a pharmacist
Does this method require a prescription?	Yes—Some states allow pharmacists to prescribe the ring or to dispense the ring to individuals without a prescription ¹⁴
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	7%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.3%
What are the side effects of using this method?	Bleeding between periods nausea and vomiting, breast tenderness, vaginal discharge, and discomfort or mild irritation
What are the potential benefits of using this method?	Lighter and more regular period; reduced cramps or premenstrual syndrome (PMS); less or no acne; prevention of bone thinning, breast or ovary cysts, endometrial and ovarian cancers, or anemia
What are the less common risks associated with using this method?	Rare but serious risks include high blood pressure, blood clots, heart attacks, or strokes
Who should not use this method?	Individuals with any of the following medical conditions should consult a doctor prior to use: history of stroke, migraine headaches, breast or liver cancer, cirrhosis, deep venous thrombosis, pulmonary embolism, hypertension, heart disease, lupus, solid organ transplant, or peripartum cardiomyopathy

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider or pharmacy?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?



Emergency Contraceptive Pill: Ella

What is it?	Pill with ulipristal acetate taken up to 5 days after unprotected sex
What type of method is it?	Hormonal
What brands are available?	Ella
Who can use it?	Females
How is it used?	Taken by mouth as soon as possible after having unprotected sexual intercourse; must wait 5 days before (re)starting a different hormonal contraceptive method
Can it be reused?	No
How long does it last?	Can work up to 5 days after unprotected sexual intercourse
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	Yes
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	89% effective at preventing a pregnancy if taken within 72 hours
What % of users are likely to get pregnant within the first 12 months with perfect use?	N/A
What are some of the side effects of using this method?	Bleeding between periods, abdominal pain, breast pain, dizziness, fatigue, headache, nausea; if you experience side effects with EC, they'll probably go away after 24 hours
What are the potential benefits of using this method?	N/A
What are the less common risks associated with using this method?	There is a decreased risk of effectiveness with obesity
Who should not use this method?	Individuals who are pregnant or who used the Levonorgestrel emergency contraceptive pill within the past 5 days

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Do you have transportation to a pharmacy?
- What birth control methods would you consider using on a routine basis?



Emergency Contraceptive Pill: Levonorgestrel

What is it?	Pill with levonorgestrel taken within 72 hours after unprotected sexual intercourse
What type of method is it?	Hormonal
What brands are available?	Plan B One Step, Take Action, My Way, Option 2, Preventeza, AfterPill, My Choice, Aftera, EContra, and Levonelle
Who can use it?	Females
How is it used?	Taken by mouth as soon as possible after having unprotected sexual intercourse; should only be used in emergency situations
Can it be reused?	No
How long does it last?	FDA approved for up to 72 hours after unprotected sexual intercourse; shown to be effective up to 5 days after unprotected sexual intercourse, but effectiveness decreases over time ¹⁵
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	89% effective at preventing a pregnancy if taken within 72 hours
What % of users are likely to get pregnant within the first 12 months with perfect use?	N/A
What are some of the side effects of using this method?	Headaches, nausea, abdominal pain, menstrual pain, irregular bleeding, tiredness, and dizziness
What are the potential benefits of using this method?	N/A
What are the less common risks associated with using this method?	Decreasing effectiveness with obesity
Who should not use this method?	Individuals who are pregnant or who used the Ella "morning after" pill within the past 5 days

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Do you have transportation to a pharmacy?
- What birth control methods would you consider using on a routine basis?

