Adolescent Health Working Group:

Sexual and Reproductive Health Toolkit for Adolescent Providers

ADOLESCENT HEALTH WORKING GROUP

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 Last updated November 2021

Dear Colleagues:

We are pleased to present our new Sexual and Reproductive Health for Adolescent Providers. This update was made possible through the generous support of the San Francisco Department of Public Health, the UCSF Division of Adolescent Medicine, and the hundreds of hours donated by community health educators, parents, youth, and other partners.

The updated toolkit champions a paradigm shift from a risk-based perspective to one that embraces adolescent sexuality as a positive and normative stage of development. This comprehensive guide:

- Focuses on healthy sexuality and healthy relationships.
- Integrates information regarding the sexual health of all young people, including LGBTQ+ youth and youth with disabilities.
- Is designed for primary care providers and is applicable to many other youth-serving providers.
- Is written from a national perspective.
- Is updated with links to the most current evidence-based research.
- Includes many unique resources in the format of handouts for youth and families.

Designed for busy providers, the Toolkit includes materials that you are free to copy and distribute to your colleagues, adolescent patients, and their parents/caregivers. The Toolkit is not intended to replace clinical practice protocols; we encourage you to always follow current standards of care. However, it does provide evidence-based practice guidelines to enhance a provider's ability to meet the sexual health needs of adolescents. This Toolkit includes:

- Practice readiness tools.
- Screening, assessment, and referral tools.
- Resource sheets on various sexual health issues.
- Online resources and hotlines.

Thank you for your commitment to providing adolescents with the best possible healthcare.

Regards,

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Contents

The Adolescent Health Working Group has so many people to thank for their generous contributions of time, energy, expertise, encouragement, and financial support. The Sexual Health Toolkit has been made possible due to every individual and organization mentioned below. We are incredibly grateful to you.

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In Memoriam

In January 2021, EB Troast, a Bay Area educator who specialized in LGBTQ-inclusive family life and sex education curriculum, passed away. EB served on the AHWG steering committee for several years. Many of the authors and educators who worked on this toolkit worked with EB and were influenced by her work.

We dedicate this document to her memory. We are grateful for her work and ensuring that all youth have access to inclusive, comprehensive, and accurate sexual and reproductive health education.

How to obtain a copy of this toolkit

The Sexual Health Toolkit can be downloaded for free at ahwg.org. Please visit our website for information on purchasing hard copies of the Sexual Health Toolkit.

Additional AHWG materials, including Chinese and Spanish handouts for youth and parents/caregivers are also free to download.

The work of AHWG is made possible by the generous contributions of donors. If accessing any of our resources, please consider making a tax-deductible gift by visiting our website at ahwg.org.

Adolescent Health Working Group

The mission of the Adolescent Health Working Group (AHWG) is to improve health equity to ensure that all youth ages 11 to 24 in California and beyond have unimpeded access to comprehensive, youth-centered, and culturally-based healthcare.

AHWG is a coalition of youth-serving providers, young people, and caregivers advocating for harm reduction and policy improvements in the areas of sexual health, mental health, and substance use. Our collective expertise and lived experiences enable AHWG to create innovative resources, trainings, leadership opportunities for youth, and peer-to-peer networks.

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Questions and Comments

If you have any questions or feedback about this Toolkit, please contact us at info@ahwg.org.

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Resources for Providers

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Are You Prepared to Address Adolescent Sexual Health?

Creating a safe, non-judgmental, and supportive environment can help youth feel more comfortable when sharing personal information. There are many things you can do to make your practice youth-friendly. Here are some questions to consider as you read through the Sexual Health Toolkit.

Do you provide the following **medical services?**

- ☐ Condoms and other barrier methods or information about where youth can easily obtain them
- ☐ Counseling and provision/prescription on contraceptive options, including LARCs (long-acting reversible contraception)
- ☐ Ability to "quick start" hormonal methods
- ☐ Emergency contraception and provision to patients for future use
- ☐ Pregnancy testing and options-counseling
- ☐ Testing for HIV and other STIs
- ☐ Expedited partner treatment (EPT) for uncomplicated chlamydia infection
- ☐ PrEP and PEP for pre- and post-HIV exposure management

Do you have the following **policies in place?**

- ☐ Confidentiality policies visibly posted for patients and their families
- ☐ Gender-inclusive language on intake, history forms, and questionnaires
- ☐ A policy of taking and updating sexual history at every visit
- ☐ A procedure for dealing with emergency and crisis situations including rape, sexual assault, and intimate partner violence
- ☐ A policy enabling teens to schedule their own appointments for services that do not require consent from the parent/caregiver
- ☐ Policies and displays promoting youth confidential time with their provider

Do you provide the following **resources?**

- ☐ Teen-friendly sexual health education materials with age-appropriate language in your waiting room that are inclusive of a diverse audience, including LGBT youth and youth with disabilities
- ☐ Sex-positive materials of teen relationships that do not portray sex only in terms of the risks and negative consequences
- ☐ Services or interpretation in languages spoken by youth and families in the area
- ☐ Financing options for teens accessing confidential services under minor consent
- ☐ Clinic or practice hours that are convenient for teens (after school, in the evenings, or weekends)

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Are You Prepared to Address Adolescent Sexual Health?

Do you provide the following resources? (continued)

- ☐ Walk-in or same-day appointments
- ☐ Office locations that are accessible by public transportation
- ☐ A network of referrals for adolescent-friendly providers in the area

Are you **personally prepared?**

- ☐ Aware of your own biases toward sexual health and how your own experiences have shaped your opinions toward adolescents who are sexually active
- ☐ Confident, comfortable, and non-judgmental when addressing youth sexuality
- ☐ Prepared to take a strengths-based approach when working with youth
- ☐ Aware of the characteristics/features of positive adolescent sexual development and relationships
- ☐ Ready to provide medically accurate information about sexual and reproductive health while also emphasizing the importance of healthy relationships
- ☐ Familiar with legal and confidentiality issues surrounding teen sexual activity and reproductive health services, including access to birth control options, STI testing, abortion, sexual assault services; parent/caregiver involvement; and releasing medical records

Is your **staff prepared?**

- ☐ Friendly and welcoming toward adolescent patients
- ☐ Knowledgeable about the laws of minor consent and confidentiality and consistent in upholding those laws
- ☐ Aware of privacy concerns when adolescents check in
- ☐ Careful to avoid making assumptions about gender, sexual orientation, and sexual activity
- ☐ Able to maintain sensitivity of the age, race, ethnicity, gender, sexual orientation, disability, family structure, and lifestyle choices of your patients and their loved ones

A Provider's Role in Providing Adequate Care

- Make every interaction an opportunity
- Support healthy relationships
- Provide a framework for positive adolescent sexual development
- Promote health and healthy decision-making, and help youth identify ways to reduce their risks

References

1 Daley, A.M., et al. (2017). "'Treat Me Like a Normal Person!' A Meta-Ethnography of Adolescents Expectations of Their Health Care Providers." Journal of Pediatric Nursing.
2 Regents of the University of Michigan. (2018). "Creating a Community Resource Guide: Youth-Friendly Services Checklist." Adolescent Health Initiative, Michigan Medicine. www.adolescenthealthinitiative.org
3 Romero, L.M., et al. (2017). "Efforts to Increase Implementation of Evidence-Based Clinical Practices to Improve Adolescent-Friendly Reproductive Health Services." Journal of Adolescent Health.

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Adolescent Sexual Development

Preadolescence: 9-Years-Old and Younger

What to Expect

Children at this age are curious and want to know about love, relationships, and even sex. Children may explore their genitals and masturbate as an aspect of childhood sexuality. It is not sexual in nature and not necessarily a sign of abuse.

Children may act out relationships with their peers as a form of pretend play to guide their sexuality. It is not a sign of early maturation if a child states they have a significant other or partner.

Children may act out relationships with partners of the same gender or different genders, and they may even take on a different gender for themselves to guide their choices of play partners. This is very typical of pretend play and doesn't necessarily predict their future sexual or gender orientation. However, if a child is consistent, insistent, and persistent about an alternate gender identity, proper support should be given. Refer to genderspectrum.org for resources.

Tips for Engaging Youth

- Use accurate terms for body parts (e.g. vulva, penis, scrotum, etc.). Schools have begun to introduce these terms. Be prepared to do some teaching about what they are.
- If the need arises, reiterate that it's perfectly **normal for a child to touch and explore their own body.**
- Emphasize that it is NOT okay for an adult (other than a medical professional or care-taker administering care) to touch a child's genitals. Look out for cues in body language and speech to determine whether further review is needed.

Tips to Share with Parents

- Don't shame children for touching their genitals or masturbating. Focus on when it is appropriate to do so (e.g. "Can you please go to your room or the bathroom?").
- Have conversations with your children about love, relationships, puberty, and sex to get them accustomed to **conversations on healthy relationships.** There is no evidence that talking about sex with children early on causes them to engage in sexual activity.
- Talk to your children about their friendships to teach them about **healthy boundaries** (e.g. "I'm sorry your friend made you feel mad. Did you talk to them about it? What could you say next time to let them know how you feel?").
- It's never too early to start **teaching children about consent and communication!** You can make this part of their typical play (e.g."Sometimes I really like when you tickle me, but sometimes it's too much. Can you ask for my permission first?").

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Adolescent Sexual Development

Early Adolescence: 10 to 14-Years-Old

What to Expect

Physical changes can create body-image issues. This is true for many youth, but particularly for **gender diverse** youth. Youth might be self-critical or compare themselves to peers and have concerns about their body/appearance being "normal."

Youth may have an increased sense of modesty or shyness, or an increased need for privacy. Masturbation is common in early adolescence.

Youth may have or express concern about feelings/behaviors and being "normal." These feelings may be connected to changes in **sexuality** or **gender identity**.

Youth are mentally separating themselves from childhood. There is an increased need for independence. Youth are figuring out "Who Am I?"

Peer group socialization is very important and provides opportunity for youth to draw a sense of belonging.

Tips for Engaging Youth

- Ask youth how they feel about their bodies. Consider a screener such as SCOFF to screen for eating disorders.
- Assure youth that their thoughts, behaviors, and body development are normal. Reinforce that **"normal" comes in a very wide range** (e.g. in relation to breast size, genital size, height, weight).
- When asking about sexual history, begin with less personal questions (e.g. "What do you know about sex? Do you know anyone at school who is having sex?").
- Consider the SSHADESS screener to guide conversations about sexual history with youth.
- Ask youth how they identify (male, female, non-binary, other). If they do not have a response, offer information about gender identities.
- At every visit, ask youth if they are currently attracted to anyone.
- If you determine that a patient may identify as **LGBTQ+,** ask if they are interested in connecting with resources (e.g. GSA, local support groups, gender affirming care).

Tips to Share with Parents

- Respect your child's need for privacy. Knock on their door before entering their room and allow them some private time every day (especially if they share a room with a sibling).
- Ask questions about their day, get to know their friends, try to stay connected to their interests.
- Give space for youth to figure out "Who Am I?" This will likely include experimenting with different clothing, language, friends, and interests. Allow your child to try out these new identities without judgment.
- Have conversations with your children about love, relationships, puberty, and sex to get them accustomed to **conversations on healthy relationships** when the topic feels relevant. Even though youth may try to avoid these conversations, they are still listening!

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Adolescent Sexual Development

Middle Adolescence: 15 to 17-Years-Old

What to Expect

Physical changes continue. There is typically an increased interest in being seen as attractive and an emerging sex drive. Attractions may lead to interests in dating and romantic relationships. Youth may have feelings of love or desire. This can be exciting, and sometimes stressful (for youth of all orientations).

Youth may sometimes want less involvement by their parents.

Youth continue to explore different clothes, friends, and interests in an attempt to find their identity.

Peer groups remain very important.

Tips for Engaging Youth

- **Screen for eating disorders and body dysmorphia.**
- Use the SSHADESS screener as a resource for sexual history taking.
- For sexual history, maintain a **non-judgmental tone and body language**. Use inclusive language as much as possible (e.g. "what body parts do you and your partner use when having sex?"). Explain why you are asking personal questions. Review the "5 P's" as an additional guide to taking sexual history.
- Ask youth how they identify in terms of sexuality and gender every visit. If you determine that a youth may identify as LGBTQ+, ask if they are interested in connecting with resources (e.g. GSA, local support groups, gender affirming care).

Tips to Share with Parents

- Respect your child's need for privacy and independence. Knock on their door before entering their room. Allow them some freedom (e.g. going to the movies with friends, or staying after school for activities) while taking interest in their activities. Be ready to intervene when they overstep boundaries (which is normal and to be expected).
- Encourage your child to invite friends over for dinner, game nights, movies, or other activities.
- Talk openly about drugs, alcohol, STIs, pregnancy, and avoid fear tactics and abstinence-only education. The National Institute on Drug Abuse for Teens is a good resource to consult for substance use education.
- Have conversations with your children about love, relationships, puberty, and sex to get them accustomed to **conversations on healthy relationships** when the topic feels relevant. Even though teens may try to avoid these conversations, they are still listening!

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Adolescent Sexual Development

Late Adolescence: 18 to 21-Years-Old

What to Expect

Youth at this stage have greater acceptance of their physical self and demonstrate improved body image.

Romantic relationships are typically of high importance. They are also better at establishing a sense of who they are in a relationship and what they want. Sexual activity is common.

Youth have a firmer sense of identity although exploration does continue.

More thought is given in planning for their future. Decisions and values are based on their own beliefs and less on those of peers.

Tips for Engaging Youth

In addition to the recommendations for Middle Adolescence, consider:

- Conversations on sexual health around goals and long-term consequences, which may be more effective at this stage than earlier (e.g. "When, if at all, do you think you may want to get pregnant?").

Tips to Share with Parents

In addition to the recommendations for Middle Adolescence, consider:

- While they may still be living at home or financially dependent on parents, young adults often crave the feeling of independence. Try to support youth in communicating their expectations and needs.

This resource was adapted from the National Sexual Violence Resource Center.

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Provider-Youth Communication

Providers play a critical role in encouraging healthy behaviors in adolescents. Encouraging youth to practice making healthy decisions requires clear, non-judgmental, confidential guidance or communication.

Tips for Talking to Teens

- **Remove distractions.** Spend part of every visit with patients alone. Turn off your pagers and cell phone and engage youth by sharing resources on their own phones instead of asking them to turn them off or put them away.
- **Begin by discussing confidentiality and its limits.** This helps build trust and explains the basis for mandated reporting. Contact your county's child protective services for more information if you are unclear on your state's limits on confidentiality.
- **Build Rapport.** Start by warming up and asking the patient about their interests, school, or future plans. Understand that it may take a few visits for them to feel comfortable receiving advice and responding to personal questions about their sexual health.
- **Negotiate the agenda.** Try to address the issue(s) that brought your patient through the door and explain what you need to cover during the visit. You can address their concerns and yours while building trust along the way. Don't forget to include a sexual history.
- **Avoid jargon or complex medical terminology.** Simple, straightforward language ensures effective communication. Check for mutual understanding by asking open-ended questions, and clarifying your patient's slang in a non-judgmental manner (e.g. "I've never heard that term before, do you mind explaining what _____ means?" Unless it is natural for you, try to avoid using slang to relate.
- **Use inclusive language.** Instead of 'Do you have a boyfriend/girlfriend?' try asking 'Are you in a relationship?' Ask youth what **pronouns** they prefer and what gender (if any) they identify as. Additionally, distinguish anatomy (**sex assigned at birth**) from **gender identity** to affirm the identities of youth. Consider referencing 'people with vulvas' or 'people with penises' instead of 'women' or 'men'. Additionally, the term 'disability' is preferred over 'handicap,' and 'wheelchair user' over 'wheelchair bound.' Listen to the language your patients use and when in doubt ask what is preferred.
- **Listen.** This not only builds trust but may give insight that affects the healthcare and advice you provide.
- **Respect an adolescent's experience and autonomy.** Many young people feel that adults and people in positions of authority discount their ideas, opinions, and experiences. Healthcare providers, together with parents, can help youth make wise, healthy decisions.

Risk vs. Blame

Healthcare providers generally assess risk and protective factors when treating and providing guidance to youth. There are many factors that can put an individual at risk of negative health outcomes, including houselessness, lack of employment, lack of parental support, immigration status, etc. When assessing risk and counseling on behavior change, avoid communicating blame to a young person.

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Provider-Youth Communication

Frameworks for Working with Youth

Harm Reduction

While healthcare providers cannot control the decisions made by their patients, they do play an important role in encouraging and reinforcing healthy decision-making. For example, when teens are engaging in risky sexual behaviors, teach them to use a condom or other birth control methods correctly and consistently rather than solely focusing on trying to talk them out of a sexual behavior that is deemed risky. When youth are having oral sex, encourage them to use protection and abstain from such an activity when they have a cold sore in their mouth, genital lesions, or bleeding gums.

Motivational Interviewing

Sometimes it's clear that youth would benefit from changing their behavior. Motivational Interviewing offers brief and effective methods for intervention and uses behavior-change as a foundation for working with youth. Motivational interviewing techniques have been effective for alcohol and/or substance-use counseling. There is increasing evidence of its usefulness for counseling around sexual health issues.

The basic framework for Motivational Interviewing is as follows:

1. **Ask Permission** to engage in the topic of discussion.
2. **Assess Readiness** for change and the youth's belief in their ability to make a change.

0	1	2	3	4	5	6	7	8	9	10

- On a scale of 0 to 10, how ready are you to get some help and/or work on this situation/ problem?
- Straight question: Why did you say a 5?
- Backward question: Why a 5 and not a 3?
- Forward question: What would it take to move you from a 5 to a 7?

3. **Respond to a Patient's Readiness**

   Review the following indicators based on a patient's scoring:

   (0-3) *A patient is NOT ready for change:* Educate, advise and encourage your patient

   (4-6) *A patient is unsure:* Explore their ambivalence

   (7-10) *A patient is ready for change:* Strengthen their commitment and facilitate an action plan

4. **Keep "Frames" in Mind** when counseling for behavior change

   F: Provide **Feedback** on risk/impairment (e.g. it sounds like your fear of getting pregnant is causing you a lot of anxiety).

   R: Emphasize personal **Responsibility** for change (e.g. I'd like to help you, but it's also very important that you take responsibility for changing things. What steps can you take to help yourself?)

   A: Offer clear **Advice** to change (e.g. I believe the best thing for you would be to…)

   M: Give a **Menu** of options for behavior change and treatment (You could try…)

   E: Counsel with **Empathy** (I know that these things can be very difficult...)

   S: Express your faith in the adolescent's **Self-efficacy** (I believe in you, and I know that you can do this, when you decide the time is right.)

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The Role of Providers in Caregiver-Child Communication

Providers play an important role in educating and facilitating communication between youth and their caregiver(s), especially around topics of sexual health, sexual orientation, and gender identity. Healthy communication between caregivers and their children provides young people the support and information they need to make healthy decisions about sex. The tips below offer guidance on how to navigate these topics while still respecting a young person's privacy.

Benefits of Caregiver-Child Communication: What Research Tells Us

- One study found that effective caregiver communication prevented substance use, delayed alcohol and sexual activity initiation, and decreased risk-taking behaviors in adolescents.[1]
- Young people who have conversations with their caregivers about sex are more likely to have conversations with their partners about sex.[2]
- Young people whose caregivers talked to them about barrier methods such as condoms are more likely to use a condom.[3]

Tips for Encouraging Caregiver-Child Communication

With Youth

- Reiterate the importance and value of family-communication.
- Identify whether your patient has had a conversation with an adult caregiver about sexual health. You can't (and shouldn't) try to force youth to talk to their caregivers, but you can explore strategies together.
- It is often appropriate to assist youth in understanding caregivers' concerns. For example, family members often need some time to better understand changes to a youth's gender identity, thoughts, and feelings.[4]
- Ask youth if they need help talking to their caregiver about a particular issue and offer to meet with the youth and caregiver together.
- If youth feel uncomfortable talking to their caregiver, help them identify other caring adults who can support them.

With Caregivers

- Reiterate the importance of communication with their child.
- Share medically accurate resources for caregivers to share with their youth at home.
- Ask if there are issues they find hard to discuss with their youth and offer solutions.
- Encourage caregivers to take advantage of teachable moments, such as when a young person asks a question about something in a movie or TV show.
- Help caregivers find ways to be involved while respecting a young person's privacy and confidentiality.
- Encourage caregivers to initiate dialogues with their children, and understand how difficult it is for their child to open up about sexuality and health.
- Offer educational materials and resources about caregiver-child communication.

Resources

- **Advocates for Youth** - advocatesforyouth.org
- **Guttmacher Institute** - guttmacher.org

References

1 Ryan, J., et al. (2015). "The Effects of Parental Monitoring and Communication on Adolescent Substance Use and Risky Sexual Activity: A Systematic Review." The Open Family Studies Journal.
2 Widman, L., et al. (2014). "Sexual Communication Between Early Adolescents and Their Dating Partners, Parents, and Best Friends." The Journal of Sex Research.
3 McConnel, E. A., et al. (2016). "Families Matter: Social Support and Mental Health Trajectories Among Lesbian, Gay, Bisexual, and Transgender Youth." Journal of Adolescent Health.
4 Rafferty, J. (2018). "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents." American Academy of Pediatrics.

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Minor Consent and Confidentiality

Adolescents list confidentiality concerns as the number one reason for delaying or forgoing medical care. However, youth are more likely to disclose sensitive information to a health provider when consent and confidentiality is explained to them during one-on-one time with their provider. Providers should clarify the laws and limits of confidentiality during each visit.

Learn the Minor Consent and Confidentiality Laws in Your State

Every state has different minor consent, confidentiality, and mandated reporting laws. Almost all states allow minors of a certain age to consent to STI testing and treatment, as well as medical care for a minor's child. But most states require some form of parental consent or notification before a minor can obtain an abortion.

The Guttmacher Institute offers an overview of minor consent laws for each state. This chart is updated regularly but should only be used as a quick reference. More specific information about the laws in each state can be found in the resources and links listed below.

Ensure Confidential Billing for Adolescent Sexual Health Services[1]

- Most private health insurance plans send home an explanation of benefits (EOB) to the primary policy holder explaining services that have been received by the minor. Confidentiality may be compromised if a caregiver receives an EOB detailing their child's reproductive or sexual health services.
- Some states allow young people to send a written petition to their insurance company requesting confidential communication for sensitive services, but it is important to note that this process is not foolproof and privacy of the young person may still be compromised.
- Low or no-cost family planning programs offered by the city, county, or state, and Title X clinics do not send EOBs; therefore, disclosures regarding confidential care are avoided.
- Sometimes a referral to a Title X clinic is most appropriate if confidentiality cannot be ensured through insurance billing.

Tips

- Discuss the importance of confidentiality between providers and minor patients with parents/caregivers. Parents can be allies in the provision of confidential healthcare for adolescents.[2]
- At every visit, explain confidentiality and its limits to minor patients and accompanying adults. Be as specific as possible, so that they know what to expect and do not feel betrayed if something needs to be reported to a parent or child protective services.
- Explain that mandated reporting exists, and clearly outline what you are required to report.

Resources

- **Office of Population Affairs** - opa.hhs.gov
- **National Center for Youth Law** - youthlaw.org
- **Center for Health Law and Policy Innovation** - chlpi.org
- **AMA Journal of Ethics** - "Privacy Protection in Billing and Health Insurance Communications" journalofethics.ama-assn.org

References

1 American Academy of Pediatrics. (2016). "Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process." Journal of Adolescent Health. www.adolescenthealth.org

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The Difference Between Sexuality and Gender

When providing care and education, it is important to know the different components pertaining to human sexuality and gender. Below are terms, definitions, and best practices for discussing sexuality and gender with clients. Note that these definitions and (inclusive) practices will continue to evolve over time. A key point to remember: gender and sexuality are related but not equivalent.

1 Assigned Sex

A label given at birth by a healthcare provider based on biological sex characteristics that include genitals, internal organs, hormones, and sex chromosomes (although healthcare providers tend to classify people based solely on external genitalia). The most common sex categories are 'female,' 'intersex,' and 'male.'

> "Intersex refers to people who are born with any of a range of sex characteristics that may not fit a doctor's notions of binary 'male' or 'female' bodies. Variations may appear in a person's chromosomes, genitals, or internal organs like testes or ovaries. Some intersex traits are identified at birth, while others may not be discovered until puberty or later in life."
>
> — InterAct

2 Gender Identity

The personal sense of one's own gender. Gender is culturally constructed; each society has a set of gender categories that help form a person's gender identity. The common identities in the United States are trans, nonbinary, man, and woman.

Cisgender is used to describe a person whose gender identity is the same as the person's assigned sex at birth (e.g. a person who was assigned female at birth and identifies as a woman is cisgender or a cis woman).

Transgender or 'trans' for short has evolved into an umbrella term. A transgender person is traditionally understood as a person who does not identify with the sex they were assigned at birth. Many people who identify as 'nonbinary' (an umbrella term for someone who rejects the gender binary of male and female) may also identify as transgender, though not all do.

Unlike 'man' and 'woman,' which are nouns, the words 'transgender,' 'cisgender,' and 'intersex. are adjectives.

3 Gender Expression

How one expresses their gender through clothes, hair length and style, facial and body hair, mannerisms, voice, accessories, activities, and more. Society generally identifies these cues as masculine and feminine (although what is considered masculine and feminine changes over time and varies by culture).

4 Gender Attribution

How one's gender is perceived by others. This is also cultural and might depend on the community one is in.

5 Sexual Orientation

The physical, sexual, romantic, and/or emotional attraction towards others. There are many identities and labels one can use including, but not limited to, lesbian, gay, bisexual, pansexual, asexual, queer, and straight.

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The Difference Between Sexuality and Gender

Identities vs. Behaviors

One's gender identity, gender expression, sexual behavior, and attraction are not the same, but may be correlated. In a healthcare setting, it is vital for providers to treat the individual and not the identity. For example, do not use the phrase "gay/lesbian sex" because that is implying there is a behavior associated with an identity. MSM, or "men who have sex with men," also confuses identity with behavior.

- Asking about the gender of one's sexual partners (do you have sex with men, women, or both) is not inclusive or accurate and does not necessarily get at behaviors. This can also be especially alienating to people who are nonbinary and/or have nonbinary partners.
- If a provider needs to understand the sexual behaviors someone engages in in order to provide care, ask about the specific behaviors. Please see the inclusive intake form and sexual health history questionnaire for guidance around this.
- When clients share their identities, it is important that providers check their own bias and assumptions, take the time to understand the label/identity the client is using and ask for clarification, and then understand any behavior that is pertinent to a young person's health. When a client requests a referral for more affirming care and education, then it is appropriate to ask about identity.

Creating a Welcoming Space

- ☐ **Forms.** An intake form that asks for chosen name, pronouns, and space for a gender identity they can write-in. If legal name and assigned sex are necessary for paperwork (as in most cases with insurance), understand this can be alienating and have a disclaimer on the intake form.
- ☐ **Posters.** Incorporate welcoming symbols throughout the space such as flags and posters.
- ☐ **Language.** Always begin by using gender neutral pronouns until pronouns are shared. Review the following tips surrounding grammar to avoid offending a patient.

INSTEAD OF	SAY
"They are intersexed."	"They are an intersex person."
"I am a cisgender."	"I am a cisgender person/man/woman."
"I support transgenders."	"I support transgender people."
"Female/male-bodied people."	Try being specific and talk about the body part/process. Or if talking about biological sex categories say "assigned female/male at birth."

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The Difference Between Sexuality and Gender

Tips for Best Practice

- It is important not to act on gender attribution (how we perceive a person's gender), especially when providing education and care to youth.
- Avoid attributing a gender based on body parts and instead name the body part in neutral terms. For example:

INSTEAD OF	SAY
"Women should get regular pap smears."	"People with cervixes should get regular pap smears."
"Guys can use a condom on their penis for sex."	"Condoms can be used on penises, inside vaginas and anuses, and with sex toys."

- What is deemed common and affirming language will vary across contexts. For example, terms that are used in urban areas may be different from terms used in rural areas; a term that is commonly used by transgender elders may be considered alienating to transgender youth, etc. Always be open to hearing preferred language and mirror that language.
- If you ever make a mistake about pronouns or gender while talking to someone, just apologize, correct the mistake, and move on. For example, "I'm sorry, I meant they." Making a big deal about a mistake might make a young person feel obligated to take care of the feelings of the person who made the mistake.
- If a provider hears someone else make a mistake, they can politely correct the person without making a big deal about it. "Actually, River uses they pronouns." If the educator/provider observes the behavior continuing after the correction, or if the misgendering is intentional, it should be addressed as discrimination.
- Be up-to-date on common best practices. Much of what is written in this toolkit might be dated by the time one reads it.
- Sometimes, not every provider is the best match for their patient and it is best to refer patients to more affirming care if it is available.
- Understand that many people have experienced trauma in healthcare settings. This is especially true for intersex and transgender people. Approach each interaction with a trauma-informed lens.

Resources

- **Gender Spectrum** - genderspectrum.org
- **GLSEN: Gender Terminology** - "Gender Terminology." glsen.org
- **Teaching Transgender Toolkit** - http://www.teachingtransgender.org

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Taking a Client-Centered Sexual History

At a young person's first visit to your clinic, or at ages 11-12 (whichever comes first), it is important to initiate discussions about sex and sexuality. Youth want their healthcare providers to ask these questions and appreciate the support and input we provide!

Guidelines for Sexual History Taking

The following is an outline for taking a sexual health assessment based on the **Five P's**: Partners, Prevention of Pregnancy, Protection from STIs, Practices, and Past History of STIs. Taking a sexual history should always be embedded in a general psycho-social assessment, such as the "Annotated HEADSSS".[1]

Consider these statements, questions, and tips as a guide to assessing your young patients. Of course you will change your language and approach to meet the developmental stage of your patients.

Introduction to Patients:

I'm going to take a few minutes to ask you some personal questions. This information is important and will help me provide better healthcare to you. Many young people have questions about their bodies / about sex / about contraception and I'd like to answer any of those for you. Let's first review what information will be kept private and what information I might have to share with other people (see resource xx for information on confidentiality).

