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Gender differences in the association between conduct disorder and risky sexual behavior



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ABSTRACT

Despite suggestions that there are gender differences in the association between conduct disorder (CD) and risky sexual behavior, limited empirical research has examined this question. Youth ($N = 616$) were recruited from four primary care clinics and completed questions related to risky sexual behavior, alcohol and marijuana use, and CD. Results of stratified multivariate models indicated that the association between CD and having four or more lifetime partners, having two or more partners in the last 3 months, and engaging in condomless sex was stronger among female youth. However, the association between CD and alcohol and other drug use before sex was stronger in male youth. This is an important contribution to our understanding of gender-specific manifestations of conduct disorder, and has the potential to inform screening and brief intervention efforts for this population.

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Conduct disorder is a disorder of childhood and adolescence that is characterized by a pattern of behavior that violates social norms or the rights of others. Youth with conduct disorder engage in a range of problem behaviors, including aggression, destruction of property, deceitfulness, theft, and serious violation of rules (e.g., running away from home) ([American Psychiatric Association, 2013](#)). Moreover, youth with conduct disorder may be more likely to participate in other types of risk-taking behaviors, including substance use and risky sexual behavior ([Loeber, Burke, Lahey, Winters, & Zera, 2000](#)).

There have been questions as to whether conduct disorder manifests similarly in male and female youth ([Berkout, Young, & Gross, 2011](#); [Loeber et al., 2000](#)). Previous studies have shown conduct disorder to be more prevalent among male than female youth ([American Psychiatric Association, 2013](#); [Berkout et al., 2011](#)); however, some have questioned whether this is an artifact of the process used to generate and validate the diagnostic criteria, which has relied largely on samples of male youth ([Moffitt et al., 2008](#)). For instance, researchers have argued that the diagnostic criteria comprise behaviors that are more common among boys (e.g., physical aggression). Relatedly, some researchers have suggested that there may be gender-specific symptoms of conduct disorder. For instance, Crick and colleagues have focused on the manifestation of aggression as a symptom of conduct disorder, hypothesizing that “attempts to harm others (to aggress) would focus on social issues most salient in their same-gender peer groups” ([Crick & Zahn-Waxler, 2003](#), p. 723). They suggest that for males, the key concern of

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childhood and adolescence is physical dominance; therefore, boys with conduct disorder engage in physical aggression. For female youth, however, the focus is on the formation of close relationships. As a result, they hypothesize that attempts to harm others will manifest as relational aggression – that is, attempts to damage interpersonal relationships (Crick & Zahn-Waxler, 2003).

Similarly, it has been suggested that symptoms such as risky sexual behavior may be female-specific symptoms of conduct disorder. For instance, there is evidence that females with conduct disorder are more likely to have comorbid externalizing and internalizing disorders (versus males, who generally display heightened rates of externalizing disorders alone) (Keenan, Loeber, & Green, 1999). In turn, research has shown that youth with comorbid externalizing and internalizing disorders are at greater risk for behaviors such as having multiple sexual partners (Berkout et al., 2011; Dishion, 2000), possibly because these youth are seeking to dampen their negative emotional experiences through risky but pleasurable experiences (Dishion, 2000). Thus, it has been hypothesized that female youth with conduct disorder will participate in more sexual risk behaviors (Berkout et al., 2011). In addition, a recent review found that females with conduct disorder were approximately 4.7 times more likely to have a history of sexual abuse than their male peers (Maniglio, 2014), and childhood sexual abuse is often associated with later sexual risk behavior (Senn, Carey, & Vanable, 2008).