Diaphragm

What is it?	Shallow cup placed inside the vagina to cover the cervix to block sperm; two types: fitted and “one size fits most”
What type of method is it?	Barrier
What brands are available?	Caya® and Milex
Who can use it?	Females
How is it used?	Placed into the vagina with spermicide by the user prior to having sexual intercourse and removed within 24 hours
Can it be reused?	Yes
How long does it last?	Event-specific method, works when in place (when one is having sex)
Does it require an appointment with a health care provider?	Yes, one appointment to be fitted
Does this method require a prescription?	Yes
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	17%
What % of users are likely to get pregnant within the first 12 months with perfect use?	16%
What are some of the side effects of using this method?	Vaginal irritation and frequent urinary tract infections
What are the potential benefits of using this method?	Non-hormonal; reduced risk of pelvic inflammatory disease and tubal infertility
What are the less common risks associated with using this method?	Toxic shock syndrome if not removed after 24 hours
Who should not use this method?	Individuals who are at high risk for HIV/AIDS or who gave birth/had a second-trimester abortion less than 6 weeks ago

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?
- Are you confident you will be able to use this birth control method each time you have sex?

Cervical Cap

What is it?	Thimble-shaped cup placed inside the vagina to block sperm by covering the cervix
What type of method is it?	Barrier
What brands are available?	FemCap
Who can use it?	Females
How is it used?	Placed into the vagina with spermicide by the user prior to having sexual intercourse and removed within 24 hours
Can it be reused?	Yes
How long does it last?	Event-specific method, works when in place (when one is having sexual intercourse)
Does it require an appointment with a health care provider?	Yes—One appointment to be fitted
Does this method require a prescription?	Yes
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	If no prior childbirth: 14% If prior childbirth: 29%
What % of users are likely to get pregnant within the first 12 months with perfect use?	Not reported
What are some of the side effects of using this method?	Vaginal irritation and frequent urinary tract infections
What are the potential benefits of using this method?	Non-hormonal; reduced risk of pelvic inflammatory disease and tubal infertility
What are the less common risks associated with using this method?	Toxic shock syndrome if not removed after 48 hours
Who should not use this method?	Individuals who gave birth/had a second-trimester abortion less than 6 weeks ago Individuals who have silicone or spermicide allergies or are at high risk for HIV/AIDS

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?
- Are you confident you will be able to use this birth control method each time you have sex?



What is it?	Spermicide-containing sponge that is placed in the vagina where it fits over the cervix
What type of method is it?	Barrier
What brands are available?	Today Sponge
Who can use it?	Females
How is it used?	Placed into the vagina by the user no more than 18 hours prior to having sexual intercourse and kept in for at least 6 hours after
Can it be reused?	No
How long does it last?	Up to 24 hours
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	If no prior childbirth: 14% If prior childbirth: 27%
What % of users are likely to get pregnant within the first 12 months with perfect use?	If no prior childbirth: 9% If prior childbirth: 20%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal and can be placed up to 24 hours prior to intercourse
What are the less common risks associated with using this method?	Toxic shock syndrome if not removed after 24 hours
Who should not use this method?	Individuals who recently gave birth Individuals who have silicone, sulfite, or polyurethane allergies; HIV/AIDS; a vaginal infection; or a history of toxic shock syndrome

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Would you feel comfortable inserting this device inside your body?
- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?

Spermicide/Contraceptive Gel

What is it?	Foam, gel, cream, film, suppository, or tablet that kills sperm
What type of method is it?	Barrier
What brands are available?	Advantage-S, Conceptrol, Crinone, Delfen Foam, Phexxi
Who can use it?	Females
How is it used?	Placed into the vagina by the user no more than 1 hour prior to having sexual intercourse and kept in for at least 6-8 hours after; used with diaphragm or cervical cap.
Can it be reused?	No
How long does it last?	7-9 hours
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No—Except Phexxi, which requires a prescription via telehealth
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	21%
What % of users are likely to get pregnant within the first 12 months with perfect use?	16%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal
What are the less common risks associated with using this method?	Urinary tract infections and, if used frequently, an increased risk for HIV.
Who should not use this method?	Individuals at high risk for HIV

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?
- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?
- Would you feel comfortable inserting this substance inside your body?



