INTRODUCTION
Adolescents with highest STI rates—recognized HIV precursor [1]  
• Antecedents: jail, needle use, risky sex, grandiosity
Sexual abuse (SA) linked with multiple STIs (STI Repeaters - STIR)  
• Attention-seeking, chronic emptiness from broken attachments [3.4.5]  
• Increased promiscuity, risky sex behaviors [2]  
• Risky sex among SA survivors. SA linked with STI and other risk behaviors [6]  
• Increased sex exchange for money [7]
STIR in relation to others:  
• Less restrictive sociosexuality [8]  
• Egocentric—poor awareness/giving to others [9]  
• Volunteerism reduces risk of STI/HIV, antecedents [10]
STIR research limited:  
• No study with highest risk pool of youths:  
  • Girls, minority youths, severe addiction, jail, SA  
  • Unclear interplay between STIR, SA, egocentrism
Study objectives:  
• Identify distinguishing characteristics of STIR  
• Explore mediating role of SA between egocentrism and STIR

METHODS
SUBJECTS  
• 102 girls, 93 boys, aged 14-18, court-referred to residential treatment  
• Criteria: currently AOD dependent, medically stable, not suicidal/homicidal
MEASURES  
• Background: Health Care Data Form; Child Sexual Abuse Questionnaire  
• Risky behavior: T-TSR, TLFB, YRBS, SBQ  
• Interpersonal: NPI, POSIT, YRBS  
• Clinical: chart review, physical exam (past 6 months)
PROCEDURES  
• Approved by Case Medical Center IRB, Certificate of Confidentiality obtained  
• 95-minute baseline interviews, subjects compensated $25
STATISTICAL ANALYSIS  
• Performed with SAS version 9.2, p<.05 (two-tailed)  
• Univariate comparisons: Fisher’s Exact Test, Kruskal-Wallis X2 Test  
• Logistic analysis (complementary log-log)  
• Risky behavior predictors: criminal history, AOD use, risky sex behaviors  
• Skewed distributions transformed, 1.0 predictor/subject ratio [11]  
• Low collinearity between explanatory variables (rs<0.25)  
• Multivariable background variables associated with STI/HIV/antecedents  
• Overdispersion correction (Poisson X2 method), Post-hoc tests (t/kuey)

REFERENCES

RESULTS
Presenting diagnoses: STI/HIV, substance dependency (Table 1)  
• 6% STIR, 7% with one STI  
• Chlamydia (6%), HPV (8%), gonorrhea (6%), herpes (3%), syphilis (3%), HVC (2%), crabs (2%), HIV (0)%  
• 52% alcohol dependent, 91% drug dependent
Clinical Characteristics of Sample (Table 2)  
• 52% female, 30% minority, 50% single parent household, 23% SA  
• Multiple partners, sexual partners, 5% forced unwanted sex, 62% risky sex  
• Elevated exhibitionism, exploitation [9], 46% never volunteered, 28% estranged
Clinical Characteristics, Illicit Drug Use of STIR vs. Non-STIR (Tables 1 & 2)  
• Non-STIR homogenous except increased risky/sexlinked sex among 1 STI subjects  
• Similar criminal history/AOD use except higher cocaine use in STIR  
• Distinguishing characteristics of STIR  
  • More SA, promiscuity, forced unwanted sex, exhibitionism, estrangement  
  • Less contraception use, volunteerism
Predictors of STIR (Table 3)  
• Significant main effects:  
  • SA (p<0.05), forced unwanted sex (p<0.05), estrangement (p<0.01)  
• Significant interactions:  
  • Elevated exhibitionism among STIR with SA (p<0.05)  
• Impact of estrangement pronounced in SA youths (p<0.05)

DISCUSSION
Girls with as high addiction, criminal records, risky sex, and STI rates as boys  
• Approximately twice as high as normative youths from region [12]  
• 1 in 10 are STIR  
Beyond addiction [8], narcissobehavior profile STIR  
• High exhibitionism, less restrictive sociosexuality replicates in youth STIR  
• STIRs more likely to force unwanted sex, have unprotected sex  
• Cocaine use linked to hypersexuality and distinguishes STIR [10]  
• High rates of SA and sexual risk behaviors among STIR  
• May drive greater number of sexual partners  
• More volunteerism, less estrangement among non-STIR suggests healthier method of clinical service interventions
STRENGTHS/LIMITATIONS  
• Extends prior work with adult males to mixed gender adolescents  
• Large sample of girls, minority youths—population at heightened risk  
• Rigorous methods employed  
• Multiple informants (youth-, clinician-, rater- reports)  
• Valid, reliable instrumentation, medical chart records  
• Advanced statistical approaches  
• May not generalize to youth outpatient populations, cross-sectional
CLINICAL IMPLICATIONS  
• Incorporate safe sex education in treatment, detention settings  
• Target STIR to reduce re-infections and transmission  
• Involvement in service to simultaneously  
• Improve connectedness, awareness of others  
• Reduce exhibitionism, exploitative behaviors  
• Future research to explore interplay between egocentrism, SA, STIR, and sex market exchange

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