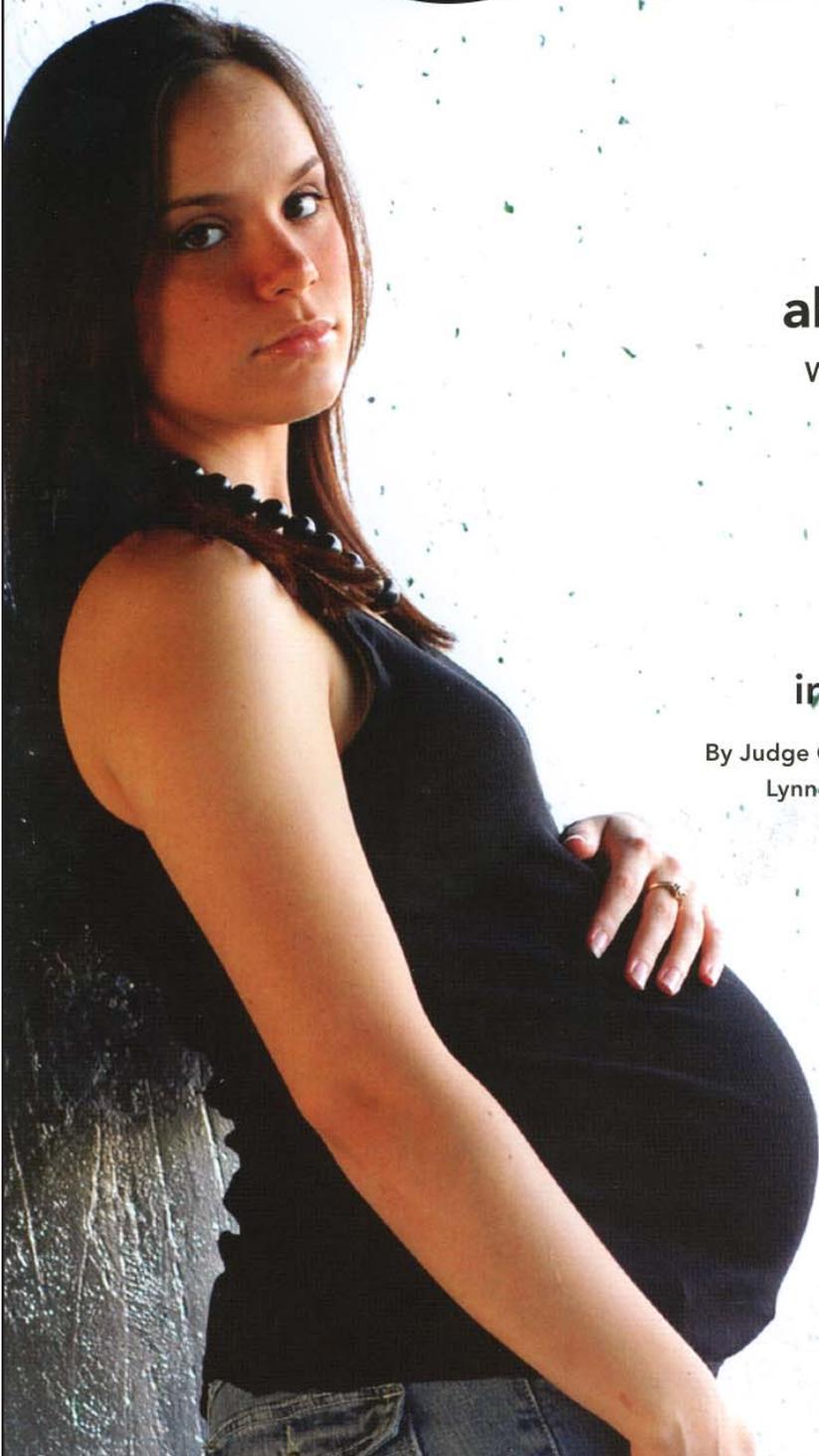


JUVENILE & FAMILY JUSTICE

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# TODAY



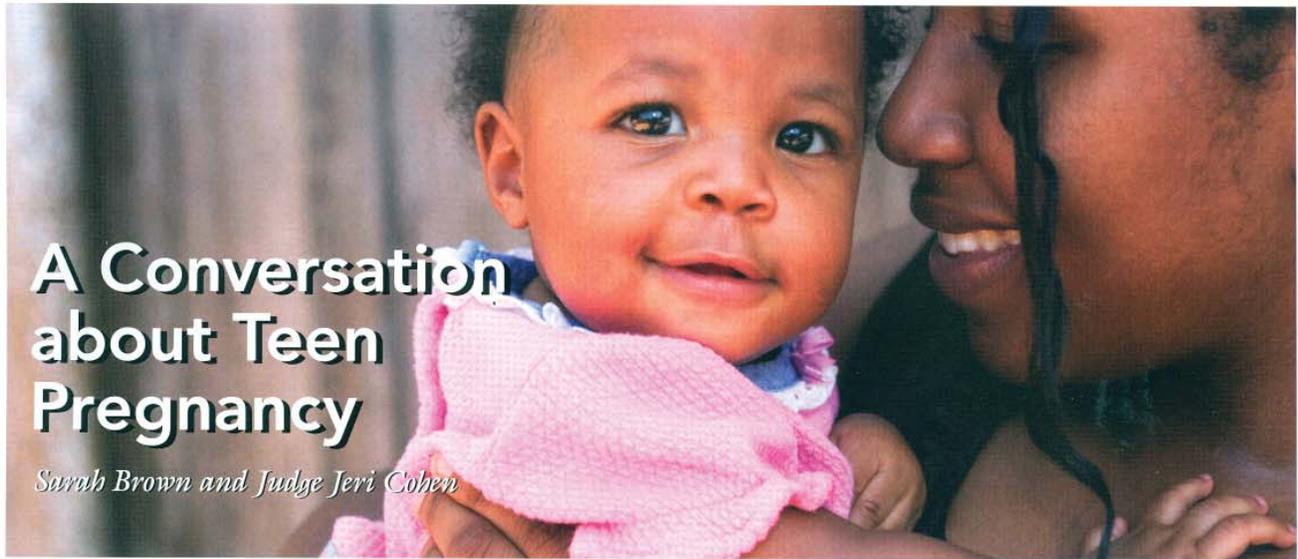
## **A Conversation about Teen Pregnancy**

With Sarah Brown and Judge Jeri Cohen

## **ALSO: An Imperative: Evidence-Based Practice in the Child Welfare System**

By Judge Cindy Lederman, Marielle Gómez-Kaifer, Ph.D.,  
Lynne E. Katz, Ed.D., Barbara Thomlison, Ph.D., and  
Candice L. Maze, J.D.

## **72nd Annual Conference Highlights**



# A Conversation about Teen Pregnancy

*Sarah Brown and Judge Jeri Cohen*

**O**n June 10, 2009, Judge Jeri Cohen, a Juvenile Dependency Court Judge in Miami, Fla., and Lead Judge of Miami-Dade’s Victims Act Model Court, and Sarah Brown, CEO of the National Campaign to Prevent Teen and Unplanned Pregnancy, came together to discuss issues related to teen and unplanned pregnancy and the juvenile justice system.

The wide-ranging discussion between these two leaders explored the prevalence of teen and unplanned pregnancy within the juvenile court, in particular the child dependency system, its implications for the future of these young people, and the role of judges in helping to address it. This article captures the highlights of their conversation and is one of several elements in a partnership that has been formed between the National Council of Juvenile and Family Court Judges and the National Campaign to Prevent Teen and Unplanned Pregnancy. This article also draws on conversations with several judges who are active members of NCJFCJ and a national survey of judges jointly conducted by the two organizations.

**Sarah Brown [SB]:** Judge Cohen, thank you for this opportunity to discuss some of the issues that we address at the National Campaign. Connecting to the judiciary and involving judges in the work of the Campaign has been one of our goals.

**Judge Jeri Cohen [JC]:** It is my pleasure, Sarah. I share your commitment to helping young people navigate their way to adulthood in the healthiest and most productive way possible. And I think I speak for many judges in saying that we would like to use our unique role as “conveners” to draw attention to the important issue of teen and unplanned pregnancy among teens and young adults in the child dependency system.