There has been limited research examining the association between conduct disorder and risky sexual behavior in adolescence. There is evidence that conduct disorder is related to earlier initiation of sexual behavior (Monuteaux, Faraone, Michelle Gross, & Biederman, 2007; Wymbs et al., 2013), having multiple partners (Monuteaux et al., 2007), and having unprotected sex (Bryan & Stallings, 2002) in early adolescence to young adulthood. However, there have been certain methodological weaknesses that preclude strong conclusions about these associations. For instance, some studies of conduct disorder use only male (Bryan & Stallings, 2002) or only female (Monuteaux et al., 2007) youth. Other studies fail to control for substance use (e.g., Wymbs et al., 2013), despite evidence that alcohol and marijuana use are strongly related to both conduct disorder (Compton, Conway, Stinson, Colliver, & Grant, 2005) and risky sexual behavior (Bryan, Schmiege, & Magnan, 2012; Calvert, Keenan Bucholz, & Steger-May 2010). In addition, other work has shown that conduct disorder and other externalizing disorders are associated with youth reports of ever having been sexually active, but not with sexual risk behaviors or associated outcomes (e.g., sexually transmitted infections [STI]) (Brown et al., 2010). These discrepant results suggest that there may be variability in the association between conduct disorder and specific aspects of sexual risk taking among boys versus girls.

Furthermore, despite the theoretical arguments that there are gender differences in the prevalence of risky sexual behavior among youth with conduct disorder, there has been limited empirical evidence to support this claim (Moffitt et al., 2008). There have been studies examining gender differences in risky sexual behavior among youth involved in the juvenile justice system; however, results of these studies have been mixed. Some research indicates that male adolescents involved in the juvenile justice system report more lifetime sexual partners than female adolescents (Robillard, Conerly, Braithwaite, Stephens, & Woodring, 2005), and that male youth with conduct disorder initiate sex at a younger age than female youth (Galéra et al., 2010). However, other studies have shown that females in the juvenile justice system are less likely to use condoms and have higher rates of STIs than males (Kahn et al., 2005; Robillard et al., 2005). Some research has also looked at gender differences in the association between various developmental trajectories of delinquent behavior (e.g., adolescent-limited, life course persistent, late onset), finding that the association between delinquent behavior/conduct problems and risky sexual behavior is largely similar for male and female youth across trajectories (Aalsma, Tong, Wiehe, & Tu, 2010; Miller, Malone, Dodge, & Conduct Problems Prevention Research, 2010). However, most studies have examined this association with at-risk youth, such as those in the juvenile justice system. Research is needed with racially and ethnically diverse youth sampled from the general population.

A better understanding of the relationship between conduct disorder and risky sexual behavior is critical. First, risky sexual behavior in adolescence is associated with an increased risk of STIs, HIV, and unplanned pregnancy (Capaldi, Stoolmiller, Clark, & Owen, 2002; Malhotra, 2008). Therefore, understanding the correlates of risky sexual behavior has the potential to inform screening and targeted prevention. Second, examining the role of gender may help to shed light on the theories suggesting that there are gender-specific manifestations of conduct disorder. Knowing whether there are gender differences in the symptoms of conduct disorder is important for the accurate assessment and diagnosis of this disorder, which will increase the likelihood that girls who meet the diagnostic criteria for conduct disorder receive needed services (Moffitt et al., 2008). The present study adds to the existing literature in this area by examining whether there are gender differences in the association between conduct disorder and risky sexual behavior in a large and diverse sample of youth, age 12–18, accessing routine healthcare through primary care clinics.

This study had two primary aims. First, we aimed to examine the association between conduct disorder and risky sexual behavior in a sample of youth recruited through primary care clinics during routine appointments. We hypothesized that there would be a significant association between conduct disorder and risky sexual behavior, controlling for demographic factors and other adolescent risk behaviors (specifically, alcohol and drug use). Second, we aimed to determine whether there were gender differences in this association. It was hypothesized that gender would significantly moderate the association between conduct disorder and risky sexual behavior. Because prior research has been mixed and often dependent upon the sexual behavior (e.g., number of partners versus condom use), we expected that we would also see differences with males reporting more partners than females, and with females less likely to report condom use than males.

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