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A Comparison of African American and Cuban American Adolescent Juvenile Offenders: Risky Sexual and Drug Use Behaviors

Jessy G. Dévieux, Robert M. Malow, Emma Ergon-Pérez, Deanne Samuels, Patria Rojas, Sarah R. Khushal, and Michèle Jean-Gilles

Jessy G. Dévieux, PhD, Robert M. Malow, PhD, Emma Ergon-Pérez, MA, Deanne Samuels, PhD, Sarah R. Khushal, MS, and Michèle Jean-Gilles, PhD, are affiliated with the AIDS Prevention Program, College of Health and Urban Affairs, Florida International University, 3000 Northeast 151st Street, ACI260. North Miami, FL 33181. Patria Rojas, MSW, MPH, is affiliated with the College of Health and Urban Affairs, School of Social Work, Florida International University (E-mail: devieuxj@fiu.edu)

SUMMARY

Racial and ethnic disparities exist in HIV seroconversion rates, with African American and Hispanic youth in the 13–19-year-old age group representing 61% and 21% of new AIDS cases, respectively. The aim of this study was to examine sexual and drug use behaviors among a sample of 138 African American and Cuban American juvenile offenders. Cuban American adolescents showed higher levels of unprotected sex, higher levels of sex while using drugs, and higher levels of drug/alcohol use in the three and six months prior to confinement. These differences may be explained by multiple factors, including differences in acculturation levels among the Cuban American adolescents, differences in health messages targeted at the two groups, and family mores and norms.

Keywords

HIV/AIDS; African American; Cuban American; adolescents; juveniles; incarcerated; sexual behaviors; drug behaviors

INTRODUCTION

In the United States, significant racial and ethnic disparities exist in HIV rates, with African American and Hispanic youth representing a disproportionate number of cases (CDC, 2002d). Although African American youth comprised only 15% of the 13–19-year age group of adolescents in the U.S., they represent 61 % of the new AIDS cases reported in 2000 (CDC, 2002c; Miller, Boyer, & Cotton, 2004). Moreover, Hispanics are also disproportionately represented among adolescents diagnosed with AIDS. For example, during the year 2001 they

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comprised 15% of the adolescents in the 13–19-year age group in the U.S., yet they accounted for 21% of the newly reported AIDS cases (CDC, 2002c).

Because the Latino community includes people from very diverse regions of Latin America and the Caribbean, the development of well-targeted, effective HIV prevention interventions depends on a clear understanding of these underlying differences. For example, among Hispanics born in Mexico, Cuba, and Central and South America, male-to-male sex appears to be the most prevalent form of HIV transmission (CDC, 2002b). Other data show that among Hispanics born in Puerto Rico, 43% of AIDS cases were related to injection drug use, compared to 6% of cases among Hispanics born in Mexico, and 17% among Hispanics born in the U.S. (CDC, 2002d).

Since many sexually active teens have not been tested for HIV, experts agree that the actual number living with HIV infection is estimated to be much higher than that reported (6,587) (CDC, 2002d; National Institute of Allergy and Infectious Diseases, 2002). Adolescents are often unlikely to protect themselves appropriately and tend to engage in sexual experimentation, often with multiple partners (Henry J. Kaiser Family Foundation, 2002). Many students report using alcohol or drugs when they have sex, and surveillance data suggests that the evaluation of factors influencing the initiation of risk behavior must be ongoing and targeted to specific groups of adolescents (CDC, 2002a). Other research suggests that adolescents rarely use condoms or other barriers during oral sex, considering it to be either “safe” or “abstinence” (Remez, 2000). Minority heterosexual youth in Dade County, Florida warrant special attention where, along with Broward and Palm Beach counties, they comprise 48% of the state’s total reported AIDS cases (Florida Annual Report/Epidemiologic Profile, 2002).

In addition to the factors which put minority adolescents at higher risk for HIV infection, previous research has shown that adolescents who have been incarcerated as a result of delinquent behaviors are at higher risk of engaging in sexually risky behaviors than adolescents in the general population (DiClemente, Lanier, Horan, & Lodico, 1991; Kelly, Morgan-Kidd, Champion, & Wood, 2003; St. Lawrence, Crosby, & O’Bannon, 1999). In 1997, ethnic/racial minorities comprised up to one-third of the juvenile population nationwide; however, they represented nearly two-thirds of the detained/committed population in juvenile facilities (U.S. Dept of Justice, 1999). Nationally, the custody rates among Blacks and Hispanics were 1,018 and 515 per 100,000 respectively, compared to 204 per 100,000 among Whites (U.S. Dept. of Justice, 1999). The socioeconomic factors, the higher prevalence of AIDS in the minority community, and the overrepresentation of minority youth among the detained/committed population necessitate further research to understand and possibly intervene in the growing HIV epidemic in the adolescent minority population.

