



Opportunities to Provide Personal Responsibility Education Program Services to Youth Involved with Juvenile Justice

January 2020

The Family and Youth Services Bureau's Personal Responsibility Education Program (PREP) focuses on populations with the greatest need to reduce disparities in teen pregnancy and birth rates. Youth involved in the juvenile justice system are often those most in need of pregnancy prevention information and support; by age 19, more than half of females in the system have experienced a pregnancy, and an estimated 18% to 31% of male adolescents report they have fathered a child (Oman, Vesely, Green, Fluhr, & Williams, 2018). Many of these youth have experienced trauma and neglect, engaged in multiple risk behaviors, and have been involved with the child welfare system (Green, Oman, Lu, & Clements-Nolle, 2017). Their involvement in the juvenile justice system is often a consequence of repeated problem behaviors, delinquency, or crime. There are many opportunities to provide programs and activities to help these youth develop social, ethical, emotional, physical, and cognitive competencies that can build resilience and strengthen their knowledge, attitudes, and behaviors to prevent or reduce adolescent pregnancy and prevent further involvement in the juvenile justice system (Freudenberg & Heller, 2016; Zajac et al., 2015; Hunt et al., 2019). This tip sheet focuses specifically on understanding the juvenile justice system and experiences of youth in the system to highlight opportunities for PREP grantees to develop and sustain engaging interventions for these youth.

UNDERSTANDING THE JUVENILE JUSTICE SYSTEM

The [Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#) supports states, tribes, and communities to develop and implement effective and equitable juvenile justice systems that enhance public safety, ensure youth are held appropriately accountable to both crime victims and communities, and empower youth to live productive, law-abiding lives. The systems and procedures vary by state, and often by jurisdiction within a state, but understanding standard processes can help youth-serving organizations understand the opportunities available to support these youth.

When youth's actions escalate on the continuum of problem behavior from unruly conduct (violent outbursts and incorrigible behavior at home or school) to illegal actions (status offenses like skipping school or repeated minor infractions, misdemeanors like shoplifting or possession of alcohol, and felony crimes) they may become involved with the justice system. This typically begins with an arrest and referral to juvenile court.

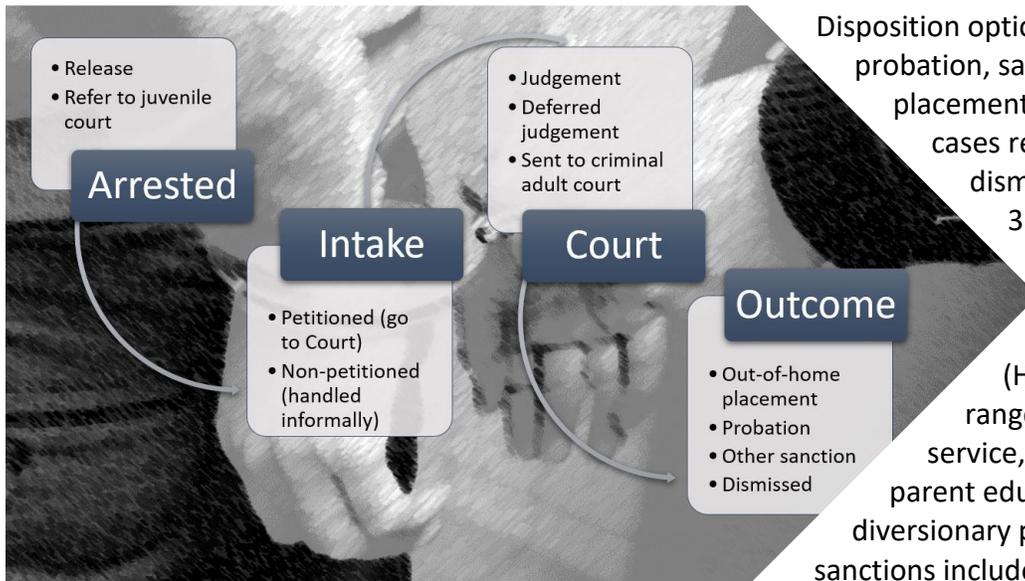


Figure 1. Typical juvenile justice case flow.