Internal (Female) Condom

What is it?	Little nitrile (soft plastic) pouches placed into vagina to prevent sperm from entering the vagina
What type of method is it?	Barrier
What brands are available?	Cupid's Female Condoms and FC2 Female Condoms
Who can use it?	Females
How is it used?	Placed into the vagina up to 8 hours before having sexual intercourse; can also be inserted into the anus to prevent STIs during anal intercourse; cannot be used with male condom
Can it be reused?	No
How long does it last?	Event-specific method, works when in place (when one is having sex)
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	Yes
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	21%
What % of users are likely to get pregnant within the first 12 months with perfect use?	5%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal and protects against STIs
What are the less common risks associated with using this method?	Urinary tract infection
Who should not use this method?	Individuals with latex allergies should avoid latex condoms Individual with sensitivity to spermicide should use a condom without spermicide

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?
- Would you feel comfortable inserting this device inside your body?



External (Male) Condom

What is it?	Thin, stretchy pouch that is worn over the penis to prevent sperm from entering the vagina
What type of method is it?	Barrier
What brands are available?	Durex and Trojan
Who can use it?	Males
How is it used?	Placed on the penis prior to having sexual intercourse; cannot be used with female condom
Can it be reused?	No
How long does it last?	Event-specific method, works when in place (when one is having sexual intercourse)
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	Yes
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	13%
What % of users are likely to get pregnant within the first 12 months with perfect use?	2%
What are some of the side effects of using this method?	Irritation
What are the potential benefits of using this method?	Non-hormonal and protects against STIs
What are the less common risks associated with using this method?	Urinary tract infection
Who should not use this method?	Individuals with latex allergies should avoid latex condoms Individual with sensitivity to spermicide should use a condom without spermicide

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Are you confident you will be able to use this birth control method each time you have sex?
- Do you have transportation to a pharmacy?



Fertility Awareness-Based Methods

What is it?	Using the body basal temperature and cervical mucus method to determine whether you are at a point in your menstrual cycle at which you are likely to become pregnant; requires a lot of time, planning, and willpower to use
What type of method is it?	Behavioral
What brands are available?	N/A
Who can use it?	Females
How is it used?	Tracked daily
Can it be reused?	N/A
How long does it last?	N/A
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	2%-23% depending on the specific method used
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.4%-5%
What are some of the side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal
What are the less common risks associated with using this method?	N/A
Who should not use this method?	Individuals less than 4 weeks postpartum or less than 6 weeks postpartum if breastfeeding Individuals who have irregular vaginal bleeding or discharge or acute diseases that elevate body temperature; who use drugs that affect cycle regularity, hormones, or fertility signs; or who are not willing/able to abstain from sexual intercourse during fertile periods

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?



Withdrawal

What is it?	Relying on pulling the penis out of the vagina before ejaculation to avoid pregnancy; also called the “pull-out method”; requires a lot of willpower to use
What type of method is it?	Behavioral
What brands are available?	N/A
Who can use it?	Males
How is it used?	Pulling the penis out of the vagina before ejaculation to avoid pregnancy
Can it be reused?	N/A
How long does it last?	Event-specific method when one is having sex
Does it require an appointment with a health care provider?	No
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	Yes
What % of users are likely to get pregnant within the first 12 months with typical use?	22%
What % of users are likely to get pregnant within the first 12 months with perfect use?	4%
What are the most common side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal
What are the less common risks associated with using this method?	N/A
Who should not use this method?	Individuals not willing/able to withdraw

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Would you be willing to use this method in combination with a condom to prevent STIs?



Tubal Ligation or “Tying Tubes”

What is it?	Surgically closing the fallopian tubes so sperm and eggs cannot meet for fertilization
What type of method is it?	Surgical
What brands are available?	N/A
Who can use it?	Females
How is it used?	Surgical
Can it be reused?	N/A
How long does it last?	Forever
Does it require an appointment with a health care provider?	Yes
Does this method require a prescription?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	No
What % of users are likely to get pregnant within the first 12 months with typical use?	0.5%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.5%
What are some of the side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal and only needs to be done once
What are the less common risks associated with using this method?	Possible complications with surgery, like bleeding, infection, or a reaction to anesthesia. Very rarely, the tubes may reconnect themselves—which could lead to a pregnancy.
Who should not use this method?	Individuals considering having children in the future

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?