1 Determining Stages of Development

Initial Questions

- ☐ Do you have any questions or concerns about your body and any changes that are happening (or not happening)?
- ☐ Do you have any questions or concerns about your sexual development?
- ☐ Many young people have questions and concerns about masturbation? Do you have any questions?

Tips on Sexual Development

- Think about taking the sexual history in the context of a HEADSSS assessment: Home, Education/Employment, Activities, Drugs, Sexuality/Suicide/Safety.
- Begin the sexual history AFTER you have established rapport by talking about other topics — school, exercise, family, etc.
- Always ask for permission to talk about sex.
- Use familiar language - avoid clinical terms.
- Ask youth for clarification when they say things you don't understand.
- Use reflective listening. Paraphrase what the young person has said to make sure you heard correctly.
- Always acknowledge positive behaviors and assets, while also encouraging healthy use of contraceptives and safer sex as appropriate.
- Frame your first few questions in the third person (e.g. Are you noticing that your classmates or friends are dating? Having sex?).
- Be aware of judgmental questions (e.g. "You don't have unprotected sex, do you?") and behaviors (Shaking your head as you listen).
- Educate youth about their options so they are in a position to make informed choices.
- Refer youth to resources based on their individual needs.

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Taking a Client-Centered Sexual History

2 Sexuality

Initial Questions

- ☐ Some of my teen patients are exploring new relationships. Do you have a crush on anyone? Are you dating or hooking up with anyone?
- ☐ Are you attracted to anyone? Are you having sex with anyone? (Determine the gender identity of your patient and their partner(s) if necessary to providing care)

Follow-up Questions for LGBTQ+ Youth

- ☐ Have you talked openly with anyone in your family about your sexuality?[2]*
- ☐ Do you have any concerns about their reactions?*

Tips on Sexuality

- ➡ Use gender neutral terms until the youth has established a preference for male/female/nonbinary sexual partners.
- ➡ Become familiar with resources for LGBTQ+ youth in your area.
- ➡ Refer to community support programs for supportive counseling as needed.
- ➡ Provide anticipatory guidance to LGBTQ+ youth who report family rejection.
- ➡ With youth, start by asking questions in the third person (e.g. "Are any of your friends …").

3 Sexual Activity

Initial Questions

- ☐ Many youth are exploring their sexuality and relationships; and different people are at different points in exploring these topics. Have these issues come up for you? How?*

Follow-up Questions

- ☐ What do you consider "having sex?"*
- ☐ When do you think it is okay to have sex?*
- ☐ Have you ever had sex? What do you mean?*
- ☐ If you aren't yet having sex, are you considering it?
- ☐ Do you have friends or adults you can talk with about sex?*

Tips on Sexual Activity

Choose amongst the questions below to follow up with young people who are having sex. Do not try to ask every patient all of these questions!

Consider saying: I'm going to ask you several questions about your experiences with sex, so that I can help you make/keep these experiences positive and healthy.

- ➡ Have you ever had sex when you didn't want to?
- ➡ Sometimes sex is fun and sometimes it's not. What is your experience with sex?
- ➡ How old were you the first time you had sex?
- ➡ To help us know what your risks for pregnancy and STIs would be, it helps us to know what body parts you use when having sex? (eg. penis, vagina, anus, mouth) What body parts does your partner use?
- ➡ It also helps us to know: How many people have you had sex with in the last 3 months? In your life?

If no sexual activity:

- ☐ When do you see yourself making the decision to have sex? How will you know when you're ready?*
- ☐ Who do you talk to about sex?*
- ☐ How do you feel about having sex? Is it a good thing or bad thing for you?*

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Taking a Client-Centered Sexual History

4 Safer Sex Practices

Use the follow-up questions to determine if STI/pregnancy prevention methods have been used and which might be appropriate.

Initial Questions

- ☐ Tell me what you know about STIs.*
- ☐ What are you doing to protect yourself against STIs?

Follow-up Questions

- ☐ Have you or your partners ever been tested for STIs? Have you or your partner had an STI?*
- ☐ How many partners do you have? Do your partners have other partners?
- ☐ What questions do you have about STIs?
- ☐ Do you use protection (e.g. condoms, dental dams)? Sometimes or always? How do you decide when you are going to use protection and when you're not?

Tips on Safer Sex Practices

- ➡ Congratulate those who are using contraception and encourage those who are not.
- ➡ Remind youth that condoms are most effective when used correctly with every sexual encounter.
- ➡ Youth may be more likely to use protection with casual partners and not with long-term partners. Remind youth of the importance of using protection with ALL partners.
- ➡ Screen for other risks, such as alcohol, substance, and sexual abuse.
- ➡ Refer to youth to health education materials.

Ask every adolescent patient regardless of sexual activity.

5 Sexual Assault, Intimate Partner Violence, and Sexual Coercion

When sex is not enjoyable, assess whether this is because they don't want to be sexually active, have a physical condition, or have issues with sexual function, as the counseling messages are different.

Introduction to Patients

Violence is a problem in many people's lives, and so I ask every patient I see about trauma or abuse they may have experienced in the context of sex and relationships.

Initial Questions

- ☐ Have you ever been hurt in a sexual way or forced to have sex when you didn't want to?[3]*
- ☐ Have you ever traded sex for money, drugs, a place to stay, or other things that you needed?

6 Closure

At the end of the conversation, review what you learned and what you discussed. Some modeled-language to consider are:

- *So, you've just told me that you really don't want to get pregnant anytime soon. You're taking birth control pills to prevent pregnancy and have talked to your partner about using condoms for extra protection. You're making really good decisions and I encourage you to continue this healthy behavior.*
- *I am really glad you are here today. I am honored that you shared your concerns with me. I have worked with other young people with similar challenges and can support you in making healthy decisions and getting resources that you need.*
- *I am really glad to hear that you are safe in your relationship. Please know that this clinic is a safe place. If you or anyone you know is having difficulties in their relationship, they can come here for help.*
- *How else can I best support you and meet your healthcare needs today?*

References

1 Cavanaugh, R. M. (2007). "Screening adolescent gynecology in the pediatrician's office: have a listen, take a look." Pediatrics in Review.
2 Ryan, C. (2009). "Supportive Families, Healthy Children: Helping families with lesbian, gay, bisexual & transgender children." Marian Wright Edelman Institute, San Francisco State University. familyproject.sfsu.edu
3 This question should be asked of all patients whether or not they are currently sexually active. The American College of Obstetrics and Gynecologists suggests screening all patients at every visit for sexual assault. acog.org.

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STI Screening and Treatment
An Overview

Screening

Youth require ongoing education of the consequences of unprotected sex: unintended pregnancy and sexually transmitted infections (STIs). To avoid adverse consequences, capturing a youth's sexual history is key. For guidance on assessing risk and taking a sexual health history, please refer to other resources in this toolkit.

Providers should consider a patient's sexual history along with recommendations for STI testing from local, state, and national public health resources to individualize each screening. We encourage providers to communicate with local public health authorities. These organizations provide guidance to clinicians to identify populations at increased risk. For example, in communities with a high prevalence of chlamydia or gonorrhea, broader screening of sexually active people may be warranted.

CDC Recommendations

The following recommendations are based on national guidelines from the Center for Disease Control and Prevention (CDC). We strongly encourage all providers to assess individual patient risk and behavior while using **inclusive language.**

MINIMUM RECOMMENDED SCREENING PER CDC

	"FEMALE"	"MALE"	"MEN WHO HAVE SEX WITH MEN (MSM)"	PATIENTS WITH HIV
Chlamydia	annually to age 25	per risk	every 3-6 months	annually
Gonorrhea	annually to age 25	per risk	every 3-6 months	annually
Syphilis	per risk	per risk	every 3-6 months	every 3-6 months
HIV	once / lifetime	once / lifetime	annually	annually

NOTE

- The above are minimum guidelines. Always take a thorough sexual history and use your clinical judgment to determine appropriate testing and intervals.
- The CDC continues to use the terms 'male,' 'female,' and 'MSM' without attention to gender diversity and the range of sexual behavior.
- **Any STI diagnosis is an indication to screen for all other STIs.**
- For LGBTQ+ youth, it is important to test for chlamydia and gonorrhea at sites of contact, including the urethra, oropharynx, and/or rectum.
- Currently, there are no screening guidelines for Chlamydia and gonorrhea (CT and GC) for men who only have sex with women (MSW). Apply a careful review of your patient's sexual history and use your clinical judgment to determine appropriate screening. For example, someone engaging in sexual behaviors involving shared vaginal or anal penetrative items (digital, sex toys, etc.) are at risk of CT/GC and should be screened accordingly.

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STI Screening and Treatment
An Overview

NAAT Screening

- Nucleic acid amplification tests (NAATs) are recommended for screening, and can be used on urine and self-collected vaginal swab specimens, if a pelvic exam is unnecessary.
- NAATs can also be used on pharyngeal and rectal specimen.

Tips on Confidentiality and Mandated Reporting

- Contact your state local health department for prevalence rates and trends to help you tailor STI screening.
- Review the patient consent and confidentiality laws in your state, and communicate those to your patients. Always let a young person know that you are screening for STIs.
- Be aware that patient confidentiality may be compromised by mandated reporting of STIs. Become familiar with local reporting practices and advise patients about whether they or their parents will be contacted. Know whether your community has an STI clinic that can provide anonymous or confidential testing; these are often associated with the public health agency.
- Be aware of billing practices. Insurance claims sent home may compromise confidentiality (especially if tests for STIs are listed). Make sure you know what options are available to youth where you practice.

Treatment

- Treatment guidelines change frequently and sometimes vary state-to-state because of resistance patterns. For the current treatment recommendations, refer to the CDC's guidelines and your local public health department.
- Chlamydia, gonorrhea, and syphilis are reportable STIs in every state. Other reportable STIs vary by state and sometimes by county. See the CDC's 'Fastats' for nationwide data.

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STI Screening and Treatment
An Overview

Expedited Partner Therapy (EPT) And Partner Notification

- Expedited partner therapy (EPT) is the treatment—without provider evaluation—of sexual partners of someone testing positive for an STI. The affected patient generally delivers the medication to their sexual partners.
- Partner notification is the act of informing one's sexual partner(s) that they have potentially been exposed to an STI.
- EPT has been shown to be more effective than referring sexual partners to their own providers for treatment of chlamydia and gonorrhea, and has reduced rates of persistent or recurring infections in adolescents.
- EPT for gonorrhea and chlamydia is safe, effective, and should be considered standard medical practice.
- Providers need to consider the issues surrounding EPT use and partner notification in adolescents. Dispensing EPT can compromise **patient confidentiality** via insurance billing for medication and both EPT and partner notification can result in **mandated reporting** if the partner's birth date is required for prescriptions.

Resources

- **CDC Center for Disease Control and Prevention -** "2015 Sexually Transmitted Disease Treatment Guidelines." cdc.gov
- **GCDC Center for Disease Control and Prevention -** "Division of STD Prevention." cdc.gov
- **CDC Center for Disease Control and Prevention -** "National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention." cdc.gov
- **US Preventative Service Task Force -** "Chlamydia and Gonorrhea: Screening." uspreventativetaskforce.org
- **CDC Center for Disease Control and Prevention -** "Expedited Partner Therapy." cdc.gov
- **STD Check -** "STD Anonymous Notification." stdcheck.com
- **Health Initiative for Men -** checkhimout.ca

References

1 (2015). "Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources." Centers for Disease Control and Prevention. www.cdc.gov
2 (2016). "Sexual Health and Your Patients: A Provider's Guide." Altarum Institute.

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HIV Testing and Counseling

Basis for Universal HIV Testing

In 2017, 38,739 people received an HIV diagnosis in the US.[1] The Centers for Disease Control (CDC) recommends one-time HIV testing for everyone between the ages of 13 and 64 as part of routine healthcare, and that those with risk factors get tested more frequently. The CDC provides guidance for HIV screening for gay, bisexual, and other men who have sex with men (MSM). Adapting CDC recommendations, we urge clinicians to screen asymptomatic sexually active LGBTQ+ youth at least annually. Furthermore, clinicians should consider the benefits of more frequent screening (e.g. once every 3 to 6 months) for individuals at increased risk for HIV Infection.[2, 3]

> **Note:** The use of "MSM" language by the CDC is outdated and does not account for the vast experience of LGBTQ+ people.

HIV Testing Method

All HIV diagnostic tests are guided by a common principle: screen with a highly sensitive initial test and confirm reactive results with a different test that is both sensitive and highly specific. Any reactive initial Ag/Ab combination test is confirmed using an IgG-sensitive HIV-1/2 antibody differentiation supplemental assay.[4]

Anonymous Testing

Anonymous testing is offered in some states at community-based organizations or clinics. Clients may feel more at ease with anonymous testing. Refer to your state laws for more information. Refer patients to anonymous testing sites when appropriate.

Rapid Test

Rapid (STI) tests are available at many community clinics and testing centers. Results are generally given within 20 minutes of processing and clients receive results before they leave, enabling a built-in counseling and referral session. All reactive/positive rapid test results must be confirmed by a blood test, which may require a follow-up visit. To find more information on testing resources, go to gettested.cdc.gov.

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HIV Testing and Counseling

HIV Counseling

To Counsel or Not to Counsel?

While the CDC does not require counseling in health-care settings, there are times or situations that may warrant counseling. The CDC does recommend counseling in nonclinical settings, such as at community-based organizations. [5]

REASONS FOR COUNSELING	REASONS TO AVOID COUNSELING
• Adolescents prefer to receive STI/HIV information from their providers and studies have demonstrated that provider recommendation remains one of the strongest predictors of testing. • Allows identification of personal risk of HIV infections. • Reduces anxiety by preparing youth for possibly testing positive. • Decreases cost of repeat testing and stress for clients with no or low risk for HIV. • Opens discussion for additional testing and counseling. • Normalizes HIV and makes it a part of regular STI screenings. • Assesses social support.	• Routine or universal HIV testing (by itself without counseling) has been shown to be cost-effective even in low prevalence settings. • Time constraints for primary care providers. • Client has already been counseled before and does not need more information.

The CDC guidelines recommend that HIV testing:

- **Allow patients to opt-out.** Provide youth with the opportunity to ask questions, but also assess their feelings of anxiety and make clear that they have an option to decline testing at this time.
- **Should not require a written informed consent.** Adding another step to testing can create further barriers for youth who are already experiencing anxiety around testing.

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HIV Testing and Counseling

When A Patient Decides to Test

- **Support HIV testing.** For example, you can say: "It is great that you are being proactive about your health and taking the initiative to test for HIV today."
- **Discuss confidentiality laws.** Explain laws pertaining to testing, results, and parental/partner notification. Understand state-specific protocols and laws pertinent to your testing site.
- **Assess risk.** Discuss HIV risks with patients, including intravenous drug use, receptive anal sex, inconsistent condom use, sex with a known HIV-positive partner (and whether the partner is an antiretroviral therapy), history of STIs, and sex in a high prevalence community/network. Also discuss ways to reduce risk—this can be included in discussing strategies to reduce risk for other STIs, including hepatitis and HIV.
- **Discuss the window period.** HIV antibodies take anywhere from 2 weeks to 6 months to be detected. In most cases, HIV can be detected 3 months after exposure. Depending on risk level, retesting may be indicated.
- **Prepare for a positive or negative diagnosis.** Discuss the meaning (from patient's perspective) of a positive or negative test, what their life will look like moving forward, and whom they can talk to when the appointment is over.

After Testing

In some states, giving HIV screening results over the phone is illegal, even in the case of a negative screening. Providers should know relevant state laws for more information.

If Negative, review the risk reduction, window period, and when to retest. Answer any questions the client may have.

If Positive, refer to state-specific laws for follow-up. Many states require additional screening before diagnosis, and reporting laws vary by state. Review the results and allow for additional time to counsel a youth if the result is positive. Ideally, a social worker, counselor, or nurse will be available to assist with post-test counseling and link to HIV/AIDS services. Discussion of partner notification and a risk reduction plan should take place as soon as possible. Giving positive HIV results can be very stressful. Make sure to take a break to clear your mind and talk with another healthcare provider about the experience.

Resources

- **TheBody** - thebody.com
- **POZ** - Health Life and HIV poz.com
- **Get Tested: National HIV, STD, and Hepatitis Testing** - gettested.cdc.gov

References

1 (2016). "HIV Surveillance Report." Centers for Disease Control and Prevention. www.cdc.gov
2 (2019). "Screening in Clinical Settings." Centers for Disease Control and Prevention. www.cdc.gov
3 Branson, B. M., et al. (2006). "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings." Centers for Disease Control and Prevention. www.cdc.gov
4 Hurt, C. B., et al. (2017). "Selecting an HIV Test: A Narrative Review for Clinicians and Researchers." Sexually Transmitted Diseases.
5 (2015). "HIV Infection: Detection, Counseling, and Referral." Centers for Disease Control and Prevention. www.cdc.gov

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Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis

What are PrEP and PEP?

PrEP

Pre-exposure prophylaxis (or PrEP) is a medication that protects HIV-negative individuals from contracting the virus and, if taken regularly, reduces the risk of HIV transmission by 99%.

Patients may discontinue PrEP medication at any time, however, it is advised that patients continue taking PrEP for 4 weeks after potential exposure.

For those at risk through sex and injection drug use, Truvada® for PrEP is recommended. For people at risk through sex, excluding receptive vaginal sex, Descovy®, for PrEP is recommended.

PrEP 2-1-1 is an effective method for those at risk of contracting HIV through anal sex only, it is not effective for those at risk of contracting HIV through any other sexual activity.

PEP

Post-exposure prophylaxis (PEP) is an antiretroviral medication taken by individuals who may have been exposed to HIV. This medication should be taken 72 hours after potential exposure to HIV.

Risk Assessment

Asking guiding questions may help providers assess whether PrEP or PEP is the best medication for a patient. When thinking about which guiding questions to ask, consider asking questions related to sexual behavior, medical history, adherence to previous medication, and sexual health.

PrEP/PEP and LGBTQ+ Identifying Individuals

LGBTQ+ identifying individuals have a difficult time disclosing relevant health information to providers. Create a safe space with affirming posters. Help them feel welcomed by establishing proper rapport and modeling LGBTQ+ inclusive language that invites a young person to speak more openly about possible partners and sexual activities. Ask questions that do not make assumptions about a young person nor cast shame or embarrassment.

For this reason, it may be helpful to discuss **minor consent laws** and the extent of the **patient/provider confidentiality agreement** at the start of every visit. Review your state's minor consent laws for the most up-to-date information.

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Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis

Helpful Tips

- Respectful questions around gender and sexual identity help make LGBTQ+ youth more comfortable during provider visits. Please check out other resources in our toolkit for more information!
- Note: Truvada does not interfere with hormone replacement therapy medication.

PrEP Navigator

A PrEP navigator works directly with youth to connect them to resources to pay for PrEP and to help them understand the importance of staying on the medication.

For states without a PrEP navigator, please refer to the following resource to find a PrEP provider: **https://npin.cdc.gov/preplocator**

California's Law on PrEP and PEP

Passed in January 2020, this law uses a harm reduction approach to reduce HIV rates. Specifically, the law allows pharmacists to dispense PrEP and PEP to patients without a prescription by a healthcare provider.

PrEP and PEP are covered by most health insurances in California.

For more information on harm reduction, please visit the Harm Reduction Coalition: https://harmreduction.org.

Resources

- **CDC Center for Disease Control and Prevention -** "Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)." cdc.gov
- **San Francisco AIDS Foundation -** "PrEP 2-1-1 for Anal Sex." sfaf.org
- **NPIN National Prevention Information Network -** "NPIN PrEP Provider Data and Locator Widget." npin.cdc.gov

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Human Papillomavirus (HPV) Related Cancers
Screening and Follow-Up

Screening

Screening for Cervical Cancer

All people with a cervix should begin Papanicolaou (Pap) tests at the age of 21.[1] Screening should be conducted regardless of sexual orientation or gender identity using current national guidelines. In general, guidelines suggest pap testing every three years.

Screening Intervals for Normal Cervical Cytology and Histology

- There is no recommendation for screening asymptomatic immunocompetent patients younger than age 21 years, regardless of the age of initiation of sexual activity.
- Pap testing should generally begin at age 21 for patients with a normal immune system. If the Pap test is negative, screening should be repeated at intervals of every three years.
- Please refer to national guidelines for appropriate testing of immunocompromised patients.

Follow-Up

Recommendation for management of abnormal cervical cytology and histology in patients ages 21 to 30 varies depending on the presence of HPV and grade of pathology (such as ASC-US, LSIL, or HSIL).[3]

LGBTQ+ Youth with a Cervix

LGBTQ+ youth may be less likely to access services and less likely to receive adequate Pap smear screening but are still at risk for HPV.2 To best serve these individuals, providers should ensure they are creating a safe, welcoming, and non-judgemental space in their clinic.

Resources

- **American Society for Colposcopy and Cervical Pathology** - asccp.org
- **American College of Gynecology -** "Abnormal Cervical Cancer Screening Test Results." acog.org

References

1 (2018). "Final Update Summary: Cervical Cancer: Screening." U.S. Preventative Services Task Force. www.uspreventiveservicestaskforce.org
2 Kiran, T., et al. (2019). "Cancer screening rates among transgender adults: Cross-sectional analysis of primary care data." Can Fam Physician.
3 ASCCP Recommendations for the Management of Women with Abnormal Cervical Cancer Screening Tests can be accessed at asccp.org.

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HPV Vaccine

Recommendations for Use of HPV Vaccine

The Advisory Committee on Immunization Practices (ACIP) provides the following recommendations:

- HPV vaccination should be initiated at age 11 or 12 years for all children.
- A two-dose vaccine schedule is recommended for children who initiate the vaccination series at age 9 to 14 years.[1]
- Three doses are recommended for youth who initiate the series at ages 15 to 26 years and immunocompromised persons. Catch-up vaccination is recommended for all youth through age 26 years.[2]

Recommended Schedule

- The CDC updated HPV vaccination dosing schedules in 2016. The CDC now recommends 2 doses of HPV vaccine for people starting the vaccination series before their 15th birthday.1
  - The second dose should be given 6 to 12 months after the first dose (0, 6–12 month schedule).
  - If the second dose is given earlier than 5 months after the first, a third dose should be administered.
- Three doses of HPV vaccine are recommended for people starting the vaccination series on or after their 15th birthday and for people with certain immunocompromising conditions in ages 9 to 26.
  - The Second dose should be given 1 to 2 months after the first dose, and the third dose should be given 6 months after the first dose (0, 1–2, 6 month schedule).

Interrupted Vaccine Schedules

- If the quadrivalent or bivalent HPV vaccine schedule is interrupted, the vaccine series does not need to be restarted.
- If the series is interrupted after the first dose, the second dose should be administered as soon as possible, and the second and third doses should be separated by an interval of at least 12 weeks.

Resources for Patient & Parent Education

The Centers for Disease Control and Prevention (CDC)
Resources that explain the current understanding about HPV and cervical cancer, the role of Pap screening tests, HPV prevention, and information about the HPV vaccine

Resources

- **CDC Center for Disease Control and Prevention** - cdc.gov

References

1 Meites, E., et al. (2016). "Use of a 2-Dose Schedule for Human Papillomavirus Vaccination – Updated Recommendations of the Advisory Committee on Immunization Practices." Morbidity and Mortality Weekly Report. www.cdc.gov

2 Meites, E., et al. (2019). "Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices." Morbidity and Mortality Weekly Report. www.cdc.gov

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Things to Consider when Prescribing Birth Control

Consider the following when discussing birth control options with patients:

- ☐ **What information do they already have about birth control? Do they know what they are most interested in?** Use this as a jumping-off point for your counseling and discussion.
- ☐ **What is most important to your patient about a birth control method?** Understanding their priorities will help guide your discussion and keep their preferences at the center of the decision-making process.
- ☐ **What is safe for your patient?** While most methods have few absolute contraindications for adolescent patients, a good medical history and referencing of a medical eligibility resource is important before starting a method. Estrogen-containing methods have more contraindications than progestin-only methods; see the section on Medical Eligibility Criteria.
- ☐ **Do they want to start/continue a method for reasons other than contraception?** Most methods offer non-contraceptive benefits; make sure you understand what your patient is hoping to achieve and guide them appropriately.
- ☐ **What is the role of the patient's partner?** It can help to include a patient's partner while discussing different methods, if the patient desires. Always interview the patient alone first to assess for safety or unhealthy relationship dynamics. Determine if your patient is being pressured by a partner into making decisions about if and how they contracept.
- ☐ **Have you talked about STIs?** When discussing effective pregnancy-prevention methods, STI prevention often gets left out or glossed over. Do not forget to encourage continued barrier method use for protection against sexually transmitted infections.
- ☐ **How will you follow up?** Adolescent and young adult patients often need more than one visit to absorb knowledge and ask questions before feeling confident with their method. Ensure that patients know that it's okay to make another appointment if they have questions; you might even consider scheduling a routine follow-up visit.

Reproductive Justice & Adolescent Autonomy

When counseling patients about their contraceptive options, adolescent autonomy is a key principle. Central to a Reproductive Justice framework is an individual's ability to practice autonomy over their sexual health and reproduction as a human right.[1] Within this framework, a young person is respected as the expert of their own life and is enabled to make their own choices about if and when they will reproduce, how they will use contraception, and when they will begin and discontinue a method. Providers have the responsibility to avoid potential coercion and to examine their own biases, making every attempt not to let those biases impact their birth control counseling, prescribing, and discontinuation practices.

For more on the history and application of the reproductive justice framework, see the Sister Song website.

Medical Eligibility Criteria (MEC)

The CDC has resources to help determine the safety of contraceptive methods in the setting of underlying medical conditions. See the CDC Summary Chart.[2] There is also a phone application called US MEC that can be downloaded for convenient mobile use.

Things to Consider when Prescribing Birth Control

The Quick Start Algorithm for Your Patient Who is Ready to Start a Method

"Quick start" describes starting a birth control method on the day of the consultation appointment, rather than waiting for the next menstrual period or requiring a separate appointment. Quick start initiation of contraception has been shown to be a safe and effective approach, which decreases barriers to contraception and risk for unintended pregnancy. Additionally, the quick start method is associated with higher rates of method continuation.[3]

Contraceptives can be started anytime as long as there is reasonable certainty the patient is not pregnant.

How to be reasonably certain that a patient is not pregnant [8]

A healthcare provider can be reasonably certain that a patient is not pregnant if they have no symptoms or signs of pregnancy and meets any one of the following criteria:

- is ≤7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses
- has been correctly and consistently using a reliable method of contraception
- is ≤7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum

Performing a urine pregnancy test can also be helpful, but recognize accuracy limitations, especially in very early pregnancy. If there is uncertainty about pregnancy, and a pregnancy is not desired, the benefits of contraception generally outweigh the risk to the potential fetus, and it is still recommended to proceed with contraception initiation. Reassess for pregnancy in 2-4 weeks.

The principles of quick start regimens are to:

1. Rule out a detectable pregnancy prior to method initiation.
2. Provide Emergency Contraception (EC) if indicated.
3. Initiate the method immediately.
4. Counsel the youth to use a backup method (i.e. condoms) or EC for 1 week and obtain a follow-up pregnancy test in 2 weeks if the method was initiated after day 6 of the menstrual cycle.

This approach is easily followed using the very clearly outlined "Quick Start Algorithm" on the next two pages.

