



Really troubled girls: Gender differences in risky sexual behavior and its correlates in a sample of juvenile offenders

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ABSTRACT

Despite numerous studies on the myriad of psychosocial factors that affect youthful offenders, research on gender differences with respect to risky sexual behavior are limited. Using data on juvenile offenders in a residential facility, we analyzed impact of gender on sexual behavior ($N = 227$). Girls reported higher likelihood of diagnosis with sexually transmitted diseases, and injecting drug use including heroin and cocaine than boys. Multivariate analysis indicated that number of sexual partners, childhood trauma, and services received from emergency shelter and psychiatric settings were associated with risky sexual behavior. Discouraging, abusive and dysfunctional home environment with little support from parents/caregivers, or teachers, priests/religious leaders appear to dispose youth to a life of risky sex, drugs and delinquency.

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1. Introduction

Relative to males, girls in the juvenile system are an understudied population (Patino, 2009; Postlethwait, Barth, & Guo, 2010). Despite the myriad risks female juvenile offenders face, relatively little research attention has been focused on risky sexual behavior, especially when linked with responding to challenging situations such as delinquency, gang involvement, and neglect. This is important to study given the substantial increases in the number of girls who are caught up in the juvenile justice system especially within the last decade (Chesney-Lind, 2010). Delinquent youth engaging in risky sexual behavior such as unprotected sexual intercourse with multiple partners of unknown status as well as sexual intercourse under the influence of drug/alcohol threatens both those within and outside the juvenile justice system (Romero et al., 2007).

Previous studies have found sexual risk behavior, especially those pertaining to HIV/AIDS and STDs is higher among detained youth when compared to the general population (Teplin, Mericle, McClelland, & Abram, 2003). Estimates suggest that girls now account for almost 30% of nationwide juvenile arrests in the United States (Chesney-Lind, 2010) including an increased presence of girls in the juvenile detention system (Pasko & Chesney-Lind, 2010). While the overall juvenile incarceration rate has decreased nationwide in the last ten years, the rate of decrease among girls has been slower compared to boys (8% versus 18%) (Patino, 2009). Several factors are associated with the increased presence of girls in the juvenile justice system such as unmet mental

health needs (Patino, 2009), lower school achievement and family dynamics (Zahn, Hawkins, Chiancone, & Whitworth, 2008), and different definitions of what constitutes assault (Chesney-Lind, 2006).

In addition to mental health challenges, both boys and girls in juvenile justice settings also report substantial substance use and abuse histories (Morris et al., 1995; Vaughn, Freedenthal, Jensen, & Howard, 2007). While some evidence pertaining to substance use among adolescents in the juvenile justice system relates to negative coping behavior (Robertson, Xu, & Stripling, 2010), others find influence of gang membership (Harper, Davidson, & Hosek, 2008), social bonding and peer culture (Ramaswamy & Freudenberg, 2010), as well as trauma exposure and post traumatic stress (Dixon, Howie, & Starling, 2005). Irrespective of the underlying reasons, substance use and abuse such as injecting drug use, has been intrinsically linked with health risks including HIV/AIDS and other sexually transmitted diseases in this population (Borek, Allison, & Cáceres, 2010; Merkinaitė, Grund, & Frimpong, 2010).

Research has shown that adolescents in the juvenile justice system increasingly present with a history of physical, emotional and sexual abuse resulting in unmet mental health needs and negative coping behavior (Chesney-Lind, 2010; Goodkind, Ruffolo, Bybee, & Sarri, 2009; Lippman, 2010; Pasko & Chesney-Lind, 2010). The empirical evidence suggests there are gender differences. For example, a study assessed post traumatic stress disorder (PTSD) symptomatology among juvenile offenders and found rates of PTSD among female delinquents in incarceration were higher compared to PTSD incidences among male delinquents in incarceration (Cuffman, Feldman, Watherman, & Steiner, 1998). While experiential childhood trauma was found to be associated with higher likelihood of risky health behavior among female juvenile offenders, the same relationship was not supported by diagnostic assessment of PTSD (Smith, Leve, & Chamberlain, 2006).

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Among the dearth of studies on sexual risk among female juvenile offenders, only one study explored relational pathways of sexual risk behavior specifically among female juvenile offenders and reported mixed findings (Lopez et al., 2010). While a direct effect was found between increased levels of child maltreatment and non-condom use among female juvenile detainees, study results found no support for a relationship between depressive self concept, a measure of depression and self esteem, and non-condom use.

Risky sexual behavior has been linked with the population of juvenile offenders, mainly in males (Brooks, Lee, Stover, & Barkley, 2011; Khurana, Cooksey, & Gavazzi, 2011; Leslie et al., 2010). Studies of detained adolescents found that sexual risk behavior was associated with factors such as concurrent sexual partners, sporadic sexual activities, involvement of drugs and alcohol during sexual encounters, as well as unmet mental health needs (Bryan, Schmiedege, & Broadus, 2009; Dembo, Childs, Belenko, Schmeidler, & Wareham, 2009; Kerr, Leve, & Chamberlain, 2009).