Disposition options include dismissed case, probation, sanctions, or out-of-home placement (Figure 1). In 2017, 33% of cases referred to juvenile court were dismissed. For the remaining cases, 35% resulted in probation and 24% resulted in sanctions. Only 9% of cases resulted in an out-of-home placement (Hockenberry, 2019). Sanctions range from fines, community service, referral to social services, parent education, and training in other diversionary programs. More intensive sanctions include family preservation programs; intensive supervision probation; drug, alcohol, or mental health treatment; home confinement; or electronic monitoring. There are a variety of out-of-home placement options for youth with varying levels of services and restrictions (e.g., locked or staff-secure facilities). Typical options may include detention centers, behavioral health or treatment centers, shelters, reception/diagnostic centers, group homes, boot camps, ranch/wilderness camps, and long-term secure facilities (Clark, 2014).

Addressing the needs of youth in the juvenile justice system can be complicated. Youth with the greatest need for services are often victims of multiple adverse childhood experiences and live within social conditions that undermine healthy development (Charak et al., 2019). These factors have a profound impact on the overall development of adolescents and young adults across their lifespan. When youth become involved in the juvenile justice system, the treatment and conditions within the system may worsen these

In 2017, 94% of juvenile arrests were for nonviolent crimes; 15% were for vandalism, disorderly conduct, and curfew violations (OJJDP, 2018a).

negative impacts on youth health.

Factors Negatively Affecting Youth and Their Families:

- Household income at or below poverty
- Crowded living conditions
- Long commute times for parents
- High housing costs
- Unemployment
- Lack of accessible or public transportation
- Lack of insurance or under-insurance
- Compromised educational attainment
- Language isolation
- Social isolation and loneliness
- Single-parent household
- Physical disability
- Exposure to high levels of pollution
- Limited access to parks and recreation
- Limited access to healthy foods

For example, youth of color are frequently treated differently within the juvenile justice system (Figure 2). These racial and ethnic differences begin with different arrest rates and continue through every phase of the judicial system. In 2017, non-Hispanic black youth represented 14% of the U.S. population (National Kids Count Data Center, 2019) but 35% of juvenile arrests (OJJDP, 2018a). These arrest rates cannot be explained by differences in behavior, as Youth Risk Behavior Survey data show that black and white youth have similar rates of delinquency involving offenses like engaging in fights, carrying weapons, stealing property, possessing and selling illicit substances, and committing status offenses like skipping school (Rovner, 2016). Once in the system, the racial differences continue with minority youth representing 68% of offenders sentenced to residential placement (43% black, 23% Hispanic, 2% multiple race, 2% American Indian, 1% Asian) and minority youth staying in the detention facility longer than

white youth (Hockenberry & Puzzanchera, 2019; OJJDP, 2018b). Despite efforts to reform policies and practices to increase racial and ethnic fairness among school resource officers, police officers, judges, prosecutors, defenders, and probation staff, youth of color are disproportionately represented in the justice system and often face more punitive treatment compared with their white counterparts (National Juvenile Justice Network, 2014).



Figure 2. National estimates of juvenile case processing (based on data from Sickmund, Sladky, & Kang, 2019).

HEALTH CONCERNS OF YOUTH IN THE JUVENILE JUSTICE SYSTEM

Youth involved in the juvenile justice system have special support needs for positive development and healthy sexual behaviors. These youth often do not have a dependable family or social support system. Like all young adults, they have a strong need for affection and belonging, but may have limited skills and resources to avoid risky sexual behavior and adolescent pregnancy (Oman, Vesely, Green, Fluhr, & Williams, 2018). These needs are exacerbated by negative social and behavioral experiences that further place youth at high risk of continued delinquency and involvement in the juvenile justice system:

- **Abuse, neglect, and family turmoil.** There is a strong connection between youth experiences of physical and sexual abuse, maltreatment, and delinquency (Ryan & Testa, 2005; Stewart, 2013; Zajac et al., 2015).
- **High rates of adolescent pregnancy.** Both male and female incarcerated youth have high rates of causing a pregnancy or becoming pregnant (Oman, Vesely, Green, Clements-Nolle, & Lu, 2018). Children born to adolescent mothers are more likely to have contact with both the child welfare system and the juvenile justice system (The National Campaign, 2012).
- **Involvement in child out-of-home care system.** It is estimated that over one-third of youth cross over systems, meaning youth are involved with both the juvenile justice and child welfare systems (Black et al., 2008; Bilchik & Nash, 2008).
- **Limited exposure to sex education.** Youth involved in the juvenile system have limited exposure to sex education because of inconsistent or sporadic school attendance (Combs et al., 2019).
- **Mental health needs.** Many youth with experience in the juvenile justice system have also experienced posttraumatic stress disorder and other mental health disorders like depression, disruptive behavior, anxiety, and mood disorders (Charak et al., 2019; Coccozza, Skowyra, & Shufelt, 2008; Sari & Phillips, 2004).
- **Multiple high-risk behaviors.** Youth associated with the juvenile justice system are often involved in a combination of risky behaviors, including gang membership and drug and alcohol use (Dembo, Belenko, Childs, Greenbaum, & Wareham, 2010; St. Lawrence et al., 2008).
- **Risky sexual behavior.** Youth involved in the juvenile justice system have high rates of early initiation of sex, multiple sexual partners, sex without a condom, sexually transmitted diseases (STDs), exposure to sexual abuse, and transactional sex (Oman, Vesely, Green, Clements-Nolle, & Lu, 2018; Gates et al., 2016; Joseph et al., 2015).

- **School difficulties and poor academic skills.** Because of inconsistent school attendance, it is common for youth involved with the juvenile justice system to have academic failure, disengagement from school, and school disciplinary problems (Combs et al., 2019; Sedlak & McPherson, 2010; St. Lawrence et al., 2008; Youth.gov, 2019).

OPPORTUNITIES FOR HEALTH EDUCATION TO SUPPORT YOUTH IN THE JUVENILE JUSTICE SYSTEM

Understanding the progressive phases of the juvenile justice system helps us identify different opportunities where sexual health interventions can be delivered to support youth (see **Figure 1**). With any potential partnership, it is critical to demonstrate how PREP interventions support the mission of the juvenile justice system and can help meet the diverse and complex needs of youth. **Table 1** describes potential opportunities for PREP interventions and collaboration. *Please note that all strategies listed below may not be feasible for PREP grantees; some may necessitate referrals based upon program requirements and funding limitations.*

Table 1: Opportunities for PREP Interventions		
Phase	Opportunity	Examples of Interventions/Strategies for Grantees
Youth screened by juvenile court	Youth entering the system typically get some level of health screening. Organizations can work with court officials to support detailed screening and refer for supportive follow-up services.	<ul style="list-style-type: none"> • Provide an in-depth health and social-behavioral history, including pregnancy tests for girls. • Redesign questions on intake forms to address sexual health needs and sexual abuse or violence specifically for boys and girls. • Provide privacy during exam or intake (especially to girls) to encourage disclosure of abuse or victimization. • Provide referrals for pregnancy tests, prenatal care, and birth control. • Support the use of electronic medical records for continuity of care. • Develop a follow-up communication plan with youth, jointly identified by youth or probation officer.
Youth in the community (diverted from court involvement)	Youth who remain in their communities without further court involvement can be connected to youth-serving programs and family- and community-building opportunities.	<ul style="list-style-type: none"> • Link all youth to clinics providing sexual health and other free or low-cost services (e.g., medical, dental, mental health support, and contraceptives). (HHS does not allow federal programs to make referrals for abortions or to facilities where abortion is a method of family planning.) • Provide one-on-one education through adult professionals (outreach worker) or youth peer educators as a resource for information if/when needed.
Youth on probation	Youth assigned to probation may be able to work with organizations to incorporate skills education as a component of probation.	<ul style="list-style-type: none"> • Develop relationships with probation officers to increase their knowledge and ability to refer youth to service organizations (e.g., health clinic, dental clinic, mental health counseling, academic/homework support, and out-of-home care/housing support). • Suggest referral to screening for substance use disorders. • Support probation officers in identifying resources and possibly assist in making appointments to address the holistic needs of the youth.

