

# Better HIV prevention interventions needed for juvenile offenders

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More intensive or family-based HIV prevention interventions may be needed to encourage juvenile offenders to use condoms and stop engaging in risky sexual behavior, say researchers from the Bradley Hasbro Children's Research Center (BHCRC).

Juvenile offenders are at increased risk for contracting [HIV](#) and other sexually transmitted diseases because they tend to have sex at earlier ages, have more [sexual partners](#), use condoms less frequently and engage in more substance and [alcohol](#) use. Young offenders who are court-monitored but living at home in the community also have more opportunities to engage in these risk behaviors.

In a pilot study published in the April issue of the *Journal of Correctional Health Care*, researchers tested whether a group-based, adolescent-only HIV prevention program – which has been successful with other groups of teens – would increase condom use among substance-abusing juvenile offenders. But in a surprising twist, researchers say they did not find any differences in terms of condom use and risky sexual behavior between the adolescents who received the intervention and a separate group of juvenile offenders who were enrolled in a basic health education group.

"Although we did not get the results we expected, this study did shed some light on what components need to be incorporated into an HIV intervention prevention in order to be successful with juvenile drug court offenders," says lead author Marina Tolou-Shams, Ph.D., a child

psychologist and researcher with the Bradley Hasbro Children's Research Center.

Tolou-Shams notes that family involvement has typically not been a factor in few HIV prevention interventions for juvenile offenders. "Research increasingly suggests that family-based interventions, focusing on parenting factors, such as parent-child communication about sex, play an important role in encouraging safe sex behavior," she says. "But to date, parental involvement has been a component of only one HIV/STD risk reduction intervention for juvenile offenders. It's possible that a family-based intervention may have greater success than one that is only focused on adolescents."

Juvenile drug court offenders enter the court system after they are arrested and charged on substance-related crimes, such as possession or use. In the state of Rhode Island, where the study took place, the Juvenile Drug Court is a short-term program in which participants are required to attend substance abuse counseling, submit to random drug screens, attend school and comply with other court orders. The goal is to rehabilitate young offenders rather than sanctioning or punishing them. As part of this program, they are court-monitored but able to live at home in their community.

In the study, 57 juvenile drug court offenders between ages 13-18 were randomized to either a five-session HIV prevention intervention or a health education group that focused on general health issues, such as smoking and nutrition. Researchers did not find any differences in terms of condom use and sexual behavior between the two groups. They also did not find any differences in the teens' substance use, particularly marijuana. However, they did note that while both groups increased their rates of HIV testing, approximately one-third of teens across both groups are still having unprotected sex.

Tolou-Shams says that most public health interventions, including those focused on HIV prevention, are aimed at adolescents who are in jail or detention facilities, where their opportunity for risk is much more limited compared to court-involved youth who remain in the community.

"Our findings underscore the need for more programs for these youths who have the same HIV risk as their jailed or detained peers yet have more opportunities to engage in [risky sexual behavior](#)," she adds. "This is a very high risk group for HIV and STDs and clearly there is still a lot more work to be done to find a successful intervention to reduce their risk."

Provided by Lifespan

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