Editorial

Vulnerable Adolescents

Check for updates

Reading the titles of the articles in this issue of the *Journal of Pediatric and Adolescent Gynecology* (JPAG), the concept of adolescent vulnerability comes to mind. I am far from an expert on this topic that includes various models of health and risk behavior, but my colleagues in adolescent medicine and psychology have taught me several things: that there is a relationship between adolescent development and the development of poor health outcomes; that there are subpopulations of adolescents who might be particularly vulnerable to morbidities and mortality; and that behavioral risk factors contribute to those vulnerabilities.[1,2] The American Academy of Pediatrics has just published a well researched and well written document on the effect of racism on child and adolescent health, pointing to racism as one of a number of factors affecting health that leave some children more vulnerable than others.[3] The document should be required reading for those of us who care for children and adolescents; it points to the ongoing negative effect of racism on children's health through implicit and explicit biases, institutional structures, and interpersonal relationships.

The adolescents who I see in clinic on a weekly basis are vulnerable to unintended pregnancies, to sexually transmitted infections, to school failure, and to sexual and reproductive coercion among other risks. Subpopulations of adolescents who might be particularly vulnerable to these and other adverse outcomes are highlighted in this issue of JPAG. Those groups include inner city teens,[4] incarcerated girls,[5] sexual minority women,[6] pregnant and postpartum teens,[7] individuals with developmental and intellectual disabilities,[8] and those with low health literacy.[9] Most of us see children, adolescents, and young adults in at least some of these vulnerable groups, and we can learn from the experiences of our colleagues, which are well described in this issue.

Another risk to which adolescents are exposed is one that I couldn't really have imagined when I was a resident. Dr Susan Coupey and colleagues report on sexting, and inform us that in their low-resource, high-poverty, urban population, 24% of girls had sent a sext.[10] In their study, sexting was independently associated with exploitive and abusive sexual relationships including sexual abuse (odds ratio, 3.81) and intimate partner violence (odds ratio, 2.72).[10] These are disturbing findings. Dr Ruth Buzi has contributed an important guest editorial on this topic.[11] She warns us of the many perils of sexting, suggesting that we as health care professionals are well positioned to talk with teens about sexting and its risks. I have to say that before reading this report and guest editorial, I had not been asking the adolescents who I see in clinic about sexting. I will add sexting as another behavior that I will ask about and discuss during the confidential HEEADSSS assessment.[12]

And, speaking of the HEEADSS assessment, this issue of JPAG includes an update of the North American Society for Pediatric and Adolescent Gynecology's Long Curriculum in Resident Education from the Resident Education Committee.[13] This update of the 2015 Long Curriculum includes updated readings and references, and provides residents with essential information fulfilling learning objectives from the Council on Resident Education in Obstetrics and Gynecology, the American Board of Pediatrics, and the Royal College of Physicians and Surgeons in Canada.

But wait—there's more! This issue of JPAG has 2 reviews worthy of your attention: Dr Erica Eugster provides us with an update on precocious puberty in girls, which she presented at the annual clinical and research meeting in April in New Orleans, and which I've drawn from in talks to our Reproductive Endocrinology and Infertility fellows.[14] And Drs Karen Klein and Susan Phillips provide us with an excellent review on hormone replacement therapy in girls and adolescents with hypogonadism, which I will keep handy as a reference for its table on common low-dose estrogen treatment options for pubertal induction and helpful references.[15]

And there are other articles worthy of your attention, from reports on the documentation of Adolescent sexual histories to the effects of Zumba on dysmenorrhea.

Happy reading, and may JPAG inform your clinical care.

Paula J. Adams Hillard, MD,
Editor-in-Chief

E-mail address: JPAG-editor-in-chief@gmail.com

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