Table 1: Opportunities for PREP Interventions

Phase	Opportunity	Examples of Interventions/Strategies for Grantees
Youth given sanctions	Sanctions can include community-managed alternatives, such as those provided by PREP programs.	<ul style="list-style-type: none"> • Develop specific interventions geared for youth given court sanctions, when feasible and within the scope of programs to meet the needs of the courts. • Develop a communication system to provide updates on youth progress to courts, if court ordered and with necessary consent/authorization. • Support continued engagement with youth as they move through different phases of the juvenile justice system.
Youth placed in staff-secure facility	Youth sent to facilities that do not have locked doors may still be required to participate in prosocial programming.	<ul style="list-style-type: none"> • Provide gender-specific program content to address the unique needs of males or females. • Partner with other agencies who can provide psycho-education groups such as anger management, conflict resolution, or goal setting.
Youth placed in locked facility	Organizations have an opportunity to provide sexual health programs during incarceration.	<ul style="list-style-type: none"> • Partner with other agencies who can provide independent living training. • Develop court advocacy supports. • Partner with other agencies who provide group or individual substance abuse treatment.
Youth transitioning to independent living	Organizations can offer critical support to youth leaving a facility and transitioning to independent community living.	<ul style="list-style-type: none"> • Support re-entry planning to prevent a gap in medical care (e.g., help establish medical appointments, locate a convenient pharmacy, transfer prescriptions). • Become an integral part of re-entry planning to make connections and contacts with social and behavioral services before release from facility. • Provide programs that integrate PREP with self-care and that address developing support systems, creating coping mechanisms, and improving socioeconomic status. • Implement a mentoring program to create relationships with at least one supportive and caring adult to offer guidance and emotional support aimed at developing the competence and character of the youth. • Support a peer network that brings youth together within the framework of an educational support program. • Offer a Community Closet/Pantry program that provides basic needs like food, toiletries, clothing, laundromats, and phone cards for low or no cost. • Create access to a workstation or computer for job development, internships, or work training programs. • Offer vocational training or General Educational Development (GED) completion programs.

SUCCESSFUL INTERVENTIONS

A variety of interventions that focus on contexts and general developmental pathways that discourage pregnancy can make a difference for youth involved with the juvenile justice system. Effective programs address key risk factors (e.g., improving family functioning, decreasing association with deviant peers), are rehabilitative in nature, use behavioral interventions within the youth's natural environment, are well-specified, and include intensive support for intervention (Henggeler & Schoenwald, 2011). Developing or incorporating program elements for youth in the juvenile justice system may be an important approach to increase the reach

and impact of PREP interventions (**Figure 3**). The effectiveness of these types of programs will be strengthened by incorporating core principles that address the unique social and emotional needs of youth in the juvenile justice system, especially focusing on trauma-informed approaches to ultimately help youth feel emotionally safe and in control of some aspects of their lives. The Grantee Spotlight below provides an example of a program working with youth in a juvenile detention facility that has incorporated these guiding principles into their intervention.

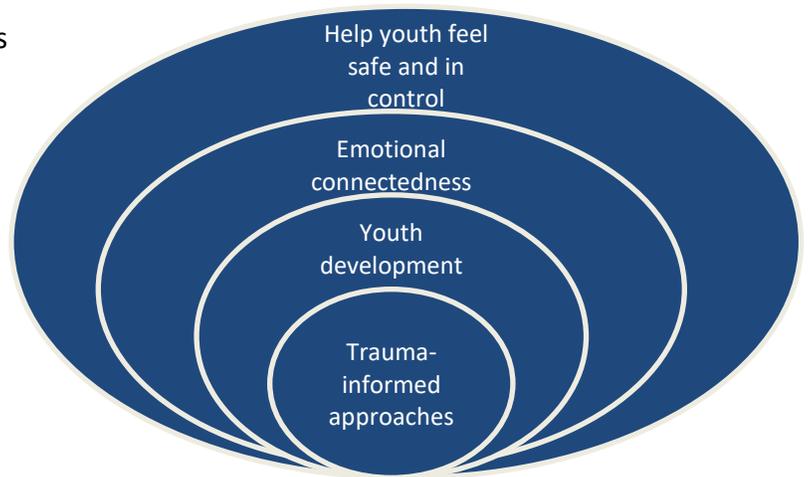


Figure 3. Guiding principles or theories of change that can support PREP interventions for youth in the juvenile justice system.