Vasectomy

What is it?	Surgically sealing the vas deferens to prevent sperm from entering the penis
What type of method is it?	Surgical
What brands are available?	N/A
Who can use it?	Males
How is it used?	Surgical
Can it be reused?	N/A
How long does it last?	Forever
Does it require an appointment with a health care provider?	Yes
Does this method require a prescription ?	No
Does it prevent STIs?	No
Can you get pregnant in the future if you use this method now?	No
What % of users are likely to get pregnant within the first 12 months with typical use?	0.15%
What % of users are likely to get pregnant within the first 12 months with perfect use?	0.1%
What are common of the side effects of using this method?	N/A
What are the potential benefits of using this method?	Non-hormonal and only needs to be done once
What are the less common risks associated with using this method?	Possible complications with surgery, like bleeding, infection, or a reaction to anesthesia
Who should not use this method?	Individuals considering having children in the future

What are some follow-up questions for youth-supporting professionals to ask young people who might be considering this birth control method?

- Do you have a health care provider you feel comfortable going to?
- Do you have transportation to a health care provider?
- Do you have health insurance?
- Would you be willing to use this method in combination with a condom to prevent STIs?

Glossary of Key Terms¹⁶

This glossary of terms may help you understand the information contained in this booklet. It can also be used to explain the information in this booklet to young individuals.

Barrier birth control methods prevent pregnancy by blocking sperm from passing through the cervix. Examples include condoms, diaphragms, foam, sponges, and cervical caps.

Basal body temperature method is a fertility awareness-based birth control method that involves tracking body temperature over time to predict ovulation.

Birth control is any behavior, device, medicine, or procedure used to prevent pregnancy—also known as contraception.

Cervical mucus monitoring is one fertility awareness-based birth control method that involves tracking changes in the appearance and quantity of cervical mucus.

Cervix is the narrow, lower part of the uterus, with a small opening that connects the uterus to the vagina.

Contraception is any behavior, device, medicine, or procedure used to prevent pregnancy—also known as birth control.

Ectopic pregnancy is a pregnancy in which the fertilized egg implants outside the uterus.

Eggs are reproductive cells stored in the ovaries and released during ovulation. Pregnancy happens when sperm enters an egg, grows into a ball of cells, and implants into the uterus.

Ejaculation is the moment at which semen spurts out of the opening of the urethra in the glans of the penis.

Estrogen is a hormone made in the ovaries that plays a part in puberty, the menstrual cycle, and pregnancy.

Fallopian tubes are narrow tubes that carry an egg from the ovary to the uterus during ovulation.

Fertilization is the joining of an egg and a sperm.

Hormonal birth control uses hormones to prevent pregnancy. Examples include the implant, the hormonal IUD, the pill, the patch, the ring, and the shot.

Intrauterine refers to a device placed inside the uterus.

Long-acting reversible contraceptives (LARCs), which include IUDs and implants, are the most effective methods of birth control, last for several years, and can be removed at any time.

Menstrual cycle is the time from the first day of one period to the first day of the next period. During the menstrual cycle, the lining of the uterus grows, an egg is released by the ovaries, and the uterine lining sheds.

Menstrual period is the monthly flow of blood and tissue from the uterus and out of the vagina if a pregnancy doesn't occur.

Penis is a reproductive and sex organ made of spongy tissue that fills with blood during sexual excitement (known as erection).

Perfect use is the effectiveness of a birth control method if always used exactly the right way.

Premenstrual syndrome (PMS) is a combination of symptoms that many women get about a week or two before their menstrual period.

Progestin is a synthetic version of the hormone progesterone found in all hormonal birth control methods.

Sexual intercourse is sex that involves penetration of the vagina or anus with a penis.

Sexually transmitted infection (STIs) are passed from one person to another during vaginal, anal, or oral sex, or via sexual skin-to-skin contact.

