

The Sexual Health of Adolescents Involved in Corrections

by Celeste Moser, MA

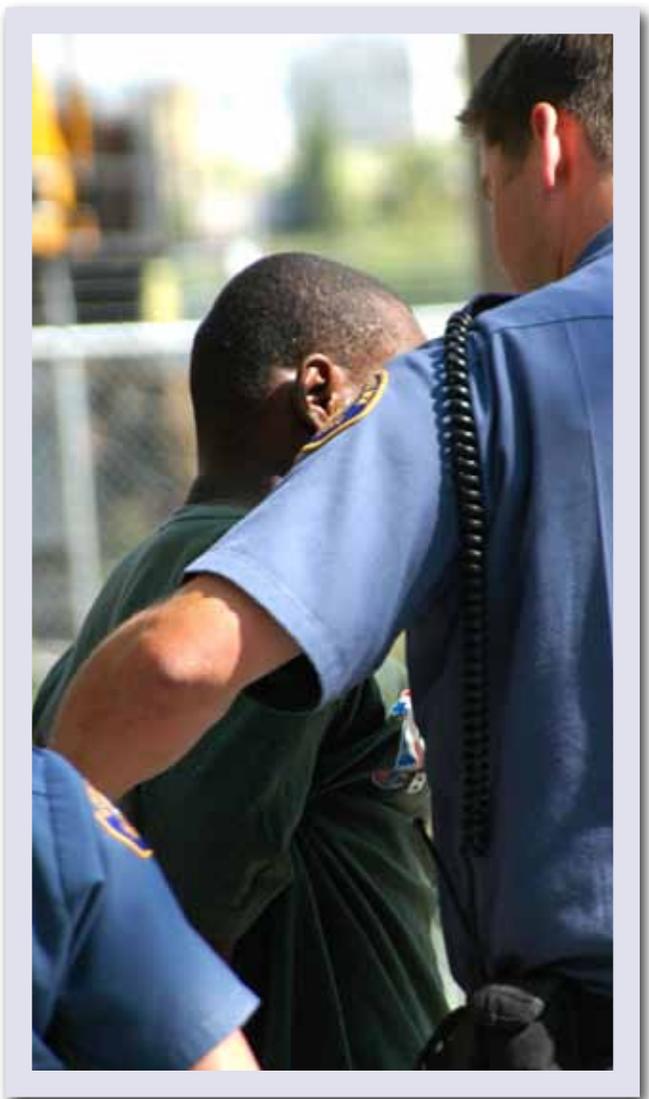
This research brief on the sexual health of youth involved in corrections is part one of a seven-part series on sexual health disparities of marginalized youth.

Introduction

Many adolescents involved in corrections engage in risky sexual behavior, which makes this population vulnerable to sexually transmitted infections (STI), HIV/AIDS, and unintended pregnancies. Studies have shown that detained youth: (1) initiate sexual activity at earlier ages;^{1,2} (2) have more partners;² and (3) use condoms less reliably and consistently than non-detained youth.³

Sexual Activity

In a sample of male and female detainees aged 11 to 18, approximately 89% engaged in sexual activity with the mean age of sexual initiation for vaginal sex being 13.2 years; females (68.1%) were more likely than males (31.9%) to have not used condoms in the month preceding detainment.² In a similar study of detained urban youth aged 10 to 18, more than 90% of the males and 86% of the females were sexually active; 60.8% of males and 26.3% of females had had more than 1 sexual partner in the last 3 months; and females (41.3%) were more likely than males (35%) to have had unprotected sex in the month prior to detainment.⁴



Pregnancy

In a representative sample of adolescents involved with the Dane County, Wisconsin, juvenile justice system, 27% of participants reported that they had been involved with a pregnancy; and, of those, 36% reported that they never use birth control, 44% reported that they inconsistently do, and only 20% reported that they always use birth control.¹