The purpose of this study was to examine levels of drug and sexually risky behaviors among a sample of African American and Cuban American adolescent offenders and to assess whether differences between these two groups exist. This study was part of a larger NIH-funded HIV risk reduction intervention among an ethnically diverse sample of detained/confined adolescents in south Florida.

The terms “African-American” and “Black” are used interchangeably to include those individuals who self-identify as either. The term “Hispanic” includes those individuals who self-identify as “Latino/a” or “Hispanic” and also reflects the terminology cited in the literature.

METHOD

Participants

The participants in this study were drawn from a pool of the parent study that included 266 male and 111 female inner city, culturally diverse adolescent offenders enrolled in two ongoing NIH-funded HIV prevention projects conducted in a juvenile detention facility and at a court-ordered treatment center. Participants were recruited from the detention facility and treatment center based on consecutive admissions between 1998–2000. Participants were excluded from the study if they (1) suffered from severe cognitive or psychiatric impairments (e.g., psychosis) that would have compromised their ability to complete the assessment, (2) were not between the ages of 13–19, (3) did not have a history of drug use, (4) refused to provide informed assent and/or their parents (or legal guardians) refused to provide written consent for participation, or (5) were not fluent in spoken English. The sample was limited to 81 African American and 57 Cuban American adolescents found eligible to participate in this phase of the research.

Assessment Procedures

Subsequent to informed assent and parental consent, assessment measures were administered orally to facilitate accurate reporting, full completion, and to compensate for any difficulties in reading comprehension. Each interview lasted approximately 90 minutes. Baseline assessments were administered one week after participants' admission and clearance from treatment staff that detoxification was adequately completed. This procedure was followed to minimize the effect of detoxification or withdrawal factors on test performance and to maximize the accuracy of responses.

Efforts were made to motivate participants to respond accurately, thus reducing the likelihood that reports of sexual experiences were either minimized or exaggerated (Jemmott, Jemmott, & Fong, 1992). Interviewers were careful to ensure that respondents understood the meaning of each question, and repeated or elaborated on questions if a respondent showed any confusion. Participants were informed that their responses were confidential and would be used to help improve HIV prevention programs for other adolescents.

All assessment procedures were conducted by experienced interviewers trained to create a process sensitive to gender and cultural issues. To avoid interviewer drift and other contaminating factors, interviewers received ongoing supervision from a clinical psychologist for the duration of the study. Interviewers were trained to adopt a nonjudgemental attitude during interactions in order to establish rapport and build trust.

Measures

Sex risk and drug risk variables were derived using modified versions of sexual risk assessment measures (Gibson & Young, 1994; Otto-Salaj, Heckman, Stevenson, & Kelly, 1998) that were adapted by Malow and Ireland in 1996 (Malow, Dévieux, Jennings, Lucenko, & Kalichman, 2001). Items included retrospective recall of number of sex partners, unprotected sex acts, and condom use during the previous three- and six-month periods (prior to being in a confined setting), as well as unprotected sex acts proximal to marijuana, alcohol, or cocaine use during those previous three months. Items measuring substance use elicited the frequency of alcohol, marijuana, cocaine, and polysubstance use during the three- and six-month periods prior to being in a restricted environment.

Based on focus groups and in-depth interviews, the research team added items to the survey and modified the language to be culturally sensitive, reflecting the local terminology of the target population. In addition, a tabular format was adapted to facilitate administration and a

calendar-based methodology, i.e., a Time-Line Follow-Back Procedure (Sobell, Kwan, & Sobell, 1995; Sobell & Sobell, 1980) was utilized to promote accurate recall.

RESULTS

Independent samples t-tests and chi-square analyses were conducted to determine whether there were differences between African American and Cuban American adolescents on demographic variables, substance use and sexual risk behaviors. (Note: some analyses were not conducted due to small cell size.)

Demographics and Delinquent Behaviors

The total sample included 138 adolescents: 81 African American (59%) and 57 Cuban American (41%). The modal subject was a low-income adolescent who abused alcohol, marijuana, and/or noninjection “crack” cocaine and resided in the inner city. The mean age of the sample was 15.58 ($SD = 1.75$; range = 13–19), and the average level of education was 8.68 years ($SD = 1.56$). No significant differences in age existed between the groups but there was a difference in level of education with African Americans having more education ($t = 2.90$, $p = .004$) (see Table 1). Eighteen percent of the sample was female. Approximately 15% of the sample lived with both biological parents. For 72% of the Cuban American group, Spanish was the primary language spoken at home.