**SB:** Please characterize the composition of your courtroom on a typical day. Who are the young people and families who appear in your court?

**JC:** I preside in the dependency division of the juvenile court and in a cross-over division that consists of dependent youth who

have pending delinquency cases. These children are in court because their parents are unable to provide them with safe, nurturing environments. For many of the children—like



*Sarah Brown*



*Judge Jeri Cohen*

their parents—drugs, violence, and sexual, physical, and emotional abuse are the norm. Most of the adolescent girls have been passed from home to home and are presently living in foster care or with relatives. Not surprisingly, most of these adolescents have low self-esteem and minimal educational success. The mothers of a majority of these children were teen parents. It is not uncommon to see several mothers in their twenties accompany a child

**Editor’s Note:** Many thanks to Paula Parker-Sawyers, Director of Outreach and Partnerships, The National Campaign to Prevent Teen and Unplanned Pregnancy, and Shay Bilchik, Director, Center for Juvenile Justice Reform at Georgetown University, for their work in coordinating and editing this article.

to the courtroom with four to six siblings. Just last week, I had four 14-year-old pregnant foster girls in my courtroom; one was pregnant with her second child.

**SB:** What brings a 23- to 25-year-old mother into your courtroom? What does her pathway look like?

**JC:** A 23- to 25-year-old mother comes into my courtroom because she is unable to parent her children. Her support systems are limited and, in most cases, they have an addiction or mental health issue. Many of these women grew up in foster care and are involved with violent men.

The fathers of their children are either absent or incarcerated. Some of these young mothers age out of foster care and had their first pregnancy while in foster care. I see my job as working to break this trans-generational cycle of teen pregnancy, addiction, violence, and untreated mental health issues. We too often concentrate on services for the family, but never talk about how unplanned multiple pregnancies contribute to this cycle.

**SB:** The National Campaign focuses on teen pregnancy because we know it's just the beginning. We know, for example, that young teens who have kids are more likely to have additional children before turning 20.

**JC:** You are right, Sarah. Teen pregnancy starts a cycle. We know that by 19, 50% of the girls in foster care have been pregnant compared to only 20% in the general population. Too often, no one has ever told these girls that it's not acceptable to bring children into the world at this stage in their lives. Safe sex, yes. Pregnancy, no. Unfortunately, it has not been "politically correct" for caseworkers to address the issue and, as a result, they have been hesitant to have this important conversation with foster youth and with foster parents and relative caregivers.

**SB:** Why aren't girls being counseled about pregnancy planning and prevention from other sources?

**JC:** I think that there is a culture of fear in the child welfare community that prevents the discussion of sexual issues. There is an imposed morality, largely cultural, that ignores reality. Taking unrealistic positions predicated on subjective morality does a great disservice to the teenagers in our foster care system. Additionally, the girls are surrounded by other pregnant girls and teen mothers getting a lot of attention from the system, their peers, and their boyfriends. The message that it's not okay to bring a child into the

world without the resources and maturity to care for that child is simply not being communicated.

**SB:** We are learning to change the way we say all this. Instead of saying "no babies," it is more palatable to say "postpone." We are not going to tell people to not have kids, but teach them to postpone it.

**JC:** Of course. I don't say: "No babies," instead I say: "No babies now. You're not in a position to take care of babies at this stage of your life." For those girls who have no family support at all and