Sperm are reproductive cells made in the testes that combine with an egg to cause a pregnancy.

Spermicide is chemical birth control found in sponges, foams, creams, films, suppositories, and gels that immobilizes sperm to prevent pregnancy.

Typical use is the effectiveness of a particular birth control method when accounting for the fact that individuals don't always use their method consistently or correctly.

Unprotected sex is oral, vaginal, or anal sex without condoms or birth control. It can increase one's chances of getting an STI and/or experiencing an unintended pregnancy.

Uterus is the pear-shaped reproductive organ from which individuals menstruate and where a pregnancy develops—also called “womb.”

Vas deferens is a long, narrow, sperm-carrying tube that is cut for a vasectomy.

Vagina is the stretchy passage that connects the vulva with the cervix and uterus.

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Endnotes

¹ www.bedsider.org/birth-control

² www.plannedparenthood.org/learn/birth-control

³ <https://my.clevelandclinic.org/health>

⁴ www.fda.gov/consumers/free-publications-women/birth-control#EC

⁵ <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec>

⁶ Information on the 18 available birth control methods is up-to-date as of August 2022.

⁷ Trussell, J. & Hatcher, R. (2018). *Contraceptive technology (21st)*. Ardent Media.

⁸ Liddon, N., Olsen, E., Carter, M., & Hatfield-Timajchy, K. (2016). Withdrawal as pregnancy prevention and associated risk factors among US high school students: Findings from the 2011 National Youth Risk Behavior Survey. *Contraception*, 93, 126-132.

⁹ The difference between typical and perfect use is especially relevant for adolescents who have more difficulty than adults using methods that require daily action or action each time they have sexual intercourse. Kaneshiro, B., & Salcedo, J. (2015). Contraception for adolescents: focusing on long-acting reversible contraceptives (LARC) to improve reproductive health outcomes. *Current Obstetrics and Gynecology Reports*, 4, 53-60.

¹⁰ Kaneshiro, B., & Aeby, T. (2010). Long-term safety, efficacy, and patient acceptability of the intrauterine Copper T-380A contraceptive device. *International Journal of Women's Health*, 2, 211.

¹¹ To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

¹² To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

¹³ To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

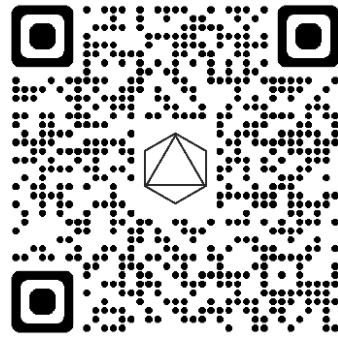
¹⁴ To see if you live in one of these states, go to <https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>

¹⁵ American College of Obstetricians and Gynecologists (2015, reaffirmed 2022). Practice Bulletin No. 152: Emergency Contraception. *Obstetrics and Gynecology*, 126, e1-e11. DOI: 10.1097/aog.0000000000001047

¹⁶ Planned Parenthood (n.d.). *Glossary*. Planned Parenthood. <https://www.plannedparenthood.org/learn/glossary>

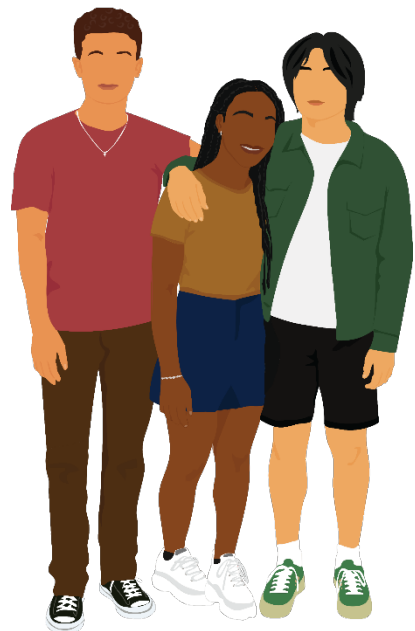
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