Grantee Spotlight

Healthy U, WestEd Justice & Prevention Research Center; the Oregon Youth Authority, Efficacy

*"If I had taken *Healthy U* when I was 14 years old, I wouldn't be an adolescent father today."*

Healthy U is a sexual health education program delivered through a software application for young men (ages 14–19) within 3 months of their release from Oregon Youth Authority secure facilities. The *Healthy U* application, developed by Efficacy, is self-directed and self-paced and viewed by youth on a tablet. Oregon Youth Authority staff help facilitate the intervention by handing out tablets and answering questions youth have about their *Healthy U* experience. The program strives to give young men the tools and confidence they need to prevent unplanned pregnancy and STDs when they return to their communities. Youth were involved in the original design and development of the application content to ensure it is engaging and respectful. The program includes modules addressing:

- puberty in boys and girls
- abstinence
- birth control
- pregnancy
- STDs
- HIV
- healthy relationships
- condom negotiation

Preliminary evaluation data from *Healthy U* showed young men were more:

- knowledgeable about preventing HIV and STDs (95%),
- likely to use a condom in the coming year (77%), and
- likely to abstain from sexual intercourse in the next year (11%).

For more information go to <https://www.healthycampus.org/> or <https://www.wested.org/project/evaluation-of-healthy-u-an-app-based-sexual-health-education-and-adolescent-pregnancy-prevention-curriculum-for-youthful-offenders/>

Healthy U is supported by a grant from the Office of the Assistant Secretary of Health (OASH). Funding was made possible under contract TP2AH000029-01-01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

ADDITIONAL RESOURCES

- Effective Intervention for Serious Juvenile Offenders: <https://www.ncjrs.gov/pdffiles1/ojdp/181201.pdf>
- Juvenile Justice System Structures and Processes: https://www.ojdp.gov/ojstatbb/structure_process/index.html
- Office of Juvenile Justice and Delinquency Prevention: Model Programs Guide: <https://www.ojdp.gov/MPG/Program>
- Preventing Adolescent Pregnancy Through Outreach and Engagement: Tips for Working With Foster Care and Juvenile Justice: <https://powertodecide.org/sites/default/files/resources/primary-download/tips-for-working-with-foster-care-and-juvenile-justice.pdf>
- Youth Involved with the Juvenile Justice System: <https://youth.gov/youth-topics/juvenile-justice/youth-involved-juvenile-justice-system>
- Youth Involved with Juvenile Justice and Child Welfare: <https://www.childwelfare.gov/topics/systemwide/youth/collaboration/dualsystem/>