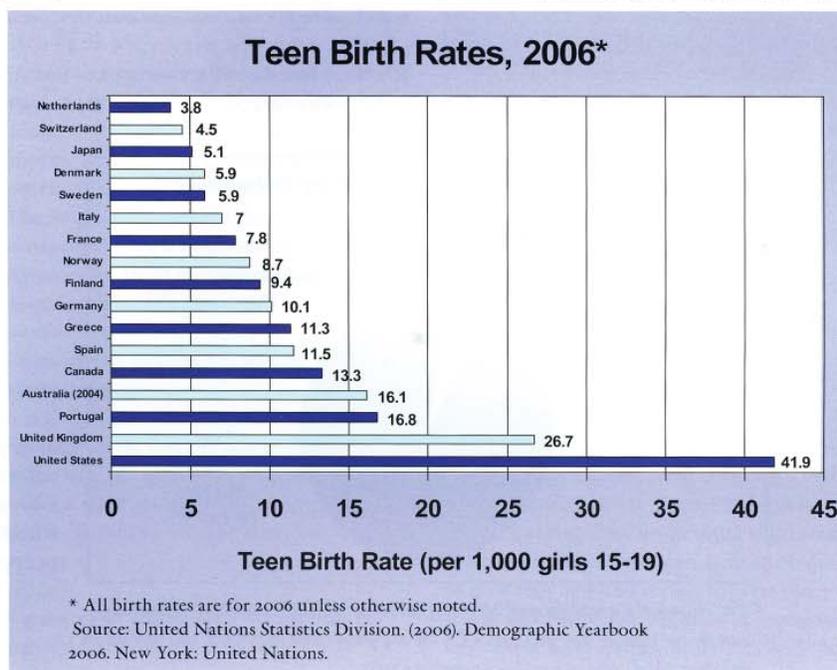
have a history of truancy, delinquencies, and running, I tell them that safety concerns will make it very unlikely that I will leave their babies with them if they do become pregnant, especially if they are very young. I then talk to them about birth control, the different methods of birth control, and endeavor to seek buy-in from them regarding taking birth control. I work with caseworkers to identify resistance to deferring pregnancy

and to make sure that girls are being taken to Planned Parenthood or their physicians for information on contraception.

**SB:** Let me ask about intention. Do you see more accidental or intentional pregnancies?

**JC:** Many young people don't have a lot of information about birth control, such as how to get it, how to use it properly, and the side effects ("Will it make me fat?"). They also don't know which services Medicaid covers, at least in terms of birth control and family planning. Certainly, no one wants to be infected and would welcome information on how to prevent STDs. So, while there are girls who get pregnant because they have no information and no access to contraception, there are also girls who refuse to use birth control even when provided with it. It's the classic story: they are looking for love, status, and comfort through pregnancy and having a baby. This is a systemic problem. Add the lack of access and information about sex and contraception, the lack of expectations these girls have for themselves and the total abdication of the system to address the problem, and we shouldn't be surprised that we end up with high rates of teen pregnancy.

We have begun to address this in Miami-Dade County. Our lead agency "Our Kids" and the court are working together to both prevent pregnancies and provide evidence-based parent training to those girls who do get pregnant and have their babies. The court



can play an important role here in monitoring the girl's compliance with using contraception after the first baby and working with foster care providers—parents and relatives—to provide interventions that focus on building self-esteem and efficacy. In my drug court, the drug court counselors work with the women on family planning, including tubal ligation, as part of their recovery process. The message is very clear from the court, the addiction specialist, and our caseworkers—if you get pregnant you will not be able to progress in your recovery and you will not be able to care for the children that you have. Taking control of one's body is part of the recovery process. Incredibly, rarely does a woman come into the court already engaged in family planning or actively seeking to prevent a future pregnancy. When the women leave the court, they have all become proactive in preventing unwanted pregnancies.

**SB:** So it's not so much about sex, but about taking care of yourself and getting in control of your life.

**SB:** I'd like to return to the issue of caseworkers. We had a meeting in Chicago where we talked to caseworkers and saw that they often have unresolved issues about teen childbearing. They are unsure if it is wise to talk to young people about it and don't know much about birth control.

**JC:** This is consistent with my experience, with the added dimension of caseworkers thinking that they cannot discuss birth control or family planning. To address this issue, we have developed Healthy Girls Coordinator positions (in Miami, Fla.). In each agency, there is one point person who is trained to talk with girls about sexuality, birth control, and the various options that girls have if they do become pregnant. This has really helped. These coordinators meet with the Director of our Teen Pregnancy initiative monthly to discuss a common approach to problems, as well as resources available in the community.

**SB:** We're working with a group in Baltimore that helps couples who are struggling in raising their children to create a healthier family environment. Part of this work involves having the caseworkers help the families to understand that for right now they should not be having any more children.