STIs

Teens and young adults in the United States have the highest rates of STIs of any age group, and the most commonly reported STIs are chlamydia and gonorrhea.⁵ In 2009, 0.74% of young men and 3.3% of young women in the United States aged 15 to 19 reported chlamydial infections, and 0.25% of young men and 0.57% of young women reported gonorrheal infections.⁵ However, rates of STIs among detained youth are considerably higher.^{6,7,8} In a recent study, researchers examined the prevalence of chlamydia and gonorrhea in fourteen juvenile detention centers across the United States and found that 15.6% of female detainees and 5.9% of male detainees tested positive for chlamydia; 5.1% of females and 1.3% of males tested positive for gonorrhea; and of the participants who tested positive for gonorrhea 54% of females and 51% of males were co-infected with chlamydia.⁷ Another study of detained youth aged 13 to 18 found that 14% of detained youth tested positive for an STI. Additionally, females were almost three times more likely than males to test positive, and African-American youth were twice as likely as Caucasian youth to test positive.⁶ Katz et al. noted that STI screening is not routinely practiced in jails and juvenile detention facilities.⁸ In Oregon, detained youth do have access to HIV and other communicable disease testing.⁹ However, evidence supports the need for increased national HIV and STI screening and prevention efforts among detainees, especially females.

Factors that can Impact Risky Sexual Behavior

It has been well documented that detained adolescents are disproportionately affected by poor sexual health. Many factors appear to be related to these increased sexual risks: drug use, depressive symptoms, gang involvement, exposure to community violence, and sexual abuse. Research has shown that, among male detainees, marijuana use,^{10,11} but not alcohol use¹¹ is directly associated with risky sexual behavior. However, among detained females, both methamphetamine and alcohol use has been found to be associated with increased likelihood of STI diagnosis. Researchers found that incarcerated female adolescents with a diagnosed STI who reported inconsistent condom use had over twice the odds of methamphetamine use compared with consistent condom users. In addition, those who reported alcohol use had twice the odds of methamphetamine use.¹²

Substance use coupled with psychological distress can have a negative impact on detained adolescents' sexual health. In a community-based sample of adolescents who had an arrest history, participants who had clinically significant levels of depressive symptoms reported significantly greater drug and alcohol use, greater substance use during sex, and a lower rate of condom use when compared to their peers with no depressive symptoms.³

Gang involvement appears to be another predictive factor related to risky sexual behavior among detained adolescents. For example, a sample of male adolescent detainees who reported gang membership, compared to their peers with no gang involvement, were 5.7 times more likely to have had sex; 3.2 times more likely to have impregnated someone; and were almost four times more likely to have been high on alcohol or other drugs during sexual intercourse, have had sex with a partner who was high on alcohol or other drugs,



or have had sex with multiple partners concurrently.¹³ Similarly, Voisin and colleagues found that community violence exposure was significantly associated with drug and sexual risk behavior among detained youths.¹⁴ In addition, researchers found that community violence had a significant, positive, direct relationship to both lifetime gang membership and risky sexual behavior. In a longitudinal study of incarcerated male juvenile offenders in Oregon, 28.3% of participants reported fatherhood before their 20th birthday with gang involvement being the highest predictive value of fatherhood.¹⁵

There is evidence that girls in the juvenile justice system have high rates of past sexual abuse. In a sample of detained female adolescents, 32% reported experiencing sexual abuse. In addition, girls who experienced sexual abuse, compared to those who did not, had more negative mental health, school, substance use, risky sexual behavior, and delinquency outcomes.¹⁶

It is important to note that during the time youth are incarcerated their sexual activity tends to decrease. In a sample of African-American males

aged 12 to 18 who were involved with the juvenile justice system, participants who were living in a facility reported a relatively low level of sexual activity and a decreased number of partners compared to youth who were living at home.¹⁷

Reducing Risk Factors

The literature suggests that youth involved with the juvenile justice system could benefit from sexual education and prevention programs. As noted above, detained youth report earlier sexual debut when compared to non-detained youth;¹⁸ therefore, these young people could benefit from learning about safer sex practices at an earlier age in the classroom, detention center, and/or at home. However, Malow and colleagues point out that many juvenile offenders do not regularly attend school, and are likely to miss sexual education and STI/HIV prevention lessons that are provided in the classroom.¹⁹

Positive gains have been made in HIV/STI risk reduction interventions aimed at detained youth that have used either a comprehensive family-based approach, with the primary focus being on the youths' interactions and relationships within their family as well as their community,¹⁷ or a theater-based approach that uses theatrical performances, games and role-playing exercises.²⁰

A youth's stay at a detention center could provide a valuable opportunity for sexual education and/or health intervention.²¹ Sexuality education curricula for this population could be enhanced by including topics such as intimacy, communication, assertiveness, gender role expectations, and problem solving, in addition to the more common topics of reproductive anatomy, physiology, and contraception.¹

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