There was a significant difference between the groups in the number of times illegal offenses were committed (based on self-report), with the Cuban Americans reporting more offenses ($t = -2.40$, $p = .019$) (see Table 1). There were no significant differences between the groups in the number of suspensions, expulsions, times picked up by the police, or times arrested.

Sexual Behaviors

Significantly more Cuban American adolescents engaged in anal sex than African Americans in the six months prior to detention ($\chi^2 = 14.28$, $p < .001$). Analyses revealed that there were no significant differences between the two groups in the total number of sexual partners, total number of sex acts, total number of vaginal or oral (giving and receiving) sex in the three- or six-month periods prior to program intake.

Unprotected Sex

Cuban American adolescents reported proportionally higher levels of total unprotected sex acts in the three and six months preceding their involvement in the program, compared with African Americans ($t = -2.34$, $p = .021$ and $t = -3.14$, $p = .002$, respectively). Cuban American adolescents reported engaging in proportionally higher levels of unprotected vaginal sex acts during the six months prior to program intake compared with African Americans ($t = -2.01$, $p = .048$). They also reported proportionally higher levels of unprotected oral sex as recipients of such acts in the three and six months preceding their involvement in the program ($t = -2.32$, $p = .022$ and $t = -3.61$, $p < .001$, respectively). Moreover, during the three and six months prior to the program intake, Cuban American adolescents reported proportionally higher levels of unprotected oral sex when giving oral sex ($t = -3.09$, $p = .003$ and $t = -3.93$, $p < .001$, respectively) (see Table 2).

There was no significant difference in the proportion of unprotected vaginal sex acts between the two groups in the three months prior to intake.

Drug Use

The analyses determined that there was a significant difference in combined drug/alcohol use, with significantly more Cuban Americans using substances at three months ($\chi^2 = 8.08$, $p = .$

006) and at six months ($\chi^2 = 13.30$, $p < .001$) prior to detention. At six months prior to program admission 93% of Cuban Americans had used alcohol/drugs compared with 67% of the African American adolescents. There was a significant difference in the number of times multiple substances were used in the previous six months, with Cuban Americans on average using multiple drugs more often than African Americans ($t = -2.34$, $p = .022$) (see Table 2).

There were no significant differences in the number of times the two groups of adolescents used specific substances (alcohol, marijuana, or cocaine) in the three and six months prior to their intake. There was also no significant difference in total drug/alcohol use by group or multiple drug use in the previous three months.

Sex and Drugs

Cuban American adolescents reported engaging in proportionally higher levels of unprotected sex acts, compared with African Americans, when high on alcohol ($t = -2.10$, $p = .039$), and higher levels of unprotected sex acts when high on two or more drugs ($t = -2.64$, $p = .010$) during the three months prior to program intake. There were no significant differences between the two groups in the proportion of unprotected sex when high on cocaine or marijuana in the three months prior to intake (see Table 2).

DISCUSSION

The results show that within this sample of confined, low income, African American and Cuban American adolescents, there were high levels of engagement in risky behaviors that could potentially lead to HIV infection. There were many areas of commonality between the two groups, most notably in their levels of sexual activity and number of partners. These findings differ somewhat from a study conducted among a nationally representative sample of adolescents, which showed that Blacks were more likely to engage in sex and have a higher number of sexual partners than their Hispanic counterparts (Grunbaum et al., 2002). It should be noted, however, that in the national sample, data for Hispanics represented the combination of all Hispanic subgroups, and thus the relative contribution of each subgroup could not be determined.

In those areas for which significant differences were found, there were higher levels of unprotected sex and higher levels of sex while using drugs among Cuban American adolescents. These findings reflect the findings in the national sample which showed that, compared with Whites and Hispanics, Blacks were significantly more likely to have used condoms at last sex and were also less likely to use alcohol and drugs during the last sexual episode (Grunbaum et al., 2002). Cuban American adolescents in this sample reported significantly more illegal offenses than the African American adolescents, and a greater percentage had used drugs/alcohol in the past six months (93% vs. 67%) suggesting perhaps that they represent a more hardened group of delinquents than the African American sample. These findings may in part explain the higher level of engagement in risky behaviors among the Cuban Americans.