**JC:** These initiatives are long overdue. In the child welfare system, I think leadership about these issues should come from the court. The different players in the system should look to the judge to set the standards about what is acceptable in terms of engaging the youth and the families. If the judge can talk about sex, birth control, and family planning options, it filters down to the caseworkers and other individuals involved with the youth and their families. We should be able to say that it is unacceptable to have babies without the proper resources and support, while still talking about healthy sexuality. Although many will say this is not a

court function, I haven't seen many innovative initiatives work without some court intervention, especially when it comes to a taboo subject like sex. In dependency court, our job is to break the cycle and assist mothers and their children, including their teens, to live a safer and more fulfilling life, free of violence, addiction, untreated mental health issues and abject poverty. Family planning is a huge part of this calculus and we can't just ignore it. Why should sex be a taboo subject in court when we are talking about every other intimate and personal detail of these people's lives?

**SB:** Have you ever sat with your peers and discussed with them how best to get this message out? If so, what happens?

**JC:** Yes, I have been very outspoken and have encouraged judges to be more engaged around this topic. I know that the judges who

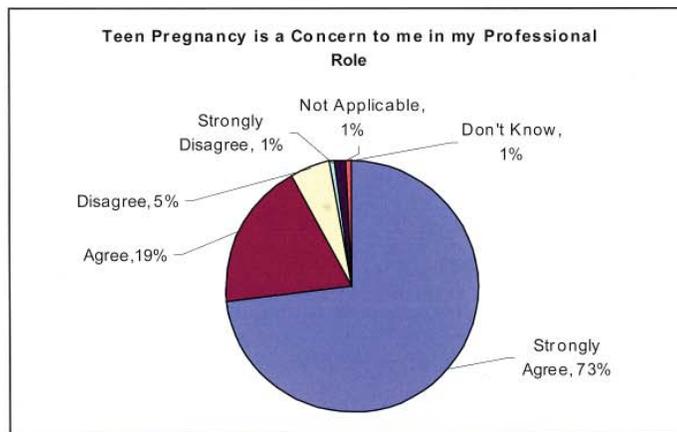
are involved in the Model Courts project with the National Council of Juvenile and Family Court Judges are very interested in court involvement in this area. I think that judges have to feel comfortable in these conversations and that is not always the case. For example, it is often more difficult for male judges to have these conversations, particularly with girls. Moreover, whether the judge is elected or appointed may influence a judge's willingness to take on this issue. In finding some balance on how a system of care can best approach this issue,

I would like to see most of this information coming from the caseworkers, with the leadership and the impetus to change how we address these issues coming from the court. A nonjudgmental approach towards teen sexuality is crucial and must come from the court. We as judges need to facilitate this type of activity by the caseworkers assigned to the youth in our courts. Guardians ad Litem and guardian attorneys can play a similar role. Finally, foster parents (and relative caregivers) should be trained to have these conversations, and our foster care parent training in Miami will now contain a section on these issues.

**SB:** Have you been criticized for taking the types of actions you are describing?

**JC:** I am sure that there has been criticism. Through the Healthy Girls Initiative we have been successful in changing the mindset of some people from the community who were initially opposed to our approach. It has given us license to talk to girls and boys about birth control, HIV/STDs, and other issues that are important in their lives and are too often left unaddressed.

**SB:** Research has been conducted to see if candid talk about birth control has any effect in encouraging teens to have sex. That research has shown that this type of open dialogue actually reduces the probability of having sex and the risks associated with it—it does



\*The National Campaign and NCJFCJ surveyed NCJFCJ members in January 2009 on the topic of teen pregnancy. Of the 124 judges who responded, 58% worked in both juvenile dependency and delinquency courts.

not increase the probability of having sex. Candid discussion also increases the use of protection among teens who are having sex.

**JC:** I'm glad you said that and not me, because the most often repeated argument I get in my court from caseworkers, custodians, and even lawyers is that if you put teens on birth control or talk about safe sex you are encouraging them to have sex. Again, what you are seeing nationally is what I am also seeing in my courtroom. After instituting the Healthy Girls Initiative and providing the type of information we have been discussing today, I have seen a decline in teen pregnancy rates for youth in foster care in our courthouse. The approach is real simple: Provide them with good information about safe sex, provide sex education that is nonjudgmental, identify a trained and trusted adult that they can talk to, and give them access to birth control. Follow up with them on their compliance. Praise their choice to delay pregnancy and protect themselves. If they are pregnant, provide them with nonjudgmental counseling on all their options. If they decide to follow through with the pregnancy, connect them with high quality prenatal care and afterwards with evidence-based parent training; we keep pushing on every front to increase their chances for a healthier life with more positive life outcomes.