REFERENCES AND RESOURCES

- Bilchik, S., & Nash, M. (2008). Child welfare and juvenile justice: Two sides of the same coin. *Juvenile and Family Justice Today*, Fall, 16–20. <https://cjr.georgetown.edu/wp-content/uploads/2014/12/Fall-08-NCJFCJ-Today-feature1.pdf>
- Black, T., Trocme, N., Fallon, B., & MacLaurin, B. (2008). The Canadian child welfare system response to exposure to domestic violence investigations. *Child Abuse & Neglect*, 32, 393–404.
- Charak, R., Ford, J. D., Modrowski, C. A., & Kerig, P. K. (2019). Polyvictimization, emotion dysregulation, symptoms of posttraumatic stress disorder, and behavioral health problems among justice-involved youth: A latent class analysis. *Journal of Abnormal Child Psychology*, 47(2), 287–298. <https://doi.org/10.1007/s10802-018-0431-9>
- Clark, P. (2014). Chapter 2: Types of facilities. In *Desktop guide to quality practice for working with youth in confinement*. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention. <https://info.nicic.gov/dtg/node/4>
- Cocozza, J. J., Skowrya, K. R., & Shufelt, J. L. (2008). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. A report by the supported by the National Center for mental Health and Juvenile Justice Policy Research Associates Inc., Delmar NY, for the Office of Juvenile Justice and Delinquency Prevention. <https://www.ncmhij.com/wp-content/uploads/2013/07/2007-Blueprint-for-Change-Full-Report.pdf>
- Combs, K. M., Aparicio, E. M., Prince, D. M., Grinnell-Davis, C., Marra, L., & Faulkner, M. (2019). Evidence-based sexual health programs for youth involved with juvenile justice and child welfare systems: Outcomes across settings. *Children and Youth Services Review*, 100, 64–69. <https://doi.org.libproxy.calbaptist.edu/10.1016/j.childyouth.2019.02.032>
- Dembo, R., Belenko, S., Childs, K., Greenbaum, P., & Wareham, J. (2010). Gender differences in drug use, sexually transmitted diseases, and risky sexual behavior among arrested youths. *Journal of Child Adolescence Substance Abuse*, 19(5), 424–446. <https://doi.org/10.1080/1067828X.2010.515886>
- Freudenberg, N., & Heller, D. (2016). A review of opportunities to improve the health of people involved in the criminal justice system in the United States. *Annual Review of Public Health*, 37(1), 313–333. <https://doi.org/10.1146/annurev-publhealth-032315-021420>
- Gates, M. L., Staples-Horne, M., Cartier, J., Best, C., Stone, R., Walker, V., Hastings, B., Yoo, W., Webb, N. C., & Braithwaite, R. L. (2016). A call to develop evidence-based interventions to reduce sexually transmitted

- infections in juvenile justice populations. *Journal of Health Care for the Poor and Underserved*, 27(2A), 34–44. <https://doi.org/10.1353/hpu.2016.0057>
- Green, J., Oman, R. F., Lu, M., & Clements-Nolle, K. D. (2017). Long-term improvements in knowledge and psychosocial factors of an adolescent pregnancy prevention intervention implemented in group homes. *Journal of Adolescent Health*, 60(6), 698–705. <https://doi.org/10.1016/j.jadohealth.2017.01.004>
- Henggeler, S., & Schoenwald, S. (2011). Evidence-based interventions for juvenile offenders and juvenile justice policies that support them. *Social Policy Report: Sharing Child and Youth Development Knowledge*, 25(1). <https://files.eric.ed.gov/fulltext/ED519241.pdf>
- Hockenberry, S. (2019). *Juvenile justice statistics: National report series fact sheet: Delinquency cases in juvenile court, 2017*. Laurel, MD: U.S. Department of Justice, Office of Justice Programs, OJJDP <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/253105.pdf>
- Hockenberry, S., & Puzancher, C. (2019). *Juvenile court statistics 2017*. Pittsburgh, PA: National Center for Juvenile Justice. <https://www.ojjdp.gov/ojstatbb/njcda/pdf/jcs2017.pdf>
- Hunt, A., Zaban, L., Cope-Barnes, D., Katz, A., & Ott, M. (2019). Real-world implementation: The use of data to inform teen pregnancy prevention program choice for juvenile justice youth. *Journal of Adolescent Health*, 64, S112. <https://doi.org/10.1016/j.jadohealth.2018.10.236>
- Joseph, C. L. M., Baxa, D., Kaljee, L., Brar, I., Scott, C., Dakki, H., Lubetsky, S. I., Ezell, J. M., Zhang, L., Schultz, L., & Markowitz, N. (2015). Communication patterns among juvenile detainees: A high-risk population for transmission of the human immunodeficiency virus (HIV) and other sexually transmitted diseases. *OJJDP Journal of Juvenile Justice*, 4(2), 27–34. <https://www.ncjrs.gov/pdffiles/249190.pdf>
- The National Campaign (2012). *Preventing teen pregnancy through outreach and engagement: Tips for working with foster care and juvenile justice*. Washington, DC: The Power to Decide. <https://powertodecide.org/what-we-do/information/resource-library/preventing-teen-pregnancy-through-outreach-and-engagement>
- National Juvenile Justice Network (2014). *Reducing racial and ethnic disparities in juvenile justice systems: promising practices*. <http://www.njjn.org/our-work/reducing-racial-and-ethnic-disparities-in-juvenile-justice-systems-promising-practices>
- National Kids Count Data Center (2019). *Child population by race in the United States*. <https://datacenter.kidscount.org/data/tables/103-child-population-by-race#detailed/2/2-52/false/871/68,69,67,12,70,66,71,72/423,424>
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) (2018a). *Statistical briefing book: Law enforcement & juvenile crime: Juvenile arrest*. <https://www.ojjdp.gov/ojstatbb/crime/qa05104.asp?qaDate=2017>
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) (2018b). *Juvenile justice statistics: National report series bulletin: Juveniles in residential placement, 2015*. Laurel, MD: U.S. Department of Justice, Office of Justice Programs, OJJDP. <https://www.ojjdp.gov/pubs/250951.pdf>
- Oman, R. F., Vesely, S. K., Green, J., Clements-Nolle, K., & Lu, M. (2018). Adolescent pregnancy prevention among youths living in group care homes: A cluster randomized controlled trial. *American Journal of Public Health*, 108(S1), S38–S44. <https://doi.org/10.2105/AJPH.2017.304126>
- Oman, R. F., Vesely, S. K., Green, J., Fluhr, J., & Williams, J. (2018). Sexual knowledge, attitudes, and behaviors of youth living in group homes. *Health Behavior and Policy Review*, 5(2), 74–87. <https://doi.org/10.14485/HBPR.5.2.8>
- Rovner, J. (2016). *Racial disparities in youth commitments and arrests*. Washington, DC: The Sentencing Project. <https://www.sentencingproject.org/publications/racial-disparities-in-youth-commitments-and-arrests/>
- Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review*, 27(3), 227–249.

