

Title: Sexual abuse, risky sexual behaviors, and sexual beliefs among substance dependent adolescents court-referred to residential treatment.

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Summary:

In comparison to normative youths, adolescents with substance abuse problems report higher rates of sexual abuse are more likely to be sexually active, and engage in more risky sexual behaviors, which can impede their progress in treatment. (i.e., successful completion). In the twenty-first century, teenage girls are as sexually active as boys. Empirical work to date is limited by low enrollment of girls to allow for examination of gender differences in sexual behavior in high risk youth with substance dependency. The current study examines sexual abuse, risky sexual behaviors, and sexual beliefs in 195 substance dependent adolescents court-referred to treatment. One hundred two substance dependent girls and 93 substance dependent boys were enrolled into a study in the first week of residential treatment. Inclusion criteria included: stable contact information, aged 14–18, medical detoxification, no major health problem, and not currently suicidal/homicidal. History of sexual abuse and history of STI's were assessed by board certified psychiatrists and recorded in medical charts. Risky sexual behaviors and sexual beliefs were assessed by medical chart review. Depending on the type of variables (continuous or discrete), the Fisher's Exact Test for binary variables or Kruskal-Wallis chi-square test for continuous variables was performed to evaluate differences between subjects. Twenty-five percent of adolescents reported a history of sexual abuse and 14% had at least one STI. Thirty-one percent reported that "Sex and drinking go together." In comparison to boys, girls were equally likely to report that "Sex and drinking go together" (29.0% vs. 34.4%, $p = 0.4$), but more likely to report sexual abuse (44.2% vs. 5.4%, $p < 0.0001$) and have an STI (23.5% vs. 3.2%, $p < 0.0001$). Findings support the importance of a sexual history assessment that includes current sexual behavior and health when adolescents present for treatment. Clinicians may consider gender specific risk reduction in treatment planning.

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