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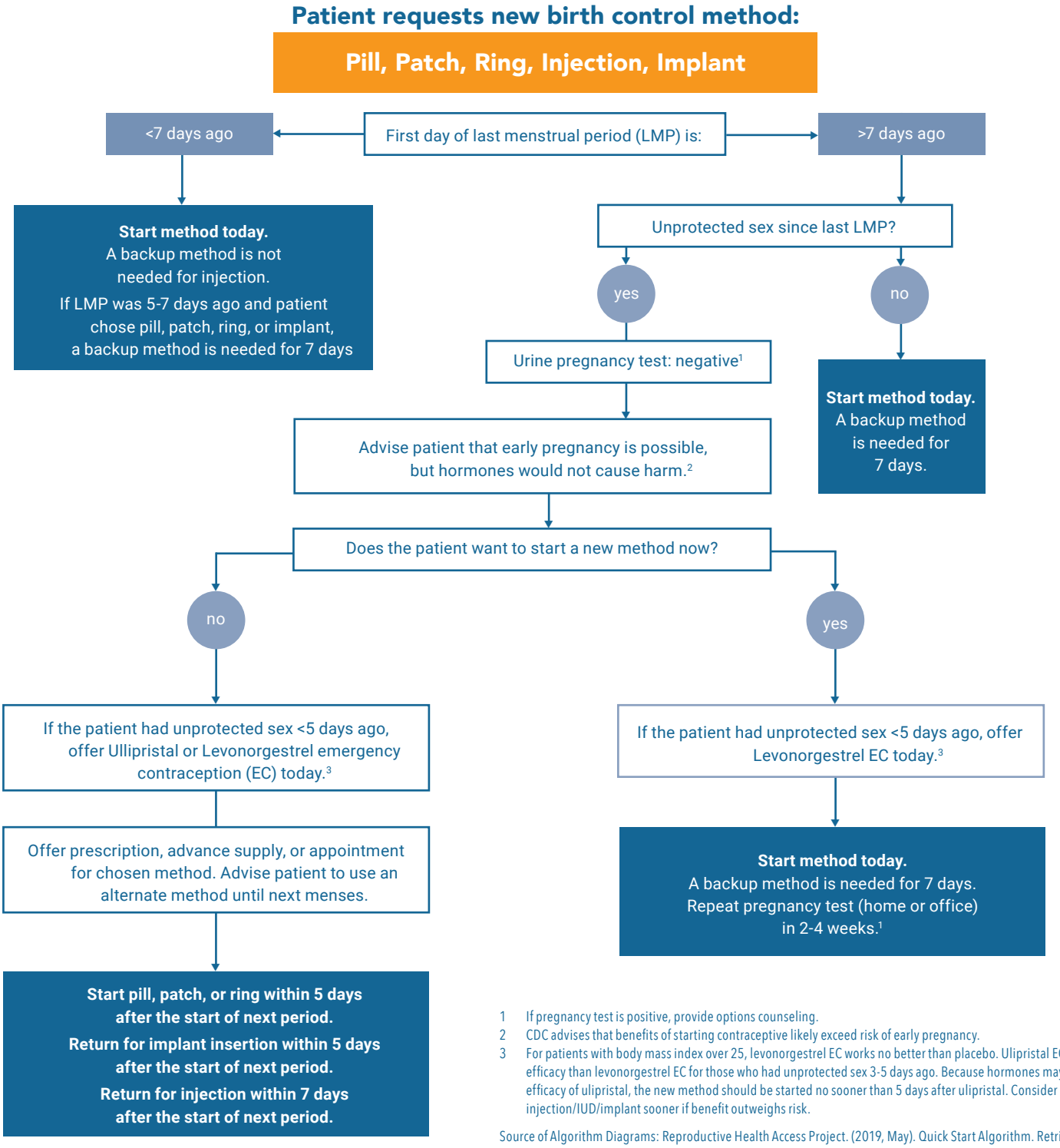
Things to Consider when Prescribing Birth Control

Quick Start Algorithm for Hormonal Contraception

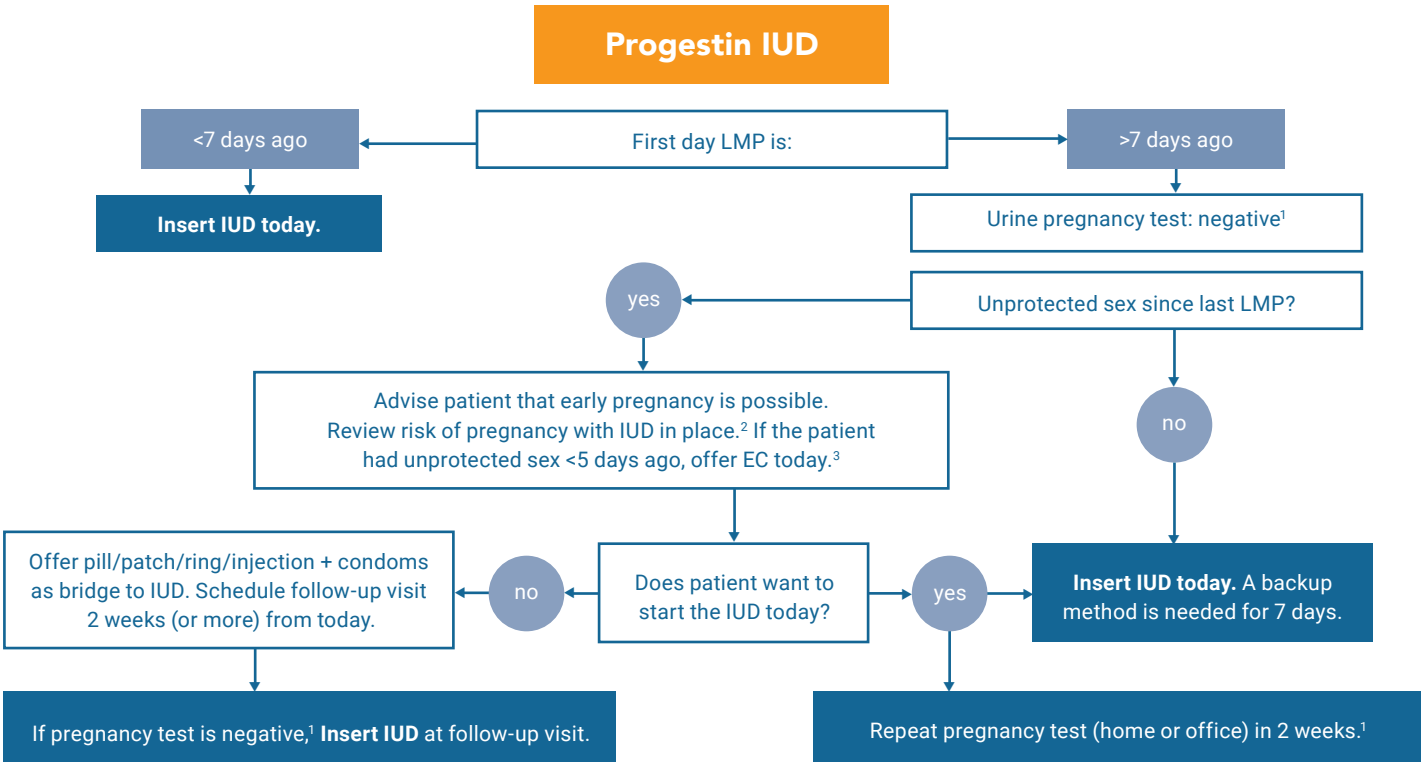


1 If pregnancy test is positive, provide options counseling.
2 CDC advises that benefits of starting contraceptive likely exceed risk of early pregnancy.
3 For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

Source of Algorithm Diagrams: Reproductive Health Access Project. (2019, May). Quick Start Algorithm. Retrieved from https://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf

Things to Consider when Prescribing Birth Control

Quick Start Algorithm for IUDs



1 If pregnancy test is positive, provide options counseling.
2 CDC advises ruling out pregnancy before IUD insertion. Clinicians may discuss the benefits of same-day insertion (improved access/patient convenience), balanced against a small risk of early pregnancy, which would be complicated by IUD insertion.
3 For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

Source of Algorithm Diagrams: Reproductive Health Access Project. (2019, May). Quick Start Algorithm. Retrieved from https://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf

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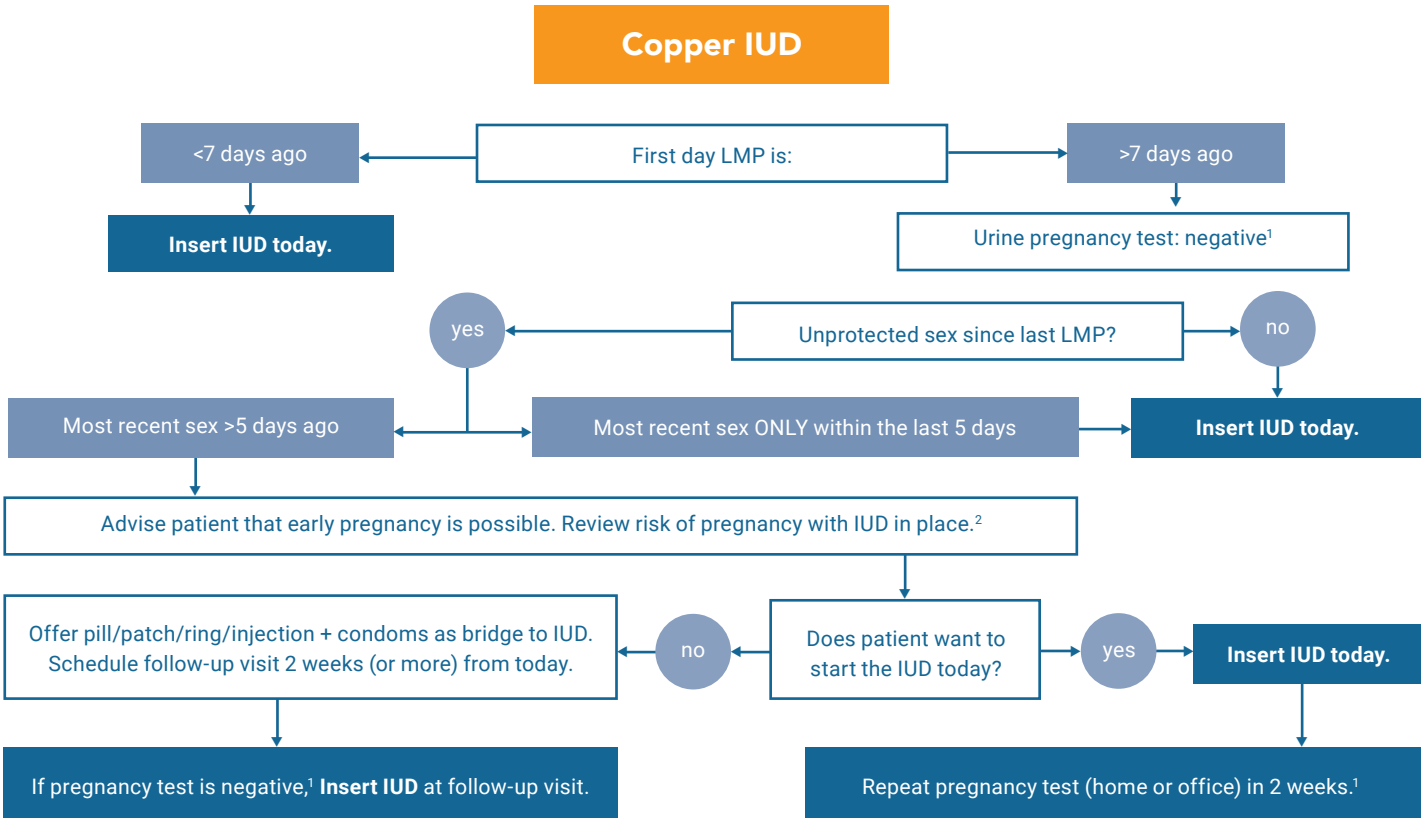
Things to Consider when Prescribing Birth Control

Quick Start Algorithm for IUDs



1 If pregnancy test is positive, provide options counseling.
2 CDC advises ruling out pregnancy before IUD insertion. Clinicians may discuss the benefits of same-day insertion (improved access/patient convenience), balanced against a small risk of early pregnancy, which would be complicated by IUD insertion.
3 For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

Source of Algorithm Diagrams: Reproductive Health Access Project. (2019, May). Quick Start Algorithm. Retrieved from https://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf

Resources

- **CDC Contraceptive Guidance for Healthcare Providers**
- **U.S. Medical Eligibility Criteria for Contraceptive Use (US MEC)**
- **CDC: Contraception**
- **Reproductive Access Project**

References

1 "Reproductive Justice." SisterSong. https://www.sistersong.net/reproductive-justice
2 (2020). "Summary of Classifications for Hormonal Contraceptive Methods and Intrauterine Devices." Centers for Disease Control and Prevention. https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/appendixk.html
3 Todd, N., et al. (2020). "Contraception for Adolescents." Journal of Clinical Research in Pediatric Endocrinology. https://doi.org/10.4274/jcrpe.galenos.2019.2019.S0003

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Emergency Contraception

Emergency contraception (EC) is safe and effective birth control and can be used after sex when no contraception is used, in instances of contraceptive failure, reproductive coercion, or sexual assault.[1]

METHOD	PRODUCTS	DOSAGE	HOW DOES IT WORK?	WHEN IS IT EFFECTIVE?	HOW CAN THE PATIENT GET IT?
Levonogestral (LNG) or progestin-only pill	Plan B One-Step® Several generic products including: Take Action, My Way, AfterPill, Aftera, Option 2[1]	1.5mg	Suppresses luteinizing hormone (LH), which delays or inhibits ovulation[1]	FDA-approved for use within 3 days of UPI, but there is some evidence that it is effective for up to 5 days after UPI[2]	Available over the counter in pharmacies without prescription or age restriction[3]
Ulipristal acetate (UPA)	ella®	30mg	Delays ovulation[1]	Can be used up to 5 days after UPI[1]	Available by prescription from a healthcare provider[1]
Copper TCu380A intrauterine device (copper IUD)	ParaGard®	1 device	Not entirely understood, but seems to have some effect on sperm motility, inhibiting fertilization[1]	Can be inserted up to 5 days after UPI[1]	Needs to be inserted by a qualified healthcare provider
Combined hormonal contraceptive pills or the "Yuzpe method"* *Only recommended if other options are not available; see below for further details.	Various	100mcg ethinyl estradiol and 0.50mg LNG*	Taken in higher doses than for standard contraception, they delay ovulation and can prevent pregnancy[1]	Can be used up to 5 days after UPI, with a second dose 12 hours after the first[1]	Standard combined hormonal contraceptive pills available by prescription from a healthcare provider[1]

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Emergency Contraception

- EC comes in the **form of pills and the copper IUD.**
- EC methods work by **delaying or inhibiting ovulation, inhibiting fertilization, or preventing implantation of the fertilized egg**. It will not interrupt a pregnancy that has already begun.[1]
- **EC methods significantly reduce the chance of pregnancy** after one instance of unprotected intercourse (UPI) and are more effective the sooner they are used after intercourse.[1]
- **Consider prescribing EC in advance** for teens who may need it for themselves or for their partners.

Things to consider:

General

- EC isn't 100% effective and patients or their partners can still get pregnant even if it is used correctly. It is important to counsel teens on that possibility and take the opportunity to discuss regular contraceptive use.
- EC doesn't protect against sexually transmitted infections (STIs). It's important to offer testing and treatment as needed and provide further counsel.
- Patients should return for a follow-up appointment to confirm they did not become pregnant or if they do not get their period within 2 weeks of the expected date.
- EC pills won't prevent pregnancy from UPI after use, but the copper IUD will continue to protect against pregnancy as long as it remains in place.
- Counsel youth that their next menstrual period may not begin at the expected time and may not be of the normal strength and/or duration after taking EC pills or having the copper IUD inserted.

Levonogestral (LNG) pills

- Possible side effects include nausea, vomiting, breast tenderness, abdominal pain, fatigue, and dizziness.[1]
- There is some data that suggests LNG pills aren't as effective for patients with increased BMI.[4,5]
- These pills are available over the counter with no prescription, but can be expensive.[1] Consider whether you can provide LNG pills for free or low-cost at your clinic.

Ulipristal acetate (UPA)

- Possible side effects include delayed menses, headache, nausea, and fatigue.
- There is some evidence that UPA pills might be more effective than LNG pills at preventing pregnancy for patients with increased BMI.[5]
- Progestin can interfere with the efficacy of UPA, so it is important to counsel patients to delay starting any progestin-containing contraceptives for at least 5 days after taking UPA.[1]

Copper IUD

- A great choice for patients who want to have ongoing, effective contraceptive coverage.[1]
- A great choice for patients who don't want to use hormones.
- Consider where you will refer your patient before offering this option if you cannot do the insertion in your clinic.

Combined hormonal contraceptive pills

- This method is not as effective and has more severe side effects than the other methods, so it is only recommended if other methods are not available.[1] However, for those with limited access to other forms of EC, this may be a viable option to consider.[6]
- There is no specific product marketed for this purpose, but dosing guidance can be found at: www.not-2-late.com (EC Dosing Quick Reference Table).

References

1 Haeger, K. O., et al. (2018). "State of emergency contraception in the U.S., 2018." Contraceptive and Reproductive Medicine.
2 Piaggio, G., et al. (2011). "Effect on pregnancy rates of the delay in the administration of levonorgestrel for emergency contraception: a combined analysis of four WHO trials." Contraception.
3 (2013). "FDA approves Plan B One-Step emergency contraceptive for use without a prescription for all women of child-bearing potential." U.S. Food and Drug Administration. www.fda.gov
4 Festin, M. P. R., et al. (2017). "Effect of BMI and body weight on pregnancy rates with LNG as emergency contraception: analysis of four WHO HRP studies." Contraception.
5 Praditpan, P., et al. (2017). "Pharmacokinetics of levonorgestrel and ulipristal acetate emergency contraception in women with normal and obese body mass index." Contraception.
6 Turok, D. (2020). "Emergency Contraception."

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Helping Young People Navigate Relationships

Healthy Relationships

Adolescence is an important time for providers to initiate conversations about trust, communication, and respect. During adolescence, cognitive, physiologic, psychosocial, and sexual changes impact adolescents' romantic interests and interactions. Youth need to hear positive messages reinforced by adults who demonstrate an interest in their health and wellbeing, including in their romantic and sexual relationships.

Adolescent healthcare providers should:

- ☐ Create a non-judgmental and inclusive environment
- ☐ Discuss past and present relationships with their patients
- ☐ Educate their patients about self-respect and mutual respect in relationships
- ☐ Begin conversations about healthy relationships in early adolescence
- ☐ Encourage parents to be involved[1]

Prepare in advance how you may bring up topics related to dating and other relationships. Consider these ***Discussion Points*** in your practice:

Characteristics of a healthy relationship[2]

- Belief in non-violent conflict resolution
- Effective communication skills
- Ability to negotiate and adjust to stress
- Belief in a partner's right to autonomy
- Shared decision-making
- Trust in one's partner

In a healthy and safe relationship, each partner:[2]

- **Keeps their individuality and feels like they can be themselves.** Each partner feels free to spend time apart, enjoy other friends, and keep the activities and interests that are important to them.
- **Respects boundaries.** Partners give each other physical and emotional space and respect each other's privacy.
- **Listens.** Each partner takes the time to get to know the other person and what they value.
- **Points out the positive.** Each partner is respectful and encouraging toward the other person, including pointing out positive qualities and giving compliments.
- **Can agree to disagree.** It is expected that dating partners (like friends and other types of relationships) will not always share the same point of view or feelings about the same situations. The key to a healthy and safe relationship is how those disagreements or conflicts are handled.
- **Uses healthy communication.** It is important that each partner communicates in a healthy way. This includes being honest with each other and expressing thoughts and feelings by using respectful words.
- **Is an equal partner.** Each partner treats the other as an equal, and both make decisions in the relationship.
- **Has fun!**

For resources and activities to share and help youth take stock of their own relationships, see the "Healthy Relationships" and "Love Shouldn't Hurt" resources in the "Resources for Youth" portion of the Toolkit.

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Helping Young People Navigate Relationships

Intimate Partner Violence

Young people are less experienced in navigating romantic and intimate relationships, which can make them more vulnerable to abuse or coercion. Providers should routinely screen adolescents and young adults for **intimate partner violence** (IPV)*, and help youth and their caregivers understand and develop healthy relationships. Providers should also identify local IPV resources and ways to support youth who may be in unhealthy relationships.

Other terms you may hear used interchangeably include "relationship abuse" or "teen dating violence." The term "intimate partner violence" is more inclusive of the fact that it can occur outside of a defined dating relationship.

Effects and Consequences

Experiencing IPV can have both short- and long-term effects and can put a young person at higher risk for unhealthy behaviors and negative health outcomes. These include:

- Symptoms of depression, anxiety, and PTSD
- Substance abusing behaviors
- Disordered eating
- Antisocial behaviors, like lying, theft, bullying, or violence against others
- Unintended pregnancy
- Sexually transmitted infections
- Suicidal ideation or attempt
- Victimization in future relationships [4, 6, 7]

Fast Facts

- IPV includes physical or sexual violence, stalking, or psychological aggression (including coercive acts) by a current or former intimate partner.[3, 4]
- Nearly 1 in 11 female and 1 in 15 male high school students report having experienced physical dating violence.[4]
- About 1 in 9 female and 1 in 36 male high school students report having experienced sexual dating violence.[4]
- Approximately 40% of teens and young adults report experiencing some type of digital dating abuse.[5]
- The burden of IPV is not shared equally across all groups—sexual minority groups are disproportionately affected by all forms of violence, and some racial/ethnic minority groups are disproportionately affected by many types of violence.[4]

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Helping Young People Navigate Relationships

Tips for Screening Youth for IPV

Providers should educate and provide guidance about relationships to adolescent and young adult patients. Opening the door for these conversations provides a safe place for youth to discuss these relationships when things may not be going well. Become comfortable discussing IPV topics with all youth and to not make assumptions about an individual's perceived risk.

Screen all youth for IPV. There isn't a standardized tool to screen all youth and there are also many things that prevent a young person from being able (or ready) to disclose. It's important to tailor questions to the youth's developmental level and to conduct screenings early and often.

You can incorporate your screening questions into your psychosocial (SSHADESS) assessment when asking about sexuality and safety, and you can also consider including some pre-screening questions on an intake questionnaire that youth fill out in private.

Example Screening Questions*

You need not ask all of these questions during the same screening. Instead, you should tailor your approach to the patient and what they disclose. Consider opening with a statement like "I ask all my patients about their relationships." You should also consider following up Yes/No questions with an inquiry like "Tell me more about that..."

- Do you feel safe with and respected by your partner(s)?
- Are you now, or have you ever been in a relationship with a person who physically hurts or threatens you? Have you been held down, shoved, pushed, hit, kicked, or had things thrown at you by a partner?
- What happens when you and your partner disagree? Does it ever get physical?
- Has anyone ever done anything sexually that made you uncomfortable?
- Has a partner made you take or send sexual pictures that you didn't want to take? Or threatened to use sexual pictures against you?
- Does your partner get jealous when you go out or talk with others?
- Does the person you're seeing get mad at you if you do not respond to their calls right away?
- Does your partner put you down, but then tell you they love you?
- Does the person you're seeing scare, intimidate or threaten you?
- Does your partner make you choose between them, or family and friends?
- Has your partner forced or intimidated you into having sex?
- Are you afraid to break up with your partner because you fear for your personal safety?

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Helping Young People Navigate Relationships

Incorporate an Evidence-Based Practice [8]

The mnemonic "CUES" can be used to remember steps to an evidence-based approach to how providers can intervene against IPV.

CUES

C: **Confidentiality**

Provide a confidential space, assuring that at least part of the visit is conducted just with the patient, and explain the limits to confidentiality at the start of every visit.

UE: **Universal Education + Empowerment**

Have resources available (i.e. safety cards; example HERE) that you use to educate all patients about healthy relationships. Encourage youth to share resources if a friend or family member is experiencing IPV.

S: **Support**

When a youth does disclose IPV, create a safety plan together, encourage harm reduction and provide a warm hand-off to an IPV services agency.

For more information on the "CUES" intervention, see this Poster for Providers and Staff.

If IPV is identified

If the screening identifies IPV, providers have the following responsibilities:

Assessing and planning for safety

- Ask questions to ascertain dangers or safety issues. Questions may include:
  - "Are you currently safe?" / "Will you be safe when you leave here today?"
  - "What has been the worst fight? Were weapons used?"
  - "Have you tried to leave your relationship before? If so, what happened?"
  - "In a crisis/unsafe situation, where would you go/who could you turn to for help?"
  - "Are you thinking about hurting or killing yourself or anyone else?"
- Help the young person develop a Safety Plan

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Helping Young People Navigate Relationships

Intervention and Referral

- Convey key messages, such as:
  - "There is no excuse for violence."
  - "It is NOT your fault."
  - "You are not alone."
  - "We can find you help and support."
- Utilize a harm reduction approach
- Empower youth, point out strengths
- Respect what the patient wants to disclose and how (consider legal issues surrounding mandated reporting)
- Educate the victim about IPV (i.e. the cycle of violence)
- Provide resources/referrals; make a warm hand-off whenever possible

Reporting

- Reporting and limits to confidentiality vary by state, so make sure you understand your state's requirements
- Reporting mandates may be impacted based on age of victim and assailant
  - 17 and younger: child abuse report
  - 18 and older: domestic violence report mandated in some states

Documentation

- Safeguard confidentiality as applicable based on state law; research if your electronic health record has "secure" sections or functionality
- Document any physical injuries (take photographs or describe in detail)
- Preserve detailed notes in case there are court proceedings, but forensic evidence collection should only be done by a certified examiner. Work with local law enforcement to refer/arrange transportation of a patient to a designated center for evidence collection, when applicable.

Resources

- **Love Is Respect National Teen Dating Abuse Helpline -**
  Call 1-866-331-9474 TTY: 1-866-331-8453 Text loveis to 22522
- **National Domestic Violence Hotline -**
  Call 1-800-799-SAFE TTY: 1-800-787-3224

References

1 Adeyemi-Fowode, O. A., et al. (2018). "Promoting Healthy Relationships in Adolescents." Obstetrics and Gynecology.
2 (2015). "Dating Matters: Understanding Teen Dating Violence Prevention Training Handbook." Center for Disease Control and Prevention. vetoviolence.cdc.gov/apps/datingmatters
3 (2018). "Intimate Partner Violence and Health: FAQs, Resources, and Support." IPV Health Partners. ipvhealthpartners.org
4 (2020). "Preventing Teen Dating Violence." Center for Disease Control and Prevention. www.cdc.gov
5 (2013). "The Digital Abuse Study: Experiences of Teens and Young Adults." Associated Press-NORC. apnorc.org
6 (2017). "Dating Abuse Statistics." National Domestic Violence Hotline. thehotline.org
7 Rome, E. S., et al. (2020). "Intimate Partner Violence in the Adolescent." Pediatrics in Review.
8 (2018). "Intimate Partner Violence and Health: Adopt the Evidence-Based Intervention." IPV Health Partners. ipvhealthpartners.org

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Sexual Assault

Adolescents and young adults (AYA) experience sexual assault and violence at higher rates than any other age group.[1] Providers play an important role in identifying instances of sexual abuse or violence experienced by their AYA patients. Routine screening for sexual assault should be done at every visit and providers need to be knowledgeable about the steps to take if a sexual assault is reported by one of their patients.

Sexual assault broadly refers to any sexual act that is non-consensual.[1] It includes but is not limited to the following:

- Attempted rape
- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, such as oral sex or even penetrating the perpetrator's body
- Penetration of the victim's body, also known as rape[2]

  * For more about specific legal terms and how sexual crimes are defined from state to state, refer to the Rape, Abuse & Incest National Network.

Fast Facts

43% of female and 51% of male assault survivors report an incident of attempted or completed rape before turning 18.[3]

Only 50% of survivors who experience assault in high school disclose the assault and adolescents are more likely to delay seeking medical care after an assault than adult survivors.[1]

66% to 75% of adolescent sexual assaults are perpetrated by an assailant known to the youth.[1]

Youth with developmental disabilities are 3.5 times more likely to experience sexual violence.[4]

Almost one in 10 high school students reports being forced to do something sexual they did not want to do in the last 12 months.[5]

Being sexually assaulted as a youth increases the risk of subsequent assaults in adulthood. An estimated 36% of female and 45% of male youth survivors report another assault in adulthood.[6]

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Sexual Assault

Recommendations for AYA Providers[1]

- Routinely ask AYA patients **direct questions** (see below) about sexual assault and exploitation without parents, guardians, or partners present. Clearly disclose limits to confidentiality at the beginning of all private conversations.
- Assess the patient's immediate safety and discuss safety planning as needed.
- Be aware of state and local reporting guidelines as well as consent laws pertaining to medical care after sexual assault.
- Be prepared to offer emotional support to patients/family members, and know the community resources for referrals for post-assault emotional support and mental healthcare. Follow-up with the patient over time after the disclosure.
- Be familiar with resources in your community such as your local Crisis Center or Sexual Assault Response Team (SART) and when and where to refer patients for post-assault forensic care and medical care. Coordinate with law enforcement as needed.
- Be familiar with CDC guidelines for post-assault care related to screening and prophylactic treatment of sexually transmitted infections. Know where to refer patients if unable to provide follow-up care and testing in your practice.
- Offer timely emergency contraception to any patient with a uterus who discloses sexual assault within the last 120 hours.
- Provide preventative counseling and discuss reducing risk with patients, including the role of drugs and alcohol in increasing vulnerability, and consider safety planning and harm reduction techniques. Emphasize the difference between risk and blame.
- Support local evidence-based sexual assault prevention activities in schools and the community and provide advocacy to enhance programs.

Suggested language for asking direct questions about sexual assault:

Has anyone ever forced or bribed you to do something sexually that you didn't want to do?

Has anyone ever taken advantage of you sexually when you were under the influence of drugs or alcohol?

Have you ever traded sex for money, drugs, shelter or something you needed?

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Sexual Assault

Supportive Language for Talking with Survivors after an Assault

It is important to provide a supportive environment, be non-judgmental, and normalize talking about feelings. Here are some suggested phrases to convey support[7]:

- "I'm sorry this happened. / This shouldn't have happened to you."
- "I believe you. / It took a lot of courage to tell me about this."
- "It's not your fault. / You didn't do anything to deserve this."
- "You are not alone. / I care about you and am here to listen or help in any way I can."

Forensic Evidence Collection

If a patient reports an "acute" sexual assault (occurring in the last 3-10 days), refer for a forensic examination immediately. Some jurisdictions will not process evidence beyond 72 or 120 hours post-assault, while other labs have extended the acute exam window up to 10 days post-assault.[1] Call your local crisis center or SART to determine if a patient may still be able to have a forensic exam.

Adolescent survivors (or guardians, depending on state law) have the right to consent for a post-assault forensic exam. Depending on the jurisdiction, a patient's consent to a forensic exam and evidence collection does not automatically result in immediate action by law enforcement or the legal system. Many SARTs/crime labs can hold the evidence for years to months to give survivors time to decide whether or not they want to file criminal charges.

Resources

- **National Sexual Violence Resource Center (NSVRC)** - nsvrc.org

References

1 Crawford-Jakubiak, J. E., et al. (2017). "Care of the Adolescent After an Acute Sexual Assault." Pediatrics.
2 (2021). "About Sexual Assault." RAINN. rainn.org
3 Smith, S. G., et al. (2018). "The National Intimate Partner and Sexual Violence Survey : 2015 data brief – updated release." Center for Disease Control and Prevention. www.cdc.gov
4 Walters, F. P., et al. (2019). "Disparities In The Experience of Sexual Violence Against Adolescents And Young Adults In The Us And The Impact of Cognitive Limitations." Journal of Adolescent Health.
5 Kann, L., et al. (2018). "Youth risk behavior surveillance - United States, 2017." Morbid and Mortality Weekly Report Surveillance Summaries. www.cdc.gov
6 Merrick, M. T., et al. (2018). "Characterizing sexual violence victimization in youth: 2012 National Intimate Partner and Sexual Violence Survey." American Journal of Preventive Medicine.
7 (2021). "Tips for Talking with Survivors of Sexual Assault." RAINN. rainn.org

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Sexual Decision-Making

Healthcare providers play an important role in influencing the choices that youth make involving sex. Providers can facilitate healthy choices by encouraging communication between youth, their partners, caregivers and educate youth about the responsibilities, benefits, and risks involved with sexual activity. Some of these choices may include initiating sexual activity at an appropriate time or consistently using barrier methods.