<http://dx.doi.org/10.1016/j.chilyouth.2004.05.007>

- Sarri, R., & Phillips, A. (2004). Health and social services for pregnant and parenting high risk teens. *Children and Youth Services Review*, 26(6), 537–560.
- Sedlak, A. J., & McPherson, K. (2010). *Survey of youth in residential placement: Youth’s needs and services*. SYRP Report. Rockville, MD: Westat.
- Sickmund, M., Sladky, A., & Kang, W. (2019). *Easy access to juvenile court statistics: 1985–2017*. Pittsburgh, PA: National Center for Juvenile Justice <https://www.ojjdp.gov/ojstatbb/ezajcs/>
- St. Lawrence, J. S., Snodgrass, C. E., Robertson, A., & Baird-Thomas, C. (2008). Minimizing the risk of pregnancy, sexually transmitted diseases, and HIV among incarcerated adolescent girls: Identifying potential points of intervention. *Criminal Justice and Behavior*, 35(12), 1500–1514. [doi:10.1177/0093854808324669](https://doi.org/10.1177/0093854808324669)
- Stewart, M. (2013). *Cross-system collaboration*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. https://www.sierrahealth.org/assets/PYJI/NCTSN_JJ_Roundtable_Briefs.pdf
- Youth.gov. (2019). *Youth involved with the juvenile justice system*. https://youth.gov/youth-topics/juvenile-justice/youth-involved-juvenile-justice-system#_ftn15
- Zajac, K., Sheidow, A., Davis, M. (2015). Juvenile justice, mental health, and the transition to adulthood: A review of service system involvement and unmet needs in the US. *Child Youth Services Review*, 56, 139–148. <https://doi.org/10.1016/j.chilyouth.2015.07.014>

This tip sheet was developed by ETR Associates, a subcontractor to RTI International under contract #HHSP233201500039I/HHSP23337003T Task 4 with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau.

Suggested Citation: Laris, B. A. (2020). *Opportunities to provide adolescent pregnancy prevention services to youth involved with juvenile justice*. Washington, DC: Administration on Children, Youth and Families, Family and Youth Services Bureau.



ADMINISTRATION FOR
CHILDREN & FAMILIES