**SB:** You see some of the highest risk groups, yet you are still making progress. That is encouraging.

**JC:** We use a comprehensive approach, but the one tool we use that has been most effective is putting the girls who are sexually active on birth control, talking about their resistance to using contraception, and getting their buy-in. Sometimes it take time, but we don't give up.

**SB:** How do you deal with boys and young men who appear in your court?

*"... research has shown that this type of open dialogue actually reduces the probability of having sex and the risks associated with it—it does not increase the probability of having sex." – Sarah Brown*

**JC:** It's much harder to engage the boys. First of all, they don't come into court as much as the girls, either as foster teens or as parents charged with abuse or neglect. The girls and young women are very focused on relationships and are more verbal. They talk about how they feel. It allows us to see them and hear them more than the boys. Having said that, we provide the boys with safe sex education and sex education groups. I talk to them about condom use and responsibility. Of course, we work more with the girls because of pregnancy.

**SB:** Do you think the male judges talk to the boys about sex, pregnancy, and related issues?

**JC:** I think that some male judges talk to the boys, but it is a much different conversation with boys. By the way, I also think it's easier for the female judges to talk to males than the male judges to talk to females. For boys, the message is more about using condoms and getting the message across that being a child is

#### JUDGES FROM AROUND THE COUNTRY WEIGH IN ON THE TOPIC OF TEEN PREGNANCY:

**Judge Patricia Martin**, Presiding Judge for the Child Protection Division in Cook County, Ill.: "... teen pregnancy should be seen as a health and medical issue. If you had a client with ... a weak heart, you would send the client to a cardiologist. The same should be true for teens at risk for pregnancy, HIV, and STIs."

**Judge Louis Trosch, Jr.**, of Mecklenberg County, N.C.: "... there is great value in delivering prevention messages to teen parents. When a judge places importance on something—like teen pregnancy prevention—both the parents and the treatment team are more likely to act on that message."

According to **Judge Patricia Walker FitzGerald**, a Family Court Judge in Jefferson County, Ky.: "There are court-approved collaborations with teen pregnancy prevention programs in my court, and I often meet with community program partners to discuss the well-being of children and what is needed in Jefferson County."

In Cook County, Ill., **Judge Mary Mikva**: "... the real educators are the guardian ad litem, who often have close relationships with the teens."

hard without a father, that if they become a father they will have responsibilities and will need to be there for their children. A lot of these young men understand this because they have not had their fathers involved in their lives. So asking them to think back to how they felt and trying to create some prospective empathy is one approach I use. We need to make sure someone is working with these boys—stressing safe sex and the unacceptability of impregnating their girlfriends.

**SB:** Let's pretend you're talking to other judges who don't feel comfortable with the role you have described. What is the alternative? What are your suggestions?

**JC:** I tell them that they can play a pivotal role in bringing about change in their court system. For example, they can make sure that in their training for foster parents and caseworkers there is a segment that helps the foster parents and caseworkers learn to talk to the kids about sex and birth control; they should support caseworkers talking about sex with the teens and helping the teens access birth control as part of the services provided. Judges can stress the importance of working with foster care providers; developing a working relationship with the Planned Parenthood (or other family planning provider) in their area. While this may be easier if the child welfare system is privatized, as it is in Florida, it can be done in any system. Judges should serve as a convener for these issues and work with community representatives to help identify evidence-based programs designed to reduce teen and unplanned pregnancy. This approach should be undertaken in jurisdictions that have a strong family engagement component.

**SB:** It seems that the whole system needs to speak with the same voice on this issue and that we need to establish agreements and collaborations about the need to address teen and unplanned pregnancy.

**JC:** It must be a priority in the child welfare community to do something more comprehensive about this problem. Our child welfare community has taken this on as a priority.

**SB:** I completely agree. Family and child advocates often look at “start early” as meaning “starting with good prenatal care.” While this is important, you have to start even earlier, before the pregnancy. Somehow, for many people, birth control and family planning don’t fit into the “start early” approach. Family planning should be the first part—when to get pregnant, with whom, and under what circumstances.