Themes Influencing Adolescent Sexual-Decision Making

- **Desire for Intimacy.** Youth frequently report that desire for intimacy, love, and sexual attraction significantly influence sexual decisions.
- **Perceived Relationship Safety.** Youth equate longer-term relationships with trust and safety. This often results in the use of hormonal methods for pregnancy prevention and decreased or inconsistent barrier-method use.
- **Problem Solving and Cognitive Ability.** The ability to make thoughtful decisions is influenced by adolescent cognitive development.
- **Family and Peer Influence.** The decision to initiate sexual intercourse is often influenced by parents/caregivers, peers, and partners. Research shows that communication between young people and their parents about sexual behavior is associated with increased contraceptive use, delayed sexual debut, decreased risk of sexually transmitted infections (STIs), and decreased incidence of teen pregnancy.[1]
- **Concern for Pregnancy or STIs.** Many teens underestimate their personal vulnerability for pregnancy and STIs.

Provider Intervention Strategies

Below are several recommended strategies for providers to consider.

- **Discuss sexual intimacy** in the context of healthy relationships, level of partner communication, and the importance of safer sex as measures of sexual readiness.
- **Encourage consistent barrier-method use.** Discuss approaches to pregnancy planning and STI risk reduction.
- **Educate and remind youth that drugs and alcohol can impair decision-making skills.** Encourage teens to discuss sexual decisions with their partners beforehand to reduce the risk of unwanted sexual activity and or sexual violence. Keeping yourself and friends safe by using the buddy system, never leaving drinks unattended, and/or drinking from a punch bowl.
- **Identify peer and parent attitudes toward sex.** Affirm positive influences and dispel myths. Encourage parents and youth to engage in open dialogue about sex, family planning, and STI prevention. If a young person is not using contraceptives, explore why, and identify solutions together. For example, if a teen is worried about confidentiality, revisit confidentiality with the teen and discuss contraceptive methods that are discrete (e.g. IUD vs. pill).

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Sexual Decision-Making

Other Tips to Consider

- Revisit a youth's sexual history during each visit. Try and understand the social, cultural, and cognitive circumstances of the sexual activity. Use this as an opportunity to educate and remind your patient of safer sexual behaviors and risk reduction strategies.
- Acknowledge and reaffirm positive behaviors and choices. Whenever possible, deliver some positive feedback.
- Applaud youth for making an **informed decision**, whether it's to remain abstinent OR to become sexually active.
- Use harm reduction and motivational interviewing techniques to encourage behavior change.
- Keep in mind that some youth may be having sex for reasons not outlined (sex to get pregnant, test fertility, or survival sex). Use motivational interviewing and harm reduction techniques to explore these issues.

References

1 Edwards, L. L., et al. (2018). "Parent-child sexual communication among middle school youth." Journal of Pediatrics.

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The Difference Between Sex Trafficking and Sex Work

What is Sex Trafficking?

Sex trafficking is when someone is coerced or deceived into performing sexual acts against their will. Sex trafficking entails recruitment, harboring, transporting, or otherwise illegally obtaining a person (regardless of payment) to engage in involuntary commercial sex.[1]

Sex work, on the other hand, is commercial sex done in exchange for money, goods, or services.[2] While often conflated, there is an important difference between sex trafficking and sex work: **sex work is consensual, while sex trafficking is not.** While some may enter the sex industry as sex workers voluntarily, they can also be victims of sex trafficking.

Sex work by youth is sex trafficking because minors cannot legally consent to sex work. In many states, there are safe harbor laws preventing youth from being prosecuted for sex work.[3,4]

Anyone could be trafficked, but marginalized populations, especially people of color, LGBTQ+, and youth in the child welfare system, are most at risk of sex trafficking and often face the most barriers to care, including potential criminalization. The criminalization of sex work can deter people from seeking care. Providers should routinely evaluate their facilities and staff behavior to ensure that youth who are trafficked (or experiencing other sexual violence) do not feel excluded from care.

Trafficking victims may have a variety of physical and mental health issues that could lead them to seek care. A research study conducted in 2014 reported that 87.8% of trafficking survivors seek healthcare services during trafficking.[5]

What to do if a Patient is Being Trafficked

When people who are trafficked access services, providers are offered a chance to:

A. Screen for signs of trafficking
B. Support victims
C. Plan
D. Refer survivors for further care

A. Screening Providers are in a unique position to speak to patients confidentially about their sexual history and practices, and this may create an opportunity for someone to disclose their trafficking situation.

- Try your best to meet the needs of the patient and adopt a process that will make them feel safe, secure, and in control of their needs.
- Use an interpreter if needed. The interpreter should be sensitive to and have an understanding of language associated with trafficking.

When screening, consider these red flags:

- Someone else is speaking for the patient, or the patient is constantly receiving calls or texts from someone that may dictate their interactions with the provider.
- Patient is not aware of their location, current date, or time.
- Patient exhibits unusual fear, anxiety, or PTSD.
- Patient shows signs of physical, emotional, sexual abuse, medical neglect, or torture.
- Patient is reluctant to explain their injuries and/or injuries are inconsistent with the history.

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The Difference Between Sex Trafficking and Sex Work

Screening Questions Include:

- Have you been forced to engage in sexual acts for money or favors?
- Is someone holding your passport or identification documents?
- Has anyone threatened to hurt you or your family if you leave?
- Has anyone physically or sexually abused you?
- Do you have a debt to someone you cannot pay off?
- Does anyone take all or part of the money you earn?

Assess any Immediate/Potential Danger

- Is the exploiter/trafficker present at today's meeting?
- What does the patient believe will happen if they do not return with their assailant?
- Does the patient believe anyone else, including family, is in danger?
- Is the patient a minor? (Consider mandated reporting requirements)

B. Supporting a Trafficked Patient

- **Meet their basic needs.** These include clothing, shelter, food, and water. Include the patient in identifying what their needs are and provide them with options. For example, letting them choose where they would like to sit, snack options while they wait, and letting them know where the restrooms are so they're not made to feel that they have to ask for permission.
- **Reassure the patient** that you are there to help and not arrest, punish, or judge them. Meet the person on their terms. Let them set the pace of the screening process, decline to answer questions, and choose which resources or services they want, need, and how to acquire them.
- **Build trust and rapport.** Expect trust to take time and demonstrate consistent unconditional care. Do not dispute or question facts reported or comment on the person's motivation. Don't make promises you won't be able to keep. Be non-judgmental and reaffirm the victim's strengths.
- **Be conscious of language.** Ask open-ended questions. Keep in mind that many survivors do not self-identify as "trafficking victims." Mirror the language the survivor uses. Avoid using derogatory terms. Practice open body language, respectful and empathetic language, and active listening while engaging with the patient.[5]
- **Remain sensitive to power dynamics.** One-on-one interactions are ideal, especially because an exploiter or trafficker may insist on being present to control what a victim will say. Ensure the patient knows that medical treatment is not conditional on disclosure.
- **Avoid re-traumatization.** Recognize the symptoms of trauma and coping mechanisms. Make the interaction conversational, rather than an interrogation riddled with questions.

The Difference Between Sex Trafficking and Sex Work

When supporting trafficking victims, providers should refrain from letting their urge to assist overshadow the patient's autonomy and needs (and potentially unintended harm).[7] People may choose not to disclose their trafficking experience for a plethora of reasons, including fear of retaliation by their exploiter/trafficker, fear of arrest, deportation or social service involvement, or lack of a support system. It is important not to pressure survivors to disclose and respect their decision.

Keeping a minor safe from trafficking may require a nuanced approach. The National Human Trafficking Resource Center (NHTRC) hotline can assist in assessing the current level of danger and next steps. Be attentive to a young person's immediate environment for safety concerns.

C. Safety Plan

As a patient continues to engage and open up, they may feel ready to develop a safety plan. A safety plan should ensure the patient remains safe at all stages. According to the Polaris Project, the recommended steps of a safety plan should:

1. Identify and examine risks and safety concerns that your patient may have.
2. Develop strategies for preventing risk and danger, and minimizing harm.
3. Discuss and lay out tangible options for responding to danger, threats, or situations that may jeopardize your patient's safety and well-being.

It is okay if your patient is not ready to create a safety plan. Remember that you are here to support and promote your patient's sense of autonomy as well as ensuring that they're safe and getting the support that they need. If your patient is not ready to discuss a safety plan, you can provide them with resources that they can review when they are ready.

D. Refer

If indicators of human trafficking are present:

- Call the National Human Trafficking Resource Center (NHTRC) hotline at **1-888-373-7888**. The NHTRC Hotline is a confidential hotline, is operated 24/7, and has access to 200+ languages.
- Ask for assistance with assessment and next steps (following all HIPAA & mandatory reporting regulations).

Resources

- **HEAL Trafficking - Assessment Tool**
- **Caring for Trafficked Persons - A guide for healthcare providers**
- **Adult Human Trafficking Screening Tool and Guide**

References

1 (2021). "Recognizing and Responding to Human Trafficking in a Healthcare Context." National Human Trafficking Resource Center. humantraffickinghotline.org
2 Overs, C. (2002). "Sex Workers: Part of the Solution. An Analysis of HIV prevention programming to prevent HIV transmission during commercial sex in developing countries."
3 (2015). "Human Trafficking Issue Brief: Safe Harbor." Polaris Project. polarisproject.org
4 Lederer, L. J., et al. (2014). "The Health Consequences of Sex Trafficking and Their Complications for Identifying Victims in the Healthcare Facilities."
5 (2021). "Adult Human Trafficking Screening Tool and Guide." Administration for Children & Families. www.acf.hhs.gov

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Sexual Health for Gender Diverse Youth

Transgender, nonbinary, and other gender diverse youth have unique needs and considerations when it comes to sexual health education and experiences. This resource provides an overview of what you and your staff can offer to make sure your gender diverse patients feel seen and safe.

Begin with a basic understanding of language used to describe one's gender.

Language

Transgender (Trans)
Often used as an umbrella term to describe people whose gender identity differs from the sex assigned to them at birth. It can also be used as a specific gender identity for an assigned boy/man who identifies as a girl/woman or an assigned girl/woman who identifies as a boy/man.

Nonbinary
Often used as an umbrella term to describe people whose gender identity cannot be exclusively categorized as boy/man or girl/woman. It can also be used as a person's specific gender identity.

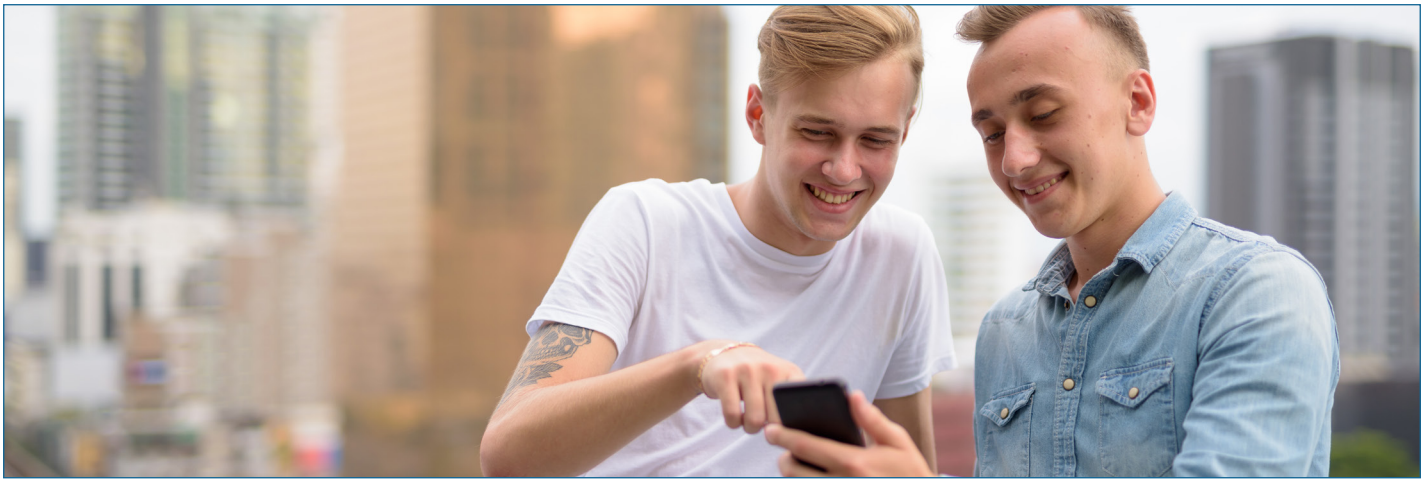
Sex
Refers to biological traits such as reproductive systems and secondary sex characteristics.

Sex assigned at birth
Describes the assignment and classification of people as male, female, or intersex, often based on the appearance of visible genitalia at birth.

Cisgender (Cis)
Used to describe people whose gender identity is consistent with the sex assigned to them at birth.

Gender identity
Refers to a person's internal sense of self and the term they use to describe their gender (i.e. man, woman, non-binary, or something else altogether).

For more information on gender and language:
www.genderspectrum.org/articles/understanding-gender
www.genderspectrum.org/articles/language-of-gender



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Sexual Health for Gender Diverse Youth

10 Tips to Approach Sexual Health for Gender Diverse Youth

1 Not everyone identifies with the sex assigned to them at birth.

While sex and gender are often conflated, it is important to note that they are different. Sex is used to acknowledge differences of reproductive organs, chromosomes, and secondary sex characteristics. Gender refers to the complex interrelationship between a person's body; identity; and social expression, roles, and expectations.[1]

2 Sexual orientation and gender are different.

We cannot assume sexual orientation from gender, nor can we assume gender from sexual orientation. While sexual orientation refers to how people understand their sexual and romantic attractions to other people, gender refers to how people understand themselves.

3 Do not assume a patient's identity.

You cannot discern identity based on appearance or other external factors. It is always best to ask youth how they identify and use the terms they provide.

4 Determine your patient's pronouns.

Even if a youth shares their identity with you, you should not assume their pronouns, as their identity does not dictate the pronouns they use. Instead, be sure to ask! Best practice would be to collect information on a patient's gender, the name they use, and the pronouns they use up front, so that you and your entire staff will address the patient correctly.

Gender and Pronouns

There is an evolving list of pronouns and usage within the U.S. and internationally. Always ask your patient for their pronouns. After asking, make sure to use the correct pronouns when referring to your patient.

Subjective	Objective	Possessive	Reflexive	Example
He/She	Him/Her	His/Hers	Himself/Herself	She rode her bike He rode his bike
They	Them	Theirs	Themself	They rode their bike
Ze	Zir	Zirs	Ze	Ze rode zirs bike

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Sexual Health for Gender Diverse Youth

10 Tips to Approach Sexual Health for Gender Diverse Youth

5 A patient's gender can evolve over time.

Although many people think gender is static, it can evolve over a person's lifetime. It is not uncommon for a youth to use different identity terms and pronouns over time as they figure out what is the best fit for them. This doesn't make their gender "a phase" or any less real.

6 Not every gender diverse patient wants to change their body.

There are no rules about how transgender and nonbinary youth feel about their bodies and medical interventions, so it is important not to make any assumptions about a particular patient's needs without asking.

7 Physical exams are often emotionally difficult for gender diverse youth.

Often, the prospect of a physical exam can trigger gender dysphoria for a youth and cause anxiety. Talk with your patient about when and how you will do any type of physical exam. Give them as much choice as possible about how you conduct the exam, such as if it should be at the beginning, middle, or end of the exam, who they want in the room, do they need to be fully unclothed, etc. When discussing body parts, use the terms that they feel comfortable with.

8 Discuss sexual health with all gender diverse youth.

Because of misconceptions about the nature of sexual activities they may be engaged in, some gender diverse youth believe they are not vulnerable to STIs. Regardless of whether they are having "traditional" sexual intercourse, gender diverse youth are at risk for contracting STIs. As with anyone who is considering becoming sexually active, the use of condoms and other barrier methods must be emphasized.[2]

9 Discuss pregnancy with all gender diverse youth.

Regardless of an individual's gender identity, pregnancy remains a possibility. All youth who have bodies with vulvas/vaginas (including transgender boys and nonbinary youth) can become pregnant and all youth with penis/testes (including transgender girls and nonbinary youth) can get someone pregnant.[2]

10 Transgender and nonbinary patients are at higher risk of intimate partner violence.

Many gender diverse youth experience anxiety in revealing their identity to an individual with whom they wish to be intimate due to fear of rejection.[2] Refer to other resources on IPV including screening and counseling youth about safety issues.

References

1 Pan, L. (2021). "Gender Pronouns." Trans Student Educational Resources. transstudent.org
2 (2021). "Understanding Gender." Gender Spectrum. genderspectrum.org

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Providing Gender Affirmative Care

What is gender affirmative care?

Gender affirmative care recognizes that being transgender, nonbinary, or otherwise gender diverse is a healthy component of development and seeks to support youth in their gender.[1]

> *The American Psychological Association has provided a gender affirmative model outlined in "The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children."*

Gender-Affirming Medical Interventions

Some transgender and gender diverse youth may desire gender-affirming medical services. These include pubertal suppression, gender-affirming hormone therapy, and gender-affirming surgeries. It is important to remember that not every gender diverse patient wants to change their body. Each individual transgender and nonbinary youth will hold personal feelings about their bodies and medical interventions, so it is important not to make any assumptions about a patient's needs without asking.

A. Pubertal suppression may be used for youth currently in the early stages of puberty to delay the onset of puberty. In some cases, this serves as a precursor to gender-affirming hormone therapy. For youth who desire it, pubertal suppression is associated with decreased behavioral and emotional problems as well as decreased depressive symptoms.[2]

B. Gender-affirming hormone therapy (GAHT) allows trans and gender diverse youth to develop physical characteristics that align with their gender identity. Research on GAHT for youth demonstrates positive effects on body image and overall psychological well-being as well as reduced suicidality.[3]

C. Gender-affirming surgeries change anatomy and/or secondary sex characteristics to better reflect a patient's gender identity. Gender-affirming surgeries include surgeries for the genitals, chest, face, and other areas of the body.

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Providing Gender Affirmative Care

Nonbinary Youth Seeking Medical Interventions

When a young person seeks gender affirmative medical interventions, it is important to listen to their desired outcomes, as all youth have very unique experiences with their own body. Providers should avoid thinking in binary terms and focus on helping their patients achieve the body that makes them feel confident and healthy.

Gender Dysphoria

To access gender-affirming services, youth often need a **'gender dysphoria'** diagnosis from a therapist. Gender dysphoria is discomfort or distress experienced because of a disconnect between assigned sex and gender identity. While problematic, the diagnosis enables youth to receive gender affirming services.

Referrals to mental health providers

Some providers adhere to an informed consent model[5]; others require letters from a mental health provider before they will provide gender-affirming medical care. If you are referring a youth to a therapist, it is important to refer them to gender-affirming therapists—one who takes a therapeutic stance that focuses on affirming and exploring a patient's gender identity and does not try to "repair" it.[6]

The necessity for this diagnosis is complicated.

Gender diversity is not a psychiatric disease; it is a human variation that, in some cases, requires medical attention. The National LGBT Task Force indicates "there is a continuing need for the medical and insurance industries to update their procedures for reimbursement so that gender dysphoria can be removed entirely in the future."[4]

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Providing Gender Affirmative Care

Parent and Caregiver Support

Gender diverse youth are significantly affected by family acceptance. For gender diverse youth, family support has been linked with increased well-being across a number of domains, including lower suicidality, distress, depression, hopelessness, and substance use.[7] With strong parental support, suicide rates in transgender youth have been shown to drop by 93%.[8]

When working with families of your patients, convey to caregivers that research shows that family support decreases risk for depressed mood, substance use, and suicide. Consider putting a Family Acceptance Project poster in your office or waiting room.

Your support as a provider can help parents and caregivers in turn to be more supportive to their child and thus improve the health outcomes of your transgender and nonbinary patients.

Resources

- **American Academy of Pediatrics -** "Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents." aappublications.org
- **UCSF Transgender Care -** "Health Considerations for Gender Non-conforming Children and Transgender Adolescents." transcare.ucsf.edu

References

1 Keo-Meier, C., et al. (2018). "The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children." American Psychological Association.
2 Van der Miesen, A., et al. (2020). "Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers." Journal of Adolescent Health.
3 (2020). "Research Brief: Gender Affirming Care for Youth." The Trevor Project. www.thetrevorproject.org
4 Whalen, K. (2021). "(In)validating Transgender Identities: Progress and Trouble in the DSM-5." National LGBTQ Task Force. www.thetaskforce.org
5 Schulz, S. L. (2018). "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria." Journal of Humanistic Psychology.
6 (2021). "Gender-Affirming Therapy." American Psychiatric Association. www.psychiatry.org
7 McConnell, E. A., et al. (2016). "Families Matter: Social Support and Mental Health Trajectories Among Lesbian, Gay, Bisexual, and Transgender Youth." Journal of Adolescent Health.
8 Rafferty, J. (2018). "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents." Pediatrics.

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Sexual Health for Youth with Disabilities

Many misconceptions exist about youth with disabilities, including the idea that youth with disabilities aren't sexual beings and don't have the same developmental needs as other youth. As a result, families and health providers sometimes neglect to communicate with them about sexual health. Simultaneously, youth with disabilities report high rates of sexual abuse and assault. It's therefore important to provide developmentally appropriate information on sexual health for youth with disabilities.

Fast Facts

Children with intellectual disabilities are four times more likely to experience sexual assault in their lifetime than children without intellectual disabilities (Sullivan & Knutson, 2000).[1]

A Call for More Research

The effects of stigma, limited knowledge regarding disabilities, and scarcity in resources all contribute to health disparities for youth with disabilities. Researchers have found a glaring **need for disability-inclusive sexual health research.** This kind of research would inform disability-specific sexual education, interventions to decrease stigma among providers, and ideally, support providers to offer inclusive sexual and reproductive healthcare.[2]

Common Disabilities Among Young People

- Disabilities can be physical, intellectual, and/or emotional.
- Disabilities may range in duration from short-term to life.
- Physical disabilities can include deafness/hard of hearing, cerebral palsy, legal blindness, and spinal cord injuries.
- In 2006–2008, in the US, 1 in 6 youth were reported to have developmental disabilities (i.e. Down syndrome), with data suggesting a growing rate.[3]

Research-based Recommendations for Sexual Education for Youth with Disabilities

1. **Research and create community resources that can support the healthy development of responsible and satisfying sexuality.** Healthcare providers should know about adaptive and assistive technologies, as well as the use of personal care assistants, to support the expression of one's sexuality.[4] Explore online resources and mobile apps that may be useful for patients.
2. **Centers for Independent Living.** These centers are run by and for people with disabilities. Connect with local centers to obtain resources and connect with allies to provide education, role models, and peer mentoring around relationships, intimacy, sexuality, sexual expression, and parenting a youth with a disability.[4] If a center does not exist in your area, work with other advocates to create one.
3. **Education**
    - Providers should be mindful that sexuality is a normal part of growth and development for all youth. While approaches to sexual health education and communication may vary, youth with disabilities also need accurate information and skills, and have the same rights as those without disabilities.[3]
    - Healthy sex education must include the development of effective communication skills, decision-making skills, assertiveness, and the ability to say "no." It must also include ways to create satisfying relationships.[4]

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Sexual Health for Youth with Disabilities

The American Association on Intellectual and Developmental Disabilities (AAIDD) and The Arc have published a joint position statement about the inherent sexual rights of people with disabilities.[1]

For more information on sexual health education, please see Advocates for Youth (advocatesforyouth.org) and their fact sheet on "Sexual Health Education for Young People with Disabilities."

Sexual Abuse and Assault

When considering sexual health education for youth with disabilities, be sure to work with your patient to ensure protection from abuse or assault. This begins with informing youth with disabilities about general body parts, body types, and their function (as well as pleasure). People with disabilities are more likely to be sexually victimized compared to those who do not have a disability.[8] Alarmingly, unwanted sexual contact often comes from a trusted person. Youth with disabilities who are neither empowered nor educated may not understand what is happening, and are thus unable to report to authorities or trusted adults the trauma that is happening to them.

Resources

- **National Institute of Health -** "Adolescent Sexuality and Disability." pubmed.ncbi.nlm.nih.gov
- **DC Resource Center for Children with Special Health Care Needs -** "Sexuality and Children and Youth with Special Health Care Needs: Information and Education." ucedd.georgetown.edu
- **American Academy of Pediatrics -** "Sexuality of Children and Adolescents With Developmental Disabilities." aappublications.org
- **Journal of Adolescent Health -** "Research on Adolescent Sexuality Should Be Inclusive of Disability." jahonline.org

References

1 "Sexuality and Children and Youth with Special Health Care Needs: Information and Education." DC Resource Center for Children with Special Health Care Needs. ucedd.georgetown.edu
2 Shandra, C. L. (2018). "Research on Adolescent Sexuality Should Be Inclusive of Disability." Journal of Adolescent Health.
3 Szydlowski, M. B. (2016). "Sexual Health Education for Young People with Disabilities – Research and Resources for Educators." Advocates for Youth. advocatesforyouth.org
4 Neufeld, J. A., et al. (2002). "Adolescent sexuality and disability." Physical Medicine and Rehabilitation Clinics of North America.

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Counseling Youth About Sexual Function and Pleasure

Providers should not avoid discussing sexual pleasure with adolescents, as this is a key component of assessing health. Discomfort during sex can be due to health conditions, lack of knowledge about their bodies, or be indicative of practices that put the teen at greater risk for STIs.

Here are some questions to assess for sexual function and pleasure:

- ☐ Do you or your partner ever experience pain when having sex?
- ☐ Does sex ever feel uncomfortable?
- ☐ What type of lubricant do you use?
- ☐ Do you have any questions about sexual pleasure?

For young patients who are experiencing discomfort and/or a lack of pleasure, it's important to normalize their experience while also taking their concerns seriously.

Below are some important points for education:

- **Orgasm is not a requirement for sexual pleasure.** Youth should be aware that it's okay if achieving orgasm is not their goal. If orgasm is their goal, and they find it difficult to achieve, then further assessment is warranted.
- **Depression.** Depression can cause lack of libido and/or make it more challenging to orgasm. The same can also be true for antidepressants.
- **Foreplay.** Young people may need education about foreplay, especially if most of their sex education comes from pornography. Naming the importance of kissing, touching, talking, and rubbing can help young people understand how to prepare themselves physically and emotionally for sex.
- **Start small.** Starting penetration with an object that is too large can cause discomfort, tearing, or bleeding, which can also increase the risk for spreading STIs. Individuals can start penetration with a single finger or a thin sex toy before moving up to something larger.
- **Self-exploration or masturbation** can help patients understand their own areas of arousal and discomfort.
- **Lubrication.** If sex is uncomfortable, lubricants may be helpful.
- **Environment.** Counsel youth to recognize that if they are feeling rushed, afraid, or feeling nervous in general, then sexual arousal and pleasure may be more difficult to achieve. Empathize that some of these factors are out of the youth's control.
- **Different abilities.** People with different cognitive, physical, and social abilities have sexual desires and may be sexually active. Providers should not skip a sexual health assessment for youth with different abilities.

A Note on Sexual Dysfunction

Teens who express concerns about sexual dysfunction should be taken seriously. Some common complaints include anorgasmia, dyspareunia, vulvodynia, premature ejaculation, and erectile dysfunction. Many of the suggestions on this page can be helpful to address sexual dysfunction regardless of the etiology.

Resources

- **Scarleteen -** "From Ow! to Wow! Demystifying Painful Intercourse." scarleteen.com
- **Scarleteen -** "With Pleasure: A View of Whole Sexual Anatomy for Every Body." scarleteen.com

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Safer Sex and Lubrication

Lubrication makes for a safer sex experience by decreasing abrasive friction.

- Abrasive friction is the result of dry penetration. This can cause condom breakage, or vaginal and anal tears. Tears can be uncomfortable, and increase the chances of transmitting or developing an STI.
- Abrasive friction increases the risk for herpes outbreaks in those already infected with the virus.

Using lubrication can make sex more fun.

- Lubricants can make sex feel more comfortable.
- Dropping a little lubricant inside a condom can increase sensitivity and erections in people who have difficulty maintaining an erection when using condoms.
- Dropping a little lubricant outside a condom reduces friction and can enhance the experience for the receptive partner.
- Adding flavored lubricant to the outside of condoms can promote a pleasant oral sex experience for both the giver and the receiver.

Additives in lubricants, such as glycerin or flavors, can create an environment that promotes yeast infections.

- If a teen reports recurring yeast infections, ask about lubricant use and advise avoidance of glycerin-based or flavored lubricants.

A Note on Benzocaine/ lidocaine:

Desensitizing lubricants may have clinical indications (i.e. prevent premature ejaculation) but are not advisable for anal sex or anal stimulation as they mask the body's signals of pain and can result in fissures (small tears) and other injury.

Fast Facts

While the vagina produces some natural lubricant, it is very normal for individuals to require extra lubricant depending on their normal physiology, where they are in their menstrual cycle, how old they are, and a variety of other factors.

Having small samples of lubricants to give patients can help encourage use and discourage stigma.

The anus never produces its own lubricant, so always encourage the use of lube during anal sex.

Gender diverse patients have special lubrication needs. For example, a surgically constructed vagina may not be able to produce its own lubrication, depending on where the tissue was harvested from. In addition, individuals taking testosterone will produce less lubricant and should be advised that receptive penetration may require additional lubrication.