In addition to the few epidemiologic and survey studies of sexual risk behavior among girls randomized controlled trials testing the efficacy of sexual risk reduction interventions have also primarily targeted more boys than girls, and the limited interventions that have focused on delinquent girls have produced mixed results (Bryan et al., 2009; Robertson et al., 2011). Barriers in successful implementation of sexual risk reduction among female juvenile offenders suggest girls are a hard to reach population (Zahn, 2008). Further, existing racial and gender disparity in the juvenile justice system make female focused interventions difficult (Moore & Padavic, 2010), and extant skills and behavior specific interventions such as increased condom use (Robertson et al., 2011; Voisin & Neilands, 2010) do not necessarily target condom negotiation skills among young girls.

Even though associations among contextual factors such as history of abuse and trauma with respect to adolescent offenders have been mentioned repeatedly, research is limited on how such contextual factors affect risky sexual behaviors of female juvenile offenders. Negative affect among adolescent offenders were associated with risky sexual behavior, including lower HIV/AIDS knowledge, lower frequency of condom use as well as negative attitudes towards condom use (Lucenko, Malow, Sanchez-Martinez, Jennings, & Devieux, 2003). While evidence suggests female adult offenders with history of sexual abuse are more likely to report risky sexual behavior (McCartan & Gunnison, 2010), a gap remains in examining impact of such negative experiences on sexual behavior among young girls in the juvenile justice system.

1.1. Study aims

This study sought to increase empirical knowledge on sexual behavior among delinquent girls in the juvenile justice system. Specifically, this study addresses two research questions pertaining to female juvenile offenders: 1) Do females differ significantly from male juvenile offenders with respect to their sexual risk behavior and key psychosocial characteristics?, and 2) What factors are associated with the likelihood of sexual intercourse under the influence of drugs and/or alcohol. Answers to these questions will add precision in understanding how gender differences among juvenile offenders as well as identify factors that could potentially inform intervention development for this population.

2. Methods

2.1. Participants and procedures

The data for this study ($n = 227$) are derived from a non-probability sample of 14–19 year old youth in two (one male only and one female only) private non-profit long-term residential placement facilities

for juvenile offenders in Western Pennsylvania. Data collection at the boys' facility occurred from June 2009 through August 2009 ($n = 126$). Criteria for boys being enrolled in the study included being between 14 and 18 years old and having been in the facility between 3 and 12 months when recruitment started. Data collection at the girls' facility occurred over a 4-month period from October 2009 until February 2010. This facility is much smaller than the boys' facility so we attempted to include all the young women in the facility and all of those that entered during the data collection period ($n = 101$). Consequently, 55% of our sample consists of boys and 45% consists of girls. Although the gender composition of our sample does not match the overall gender composition of young people committed to juvenile justice residential facilities in the U.S. (which is 87% males and 13% females; Sickmund, Sladky, Kang, & Puzanchera, 2008), it does provide an opportunity to examine gender differences in the characteristics and behaviors of young people who are committed to these facilities.

Data were collected in accordance with protocols approved by the Institutional Review Board at the University of Pittsburgh. After the study was described by facility staff and the youth expressed interest, a supervisor at the facilities provided approval for the youth to take part in the study and the youth were referred to research staff. Prior to administering the instrument, the interviewer explained the purpose of the study and received assent from each youth (consent from those 18 and 19 years old). Structured one-on-one interviews were carried out by trained graduate students using Computer-Assisted Survey Interview (CASI) techniques. Interviewers completed an intensive one-day training session and an interview editor was on-site as youth were interviewed to minimize interviewer omissions and errors.

All interviews were conducted in rooms that provided private areas where confidential interviews could be conducted simultaneously with between 3 and 5 youth. The CASI data collection procedures allowed the respondent to have each question read to them supplemented by response cards. There was an on-site data editor free during the interviews to help answer any questions and provide quality control to data collection procedures. Youth were sent to the facilities for a variety of property, person, drug, and status offenses. The vast majority of youth reported a history of involvement in delinquent behavior and the juvenile court spanning several years. Overall, more than 95% of those referred to the research team assented to and completed the interview at both facilities. Overall, the characteristics of the study sample are representative of previous studies of residentially incarcerated youth nationally with regard to average age, race and ethnicity, and offense histories (Sickmund et al., 2008).

Additional information regarding the study sample and procedures regarding collection of data has been published elsewhere (Shook, Vaughn, Goodkind, & Johnson, 2011).

2.2. Measures

2.2.1. Sociodemographic characteristics

This included gender, race/ethnicity (dichotomized as 1 = African American, 0 = All others), age in years was constructed from data of birth of participants and date of interview. Household living conditions were also assessed from dichotomous responses (1 = Yes, 0 = No) to questions such as participants ever having lived at group homes, foster homes, kinship care. Families receiving public assistance (1 = Yes, 0 = No) was used as a proxy for socioeconomic status.

2.2.2. Delinquency

We used self reported data on lifetime number of arrests, age at first contact ever with police, and age at first legal violation for our delinquency variables.

2.2.3. Risky sexual behavior

Responses to sexual behavior were embedded within an overall health focused questionnaire. Information about potentially unsafe

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