**JC:** I agree. We have to think that if 33% of our foster teens are pregnant by 17 and half of them are pregnant by 19, many with a subsequent pregnancy, then pregnancy of teens in the child welfare system is really the expectation rather than an anomalous situation. Therefore, knowing what we know, we should start early to institute best practices in the court and the child welfare system at large to prevent teen pregnancy. This should be a primary concern of the child welfare system. We should work at it daily. I tell caseworkers that when the girls get pregnant they are unable to effectively utilize all the other services that we offer them. While everyone in the system knows that teen pregnancy greatly diminishes a girl’s ability to flourish and reach her potential, nothing is done proactively to prevent it. And then, we are all upset, angry, or surprised when it happens. Our system is failing to provide services to prevent one or more pregnancies, which makes it difficult for teenage girls in the system to break the cycle of dependency. We need to do better to prevent that first pregnancy, let alone the others that might follow.

**SB:** Why are they missing this critically important point? Is it that people don’t want to deal with sex education and birth control because it’s not comfortable for them to talk about sex?

**JC:** I think that is one reason, but I am not sure about all of the “whys.” What I do know for certain is that many people criticize the more open and comprehensive approach that we are discussing, but they are not providing alternatives.

**SB:** I want to also ask you about NCJFCJ’s Model Courts Initiative. From the National Campaign’s point of view, we wonder how to clone what you do in your courtroom and with your providers? How do we disseminate your method? Even if there are judges who don’t feel comfortable with everything you are doing, how can we promote their adaptation of what you do so it is comfortable within their court system, community, and provider network?

**JC:** I think it can start with this article. Sometimes a court system just has to see that another court system has tackled this difficult issue without any adverse consequences. I think it will appeal to the readership of the magazine and the network of judges and other system players who follow the work of NCJFCJ. It is an important topic, one relevant to what happens in their courts and dependency systems every day. The other factor that will be important is whether the leadership at NCJFCJ is committed to advancing this dialogue with their Model Courts and assisting courts in identifying best practices in this area. From my conversations with them, I think the answer is that they are committed to

The vision of the **National Council of Juvenile and Family Court Judges** is for a society in which every family and child has access to fair, equal, effective and timely justice. NCJFCJ’s mission is to provide all judges, courts, and related agencies involved with juvenile, family and domestic violence cases with the knowledge and skills to improve the lives of the families and children who seek justice.

The mission of the **National Campaign to Prevent Teen and Unplanned Pregnancy** is to “improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. The National Campaign’s specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. The Organization supports a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors.” For more information on The National Campaign’s efforts, visit <http://www.thenationalcampaign.org/>

addressing this issue. The partnership between NCJFCJ and the National Campaign is evidence of this. The Model Delinquency Courts—and Model Dependency Courts—are both great places to pilot this work within NCJFCJ. They are the courts that take on innovative initiatives and provide technical assistance to help implement new ideas.

**SB:** This is really very helpful, Jeri. It seems as if our partnership with NCJFCJ can grow through activities like our survey of judges [see chart on page 18] and articles in the Council’s publications and by our getting connected to judges involved in the Model Dependency and Delinquency Court work that NCJFCJ has spearheaded across the country.

**JC:** NCJFCJ has been fairly rigorous in designing its Model Dependency and Delinquency Courts. They have also been in the forefront of identifying important issues in the field and helping courts implement best practices to address these issues. Model Court sites would be a great place to embed some of the work that will be developed in the new partnership between the two organizations.

**SB:** The National Campaign, through the generous support of our sponsors, is able to make some local grants. Could these grants, albeit fairly small, help promote some of this work?

**JC:** I think so. A small start-up grant may help to get the director of a public agency and the local judge—perhaps in a Model Court site—focused on these issues and facilitate a partnership that would help to take action on some of these ideas.

**SB:** Jeri, thanks for taking this time to share your thoughts about these important issues.

**JC:** I look forward to watching this partnership grow, Sarah, and being actively engaged in the work that NCJFCJ and the National Campaign will be undertaking. Our children and youth will benefit greatly from these efforts.