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Safer Sex and Lubrication

TYPE OF LUBRICATION	PROS	CONS
Water-Based lubricant without glycerin or parabens	• Latex, polyurethane, and nitrile friendly • Easy to rinse off with water • Sex toy friendly	• May have a bitter taste • Cannot be used in water • Can vary in how long it stays slippery
Water-Based lubricant with glycerin or parabens	• Latex, polyurethane, and nitrile friendly • May taste sweet • Easy to rinse off with water • Sex toy friendly	• May stain sheets/clothing • Cannot be used in water • Can vary in how long it stays slippery • Risk for yeast infections
Oil-Based lubricant *Baby oil, Vaseline, hand lotion and men's cream (designed for masturbation), etc.*	• Polyurethane or nitrile friendly • Particularly effective for masturbation with penis	• CanNOT be used with latex condoms (causes tearing) • Not as easy to wash off with soap and water, increasing risks of infections
Silicone-Based lubricant	• Latex, polyurethane, and nitrile friendly • Stays slippery for a long period of time • Can be used in water	• Can be expensive • Must be washed off with soap and water • Harder to remove from clothes or sheets • **Cannot be used with some silicone sex toys**
Saliva	• Latex, polyurethane, and nitrile friendly • Free • Easily washes off skin, clothes, or sheets	• Cannot be used in water • Usually doesn't stay slippery for long

Resources

- **Scarleteen -** "Lube 101: A Slick Little Primer." scarleteen.com
- **Good Vibrations -** "How to Choose a Lubricant." goodvibes.com

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Safer Sex-Toy Use

Sex Toy Guidelines for Safety and Minimizing Infection

Encourage patients to educate themselves about the safe and healthy use of their toys.

- Sex toys should be thoroughly cleaned and dried after each use to prevent the spread of infection.
- Barrier methods (internal and external condoms) are recommended and effective in minimizing infection when sex toys are:
  - Shared between partners.
  - Used both vaginally and anally. Condoms should be changed when switching from anal to vaginal penetration.
  - Made out of porous materials such as jelly rubber and "soft skin," which can trap bacteria.
- Some silicone and silicone-blend toys are porous and cannot be used with silicone lube.
- If recurring infections occur, ask about sex toy use and advise on safer practices.
- Toys for anal penetration should always have flared bases to prevent them from getting stuck in the rectum.

Fast Facts[1, 2]

- 53% of adult women and 45% of adult men have used a vibrator.
- Vibrator use is associated with health-promoting behaviors, including gynecological exams and genital self-examination.
- Vibrator users scored higher on domains of sexual function including erectile function, orgasm, and sexual desire.

DIY Sex Toys?

Sex toy shops won't admit anyone under 18, so teens may want to get creative. Here are some Dos and Don'ts to keep in mind:

- DO use a condom to prevent infection.
- DON'T use anything sharp or pointy.
- DON'T use anything that could potentially break or shatter.
- DON'T insert anything electric in your body (Keep it on the outside).
- Some ideas might include showerheads, electric toothbrushes, or some food items (if they won't break!).

Resources

- **Brown University -** "What's the Best Way to Clean Sex Toys?" brown.edu
- **Love Shack Boutique -** "Dirty Fun, Clean Toys." loveshackboutique.com
- **Scarleteen -** "D.I.Y. Sex Toys: Self-Love Edition." scarleteen.com

References

1 Herbenick, D., et al. (2009). "Prevalence and characteristics of vibrator use by women in the United States: Results from a nationally representative study." The Journal of Sexual Medicine.
2 Reece, M., et al. (2009). "Prevalence and characteristics of vibrator use by men in the United States: Results from a nationally representative study." The Journal of Sexual Medicine.

ADOLESCENT HEALTH WORKING GROUP

Contraceptive Counseling

Contraceptive options are very effective when used correctly and effective counseling serves as a bridge to increase access. Regardless of a patient's gender, age, or previous sexual activity, a provider should work with youth to address their needs, questions, and concerns.

Ensure Privacy and Confidentiality

It is important to discuss minor consent laws at the start of every visit with patients. Check your local minor consent laws for the most up-to-date information regarding privacy and confidentiality to clarify what is and is not covered between you and your patient.

In California:

- A person of any age can make choices about their birth control
- Any form of harm, including possible suicide, must be reported
- Primary care visits cannot remain confidential

1 Prepare for Your Patient

It may be helpful to reflect on the following ideas before seeing a patient:

1. The more you know and understand your patient, the more prepared you will be to meet their needs in a respectful way
2. Good communication depends on more than the way you talk to your patients
3. Your patients should let you know which birth control method would be best for them after you discuss viable options with them
4. Learning from your mistakes and acknowledging what you don't know can help you become a better patient educator

2 Patient Interaction

Topics to discuss include:

- Medical history
- Family history
- Sexual behaviors
- Future pregnancy intentions (if any)
- Contraceptive experiences
- Sexual health

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Contraceptive Counseling

3 Select the Most Appropriate Method After an Engaging Discussion

Let your patient decide which birth control method is best for them after discussing:

- All methods that can be used safely, including long- acting methods for adolescents
- Your patient's ability and desire to take medication consistently
- Barriers to accessing contraception and costs, including social, behavioral, mental health, substance use, and partner violence
- The adverse effects and recommended dual-method use
- Non-contraceptive benefits

Contraceptive Counseling for Transgender and Gender Diverse Patients

All youth should receive contraceptive counseling. Transgender patients who are on hormone replacement therapy (HRT) and have their assigned reproductive organs can still get pregnant. It is important to highlight that estrogen-only birth control methods can have the opposite of desired effects if the person is also doing testosterone HRT. With that in mind, progestin-only birth control methods are recommended for individuals on testosterone HRT. Side effects for individuals taking progestin-only birth control include cramping, nausea, and weight gain.[1]

4 Provide Guiding Instructions and Confirm Understanding

At the end of the visit, it may be helpful to discuss:

- The difference between side effects versus complications
- Strategies for anticipated challenges with the planned contraception
- If the patient can explain how the contraceptive method works to ensure they understand the method well

Ask Questions!

Asking questions helps clarify your patient's reproductive goals and needs, giving you a better understanding of the type of pregnancy prevention they are seeking. These questions can take the form of both open and closed-ended questions. If you can, steer away from leading questions because they may discourage your patient from being transparent with you.

Consider for example:

When you ask:
"Are you only having sex with your partner?"

This may lead a patient to answer 'yes' as there are social expectations around monogamy. In order to please you, a patient might answer 'yes' even if they are also having sex with someone else.

Instead, ask:
"How may partners have you had sex with in the last month?"

References

1 (2020). "Progestin-Only Hormonal Birth Control: Pill and Injection." The American College of Obstetricians and Gynecologists.

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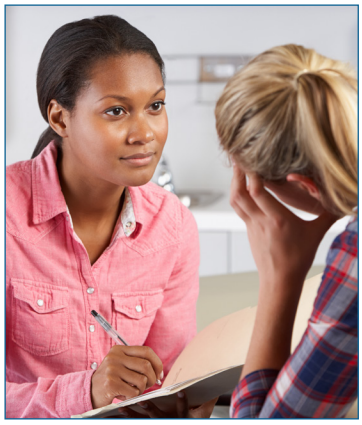
Preconception Planning

Counseling youth who want to get pregnant



Preconception care is about identifying social, environmental, and medical risks that may affect fertility or pregnancy outcomes with the goal of reducing these risks through education and interventions.

Consider preconception counseling in the following types of visits:

- Contraception counseling
- Annual physical or health exam visits
- Pregnancy testing
- Evaluation or exam for STIs

At these types of visits, providers can ask patients about their intention to become pregnant. For example, ask patients: "Would you like to become pregnant in the next year?"

When speaking with patients who desire a pregnancy in the near future, providers should:

- Encourage healthy lifestyle habits, including diet and exercise routines.
- Screen and treat for sexually transmitted infections (STIs).
- Provide or ensure the patient's immunizations are up-to-date (including influenza seasonally).
- Review medications or supplements for teratogenic effects.
- Screen for intimate partner violence, which can intensify during a pregnancy.
- Discuss use of nicotine, alcohol, and other substances that may interfere with pregnancy and offer cessation tools when indicated.
- Encourage and prescribe prenatal vitamins containing folic acid supplements that significantly reduce the risk of neural tube defects. (And make sure patients know that it's important to take them before there's any chance of a pregnancy).
- Discuss the importance of chronic disease management (such as diabetes, hypertension, and thyroid disease) in optimizing pregnancy outcomes and refer patients to appropriate consultants when indicated.
- Discuss how exposure to harmful chemicals and environmental contaminants such as synthetic chemicals, fertilizer, bug spray, and cat feces around the home and in the workplace may interfere with fertility or pregnancy.

Resources

- **CDC Center for Disease Control and Prevention -** "Before Pregnancy." cdc.gov

References

1 (2019). "ACOG Committee Opinion No. 762: Prepregnancy Counseling." The American College of Obstetricians and Gynecologists.
2 Farahi, N., et al. (2013). "Recommendations for Preconception Counseling and Care." American Family Physician. aafp.org

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Pregnancy Test Counseling

Youth confronting the possibility of a pregnancy will hold varied emotions and responses. Providers should listen carefully to patients' pregnancy goals, and should make sure that young people are aware of all of their medical options.

Consider the following guidelines as a tool to explore your patient's goals when conducting a pregnancy test.

1 Initial Conversation

- What brings you here today?
- How would you feel if you were pregnant?
- What are you hoping the test result will be?
- Are you trying to get pregnant or trying not to get pregnant? If trying to avoid pregnancy, are you doing anything to prevent getting pregnant or protect you from STIs? Are you happy with these methods?

2 If the Test is Negative:

Explore personal beliefs and attitudes about pregnancy:

- How would you have felt if the test were positive?
- Are you interested in being pregnant in the future?
- If so, what do you think would be the best age for you to get pregnant?
- What are your goals and ideas for the next year?
- For the future?

Screen for risks of unprotected sex, including pregnancy, STIs, and forced sex: Conduct a HEADSSS[1] assessment.

Discuss relationships and support of family/friends/ partners:

- Who knows you came here today?
- How would/do the adults in your life feel about you having sex?
- How does your partner feel about pregnancy, birth control, and safer sex?
- Do you have friends or family members who are pregnant or have babies?

Quick Tip

If the last incidence of unprotected or under-protected sex occurred in the past **3-5 days**, assess appropriateness of emergency contraception.

Other Tips to Consider

- Remind the patient that even if they did not become pregnant this time, they can still get pregnant. Identify role models and both short and long-term goals and plans.
- Use their responses to assess contraceptive methods that work best for them based on their readiness, motivation, and personal preferences. It may help to role-play scenarios. For example, if they begin oral contraceptives, act out how they might talk to their parents about the pills or handle their parents finding them. Also role-play discussing contraceptives with their partner.
- Counsel consistent and effective contraceptive use, and/or the realities of pregnancy (financial, physical, personal, emotional). You may write an advance prescription for emergency contraception after discussing its effects and uses.
- Contact your patient by phone to see how things are going if they do not return for a follow-up. Follow-up care is vital![2]

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Pregnancy Test Counseling

3 If the Test is Positive:

Explore knowledge and beliefs about parenting, abortion, and adoption:

- How do you feel about being pregnant?
- What options have you considered (adoption, abortion, childrearing, etc.)?
- What does your family, religion, or culture think about pregnancy? Abortion? Having a child as a young person?
- What is your experience with pregnancy and parenting?

Assess social and family history:

- Who do you confide in?
- Who knows that you might be pregnant?
- What do you want to do in 1 year? 5 years?
- Do you have insurance? Can you use it without worries of confidentiality?

Discuss family/friends/partner influences:

- What adults in your life will be supportive?
- Does anyone know you came for a pregnancy test today?
- How does your partner feel about pregnancy, birth control, and safer sex?
- How do you think your family and friends will react?
- Have any of your friends or relatives been pregnant recently? What did they decide to do about their pregnancies?

Discuss concrete options, including health risks and costs of the options:

- Do you need any help in talking about your pregnancy plans with your partner, parent(s), or other significant adults?
- Do you have someone to accompany you to your appointments? (prenatal or abortion)
- Do you know what your options are? What do you think you would like to do?

The tables below offer reminders for talking points with patients. Remember to schedule follow-up appointments for physical exams or additional counseling and referrals.

TALKING POINTS

PARENTING	ABORTION	ADOPTION[3]
• Emphasize the importance of prenatal care • Medicaid enrollment/health coverage options • Impact on finishing school • Finances • Relationship with parent of the baby • Social support	• Medical • Surgical • Access to abortion • Finances • Timing • Cost	**Closed Adoption** Birth parents remain anonymous to adoptive parents **Open Adoption** Birth parent(s) chooses the adoptive parents and they may stay in touch **Safe Surrender** Some states allow parents to confidentially give up their baby within 72 hours of birth. As long as the baby has not been abused or neglected, parents may give up their newborn without fear of arrest or prosecution. See nationalsafehavenalliance.org.

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Pregnancy Test Counseling

MEDICATION V. SURGICAL ABORTION: WHICH IS MORE APPROPRIATE FOR TEENS?[4]

MEDICATION ABORTION		SURGICAL ABORTION	
PROS	**CONS**	**PROS**	**CONS**
• Doesn't require surgery • Can be more private • Can feel more "natural"	• Requires a follow-up appointment • Causes heavy bleeding for several hours and bleeding may continue for ~2 weeks • Bleeding timing and duration is unpredictable • Limited to weeks 4-9 of pregnancy	• Usually requires only one appointment • Immediate results • Performed at weeks 6-23 of pregnancy • Procedure does not take a long time • Minimal bleeding after procedure • Is just slightly more effective than medication abortion	• Can cause cramping during or after the procedure • Light bleeding may last up to 2 weeks after the procedure

Resources

- **State policies on parental involvement in the abortion of minors.**
- **State policies on minor's access to prenatal care.**
- **RHEDI - Patient-Centered Pregnancy Options Counseling**

References

1 Simmons, M., et al. (2003). "Adolescent Health Care 101: The Basics." Adolescent Health Working Group. ahwg.org
2 Marcell, Arik, et al. (2017). "Sexual and Reproductive Health Care Services in the Pediatric Setting." American Academy of Pediatrics.
3 (2021). "Considering Adoption." Planned Parenthood. www.plannedparenthood.org
4 (2007). "Medical Versus Surgical Abortion." UCSF Health. www.ucsfhealth.org

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Menstrual Suppression

As dedicated products for menstrual suppression become more available and gain popularity, more people are interested in learning how they can suppress menstruation. Menstrual suppression has been shown to be very safe.

Extended Hormonal Contraception

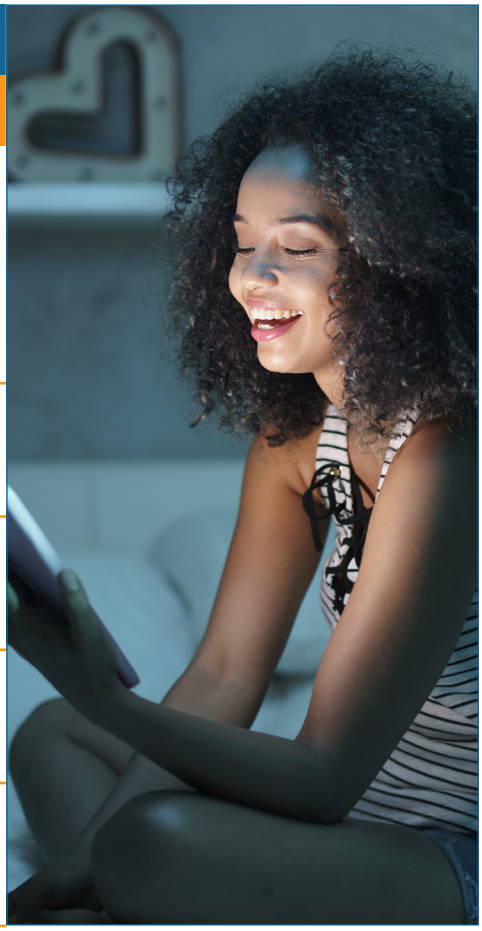
Extended hormonal contraception is used to delay or eliminate menstruation and provides many menstrual and non-menstrual benefits to users.[1]

Extended Hormonal Contraception can reduce the following symptoms:

- Dysmenorrhea (painful periods)
- Menorrhagia (heavy periods)
- Premenstrual symptoms, including pelvic heaviness, bloating, etc.
- Irregular monthly periods
- Menstrual migraines or headache
- Endometriosis-related pain and symptoms
- Acne

EXTENDED METHODS [2,3,4]

METHOD	USE
Combined oral contraceptives	Extended cycling or continuous use with elimination of the placebo pills. Can use multiple packs or dedicated products for extended cycling. If continuous use, approximately 80% experience amenorrhea at 1 year.
Vaginal contraceptive ring	Extended or continuous use. If continuous use, approximately 80% experience amenorrhea at 1 year.
Transdermal contraceptive patch	Extended or continuous use. If continuous use, approximately 80% experience amenorrhea at 1 year.
Intrauterine Devices with levonorgestrel	Continuous use. Approximately 50% experience amenorrhea at 1 year of use.
Depo-medroxyprogesterone acetate injection	Continuous use. Approximately 46% experience amenorrhea at 1 year of continuous use.



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Menstrual Suppression

Common Patient Questions and Concerns

Is it safe to use hormonal birth control continuously?

Yes! Patients who take the birth control pill continuously (skipping the placebos) have the same very small risks as patients who adhere to a more typical pill schedule (including 1 week of placebo pills every month). If you have high blood pressure, migraines with aura, or a history of serious blood clots, you may not be able to use birth control pills at all.

How often do I need a period?

Women who are on hormonal birth control pills do not need to get a period ever. In fact, the bleeding that occurs when you are on the pill isn't even a real menstrual period — it's called "withdrawal bleeding," and it happens when the hormonal doses fall during the placebo week.

What should I do if I have spotting (very light bleeding)?

Spotting is normal as your body gets used to the new hormone levels. Spotting can happen on and off in the first months, sometimes longer. If your spotting becomes heavy or doesn't stop after the first few months, call your healthcare provider.

How will I know if I am pregnant?

If you take your birth control pills correctly, pregnancy is very rare, but it can happen. If you start to feel any pregnancy symptoms, such as breast tenderness, fatigue, or nausea, come to the clinic for a pregnancy test or buy a home pregnancy test from the drug store.

Other Tips to Consider

- Clarify client's expectations for bleeding.
  - Frequency
  - Predictability
- Explore what a patient feels is best for their lifestyle and health goals.
- Use monophasic pills or dedicated products for extended cycling.
- Discuss possible cost of extra pills (up to 4 cycles extra per year); make sure that, when appropriate, prescription specifies that continuous cycling is for medical reasons.
- Extended regimen as effective in preventing pregnancy as conventional oral contraceptives.
- Withdrawal bleeding is comparable to a conventional withdrawal bleed.
  - Frequency of breakthrough bleeding (unscheduled bleeding episodes) is initially higher with extended OC regimen but declines over time, typically over a 3-6 month time period.[3]

References

1 Stewart, M., et al. (2015). "Choosing a combined oral contraceptive pill." Australian Prescriber.
2 Benson, L. S., et al. (2015). "Why Stop Now? Extended and Continuous Regimens of Combined Hormonal Contraceptive Methods." Obstetrics and Gynecology Clinics of North America
3 Nappi, R. E., et al. (2016). "Extended regimen combined oral contraception: A review of evolving concepts and acceptance by women and clinicians." The European Journal of Contraception & Reproductive Health Care.
4 Pradhan, S., et al. (2019). "Hormonal Contraceptives, Intrauterine Devices, Gonadotropin-releasing Hormone Analogues and Testosterone: Menstrual Suppression in Special Adolescent Populations." Journal of Pediatric and Adolescent Gynecology.

Adolescent Health Working Group:

Sexual and Reproductive Health Toolkit for Adolescent Providers

Youth Handouts

ahwg.org

 Last updated November 2021

ADOLESCENT HEALTH WORKING GROUP

WHAT IS SEX?

People choose to have sex for many reasons—to feel close to their partner(s), to show and receive affection, to experience the physical sensations of sex, and lots more! There are also many reasons that people choose not to have sex—they don't feel ready, they don't feel like they would enjoy the physical stimulation, they have certain religious beliefs, and lots more! In the end, it is always your decision to have sex or not have sex, the first time and every time thereafter.

People define "sex" in lots of different ways, and it's up to you to define it for yourself and with your partner(s). Here are just a few examples of what people might mean when they are talking about sex!

Oral Sex
Using the mouth/lips/tongue to stimulate someone's penis, clitoris, anus, scrotum, vagina, etc.

Penetration
Inserting something (finger, penis, or sex toy) into the vagina or anus.

Anal Sex
Any type of sex involving the anus, though usually this refers to anal penetration.

Vaginal Sex
Any type of sex involving the vagina, though usually this refers to vaginal penetration.

Fingering
Using the fingers for penetration.

Masturbation
Stimulating yourself sexually with your hands/fingers, sex toys (vibrators), pillows, and lots more. It can be done alone or with a partner watching.

Nipple Play
Stimulating the nipples of yourself or a partner, which can also result in an orgasm.

Foreplay
Any emotional or physical sexual act that does not involve penetration. Can include verbal and mental stimulation.

Orgasm
Orgasm is the peak of sexual arousal when all the muscles that were tightened during sexual arousal suddenly relax. The body may ejaculate fluid, but not always.

Mutual Masturbation
Like masturbation, but with a partner(s), masturbating separately in the same space, or people stimulating each other.

Sexting
Sending texts or other virtual content with sexual messages.

Cyber Sex
Using your phone, computer, or laptop to broadcast sexual content.

Phone Sex
Can involve masturbation while talking with someone else on the phone, but can also just be speech without physical stimulation.

Dry-Humping
Simulating sex while clothes are on by rubbing genitals against another person, with hands, or with an object (such as a pillow).

Abstinence
Not having sex (how sex is defined is up to you).

Periodic Abstinence
Not having sex for a period of time.

What is Sexuality?

Sexuality is who you are attracted to sexually. There is no 'normal' sexual behavior or attraction. You may know who and what you like, still be questioning, or you may not feel the need for a label at all. Take your time in exploring your sexuality and attraction and search for resources on sexuality if you want to learn more.

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WHAT IS SEX?

What is a 'virgin?'

Cultures can place a lot of emphasis on virginity. "Virgin" simply means someone who has not had sex ... but how do you define sex? There is no one definition. Some people would say sex can be anything from the list above, while others might define it as solely 'penis-in-vagina,' and still others might use a combination from the list above but not include everything. **How you define sex and virginity is up to you and your partners.**

Let's be mindful!

Talking about someone's virginity can be a trigger, especially for people who have experienced sexual trauma in their past. So think before you ask.

What about breaking the hymen or "popping the cherry"?

The hymen is a thin piece of tissue that partially covers the vagina. The hymen can break from sexual activity that can cause a small amount of bleeding (which is what people mean when they say "popping the cherry"). BUT the hymen can also break when riding a bike, using a tampon, riding a horse, climbing a tree ... lots of things that have nothing to do with sex. Having or not having a hymen does NOT determine if someone is a virgin.

I don't want to have sex ... so now what?

Lots of people make the decision not to have sex for a variety of reasons, but that doesn't mean they can't enjoy close relationships or friendships. Friends or others you know may try to tease or pressure you into doing something you don't want to. Always prioritize your own boundaries. Depending on their personal definitions, people who aren't having sex may still engage in some of the activities from the list above, or they may skip all of those. People who don't want to have sex may enjoy other intimate activities such as kissing, holding hands, cuddling, spooning, or they may not want to engage in those either.

Did You Know?

Asexual
A person who does not have sexual feelings towards others, though they may still feel attraction towards individuals and desire intimacy.

Aromantic
A person who does not experience romantic attraction. Some people who are aromantic may still desire and engage in sex for the physical sensations, though others are aromantic and asexual.

Resources

- **Scarleteen -** "Just the Basics, Ace; An Asexuality Primer." scarleteen.com
- **Planned Parenthood -** "Am I Ready for Sex?" plannedparenthood.org
- **Teen Vogue -** "First-Time Sex: 20 Questions About Losing Your Virginity, Answered." teenvogue.com
- **Adolescent Health Working Group -** "Having Sex on Your Own Terms." ahwg.org
- **Adolescent Health Working Group -** "Preventing Pregnancy and Protecting Against STIs." ahwg.org

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HAVING SEX ON YOUR OWN TERMS

QUIZ: Do You Have to Say 'Yes' to Sex ...

Q

- If you have had sex with someone else before?
- If you have had sex with the same person before?
- If someone spends money on you?
- If you like to wear a certain type of clothing?
- If all of your friends are having sex?
- If your partner is really horny?
- If you want someone to like you?
- If you are in an exclusive relationship?
- If you and your partner are already naked?
- If someone has power over you (like a teacher, police officer, or your boss)?
- If someone is really popular and wants to have sex?
- If someone is older than you and wants to have sex?
- If you are a certain age?
- If you have been raped, or forced to have sex before?
- If you are out late at night?
- If you are at a place you shouldn't be?
- If you have been drinking or using drugs?
- If you like sex?

A

The answer to all of the questions above is NO. **YOU NEVER HAVE TO SAY YES TO SEX** if it is not what you want. Sex is always a choice—the first time and every time! Sex is something you can say 'yes' to when you and your partner are ready, feel safe and comfortable with each other, and have discussed protection against pregnancy and STIs.

> I definitely felt pressure to have sex and worried my boyfriend would break up with me if I didn't.

Thinking about having sex? Ask yourself these questions.

- ☐ Do I trust and respect the person I am thinking about having sex with? Do they trust and respect me? Do we treat each other as equals and communicate well?
- ☐ Is this what I want or am I feeling pressured? Does my partner want this or am I pressuring them?
- ☐ Do I understand the potential physical and emotional risks that can come with sex?
- ☐ Do my partner and I agree on the nature of our relationship (friendship, hooking up, exclusive relationship, etc.?) Am I okay having sex even if we are not on the same page?
- ☐ Am I comfortable talking with my partner about what I do and don't want to do sexually?
- ☐ Have I talked to my partner about using condoms (and other barrier methods) and/or birth control to prevent STIs and pregnancy? Are we on the same page about this?
- ☐ If either of us has had sex, have we been tested for STIs? Do I know where to get treated for an STI?
- ☐ Do I feel ready to make decisions about a pregnancy? Will my partner be there for me?

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HAVING SEX ON YOUR OWN TERMS

If you are trans or nonbinary...

- **Think ahead about how you want to navigate disclosure with sexual partners.** Your body is your business and you have no obligation to tell anyone about your gender or your genitals. There's no "right way" to share information, but you must think about your safety before you find yourself in a sexual situation.
- **Having someone touch your body may bring up unexpected feelings if you experience gender dysphoria.** Give yourself plenty of emotional space and don't feel pressured to continue with sex if you don't want to.
- **It's okay to ask your partner to use terms** for your body parts that make you feel comfortable.
- **Experiment with self pleasure** so you know what does and does not feel good (and safe) for you before you engage in sex with a partner.

Tips for Having Sex on Your Own Terms:

- **Talk to your partner about sex.** Ask your partner about their sexual desires. Be sure to share your own desires, too. Your sexual decisions should be what you both want, every time, the whole time.
- **Be prepared with a safer sex method.** Get condoms (and other barrier methods) and talk to your provider about starting birth control -- if it's needed -- before you start having sex. Condoms and lube are typically available for free at local clinics, and you can also make purchases online, or at your local drug store, gas station, or supermarket.
- **Pay attention to your partner.** If they seem unsure, always stop and ask, "Is this okay?"
- **Get tested for STIs.** Go to a clinic with your partner before you have sex.
- **Sex shouldn't hurt.** If your instincts tell you something isn't right, stop and seek help. Be mindful that sex might mean different things to different people, so think about your own expectations (and your partner's) before, during, and after sex.
- **Pick friends you can trust.** If it's helpful to talk with others about relationships and intimacy, find friends who will respect your sexual decisions.
- **Always have a safe way to get home** when on a date or out with friends. Always let at least one person know where you will be (especially if you are hanging out with someone new or that you don't know too well). Set a time for when you will text or call your friend to check in.
- **Solo-sex.** Remember, sex on your own terms doesn't always require a partner.

Resources

- **Planned Parenthood -** "Am I ready for sex?" plannedparenthood.org
- **LoveIsRespect.org -** "Sex and Healthy Relationships." loveisrespect.org
- **Scarleteen -** "Dating While Trans, Yes You Can!" scarleteen.com
- **Adolescent Health Working Group -** "Preventing Pregnancy and Protecting Against STIs." ahwg.org
- **Adolescent Health Working Group -** "Love Shouldn't Hurt." ahwg.org

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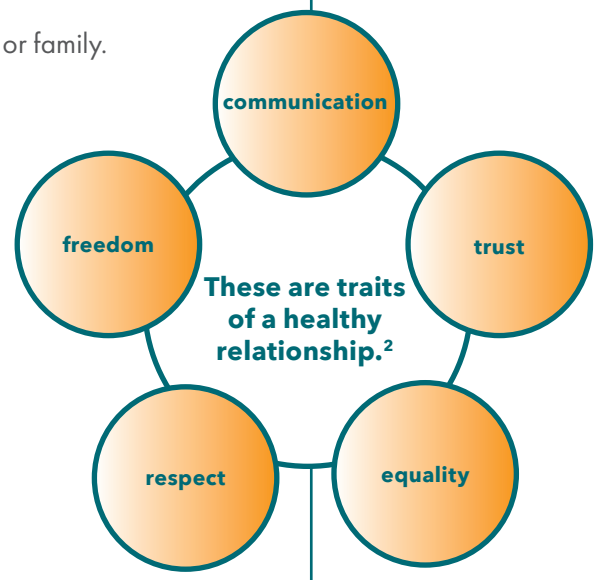
HEALTHY RELATIONSHIPS

Everyone deserves to have healthy relationships, which includes friendships, dating, romantic and sexual relationships. Healthy relationships are built on mutual respect, trust, and open communication.

People in any relationship should:

- ☐ Treat each other with respect.
- ☐ Be caring and honest.
- ☐ Not make fun of things the other person likes or wants to do.
- ☐ Build each other up instead of putting each other down.
- ☐ Be accepting of the other person spending time with their friends or family.
- ☐ Listen to the other's ideas and be able to compromise.
- ☐ Understand each other's communication style.
- ☐ Not be excessively negative.
- ☐ Share some of the other person's interests and support one another in pursuing what they love.
- ☐ Be comfortable sharing their thoughts and feelings.
- ☐ Be proud of each other's accomplishments and successes.
- ☐ Respect each other's boundaries in person and online.
- ☐ Not require each other to "check in" or need to know where the other is all the time.
- ☐ Not pressure the other person to do things they don't want to do.
- ☐ Not constantly accuse the other of cheating or being unfaithful.
- ☐ Encourage each other to do well in school or at work.
- ☐ Always have and maintain consent before and during sex.
- ☐ Never physically hurt, threaten, or make the other person feel scared.
- ☐ Understand the importance of healthy relationships.[1]



If you are in an unhealthy relationship, talk about it.
Sometimes with good communication, you can improve the way you treat each other. If you are afraid to talk about it with your partner(s), or your relationship is abusive, you need to seek help. Go to loveisrespect.org.

To find out how healthy your relationships are, take the "Healthy Relationship Quiz" at loveisrespect.org.

Resources

- **LoveIsRespect.org -** "Healthy Relationships." loveisrespect.org
- **Planned Parenthood -** "Having a Healthy Relationship." plannedparenthood.org
- **Adolescent Health Working Group -** "Love Shouldn't Hurt." ahwg.org

References

1 (2021). "Dating 101." Love Is Respect. www.loveisrespect.org
2 (2021). "Healthy Relationships." Project Sakinah. www.projectsakinah.org

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LOVE SHOULDN'T HURT

Dating and being in a romantic relationship can be fun and exciting. Unfortunately, too many young people are hurt by the people they are in relationships with. Dating abuse (also referred to as relationship abuse) is a pattern of violence that someone uses against their partner. It can include emotional, verbal, physical, and sexual abuse, as well as stalking, financial abuse, and online abuse. Anyone can be at risk of relationship abuse. If you think you might be in an unhealthy or abusive relationship, talk to trusted and caring friends or adults in your life. Most people need support when they are in these situations.

The Relationship Spectrum[1]

Behaviors in a relationship can range from healthy to unhealthy to abusive. Unhealthy relationships are at risk for becoming abusive in the future. Be aware of behaviors that might be warning signs of an unhealthy or abusive relationship.

Healthy Relationships	Unhealthy Relationships	Abusive Relationships
Respect	Pressure	Accusations
Open communication	Breaks in communication	Blaming
Honesty & trust	Dishonesty	Isolation
Equality	Struggles for control	Manipulation
Caring behavior	Inconsiderate behavior	Mistreatment

Q Is your relationship unhealthy or abusive?[2]

- ☐ Does your partner call you names, make you feel stupid, or put you down?
- ☐ Is your partner extremely jealous or do they accuse you of being unfaithful?
- ☐ Does your partner constantly check your phone or social media accounts without permission?
- ☐ Does your partner withhold financial support to control or punish you?
- ☐ Does your partner try to limit where you go or who you talk to?
- ☐ Do you feel cut off from your friends or family because of your partner?
- ☐ Do you feel pressured or threatened by your partner to have sex?
- ☐ Has your partner ever shoved, hit, kicked, held you down, or physically hurt you on purpose?
- ☐ Has your partner ever blamed you for their own violent actions?
- ☐ Is your partner sometimes really nice and sometimes really mean, as if they had two different personalities?
- ☐ Does your partner promise to change and never hurt you again?
- ☐ Are you afraid of your partner or afraid of what your partner will do if you end your relationship?

A **If you answered 'YES' to any of the above questions, your partner is being abusive towards you. Talk to someone you trust or contact the LoveIsRespect.org Hotline.**

ADOLESCENT HEALTH WORKING GROUP

LOVE SHOULDN'T HURT

Safety Tips[3]

- ☐ Keep your phone with you and charged. Memorize a few important numbers in case you don't have access to your phone.
- ☐ Always let someone you trust know where you're going to be and when you expect to be home.
- ☐ Always have a backup plan for how to get home, in case you can't or don't want to go home with your partner. Know who you can call for a ride, have money for a cab, the bus, or have a rideshare app on your phone with funds available in your account. Ask a trusted adult for a "no questions asked agreement", meaning you can call them any time you don't feel safe and they promise to come get you without any questions.
- ☐ If you have left an abusive relationship, do not meet the abusive person alone. Do not post your whereabouts online.
- ☐ Contact a domestic violence hotline, someone you trust, or 911 if you are physically unsafe or in an emergency situation. You can also seek help at a 24-hour hospital ER and request to speak with a healthcare provider or social worker.
- ☐ For more help with safety planning, talk to a trusted adult.

You deserve healthy relationships!

Where to Go for Help:

- Educate yourself about dating/relationship violence. Check out the resources below.
- Talk with a parent, family member, or other trusted adult. The less isolated you are, the less opportunity the abusive person has to hurt you.
- Seek help from professionals. Call a hotline or go to places that can support you, including school health centers or counseling offices, clinics, youth and faith-based organizations, and community centers.

Resources

- **Love is Respect (a national teen dating abuse hotline) -** Call/Text 1-866-331-9474. Call 1-866-331-8453 for deaf/hard of hearing. loveisrespect.org
- **Break the Cycle -** breakthecycle.org
- **Planned Parenthood -** "Teens in Abusive Relationships." plannedparenthoood.org
- **National Domestic Violence Hotline -** Call 1-800-799-7233. thehotline.org

References

1 (2021). "The Relationship Spectrum." Love is Respect. www.loveisrespect.org
2 (2018). "Warning Signs." Break the Cycle.
3 (2017). "A Teen's Guide to Safety Planning." Love Is Respect. www.loveisrespect.org

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GOT LUBE?

Wetter is Better!

When it comes to sex, lubrication can help offer extra protection and pleasure. Lube can **prevent condoms from breaking**, which can dry out due to friction during sex. Lube can also **decrease pain and discomfort**. Lube helps **prevent STIs** by minimizing tiny tears in the body. And lube can be put on the inside and outside of condoms to make barrier use **more pleasurable.**

Vaginal Lubrication

Some vaginas produce their own lubricant (or get wet) when sexually stimulated, but it's also normal not to. Lube is very often required.

- If the vagina is not wet before a finger, penis, or sex toy is inserted, it can be painful or irritating.
- Lube can be put on the opening of the vagina and on the outside of a finger, penis, or sex toy before inserting into the vagina to increase pleasure during sex.
- Lube often needs to be reapplied during sex.

Anal Lubrication

- The anus does NOT get wet or lubricated when sexually stimulated.
- Lube should always be applied to the opening of the anus and on the finger, penis, or sex toy that is inserted into the anus to increase pleasure and decrease pain, friction, and tearing of the anus.
- Lube often needs to be reapplied during sex.

Remember to communicate!

Whether it's vaginal or anal intercourse, go slow at first and continue to talk to one another to make sure everyone feels comfortable. Ask for more lube if you think it will make the experience more enjoyable.

If you have questions, don't be embarrassed to ask!

It's okay to ask and explore. If you are over 18, seek out sex-positive retailers in your area and ask staff about what type of products are best for you. If you're under 18, speak to your healthcare provider, someone at your school wellness center, or even an older sibling.

What Type of Lube Should You Use?

- Use ONLY water-based or silicone-based lubricants with condoms. Some common brands are Astroglide, K-Y, Wet, ID, and Swiss Navy.
- Do NOT use oil-based lubricants (baby oil, lotion, olive oil, or vaseline) with latex condoms. Oil-based lubricants can cause condoms to break!
- If you or your partner are irritated by a lubricant, such as an allergic reaction or yeast infections, stop using it and try one that does not contain parabens or glycerin. Check the labels!

Don't Have Lube?

- Forgot to pick up the lube? Use plenty of saliva (spit)! It's free and always available! Saliva is safe to use with or without barriers, it just does not last as long and will need to be reapplied more often.
- You don't need a prescription for lube, and you can buy it at your local convenience or grocery store. It's usually found near the condoms or other personal hygiene products. You can also find free samples of lube at Planned Parenthood clinics or some local health centers.

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KEEPING SEX TOYS SEXY

Sex toys are a great way to explore sexual pleasure and can be used on your own or with partners. We want to share some tips to help you stay safe.

1 Keep them clean

Toys are made from all different types of materials. They can be really hard to clean or really easy to clean. Follow the directions on the labels for cleaning and storing. Dry your toys well after you clean them.

Hardest to Clean ⇨ **Hard to Clean** ⇨ **Easy to Clean** ⇨ **Easiest to Clean**

- **Jelly Rubber and Polyvinyl Chlorides (PVC)** - Bacteria remains even after it's washed in mild liquid soap and warm water.
- **Elastomer and Vinyl** - Bacteria remains after it's washed in mild liquid soap and warm water.
- **Glass** - Can be washed in mild liquid soap and warm water.
- **100% Silicone** - Can be washed with antibacterial soap or in a dishwasher.

2 Put a condom on it

Condoms and other barriers can help stop the spread of bacteria and viruses.

Make sure to cover your sex toys (including your repurposed toy) with a condom to protect from bacteria.

If you use a food-based item (cucumber, zucchini, etc.) make sure to throw it away afterwards.

3 Use lube

Use lubrication. Lube can make things slide easier, which can feel better, and keep you safe by preventing tears or cuts to your body. **Do not use silicone-based lube with a silicone sex toy.** The chemicals will ruin the toy and make it not safe to use.

Here is a checklist to review:

- ☐ Always use a condom when using sex toys with a partner and when they are hard to clean.
- ☐ Put on a new condom when you are done using a toy and want to share it with a partner.
- ☐ Put on a new condom when going from one hole to another (especially from anus to vagina).
- ☐ Read labels. Avoid toys that have substances like "phthalates." Look for phthalate-free toys. They are safer for your health.

Other Tips

People use lots of different objects for penetration (e.g. cucumbers, carrots, etc.).

- ➡ When considering an object, consider whether it can be cleaned beforehand and whether you can safely remove it from your body in one piece.
- ➡ If the sex toy is repurposed, remember to throw it away afterwards.
- ➡ Use toys with a flared (wide) bottom for anal sex. This way it won't get stuck inside of you. This is VERY IMPORTANT, as you don't want to end up in the emergency room.

Resources

- **Adolescent Health Working Group -** "Got Lube?" ahwg.org
- **Adolescent Health Working Group -** "Condoms and Other Barrier Methods." ahwg.org
- **Scarleteen (Can't get a sex toy? We want you to stay safe. Check out the article.)-** "D.I.Y Sex Toys: Self-Love Edition." scarleteen.com
- **Planned Parenthood -** "Sex Toys." plannedparenthood.org

ADOLESCENT HEALTH WORKING GROUP

SELFIES, SEXTING, AND SOCIAL MEDIA SAFETY

Did you just recently get your smartphone? Or maybe you've had it for awhile but you recently discovered a new app. Apps can be fun for social media, creating content, and connecting with friends. Below are some tips to think about when interacting with others on your smartphone.

Talking to Someone You Haven't Met in Person

- Have you been honest with them about who you are, how you look, etc.? If you haven't, ask yourself why. Is it out of safety, having an online persona, or something else? Just remember: if someone is talking to you but you're not being fully truthful, it isn't a fully consensual relationship based on respect.
- Are there any red flags that make you think they may not be who they say they are? Ask them directly about it and remember you deserve to know the identity of people you're forming relationships with.
- If sex is brought up, are they respectful about it, or are they pushy and needy? Remember it's important that you decide what you want to do because you really want to, not because somebody else is manipulating the situation.
- Are they okay when you say you don't want to give out personal information? Are they okay when you say you don't want to meet face to face? Some of these things can be red flags that they aren't who they say they are or want to take the relationship further than what you're ready for.
- If you plan to meet up in person, make sure to choose a public place and let people know (friends or family) that you're going to meet them. You can also have someone stick close by while you wait and hang out.

Naked or Sexually Explicit Pictures

Did someone just send you a naked photo?

- If you didn't ask for it and it made you uncomfortable, let the person know that you're not comfortable with this kind of communication.
- Respect the person's privacy and don't show it to anyone, screenshot it, or save it. Even if you're not planning to share it with anyone, tech isn't always perfect and things can happen. Imagine how you'd feel if the picture got out and it turned out it was traced back to you.
- Did it come from someone who's under 18? Posting and receiving nudes or semi-nude pictures or videos when you're under 18 is against the law and is categorized as Child Pornography. Even if you're under 18, too!

Did you just send or post a naked photo of yourself?

- Think about your motivation for whatever you're doing. Is someone asking you to do it? Are you trying to get likes to feel better about yourself? These are some things you may want to think more about before texting, posting, DMing, or video chatting. Make a mental list and check it over to make sure you're doing something you really want to do for yourself, not anybody else. You can also take photos for fun and just keep them for yourself!
- On the internet and on our phones, it's rare that things are actually ever fully deleted. Keep in mind that there's a chance images or videos can be recovered when you're sending them.
- Keep in mind that a text can still be copied, pasted, and screenshot out of context.

ADOLESCENT HEALTH WORKING GROUP

SELFIES, SEXTING, AND SOCIAL MEDIA SAFETY

Tips for Maintaining Your Privacy

- Make your profile private and only add people you actually know or have talked to for a while. That way, you control who can see your profile. Delete or block followers if you are worried they will share things you don't want them to.
- Never post your phone number or address publicly. This can be done by accident, too! Check the backgrounds of your photos and videos before posting.
- Don't share your passwords with anyone and try to avoid automatic logins in case your phone ever gets in the hands of someone you don't trust. We hope that our friends and partners are trustworthy, but in many instances, people break up or stop being friends and can sometimes do something mean online. Protect yourself by keeping your password private.

Learning About Sex on Your Own Terms

It's common for you to find blogs and posts about various topics on sex and dating. Maybe you're looking for advice, or maybe you're just curious and want to learn about something new. Consider the tips below to help guide you on your search:

- **Is the resource trustworthy?** What do I know about the person who shared the information (if anything)? Be aware of misinformation.
- **Is it porn?** Porn is meant to excite or titillate, not to educate. Just like TV and movies, porn is directed and produced with a certain viewpoint and doesn't really reflect the diversity of bodies or sex acts of many people.
- **Are they trying to sell you something?** Are they telling you that you need something to make your sex life better? Information coming from sources like this are invested in you feeling like you're missing something so they can make money off of you.
- **Is it for teens or adults?** Content written for adults can be intimidating or overwhelming. Check in with yourself about whatever you are feeling, doing, or wanting to do (or not do) and make sure things feel right for you as you're beginning your sexuality journey. Reading adult content may leave out the unique experiences of teens, such as the stresses of school, our talks with our parents, or even our social life with friends that have an impact on what we think about sex. Try and find youth-specific information to make sure you're getting information that has your life and experiences in mind.
- **Is it inclusive?** Does it include bodies of different races, sizes, genders, and sexualities? Sex education that doesn't include this might not be wrong, but it could be missing part of the picture that could help answer your question or support you through whatever is going on.

Resources

- **Scarleteen -** scarleteen.org

ADOLESCENT HEALTH WORKING GROUP

THE BASICS: YOUR GENITALS

A few notes about "Normal":

1 We are diverse!

There is a huge diversity of shapes, sizes, colors, abilities/functions, and combinations of genitals in humans. No two people are exactly alike. Each person is perfectly themselves.

2 Intersex and trans people

may have a mix of the genitals below based on how they were born and/or any surgeries or hormone therapies. People may use terms that are different from what is listed below to refer to their genitals.

3 Porn can be misleading.

Porn shows a very small minority of genitals and is not a good example of all human diversity (aka what everyone looks like). Try not to compare yourself or your partners to genitals you see online. The actors in porn are chosen for specific body characteristics to sell and get views; they don't reflect the general population.

4 Pubic hair grows naturally

and also looks different from person to person. What people choose to do with their pubic hair is both personal and cultural. Some people may choose to groom or remove their pubic hair. For more information on pubic hair, check out:

Teen Vogue: The Real Reason You Have Pubic Hair

Scarleteen: Are You Supposed to Shave?

Teen Vogue: How to Shave Pubic Hair if You Have a Vagina

5 Know *your* normal.

Become familiar with what your genitals look like. If you notice anything that's not normal (lumps, bumps, changes in discharge) let your healthcare provider know.

How to Keep Your Genitals Healthy:

- Wear clothes that fit loosely. This prevents 'jock itch,' irritation, or chapping the genital area.
- If you play sports, wear an athletic supporter to protect your genitals.
- Wear cotton underwear and change them every day.
- Wash your genital area with warm water and mild soap.
- If you are uncircumcised, gently pull back the foreskin on the head of your penis and wash that area with soap and water.
- If you have a vulva, wipe from front to back to prevent contamination with fecal matter.
- Avoid douching the vagina to maintain a natural balance of good bacteria.

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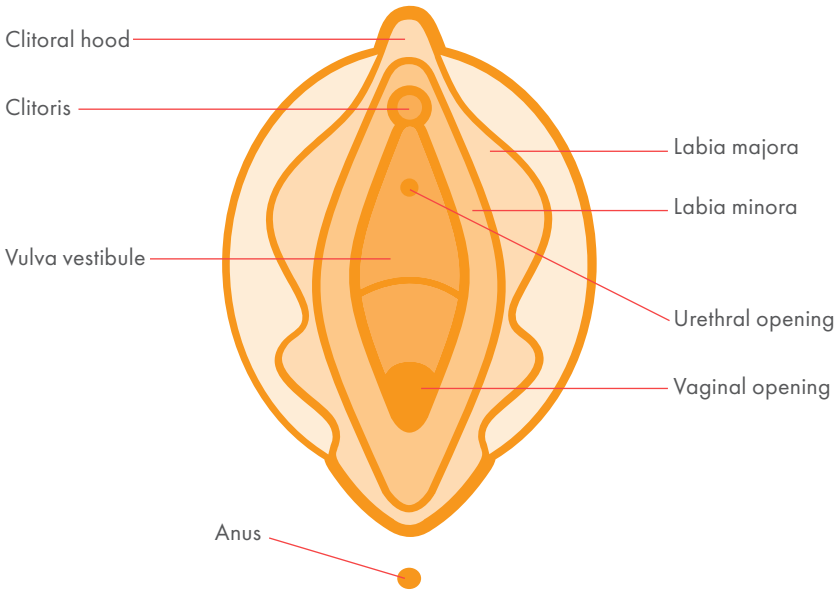
THE BASICS: YOUR GENITALS

A Tour of the Vulva, Vagina, and More



For more information, check out Scarleteen's Innies & Outties: The Vagina, Clitoris, Uterus & More.

Fast Facts

- Vulvas and labias come in different sizes, colors, and shapes.
- Some cultures believe that the hymen is proof of someone's virginity, but this is not true. Hymens tear and stretch for many reasons and some people with vaginas are born without a hymen. A hymen also looks different for different people.
- The vagina naturally releases discharge to keep itself clean and healthy. Everyone has a natural smell that is different.

Vulva
The term for the outer genitals. People often mistakenly refer to the entire genital area as the "vagina," but the vagina is an internal part of the reproductive system that can't be seen.

Labia Majora
Also called the 'outer lip.' Pubic hair grows here.

Labia Minora
Also called the 'inner lip.' It may vary in texture, size, and color. It covers the urethra and vaginal opening.

Clitoris
The pleasure center of the vulva. It is a tissue that fills with blood and becomes erect when sexually aroused.

Urethra
A tube that carries your urine (or pee) to your urethral opening. It is a tiny hole under the clitoris and above the vaginal opening.

Vaginal Opening
The passage from the uterus to the outside of the body. Contains the plea- sure center called the 'g-spot.'

Anus
The opening of the rectum where waste leaves the body.

Pubic Hair (not shown)
Hair that surrounds the sex organs for protection.

Hymen (not shown)
A thin layer of skin that partially covers the opening to the vagina. In many bodies with vaginas, there is no hymen.

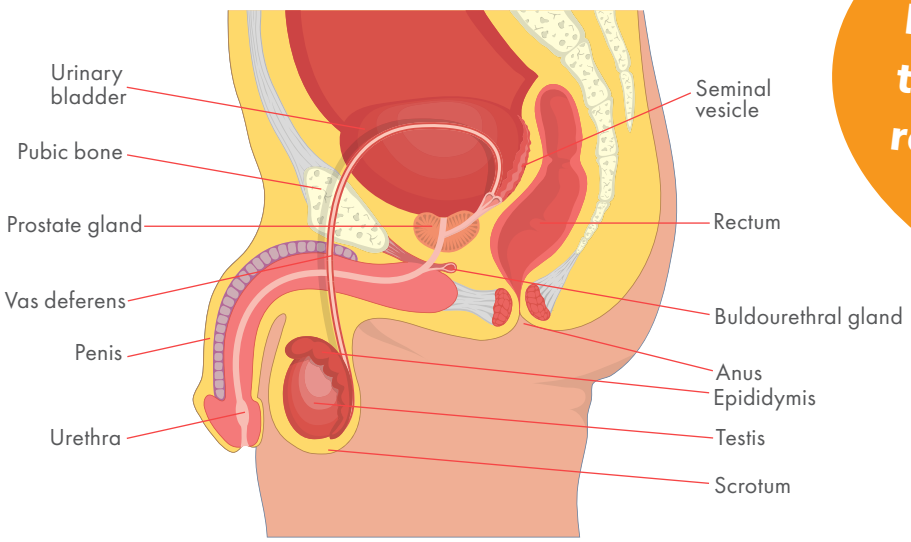
Resources

- **Scarleteen -** "Innies & Outies: The Vagina, Clitoris, Uterus and More." scarleteen.org
- **Scarleteen -** "My Corona: The Hymen & the Myths That Surround It." scarleteen.org

ADOLESCENT HEALTH WORKING GROUP

THE BASICS: YOUR GENITALS

A Tour of Penis, Testicles, and More



Have you heard the term "boner" used to refer to an erection?

It makes it sound like there is a bone in the penis. **Fun fact: there is no bone!** The shaft of the penis has spongy tissue that fills with blood, causing an erection.

Penis
The sex organ that is made up of the glans and the shaft.

Shaft
The long part of the penis below the glans. It grows longer when sexually aroused.

Fast Facts

- Penis and testes come in different sizes, colors, and shapes.
- Penises can change a lot in size. They can go from flaccid (soft) to erect (hard).
- Some penises are circumcised. Everyone is born with skin covering their entire penis. Circumcision is when the foreskin (skin that covers the head of the penis) is removed.

Glans ***(not labeled)***
The tip or head of the penis. At the tip of the glans is the urethral opening.

Scrotum ***(not labeled)***
Loose skin that houses the testis, the reproductive glands that make sperm and testosterone.

Urethra
A long tube that extends from the bladder all the way to the tip of the penis. The urethral opening is a small opening that releases urine, semen, and pre-ejaculate fluid from the head (glans) of the penis.

Pubic Hair ***(not shown)***
Hair that surrounds the sex organs for protection.

Prostate
definition here.

Resources

- **Scarleteen -** "Innies & Outties: The Penis, Testes, and More." scarleteen.org

ADOLESCENT HEALTH WORKING GROUP

WHAT TO EXPECT AT YOUR FIRST GENITAL EXAM

Everyone needs to take care of their bodies. As you get older, your healthcare provider may suggest that you need a genital exam, which allows them to check your genitals and reproductive system to make sure you are healthy. This can seem awkward or embarrassing, but these exams are important for your health.

You may need this kind of exam if you...

- are having sex and have symptoms of an infection (such as pain with sex, unusual discharge, or unusual bleeding)
- have concerns about changes in your body
- are considering starting puberty blockers or gender-affirming hormones

For bodies with a vulva/vagina, you might need this kind of exam if you...

- have never had a gynecological exam and are 21 years of age or older (so that you can have a pap smear, which is a cervical cancer screen)
- don't start your period or stop having your period

For bodies with a penis/testes, you might need this kind of exam if you...

- need a sports physical
- are having a yearly check-up (sometimes called a "physical")

Note: If you experience gender dysphoria, having your genitals examined may bring up feelings for you. Talk with your healthcare provider about this before an exam so you can work together to make sure you are as comfortable as possible. It's also okay to ask your healthcare provider to use terms for your genitals that feel right for you.

While every provider does things a little differently, here's what you can usually expect at your first exam:

1. **Your provider will ask questions** about your body. They will ask if you have noticed any changes and if you are having sex. They will probably talk to you about pregnancy and STIs. It's important to answer these questions honestly so they know what tests you may need. In California, this information is confidential—private between you and your provider—unless they think that someone has hurt or abused you. If you are in another state, or if you have questions about whether your doctor shares information with your parent or caregiver, don't hesitate to ask.

   If you have a vulva/vagina, your provider will ask you about your menstrual periods. If you need a pelvic exam, it can almost always be done, even if you're on your period.

2. **You will be asked to undress** and put on a gown. You will probably be left alone in the room to change your clothes.

ADOLESCENT HEALTH WORKING GROUP

WHAT TO EXPECT AT YOUR FIRST GENITAL EXAM

During a physical exam, the provider will proceed differently depending on your body.

If you have a vulva/vagina:

You will lie on the exam table and will be asked to scoot to the edge. Usually you will be asked to put your feet in footrests (called stirrups) that will help keep your legs in the right position while the exam is done. **If you have mobility challenges, your provider will work with you to find a comfortable position.**

There are several parts of the exam:

- **External exam** — The provider looks at your vulva (the outside part of your genitals) for rashes or other problems.
- **Speculum exam** — A tool called a speculum is inserted into your vagina. The speculum is used to open the walls of your vagina so the healthcare provider can look at your vagina and cervix. The cervix is the opening to your uterus. Samples of vaginal or cervical discharge will be taken with swabs. These samples are used to check for vaginal infections, STIs, and cervical cancer.
- **Internal exam** — Your provider might put one or two gloved fingers inside your vagina. They will then press with the other hand on the outside on your lower belly. This is to check the size, position, and health of your cervix, uterus, and ovaries.

The exam might be uncomfortable or feel strange, but it shouldn't hurt. If you feel any pain during the exam, tell your provider and feel free to give them ideas about how to make it more manageable for you. If you want, ask for a mirror during the exam so you can see what's happening!

If you have a penis/testes:

There are several parts of the exam:

- **External exam** — Your provider will start by looking at your genitals, checking for skin changes, rashes, or other concerns. They will then examine your testicles, penis, and the surrounding areas. They are looking for anything that looks or feels unusual. Your provider may also teach you how to check your own testicles. If you need a hernia check (usually part of a sports physical), you may be asked to "turn your head and cough." It is common and natural for people to get an erection during a physical exam. It doesn't mean anything. Healthcare providers are used to this and it is nothing to be embarrassed about.

Rectal Exam

This is not usually performed on teens unless they are having blood in their stool (poop) or other concerning symptoms. This is done by inserting a gloved finger in your anus to check for problems.

ADOLESCENT HEALTH WORKING GROUP

WHAT TO EXPECT AT YOUR FIRST GENITAL EXAM

4 Your provider may test for sexually transmitted infections

if you are sexually active or if you have STI symptoms. This is usually done by asking you to pee in a cup. If you have anal sex, a rectal culture will be taken by inserting a small cotton swab into the anus. If you have oral sex, a throat culture is taken by swabbing the back of the throat.

5 The provider will let you ask any questions and then leave the room so you can change. You may forget your questions if you feel nervous, but you can write them down ahead of time. Here are a few common questions young people have for their health-care providers:

- Do my genitals look normal?
- What is normal discharge?
- What's the best way to keep my genitals clean?
- Are there self exams I should do at home?
- How often should I get tested for STIs?
- Is it okay to have sex during a menstrual period?
- What are my birth control options?
- Is there such thing as masturbating too much?
- How do I get rid of an unwanted erection?

Tips: This is Your Health Exam!

- Ask for a different provider if you do not feel comfortable with the one you have.
- Some clinics always have a "chaperone"—an extra person in the room—during genital exams. If your clinic doesn't routinely do this, you can ask for a chaperone if it makes you feel more comfortable. It is almost always okay to bring someone into the exam room with you, like a relative or a friend.
- You can always refuse the genital exam.
- Be familiar with your body so you know when anything changes.
- If you don't want to be contacted at your home with any test results, make sure you speak up about this!
- You can call your provider to find out the results of your tests.
- If your provider doesn't bring it up and if you're concerned, you can ask for STI tests or a pregnancy test.

Resources

- **TeensHealth -** "Testicular Exams." kidshealth.org
- **Planned Parenthood -** "Wellness Visit." plannedparenthood.org
- **Kaiser Permanente -** "Testicular Examination and Testicular Self-Examination." healthy.kaiserpermanente.org

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PREVENTING PREGNANCY AND PROTECTING AGAINST STIs

Preventing pregnancy and sexually transmitted infections (STIs) are important to consider when you're going to have sex. As you consider these two topics, ask yourself whether you **feel in control** of your sexual health. Do your sexual partners treat you the way you wish to be treated? Are you able to voice your opinions or concerns? Building in a self-reflection process helps you determine if you are in charge of your sexual health and are ready to take your relationship to the next level.

Birth Control

It can be embarrassing or awkward to talk about birth control or STIs with a partner, but you can be prepared!

Contraception services vary state by state. Young people in California can make decisions about all aspects of family planning—birth control, pregnancy care, and abortion services—without parental consent. Learn the details of your rights wherever you live.

When thinking about which contraceptive method is right for you, think about what is best suited for your lifestyle. For example, for someone who wants a long-term method to prevent pregnancy, a low-maintenance method such as an IUD, DEPO-shot, or implant could be appropriate. On the other hand, methods such as the pill, the patch, or the vaginal ring may be the best method for someone who plans a pregnancy in the near future.

Even if you've heard about birth control through friends, social media, or family members, it's best to find out the facts from a professional provider. Every person is unique, and the way a particular method worked for someone else may not be the way it works for you. Ask questions, get informed about possible side effects (i.e. weight gain, skin changes, and changes in sex drive), and make the best decision for yourself and your life!

Visit **Bedsider** for an interactive list of birth control methods: https://www.bedsider.org/methods

Protecting Against STIs

Barrier methods such as dental dams and internal/external condoms are the most effective way to prevent against STIs and pregnancy. Condoms come in different shapes, sizes, colors, flavors, and varieties to accommodate everyone's personal preference. Trying different condom sizes, flavors, and shapes is a part of figuring out what is right for you. For more information on different options, check out condomania.com.

External condoms may be free to youth at local clinics, health centers, and public schools. Like birth control, barrier methods are most effective when used correctly. Ask your provider about any barrier method you wish to learn about during your next healthcare visit.

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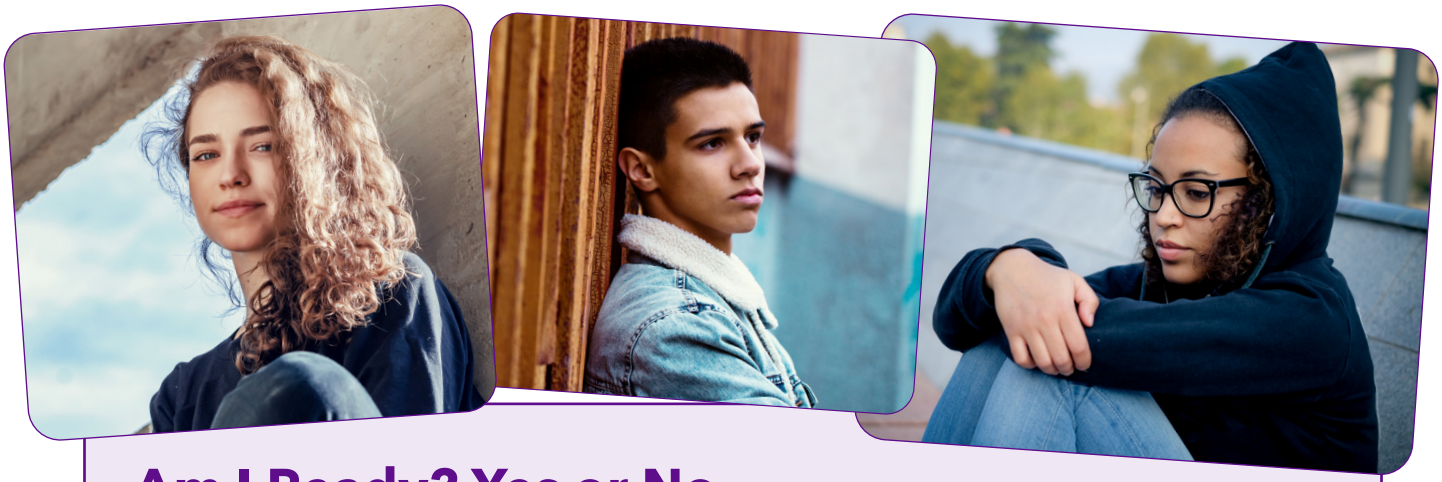
PREVENTING PREGNANCY AND PROTECTING AGAINST STIs



Am I Ready? Yes or No.

Below are guiding questions to ask yourself before you have sex—even if you have had sex before.

If you answer 'No' to any of them, think about why that is and if this issue needs more attention. Always do what is right for you—**consent is sexy!** If something doesn't feel right, you can always change your mind and say 'No.'

- Do I have safer sex supplies (condoms, lube, etc.)?
- Do I have a birth control method (if necessary)?
- Do I know where to get my preferred birth control method?
- Do I know where to get a pregnancy and STI/HIV test?
- Do I know where to get free or low-cost STI/HIV testing?
- Can I talk about safe sex with my partner(s)?
- Do I feel comfortable communicating my feelings and boundaries?
- Are my boundaries respected by my partner(s)?
- Can I tell my partner(s) what feels good?
- Do I know that having sex is my choice?

Resources

- **Center for Young Women's Health -** "Contraception: General Information." youngwomenshealth.org
- **Planned Parenthood -** "How Do I Talk to My Parents About Birth Control?" plannedparenthood.org
- **Bedsider -** bedsider.org
- **Yes Means Test -** yesmeanstest.org
- **Adolescent Health Working Group -** "Having Sex on Your Own Terms." ahwg.org

ADOLESCENT HEALTH WORKING GROUP

PREVENTING PREGNANCY AND PROTECTING AGAINST STIs

METHOD	HOW IT WORKS	PROS	CONS
External Condom 86–97% effective 	Piece of plastic/rubber covers penis and stops semen from entering vagina, anus, or mouth.	Protects against STIs (latex are the best) and pregnancy. Don't need a prescription.	You have to be prepared. A new one is needed after every sex act.
Internal Condom 79–95% effective 	Piece of plastic shaped like a sock that goes in the vagina or anus and stops semen from entering.	Provides protection against STIs and pregnancy. Can be used by people with latex allergies. Don't need a prescription.	Internal condoms can be noisy or feel uncomfortable.
Cervical Cap 82–94% effective 	Rubber cup that covers the opening to the uterus and blocks sperm.	Can put it in several hours before sexual intercourse.	No protection against STIs and has to be fit by a healthcare provider. Can be expensive without insurance.
Diaphragm 80–94% effective 	Dome-shaped rubber cup that covers the cervix and blocks sperm.	Works for about 6 hours, but need to reapply spermicide if repeated intercourse.	No protection against STIs and can be messy or awkward to use. Can increase risks of urinary tract infections.
Spermicides 74–85% effective 	Gel that is put in vagina before intercourse and kills the sperm.	Don't need a prescription.	It's messy. Doesn't protect against STIs.
Injection (Depo-Provera) 99% effective 	A hormone shot taken every 3 months.	Can't see it. You don't have to worry about birth control for 3 months once you get the shot. Can stop periods.	No STI protection and need to go to see a provider every 3 months for the next shot. Can stop periods or cause unpredictable bleeding.
Oral Contraceptives (Birth Control Pills) 95–99% effective 	Hormone pills taken every day that stops release of egg from ovary.	24/7 protection. Can make periods lighter and more regular.	Need to remember or remind your partner to take the pill every day. No STI protection.

ADOLESCENT HEALTH WORKING GROUP

PREVENTING PREGNANCY AND PROTECTING AGAINST STIs

METHOD	HOW IT WORKS	PROS	CONS
Vaginal Ring (NuvaRing) 99% effective 	Plastic ring that's put inside the vagina and left in for 3 weeks. A new ring is reinserted after a 1 week break.	Can't see it. You only have to insert and remove it once a month.	No protection against STIs. Have to feel comfortable putting in and taking out the ring or help your partner put it in and take it out.
Birth Control Patch (Ortho Evra) 99% effective 	A patch that is worn on the skin that must be changed every week.	Does not require taking a pill. Can be hidden by clothing.	No protection against STIs. Must change it every week.
Hormonal Implant (Nexplanon) 99% effective 	A small tube with hormones is inserted in the upper arm.	Barely visible and works for 3-4 years.	No protection against STIs. Can cause unpredictable periods.
Emergency Contraception 75–88% effective 	Hormone pills taken 3–5 days after unprotected sex. Can stop ovulation or prevent eggs from being fertilized.	Can be taken after intercourse if condoms break or aren't used.	Not a regular form of birth control. Does not protect against STIs.
Intra-Uterine Device (IUD) 97–99% effective 	A plastic device is put in a patient's uterus.	Hormonal IUDs can last for 5-6 years. The copper IUD can last for 10 years.	No protection against STIs. Hormonal IUDs make your periods unpredictable.
Pulling Out 81–96% effective 	During intercourse, a person pulls their penis out of the vagina or anus before ejaculation.	Is natural and no supplies are needed.	Pulling out in time can be difficult to predict. Pre-ejaculation fluids can transfer semen, HIV, and other STIs.
Abstinence 100% effective 	A person does not have sex with another person.	Complete protection from pregnancy and STIs.	Requires motivation, self-control and communication from both partners. Only works if it is used 100% of the time.

ADOLESCENT HEALTH WORKING GROUP

DO I NEED A PERIOD EVERY MONTH?

Sometimes, your period can come at the worst times, like before a sporting event, party, or night out with your friends or partner. Some people have terrible pain and other symptoms with their periods, and would rather skip them. For years, people who menstruate have used birth control to stop their periods for their health or convenience.

Most forms of hormonal birth control (the pill, patch, or ring) can be used to stop a person's period, but it is very important that you **talk with your healthcare provider** before making any changes in the way you use your birth control. Some methods of contraception—including the Depo shot and the hormonal IUDs—can very significantly reduce bleeding with your periods. For more information about stopping your periods, talk to your healthcare provider.

Do I have to bleed every month?
There is no evidence that shows people who menstruate need to bleed monthly. It's totally safe to skip periods.

What are the benefits of skipping your period?
With decreased periods, there is less risk for pain, including reduced menstrual migraines and acne, and some people increase an overall feeling of wellness.

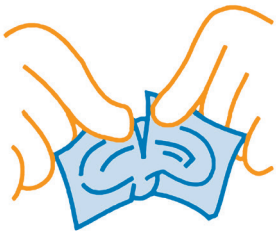
What are the side effects or disadvantages of skipping your period?
Some people have breakthrough bleeding (bleeding when you don't expect it) or spotting (very light bleeding) in the first few months. This is less common once your body is used to the new routine. Blood from spotting may be dark brown (as the blood is in the uterus for a longer time).

If you're using the pill, patch, or ring, you are at very slightly increased risk of blood clots. You should contact a healthcare provider if you experience ACHES– abdominal pain, chest pain, heavy bleeding, eyesight or vision changes, or severe leg pain.

ADOLESCENT HEALTH WORKING GROUP

CONDOMS AND INTERNAL CONDOMS

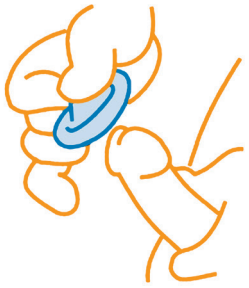
Barrier methods serve as protection to keep us safe from contracting sexually transmitted infections (STIs) and can prevent unwanted pregnancies.



How to Put on a Condom

1 Before having sex...

- ☐ Discuss using condoms with your partner.
- ☐ Only buy latex or polyurethane condoms.
- ☐ Check the expiration date. Don't use an expired condom!
- ☐ Open the condom package carefully. Don't use your teeth.



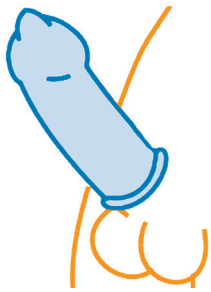
2 When the penis is erect...

Tip: Use a new condom every 20 minutes or for every act of vaginal, oral, and anal intercourse from start to finish.

- ☐ Pinch and squeeze the air out of the tip of the condom and place rolled condom on the tip of the penis (or sex toy).
- ☐ Always use lube. Add a couple drops of water-based lube inside the tip of the condom.
- ☐ Leave a half-inch space at the tip of the condom to collect semen.
- ☐ Hold the tip of the condom and unroll it until the penis (or sex toy) is completely covered.
- ☐ Smooth out the air bubbles and put more lube on the outside of the condom after putting it on.

3 After ejaculation and when the penis is still erect...

- ☐ Hold the condom at the base of the penis.
- ☐ Carefully remove the condom without spilling any semen.
- ☐ Wrap up the condom in tissue and throw it away. Don't flush condoms down the toilet—the toilet might clog.



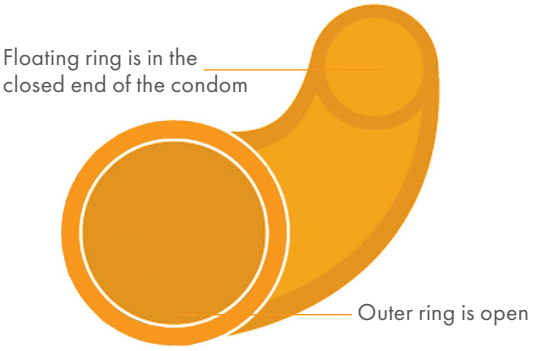
Talking About Condoms

It's normal to feel nervous, but talking about sex and safety is better for everyone. Here are some tips on how to bring up condoms with your partner:

- **Don't be shy.** Be direct about your feelings. There's no reason to be embarrassed!
- **Don't wait until the end of the moment to bring it up.** Talk about condom use before you are in a situation where you might need one.
- **Don't be afraid of rejection.** If a partner doesn't care enough about your health (or their own) to use a condom, then they might not be worth your time. As 18-year-old Ari says, "If your partner turns condom use into a trust issue instead of a health issue, why would you want to have sex with that person anyway?"
- **Be positive!** Many people find sex more enjoyable when they're protected because they don't have to worry about pregnancy and infections.
- Talking about condom use is easier if you are in a **healthy relationship** that makes you feel good about yourself. And it gets easier with time as well. But no matter what, it's very important to communicate with partners about condoms. It's all about protecting your health.

ADOLESCENT HEALTH WORKING GROUP

CONDOMS AND INTERNAL CONDOMS



How to Use an Internal Condom

1 Before having sex...

- ☐ Talk to your partner about using a condom.
- ☐ Buy an internal condom.
- ☐ Check the expiration date. Do not use an expired one!
- ☐ Carefully tear at the top right of the package. Never use scissors or your teeth.

2 When you are feeling well-aroused and are well-lubricated...

- ☐ Get into a comfortable position: sit, squat, lie down or raise one leg.
- ☐ Add extra lubrication inside condom so it will stay in place during sex.
- ☐ Grab the inner floating ring and squeeze it with the thumb and pointer finger.
- ☐ Take one hand and spread out the lips of your vagina.
- ☐ Put the pointer finger of your other hand in the condom and push the inner ring in your vagina as far as it will go. You can also use a sex toy to insert the condom.
- ☐ Make sure the condom is not twisted. The outer ring should be sticking outside of the vagina.
- ☐ Hold onto the outer ring while having sex to make sure the condom doesn't get pushed into the vagina.

3 After sex while you are lying down...

- ☐ Twist the outer ring and carefully pull the condom out.
- ☐ Wrap the condom and throw it away. Don't flush condoms down the toilet—the toilet might clog.
- ☐ Use a new condom for every act of vaginal and anal intercourse.

Tips

- The internal condom can be used in the anus. The floating ring can be taken out or left in to stimulate the prostate.
- The internal condom can be used by people with latex allergies because it is made of out polyurethane.
- If used during vaginal sex, the outer ring can rub against the clitoris, which can make having an orgasm easier.

Resources

- **Planned Parenthood -** "How Do I Use an Internal Condom?" plannedparenthood.org

ADOLESCENT HEALTH WORKING GROUP

A YOUNG PERSON'S GUIDE TO SEXUALLY TRANSMITTED INFECTIONS (STIS)

INFECTION	WHAT ARE THE SYMPTOMS?	HOW IS IT SPREAD?	IS IT CURABLE?
Chlamydia *Bacterial*	Usually there are **no symptoms**. Sometimes people experience yellowish discharge, burning with urination, bleeding between periods, swollen or tender testicles.	Through unprotected vaginal, oral, or anal sex.	**Yes.** It must be treated to prevent Pelvic Inflammatory Disease (PID), damage to the reproductive organs, and spread to other people.
Gonorrhea *Bacterial*	Usually there are **no symptoms** in people with vaginas Some people do experience yellowish vaginal or penile discharge, burning with urination, or stomach pain.	Through unprotected vaginal, oral, or anal sex.	**Yes.** It must be treated to prevent other problems, like PID, damage to the reproductive organs, or spread to other people.
Genital Herpes *Viral*	Blister-like sores in the genital region or mouth.	By touching an infected area (which may not be noticeable), or having unprotected vaginal, oral, or anal sex.	**No.** Herpes is treatable, but does not go away. People with herpes can be contagious even if they are not having an outbreak.
Human Papillomavirus (HPV or Genital Warts) *Viral*	Several types of HPV cause genital warts. Some other types can cause cervical and anal cancer.	By touching or rubbing an infected area (which may not be noticeable), or having unprotected vaginal, oral, or anal sex.	**Sometimes.** HPV is treatable and sometimes goes away. The most common types of HPV can be prevented by a vaccination of two to three doses. Make sure you're up to date!
Pubic Lice (Crabs) *Parasite*	Severe itching, small red bumps, sometimes visible lice.	Through any direct physical contact and rarely through indirect contact such as a shared object.	**Yes.** Clothes and bedding must also be cleaned to get rid of the bugs.

ADOLESCENT HEALTH WORKING GROUP

A YOUNG PERSON'S GUIDE TO SEXUALLY TRANSMITTED INFECTIONS (STIS)

INFECTION	WHAT ARE THE SYMPTOMS?	HOW IS IT SPREAD?	IS IT CURABLE?
Trichomoniasis *Bacterial*	Usually there are **no symptoms** in people with penises. Some people experience itching, irritation, redness, discharge, bad smell, frequent and/or painful urination, discomfort during intercourse, or stomach pain.	Through unprotected vaginal sex.	**Yes.** It must be treated to prevent spread to others.
Syphilis *Bacterial*	First stage: painless open sore on the penis, vulva, vagina, or mouth. Second stage: rash, fever, swollen lymph nodes, sore throat, muscle aches. Final stage: damaged internal organs and central nervous system. It can also be dormant within the body and show **no symptoms** for extended periods of time.	Through unprotected vaginal, oral, or anal sex, and also through kissing if there is a lesion on the mouth.	**Yes.** It must be treated to prevent spread to others, and to prevent disease progression and serious illness.
Hepatitis A *Viral*	Poor appetite, nausea, vomiting, headaches, fever, jaundice (yellow skin), dark urine, light-colored bowel movements. Sometimes there are **no symptoms**.	Through oral contact with feces and through unprotected anal/oral sex, drinking contaminated water or eating contaminated food.	Does not cause a long-term infection, but symptoms can last 6-9 months. Once you have had Hepatitis A you cannot get it again. It can be prevented by two doses of the Hepatitis A vaccine.

ADOLESCENT HEALTH WORKING GROUP

A YOUNG PERSON'S GUIDE TO SEXUALLY TRANSMITTED INFECTIONS (STIS)

INFECTION	WHAT ARE THE SYMPTOMS?	HOW IS IT SPREAD?	IS IT CURABLE?
Hepatitis B *Viral*	Poor appetite, nausea/vomiting, headaches, fever, jaundice (yellow skin), dark urine, light-colored bowel movements. Sometimes there are **no symptoms**.	Through unprotected vaginal, oral, and anal sex and through sharing needles and other household objects (toothbrushes, razors, etc.) It can be spread by blood, semen, vaginal secretions, and breast milk.	**No** highly successful treatment, but it often goes away on its own and there are medications to manage it if it doesn't. It can be prevented by three doses of the Hepatitis B vaccination. Make sure you're up to date!
HIV/AIDS *Viral*	Weight loss, fatigue, night sweats/fever, dry cough, diarrhea, swollen glands, memory loss/confusion, depression. Sometimes there are **no symptoms**.	Through unprotected vaginal, oral, and anal sex, and sharing needles. Can also pass from birthing person to child during pregnancy or childbirth, or breast/chest-feeding.	**No,** although there are many treatments which have greatly improved the health and survival of people with HIV. No proven vaccine at the current time.
Bacterial Vaginosis (BV) *Bacterial*	Fishy or unpleasant vaginal odor, milky-white or gray vaginal discharge, vaginal itching and burning. Sometimes there are **no symptoms**.	The cause of BV is not completely understood. The presence of menstrual blood, douching, a new sexual partner, and smoking can increase your risk.	**Yes.** It should be treated to prevent increased risk of other pelvic illnesses. Also must be treated during pregnancy to prevent complications.
Vaginal Yeast Infection *Fungal Overgrowth*	Thick curd-like vaginal discharge (like cottage cheese), vaginal itching and burning, redness and irritation.	Through an imbalance of the healthy organisms in the vagina. May occur while on antibiotics.	**Yes.** Over the counter treatment is available, but you should see a healthcare provider if this is the first time you've had these symptoms or the symptoms don't resolve with treatment.
Urinary Tract Infection (UTI) *Bacterial*	Burning or pain during urination, urge to urinate frequently or after you've just urinated, fever, lower abdominal or back pain.	Through bacteria coming in close contact to the vulva or urethra. It can also be caused by an STI.	**Yes.** It must be treated to prevent a much more dangerous kidney infection.

Reference

1 Durnell Schuiling, K., et al. (2017). "Women's gynecologic health." Jones & Bartlett Learning.

ADOLESCENT HEALTH WORKING GROUP

WHAT YOU NEED TO KNOW ABOUT HPV

Human Papillomavirus (HPV) is a virus passed through sexual contact. It's important to be aware of HPV because it can cause cervical cancer and anal cancer.

- The body usually fights off HPV before it causes any health problems.
- There are many subtypes of the virus: some cause warts, and some can cause cancer. You can get one or both.
- Warts caused by HPV may look like bumps of varying shapes and colors. The warts may resolve. They might or might not come back.

At least 50% of those who are sexually active will be infected with HPV.

*HPV is preventable by getting vaccinated. Condoms can also help prevent HPV, but are **not** 100% effective.*

How can I prevent HPV and its effects?

- Vaccines can prevent some of the common types of HPV. They are approved for everyone. Ask your provider about it.
- Using condoms and other latex barriers every time you have sex helps lower chances of HPV exposure.
- Pap tests check for cervical cancer, starting at age 21. If you're 21 or over and have a cervix, talk to your provider about getting a pap test.
- If you have HPV, smoking can increase your risk of developing cervical cancer.

I might have HPV. What now?

- If you think you might have genital warts, get checked by your provider. If you have warts, your provider can recommend treatments to remove them from your genital area. **Do not try to remove them by yourself.**
- If you have one type of HPV, you can still get other types. Keep using condoms to lower your chance of getting other types of HPV.
- Many people who have HPV want to know who gave it to them. HPV is so common that there's usually no way to figure that out.

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POSITIVE PREGNANCY TEST? WHAT'S NEXT?

Deciding what to do when you experience an unplanned pregnancy can be difficult. Each choice comes with its own set of challenges. Consider all your options and how each one will fit with your life and beliefs.

People who are pregnant have three options[1]:

- **Parenting —** giving birth and raising the child.
- **Abortion —** taking medication or having a medical procedure that ends the pregnancy.
- **Adoption —** giving birth and placing your child permanently with another person or family.

You're the only person walking in your shoes, so the decision is 100% yours.

What can I think about to help me decide?

Consider how you feel when you think about abortion, adoption, and parenting. What do you want for your future, and for your family (or future family)?

It may be helpful to ask yourself questions like:

- How would my decision affect my future?
- How would my decision affect my family or my other children?
- Am I ready to go through pregnancy and childbirth?
- Am I ready to raise a child right now?
- Do I have strong personal or religious beliefs about abortion, parenting, or adoption?
- Is anyone pressuring me to make a certain choice?
- Would my decision change my life in a way that I don't want?
- Will my family, my friends, and my partner support my decision?

There are lots of factors to consider, and it's normal to have many different feelings as you're thinking through your choices.

Who can I talk with about my options?

Lots of people lean on others for support and advice as they're making their decision. Surround yourself with people you know well and trust to help guide **your decision**.

Talking with your **partner**, someone in your **family**, a **friend**, a trusted **religious advisor**, or a **counselor** about unplanned pregnancy options can be helpful when you're trying to figure out what to do. Your **healthcare provider** can also be an important source of support and information.

No one should pressure you into making any particular decision about your pregnancy. Only you know what's right for you. It's important to get the information you need from people who will give you real facts and support your decision.

Resources

- **All-Options -** Call 1-888-493-0092 all-options.org

References

1 (2021). "Pregnancy Options." Planned Parenthood. www.plannedparenthood.org

ADOLESCENT HEALTH WORKING GROUP

BUILDING A FAMILY

You may be interested in having your own family one day, but you're not sure what your options are. Maybe you don't want to get pregnant (or can't). There are a variety of ways to build or add to a family whether it's some time soon or in the distant future.

Ways of building and expanding your family

- **Pregnancy.**
- **Adoption.** There is both private (for international and domestic) adoption and adoption through a public agency (usually your local county's foster care program). Each state has its own set of laws and requirements to become an adoptive parent.
- **Assisted reproductive technology**
  - **In-vitro fertilization (IVF):** an egg is fertilized outside the body then implanted in the uterus in a medical procedure.
  - **Intrauterine Insemination (IUI):** sperm is placed inside a uterus or vagina in a medical procedure.
  - **Donor Sperm/Egg:** Donated sperm or eggs could come from someone you know, or from a sperm/egg bank. Typically used in combination with IVF or IUI with the help of a healthcare provider.
  - **Surrogacy (also called gestational carrier):** Someone else carries the pregnancy for you.
- **Becoming a guardian.** This is a legal status that requires a court hearing in which you can become a legal guardian to a younger sibling, niece, nephew, or even a child of your friend.

Insurance coverage varies, and so do state laws—search for local organizations that can help you understand your rights and options. If having a family is important to you, research your options.

- There are several groups for prospective LGBTQ+ parents on social media platforms.
- Look for a local nonprofit that is committed to diverse families.

Resources

- **Our Family Coalition -** ourfamily.org
- **National Foster Parent Association -** nfpaonline.org

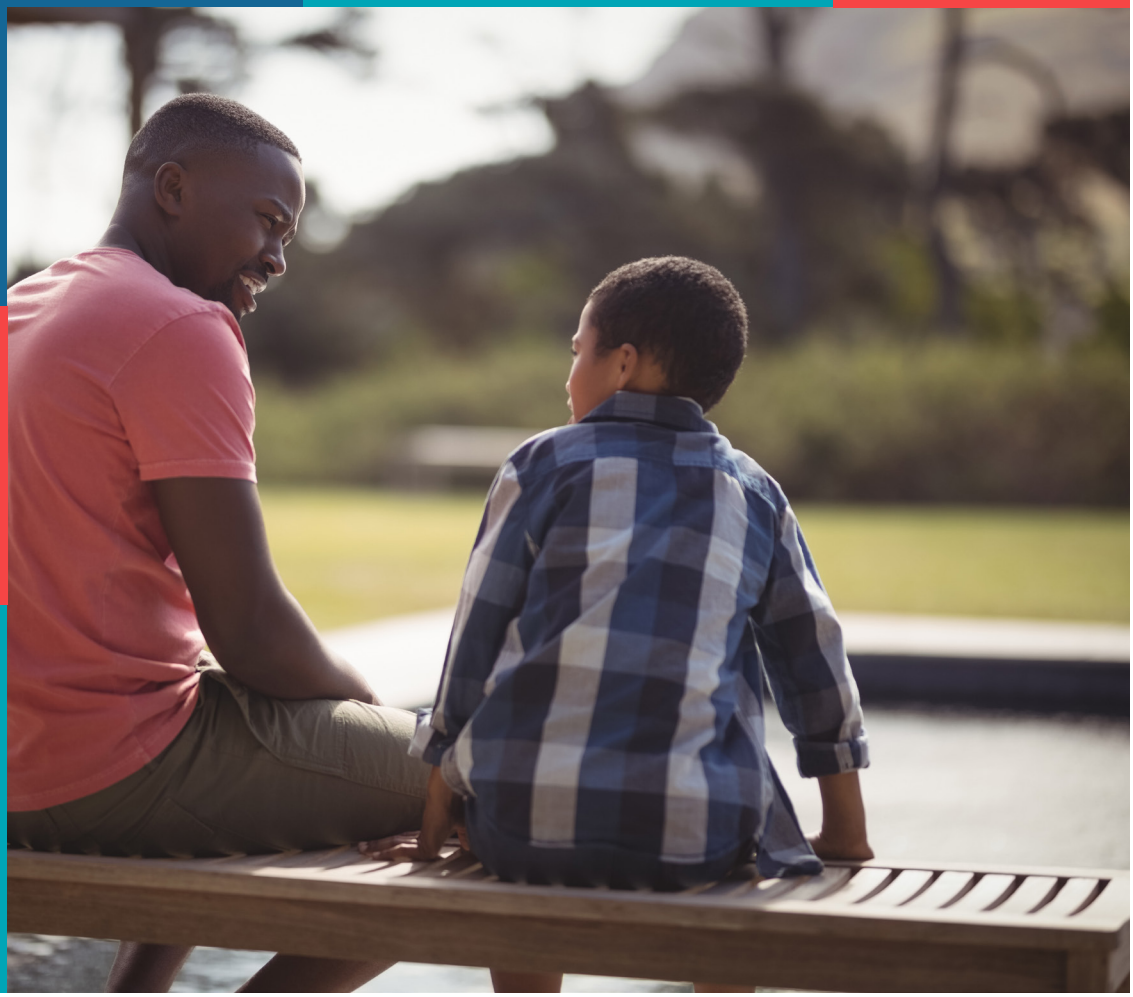
References

1 (2020). "Options After Fertility Treatments." American Academy of Family Physicians. familydoctor.org
2 (2021). "LGBT Family Building Resources." RESOLVE New England. www.resolvenewengland.org

Adolescent Health Working Group:

Sexual and Reproductive Health Toolkit for Adolescent Providers

Parents & Caregivers Handouts



ahwg.org

ADOLESCENT HEALTH WORKING GROUP

How to Talk with Youth about Healthy Relationships

Talking to young people about relationships can be challenging, but remember that youth care what the adults in their lives have to say.

Strategies for talking to youth about healthy relationships

- Talk to your children and teens about friendship, dating, and love before they start to ask questions about these important issues.
- Listen to your children and teens, and try to understand their point of view.
- If you can't answer a question, help your children talk to other trusted adults, or research the answer together.
- Use daily experiences, like watching TV, to talk with your children and teens. It's a chance to share your values with them.
- Talk with your children about what they're learning at school about relationships (i.e. working within group dynamics, consent, boundaries, language, etc.).
- Stay active in the lives of your children and teens, and help them recognize the power dynamics in different relationships (i.e. at school, work, in religious settings, etc.) now and in the future.

Study and practice the information that you want to share with your children and teens. You got this!

Topics to Consider for Youth Ages 12–15*

- Friends can influence each other in both positive and negative ways.
- People can be friends without being sexual.
- People are ready to start dating at different times.
- When couples spend a lot of time together alone, they are more likely to become sexually involved.
- Regardless of who pays for dates or gives gifts, no one owes anyone sex.
- In a romantic relationship, people help each other to grow as individuals.
- People may mix up love with other strong emotions like jealousy or control.

Topics to Consider for Youth Ages 16–18*

- Dating can be a way to learn about other people, experience romance, and explore your sexual feelings.
- Being honest and open can make a relationship better.
- You and your partner(s) are responsible for ensuring that the relationship is healthy. Asking others for relationship advice when you need it can help.
- A dating partner should not be expected to meet all the needs of the person they are dating.
- A lot of times, aspects of a relationship can change over the course of a long-term relationship.
- Consent is important and goes both ways. Anyone can change their mind about sex, even during sex.

Keep these talks going! When you talk about relationships with your child, you can hear about what is going on in their life. It's also an opportunity to teach your child about your family's values and beliefs.

* Decide what is right for you and your child. You may have conversations earlier or later, depending on your family's dynamics.

Resources

- **Futures Without Violence -** "How to Talk to Teens About Dating Violence." futureswithoutviolence.org
- **Adolescent Health Working Group -** "I'm Worried: Teen Dating Violence." ahwg.org

ADOLESCENT HEALTH WORKING GROUP

I'm Worried: Youth Dating Violence

Warning Signs for Youth Dating Violence

Know the warning signs of when a youth is being abused or is abusing others. Abusive and controlling behavior can be physical, sexual, emotional, verbal, or even financial. Ask yourself, has your child or their partner:

- Lost interest in activities that they used to find enjoyable?
- Stopped hanging out, talking on the phone, or staying in contact with friends?
- Acted extremely jealous?
- Violently lose their temper and hit or break objects?
- Tried to control their partner's behavior?
- Been checking up constantly on their partner and demanding to know who their partner is with?
- Undergone a sudden change in weight, appearance, or school performance?
- Had injuries that cannot be explained, or given an explanation that did not make sense?

If you notice a culmination of any of the above warning signs, talk with your young person about their relationship. Try to stay supportive and non-judgmental as assumptions can backfire on you. Young people in abusive relationships need support.

Contact a domestic violence agency or call 1-800-799-SAFE for advice on a situation.

Youth with Past Trauma

Youth that have experienced neglect, violence, and particularly sexual abuse, may need help from adults in recognizing unhealthy relationships as they may have normalized abusive behavior given their past experiences.

The Facts About Youth Dating Violence

Youth dating violence is when someone:

- Hits, punches, slaps, or kicks their partner.
- Forces or pressures their partner to have sex.
- Teases, controls, or intimidates their partner.
- Isolates their partner from friends and family.
- Stops their partner from doing normal activities.

Violence can impact all youth, regardless of gender or sexuality.

"I ask myself why it took so long for me to realize I was in an abusive relationship. It's because I did not have a close relationship with my parents and there was no open dialogue so I kept all my problems to myself."
–Ivy, CA

There are ways to prevent youth dating violence. Here are some things that help:

- ☐ Talk to your youth about their friends and relationships.
- ☐ Listen to your youth and be open to their experiences.
- ☐ Support your youth in pursuing their interests.
- ☐ Help your youth get involved in school and other programs like clubs, sports, and activism.
- ☐ Encourage your youth to join religious, spiritual, or community groups.
- ☐ Assist your youth with volunteering in your community.

According to a 2017 survey by the Centers for Disease Control, 8% of high school students experienced physical violence by someone they were dating and nearly 10% of students experienced sexual violence, including non-consensual sex, during the past year.

Resources

- **Love is Respect -** loveisrespect.org
- **Break the Cycle -** "A Parents Guide to Teen Dating Violence." breakthecycle.org

ADOLESCENT HEALTH WORKING GROUP

Let's Talk About Sex

Many parents hesitate when they are faced with talking to their children about sex.

Many adults never received comprehensive sex education in school or from their own family, and this can make it difficult to talk about sex with your child. This resource is meant to provide tools to make conversations about sex feel more possible and less intimidating.

Many youth prefer to talk to their parents rather than healthcare providers about sex. It can feel awkward, but you can help your child make healthy choices.

Two common places that youth learn about sex are from their peers and online. These sources are not always accurate, and they often do not include conversations about values (i.e. consent, respect, mutual pleasure, race/ethnicity, etc.). Think about what you want them to know.

> *"I wonder if I would have held off on having sex at an early age if my family had spoken to me up front about sex and given me real advice rather than just threatening me or giving me ultimatums if they found out I was having sex."*
> *–Maria, CA*

Why should you talk to your child about sex?

- Youth ages 12 to 19 say their parents have the most influence on their decisions about sex.[1]
- Youth whose parents talk to them about condoms are more likely to use them.[2]
- Youth who have talks with their parents about sex are more likely to have talks with their partners about sex.[3]
- Youth whose parents talk to them about their sexual orientation have lower risk for STIs, including HIV.[4]

It's not just what you say, but how you say it. Healthy communication means:

- Openness to all topics and ideas.
- Each party talks AND listens.
- Being warm and caring.
- Trying not to fight.

Some questions to consider:

What do you wish you were taught about sex and sexuality when you were younger?

What are your values and beliefs about sex?

Are there other adults in your life that you would feel comfortable talking to your child about sex?

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Let's Talk About Sex

Tips for talking with your child about sex:

- ☐ **Talk often.** "The talk" isn't one single moment. Having frequent conversations can create comfort and allow your child to approach you if they have any questions down the line.
- ☐ **Determine the right time and place.** When is your child more open to talking? For instance, some youth are more comfortable having uncomfortable conversations in the car, where there's no direct eye contact.
- ☐ **Use outside events or media as a way to bring up conversations.** Examples:
  - When you see a sex scene in a movie, or when you see a sexualized commercial.
  - When you see ads for period supplies, birth control, condoms, etc.
  - When someone you both know gets pregnant.
- ☐ **Work to create comfort and openness.** Do your best to avoid judgment of what your child shares with you (even if it makes you uncomfortable). As soon as your child senses disapproval, they will likely stop sharing. Sometimes you need to "fake it till you make it" by acting comfortable and accepting even when you're not quite there.
- ☐ **Check your own assumptions.**
  - Don't assume your child's sexuality or gender. You can use gender neutral pronouns when referring to sexual partners.
  - Your child may or may not have already had sex.
  - Trauma can remain hidden. Be open to how your youth talks about sexual abuse or violence.
- ☐ **Ask clarifying questions. But don't overwhelm them with questions.** This is a chance to understand what exactly they are asking or saying. This provides an opportunity to discover where they are getting their information about sex. You can say: "That's a great question. What made you think of that?"
- ☐ **Don't overshare.** Don't answer more than they're asking. This is one way to make sure that the information you are sharing is developmentally appropriate.
- ☐ **Try not to talk down to them.** This can dissuade future conversations. Sensitive information may come up. Try to keep this experience positive and avoid punishing your child.
- ☐ **You don't have to have all the answers.** Do some research through trusted sex education resources. This way, you can also teach them where to look for accurate information.

Resources

- **CDC Center for Disease Control and Prevention -** "Talking with Your Teens about Sex: Going Beyong 'the Talk'." cdc.gov
- **Scarleteen Confidential -** "The Big Five." scarleteen.com
- **Planned Parenthood -** plannedparenthood.org

References

1 (2016). "Survey Says: Parent Power." Power to Decide. powertodecide.org
2 Widman, L., et al. (2016). "Parent-Adolescent Sexual Communication and Adolescent Safer Sex Behavior: A Meta-Analysis." JAMA Pediatrics.
3 Schonfeld Hicks, M., et al. (2013). "Teens Talking with Their Partners about Sex: The Role of Parent Communication." American Journal of Sexuality Education.
4 (2019). CDC Fact Sheet: "Parents' Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know." Centers for Disease Control and Prevention. cdc.gov

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Digital Communication Safety and Considerations

Social media use is increasingly popular with youth and adults, and your youth may engage in sexual behavior online. As technologies evolve, parents and caregivers will need to stay up to date with how it's used and precautions to take to ensure that youth use it safely and respectfully for others. This resource informs parents/caregivers and offers helpful advice for conversations with youth.

Understanding Technology

By now, your young person is likely experienced in sending emails, text messages, engaging on social networking websites, and using social media apps. Youth may also be engaging with one another in online chatrooms.

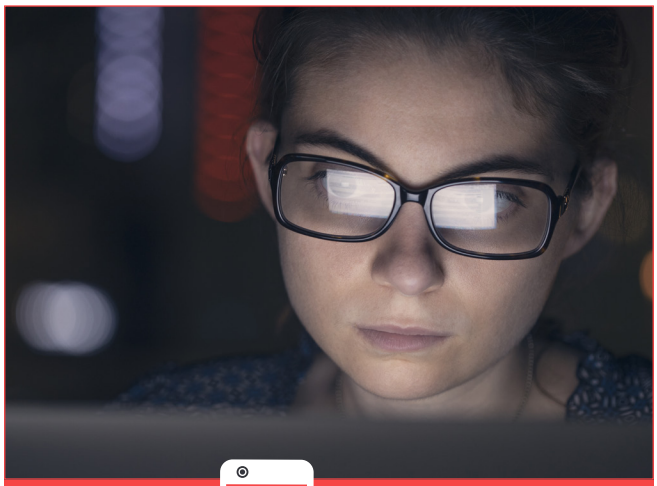
Sexual and Romantic Uses

Social media websites and phone apps are increasingly becoming the main source of connecting with and finding dates with peers. Some apps have built a reputation for more platonic relationships while others are notorious for hook-ups. Understanding how tech can be used for sex and relationships is important to understanding and managing what your child is exposed to.

Safety Issues to Address

Your child may believe that their privacy is protected, but there are common methods for others to save your child's messages, photos, and videos. Talk to your youth about privacy risks.

- Email and all attachments can be widely forwarded to others.
- To prevent forwarding DMs, your youth can set chats "off the record," so no record of the conversation will be saved.
- Remind your child to keep their identity private when choosing a screen name.
- Your child can control what profile information is public. Talk to your child about changing the privacy settings to limit viewers of their profile. Remind your youth not to post phone numbers or home addresses publicly.



Sexting

'Sexting' is sending sexual photos or messages over social media. Parents should explicitly address sexting, as youth may not understand the consequences.

- Information online never really goes away, even if it is deleted.
- Others can easily take a screenshot or make recordings without your permission and share photos and videos of you without your knowledge.
- Share real stories with your child about content shared without consent. Your child may already have actual examples from peers, so make these teachable moments.
- It can be a crime to store or share sexual photos of someone under 18, even if you are also under 18.

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Digital Communication Safety and Considerations

Social Media Safety and Screen Time Management

Social media use by youth can have both positive and negative impacts on their lives. It's important to understand how your teen may be using social media to help provide guidance.

Checklist for Parents and Caregivers

1 Setting Expectations with Adolescents

- ☐ Before purchasing a new device for your youth, help set expectations for using social media and the internet. It can be helpful to create a "contract" for parents/caregivers and youth to clarify expectations and the consequences of inappropriate use.
- ☐ Set boundaries and determine times that your family interacts without smartphones, such as dinner time or movie night.
- ☐ Think about creating a shared charging station for devices outside of your child's bedroom to dissuade late night phone use that may interfere with getting a good night's sleep.

2 Communication with Your Youth

- ☐ Just as you may ask your child about their day-to-day life, ask about what they're noticing on social media with different friends. You may discover moments to offer guidance on social media use and address issues like cyberbullying and sexting.
- ☐ It can be helpful to follow your youth's social media presence by "friending" or "following" them. Respect that as your youth gets older, they may want and require some privacy, which is completely normal and healthy and can be an exercise in building trust.

continued on next page

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Digital Communication Safety and Considerations

Checklist for Parents and Caregivers (continued)

3 Privacy Settings

- ☐ Work with your youth to set privacy settings on social networking sites and apps. Your child may only want to allow close friends and family members to view posts or share photographs with them. New security features are frequently rolled out as the world adapts to evolving safety concerns and this may be something you and your child learn about together.
- ☐ Remind youth to not "friend" or "follow" strangers online. This can also help prevent spam!
- ☐ Discuss when and how to use the "block" feature on various sites and platforms to prevent unwanted contact or harassment.
- ☐ Consider different apps and software to help set curfew times, time limits, and filter web content.

4 Respect

- ☐ Remind youth that it's important to be respectful of others online, just as they would in person. One common question you could use is "What would Grandma/Grandpa say?" to help remind youth what adults in their life might think of a certain post or comment made on social media.

5 Online Reputation

- ☐ It can be hard for youth to think about the future and how their actions might impact their plans. It's important to talk with your youth about how their online presence can be viewed by others, such as future employers or colleges. Encourage them to think about creating a positive online image.
- ☐ Set a good example by being aware of your own social media presence and use.

Resources

- **National Sexual Violence Resource Center -** "I Ask for Digital Consent." nsvrc.org
- **Internet Matters -** "Teens 14+ Online Safety Advice." internetmatters.org
- **Safe Search Kids -** "Parent Guide to Protecting Teens on Social Media." safesearchkids.com
- **KidsHealth -** "Teaching Kids to Be Smart About Social Media." kidshealth.org

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What Parents Should Know About the HPV Vaccine

What is HPV and What are the Effects on Health?

Human Papillomavirus (HPV) is a virus passed through sexual contact. There are about 40 types of HPV that can infect the genital area. Many sexually active adults get HPV at some point and never know it because it can have no symptoms. HPV is the leading cause of cervical cancer and can cause genital warts.

There are now vaccines that protect against many types of HPV. The vaccine is a series of two or three shots, depending on what age it's started.

- The HPV vaccine is safe for most people between the ages 9 to 26. The HPV vaccine is "recommended" for all young people starting at age 11 or 12.[1]
- It is best to get vaccinated before becoming sexually active. This vaccine works best in people who have not been exposed to HPV. But even if your youth has started having sex, it's still worth getting them vaccinated.
- The vaccine works against certain types of HPV. It is nearly 100% effective in people who have not been infected with any of those types of HPV. It works by preventing precancers of the cervix, vulva, vagina, penis, anus, and throat. It also prevents genital warts.[2]
- The vaccine is a series of two or three shots over a 6-month period. It is very important that young people receive all recommended shots in the series. Early research shows that fewer doses provide some, but not complete protection against the virus.
- The vaccine causes no serious side effects. The most common side effect is soreness in the arm, where the shot is given.
- **The HPV vaccine is covered by most insurance. For families without insurance, vaccines are usually available for free through local health departments.**

Quick Fact

HPV can infect areas not covered by a condom – so condoms may not fully protect against getting HPV[3].

Resources

- **CDC Center for Disease Control and Prevention -** "HPV Vaccine (Shot) for Preteens and Teens." cdc.gov
- **Healthy Children -** "Why Does my Son Need the HPV Vaccine?" healthychildren.org
- **CDC Center for Disease Control and Prevention -** "Reasons to Get Vaccinated Against HPV." cdc.gov

References

1 (2021). "Child & Adolescent Immunization Schedule." Center for Disease Control and Prevention. cdc.gov
2 (2021). "Human Papilomavirus (HPV)." Center for Disease Control and Prevention. cdc.gov

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Supporting a Pregnant or Parenting Youth

Finding out that your child is pregnant (or made someone pregnant) can cause you to feel a wide range of emotions. It is normal to feel angry, disappointed, and overwhelmed. While this is a journey you're on with your child, try to remember that these initial moments should prioritize their needs." If your teen is pregnant, the following tips are meant to help you and your family through what lies ahead.

- **Focus on what's important.** Remember that your child needs you to be there for them. Being able to effectively communicate—especially when emotions are running high—is essential to the health of your teen. Try to put your child's needs at the forefront and respect the decisions that they make.
  - "I know that telling me about your pregnancy was a really scary/hard decision and I want to say 'thank you' for trusting me."
  - "You might think I'm mad at you, but right now I want us to focus on next steps for you. I'm here for you."
- **Explore the available resources.** You and your child may have different values and opinions about options, such as abortion, adoption, and teen parenting. Create space for hearing your child's thoughts when discussing options. Once decisions are made, help your child find community resources to further support them.
- **Support your child's health.** If your child decides to become a parent, stay involved with the medical treatment. The earlier your teen gets prenatal care, the better their chances are for a healthy pregnancy.
- **Encourage your child to stay in school.** If your child decides to parent the baby, help them stay in school so they can create a better life for themself and the baby. Go to the school and assist your child if there are school-related issues. Explore school and community programs that offer special services to teen parents, such as childcare, rides, and tutoring.
- **Continue to model support for your child.** Support your child in taking responsibility for their actions, both financially and emotionally. Help financially if you are able to. Encourage your child to find a part-time job and be as financially responsible for their child as much as possible. This is sometimes very difficult for a full-time student and parent.
  - "I can afford to add an extra $50 per month to our budget. Let's come up with a plan for you to cover the rest of the costs."
  - "If you can find a job after school on Tuesdays and Thursdays, I can watch the baby while you work."

Gender Diverse Youth

There is some evidence that gender diverse teens experience pregnancy at the same rates as their cisgender peers.[1] Keep in mind that if your child is transgender or nonbinary, their involvement in a pregnancy may trigger gender dysphoria, so they may need support around these issues as well.

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Supporting a Pregnant or Parenting Youth

- **Advocate for both parents of an incoming baby.** Whether your child is the pregnant or the one who impregnated, encourage both parties involved in the pregnancy to participate in the pregnancy and in raising the newborn, including attending appointments together and learning together (or on their own) about pregnancy and parenting. Also encourage both parties to understand their legal rights and responsibilities around parenting.
- **Set boundaries and clear expectations.** When the baby is born, work with your child to determine what role you can support in and what you cannot do. This may be especially difficult if they live with you, but it is important to support your child in parenting the newborn.
  - "Looking ahead, let's decide what you can do to find help on the weekends since I'm not available."
  - "The only shopping I can do this week is tomorrow, so if there's anything you need for the baby let me know tonight."
- **Talk with your other children about body changes and sex earlier rather than later.** Communicate about sexuality, pregnancy, and STIs. Siblings of teenage parents are more likely to become pregnant at a younger age.[2]
- **Identify your own support system.** Find someone not directly involved in the situation that you can talk to. This is a difficult circumstance, and you will be a better parent and grandparent if you have your own support system for handling the issues involved.

"I was so scared to tell my parents because I knew they wouldn't understand. I wasn't ready but I also didn't know what to do next so I decided to tell them. They both cried but they were also there for me."

Resource

- **Planned Parenthood -** "Parenting Options, Planned Pregnancy." plannedparenthood.org

References

1 Veale, J. (2016). "Prevalence of pregnancy involvement among Canadian transgender youth and its relation to mental health, sexual health, and gender identity." International Journal of Transgenderism.
2 East, P., et al. (2014). "The Younger Siblings of Teenage Mothers: A Follow-Up of Their Pregnancy Risk." Developmental Psychology.

Adolescent Health Working Group:

Sexual and Reproductive Health Toolkit for Adolescent Providers

Resources for Clinicians

ahwg.org

 Last updated November 2021

ADOLESCENT HEALTH WORKING GROUP

Online Resources

Our list of online resources include trusted partners and are vetted by our network. Use the following resources to learn more about how to better support your communities. Our online resources include referrals and hotlines for youth and caregivers. Please contact info@ahwg.org if you have any questions or have a recommendation for a new resource.

1. General Sexual Health
2. Family Planning & Pregnancy Prevention
3. STI/HIV Information
4. Sexual Pleasure and Function
5. Healthy Relationships
6. Intimate Partner Violence & Sexual Assault
7. Supporting Youth of Color
8. Supporting LGBTQ+ Youth
9. Supporting Youth with Disabilities
10. Sexual Health Policy and Advocacy
11. Hotlines

Online Resources

1 General Sexual Health

- **Physicians for Reproductive Choice and Health (PRCH)** www.prch.org
  Information for providers on sexual healthcare, including best practices, training materials, and policy information.
- **Planned Parenthood** www.plannedparenthood.org
  Sexual and reproductive health resources and services for teens, parents, and educators.
- **Young Women's Health** www.youngwomenshealth.org
  Resources for youth and parents on female sexual and general health issues.
- **Young Men's Health** www.youngmenshealthsite.org
  Resources for youth and parents on male sexual and general health issues.
- **Kaiser Family Foundation (KFF)** www.kff.org
  General and reproductive health information and policy analysis.

Being Trauma-Informed

- **Cardea Services** www.cardeaservices.org
  Provides a toolkit for providers outlining a trauma-informed approach to sex education.
- **Essential Access Health** www.essentialaccess.org
  A nationally recognized resource for best practices in the delivery of quality family planning and sexual and reproductive healthcare.

Sex-Positive Families

- **Sex Positive Families** www.sexpositivefamilies.com
  An organization that provides resources and education for parents and families on raising sexually healthy children.

Reproductive Justice

- **Forward Together** www.forwardtogether.org
  Provides a Reproductive Justice 101 Timeline of programs and policies in the U.S. relating to reproductive justice.
- **NARAL Pro-Choice Missouri** www.prochoicemissouri.org
  Missouri-based organization dedicated to advocating and protective reproductive rights, justice and healthcare. Includes a blog which discusses racial inequalities in reproductive justice and provides information and resources relating to the Women of Color Reproductive Justice movement.
- **Sister Song** www.sistersong.net
  A nationally recognized organization dedicated to improving policies that affect the reproductive health of marginalized women. Has a reproductive justice information page outlining the history of inequality and addresses the continued fight for reproductive rights within marginalized communities.

Online Resources

2 Family Planning & Pregnancy Prevention

- **Bedsider** www.bedsider.org
  Comprehensive information about contraceptive options with an interactive tool to help individuals make decisions about what options are right for them.
- **All-Options** www.all-options.org
  Information for youth and adults making decisions about pregnancy, parenting, abortion, and adoption.
- **National Abortion Federation** www.prochoice.org
  Nationwide organization which supports abortion providers in delivering patient-centered care. Provides tools and resources to patients seeking abortion.
- **Exhale** www.exhaleprovoice.org
  Non-judgmental post-abortion counseling through a nationwide, multilingual talk and text line.
- **Planned Parenthood** www.plannedparenthood.org
  Information and resources on contraception and pregnancy options.

3 STI/HIV Information

- **Center for Disease Control (CDC)** www.cdc.gov/std
  Contains resources for providers and youth on a wide range of STI screening and treatment topics.
- **Iwannaknow.org** www.iwannaknow.org
  Provides information to youth, parents and providers about sexual health, relationships, and STIs.
- **American College of Obstetricians and Gynecologists (ACOG)** www.acog.org
  Provides screening recommendations and educational resources on sexual health for women and adolescent girls.
- **American Society for Colposcopy and Cervical Pathology (ASCCP)** www.asccp.org
  Provides educational resources and materials on HPV and cervical cancer screenings for women and girls.
- **U.S. Preventive Services Task Force (USPSTF)** www.uspreventiveservicestaskforce.org
  Website for a government-appointed panel that provides recommendations on testing and screenings. Their recommendations cover adolescent sexual health.
- **The Body** www.thebody.com
  Contains online resources for HIV/AIDS.

Online Resources

4 Sexual Pleasure And Function

- **Sexuality and U: What Is Sex?** www.sexandu.ca
  Section of the Canadian Society of Obstetricians and Gynaecologists providing sexual education resources for youth. This page outlines different aspects of sexuality and sexual function.
- **Good Vibes** www.goodvibes.com
  Sex toy distributor that offers educational information about sex toys and lubricant ranging from cleaning recommendations to how toys can best be used for pleasure.

5 Healthy Relationships

- **Scarleteen** www.scarleteen.com
  For youth: Provides information about sexual health and relationships based on requests from youth.
- **Sex, Etc.** www.sexetc.org
  Resources created by adolescents providing informal information about sexual health online. They also have a large glossary of many different sex terms.
- **Sexuality Information and Education Council of the United States (SIECUS)** www.siecus.org
  For providers and youth: Provides resources for providers and youth on adolescent sexuality, STIs, and reproductive health. They focus on sexual and reproductive health research and policy analysis.
- **CDC, Violence Prevention** www.cdc.gov/violenceprevention
  For provider, parents, and youth: Section on intimate partner violence containing fact sheets and an article on aspects of a healthy relationship and identifying when intimate partner violence is taking place.
- **Love is Respect** www.loveisrespect.org
  Contains interactive quizzes, blog posts, and other resources on dating and violence.

6 Intimate Partner Violence & Sexual Abuse

- **CORA** www.corasupport.org
  Includes an adolescent-centered page providing informal resources on building a healthy relationship in the form of quizzes, illustrated videos, and forums that provide advice.
- **Love is Respect** www.loveisrespect.org
  Contains interactive quizzes, blog posts and other resources on dating and violence.
- **Break the Cycle** www.breakthecycle.org
  Provides domestic violence and dating violence facts as well as information on the warning signs of abuse. Includes tips on building healthy relationships.
- **Rape Abuse and Incest National Network** www.rainn.org
  Provides information about sexual assault and abuse. Find information here on domestic violence, abuse, prevention, how to seek counseling, legal rights, and state and local sexual assault organizations.

Online Resources

7 Supporting Youth of Color

- **My Sistah Taught Me That** www.mysistahtaughtmethat.org
  This site is created by and is for young women of color and focuses on supporting girls growing up in single parent homes.

8 Supporting LGBTQ+ Youth

- **Gay, Lesbian and Straight Education Network** www.glsen.org
  Provides news, resources, and links aimed at promoting school and community safety and respect for youth regardless of sexual orientation or gender identity.
- **Out Proud and Healthy** www.outproudandhealthy.org
  Missouri-based organization dedicated to promoting healthier and safer quality of life for LGBTQ+ people. Offers tons of online resources for queer youth, including support groups, online brochures, literature, magazines, and more.
- **Out Youth** www.outyouth.org
  Provides virtual programs and services for LGBTQ+ youth and includes a directory of other LGBTQ+ resources in the Austin, Texas area.
- **The Trevor Project** www.thetrevorproject.org
  Provides crisis intervention services and other mental health resources for LGBTQ+ youth.
- **Gender Spectrum** www.genderspectrum.org
  Resource hub and online service provider for caregivers and youth navigating the gender spectrum.
- **Colage** www.colage.org
  Provides resources to empower and connect youth who have LGBTQ+ caregivers.
- **GSA Network** www.gsanetwork.org
  Provides training and supports organization of youth-led GSA clubs with an overall goal of enacting social change and providing safe spaces for LGBTQ+ youth in schools and communities.
- **Q Chat Space** www.qchatspace.org
  Online community for LGBTQ+ teens to talk, connect and support each other. Live chats are facilitated and monitored by staff.
- **Healthy Children** www.healthychildren.org
  LGBTQ+ centered informational article on sexual health, mental health, substance use, and discrimination.
- **My Sistah's House** www.mshmemphis.org
  Trans-led organization providing a physical and online resource hub dedicated to creating safe spaces for the trans community. They provide emergency housing, help raise funds, and help people meet their physical and mental healthcare needs.

Online Resources

9 Supporting Youth With Disabilities

- **National Dissemination Center for Children with Disabilities** www.nichcy.org
  A site maintained by the National Information Center for Children and Youth with Disabilities to help disabled youth learn from and connect with each other.
- **The Adolescent Health Transition Project** depts.washington.edu/healthtr/
  Provides information and resources to help adolescents with special healthcare needs, chronic illness, physical and developmental disabilities become informed participants in their healthcare.
- **Respectability** www.respectability.org
  Provides a sexual education resource page with sexual education information for adolescents with developmental and intellectual disabilities, followed by a series of resources related to general sexuality, hygiene, puberty, etc.

10 Sexual Health Policy & Advocacy

- **Advocates for Youth** www.advocatesforyouth.org
  Advocates for youth sexual and reproductive health rights. They have a sexual education center for parents and tip sheets for providers in English and Spanish.
- **Pro-Choice Public Education Project (PEP)** www.protectchoice.org
  Advocates for reproductive rights with an emphasis on marginalized communities. Offers information on HIV- positive youth, in the form of an informal question and answer section on HIV and AIDS.
- **Guttmacher Institute** www.guttmacher.org
  Provides resources on adolescent sexual and reproductive health. They focus on sexual and reproductive health research, policy analysis, and public education. They provide fact sheets in English, Spanish and French and information on healthcare policies in each state.
- **Power to Decide** www.powertodecide.org
  Website with pro-choice and reproductive health information and tools for locating abortion clinics and other reproductive health services.
- **Teen Health Rights** www.teenhealthrights.org
  Provides legal information regarding sex, pregnancy, and reproductive health for teens. Provides FAQs and information on adolescent reproductive rights.
- **SIECUS** wwww.siecus.org
  Provides fact sheets and policy briefs regarding reproductive health and sexual education for youth.

Online Resources

11 Hotlines

- **Planned Parenthood** www.plannedparenthood.org
  1-800-230-PLAN
  Planned Parenthood Clinic locator.
- **Gay, Lesbian, Bisexual, Transgender (GLBT) National Youth Talkline, GLBT National Help Center** (website)
  1-800-246-PRIDE
  Monday to Friday 5-9 PM (Pacific Time), English Confidential peer counseling on coming-out issues, relationships concerns, school problems, HIV/AIDS anxiety, and safer sex.
- **National Teen Dating Abuse Helpline (Love Is Respect)** www.loveisrespect.org
  1-866-331-9474 (TTY: 1-866-331-8453)
  TEXT: LOVEIS TO 1.866.331.9474 (website)
  24/7, English
  Free and confidential helpline and online chat room for teens (13 to 18 years old) who experience dating violence or abuse.
- **RAINN: Rape, Abuse & Incest National Network** www.rainn.org
  1-800- 656- HOPE
  24/7, English and other languages
  Connects callers to their nearest rape crisis center to speak with a counselor.
- **National AIDS Hotline (Greater Than)** www.greaterthan.org
  1-800-342-AIDS (Spanish: 1-800-344-SIDA)
  24/7, English; 8AM-2AM, Spanish
  HIV/AIDS hotline and other resources, referrals to local hotlines, testing centers, and counseling by state.
- **Trevor Project Hotline** www.thetrevorproject.org
  1-866-488-7386
  Toll-free confidential suicide prevention service for LGBTQ youth in crisis. Available 24hours a day/7 days a week.