Although much research has been devoted to studying Hispanic adolescents' engagement in risky behaviors, data for this very diverse population have often been pooled, thereby obscuring areas of wide divergence among the groups. An important element in these studies has been the issue of acculturation. Research has shown that acculturation, and issues surrounding inter-generational conflict are important factors in the delinquent behavior of Hispanic youth (e.g., Vega, Gil, Warheit, Zimmerman, & Apospori, 1993). Studies have shown, for example, that adolescents who are more acculturated engage earlier and more frequently in risky behaviors than their less acculturated counterparts (e.g., Vega, Gil, & Zimmerman, 1993). Another study revealed that White and U.S. born Hispanic adolescents in south Florida had the highest lifetime

and past year prevalence of substance abuse (Khoury, Warheit, & Zimmerman, 1996) compared with other ethnic groups.

Due to the limited number of items assessing acculturation in the current study, further analyses on this topic were not possible; however, acculturation effects may in part explain the higher levels of engagement in risky behaviors by the Cuban American adolescents in this sample. Studies have shown that youth who have immigrated to the U.S. or who were born to immigrant parents feel greater peer pressure to engage in substance abuse and sexual activity (e.g., Blake, Ledsy, Goodenow, & O'Donnell, 2001). Other work suggests that U.S. born Latino adolescents who have acculturated are more likely to exhibit problematic risk behaviors than foreign born and less acculturated Latino adolescents (Ebin, Sneed, Morisky, Rotheram-Borus, Magnusson, & Malotte, 2001) and that more acculturated Latino youth have higher rates of drug use than Latino immigrants (Unger et al., 2000). These empirical results point to the importance of studying the impact of acculturation; further studies are needed to understand its relative contribution to risky behaviors.

The differences between African American and Cuban American adolescents may additionally be due to the differences in targeted efforts and specific messages directed towards each of these subgroups. Given that the level of HIV among African Americans has been rising dramatically, much media attention as well as attention by a host of researchers/clinicians has been focused on African American youth to prevent increased levels of the disease in this population. Although the Cuban American adolescents in this study were all fluent in English, it is possible that they, as a separate and distinct cultural group, have not been targeted, to the extent seen among African American adolescents, for protective health messages.

In addition to the potential effects of differential targeting of health behaviors, family mores and norms necessarily play a role in the behaviors of these youth. As previously mentioned, the research shows that African American youth are more likely than other ethnic groups to use condoms (Grunbaum et al., 2002). This finding may possibly be connected to differing levels of communication about sexuality among African American parents and their children compared with Hispanics. There have been several studies that have examined the effectiveness of communication among African Americans in this context. A study among African American female adolescents suggested that communication about sexual matters among parents and their children, while not preventing engagement in sex, may result in more protective behaviors among adolescents (e.g., DiClemente, Wingood, Crosby, Cobb, Harrington, & Davies, 2001), and in a mixed gender African American sample, positive parental communication was correlated with increased condom use (Stanton, Li, Pack, Cottrell, Harris, & Burns, 2002).

Among Hispanic youth, however, communication about dangerous activities may not be the norm in households. VanOss Marin (2003) found for example, that talking about sex may generally be prohibited among Hispanics, and a focus group study among Latina women found a lack of agreement about discussions of sexuality with children (Talashek, Peragallo, Norr, & Dancy, 2004). Moreover, Ellickson and Morton (1999) found that poor communication with parents was a particularly important factor in the risk of drug use among a sample of Hispanic adolescents. These findings may help to explain the higher levels of unprotected sex while under the influence of substances among Cuban American adolescents in this sample.

Previous research has shown that risk factors play a differential role among different ethnic groups. For example, although more Black than White and Hispanic adolescents report easy access to hard drugs (e.g., cocaine, crack, heroin), fewer Blacks than Whites and Hispanics actually use hard drugs (SAMHSA, 2000). Turner and Lloyd (2003) found that lifetime cumulative exposure to adversity predicted risk of drug dependence. However, African American adolescents, who had significantly higher exposure to adversity than Cuban

Americans, evidenced significantly lower lifetime rates of drug dependence disorder. The differential level of stressors, or perhaps the differential effects of the stressors, may offer an explanation for the varying levels of risky behaviors in the African American and Cuban American samples.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

The results of the current study have implications for (1) the development of interventions specifically targeted to incarcerated Cuban American and African American adolescents, and (2) the utilization of clinicians in these interventions. Incarceration may prove to be an advantage in delivering interventions while adolescents are temporarily accessible in confined settings (Magura, Shapiro, & Kang, 1994). In detention, barriers to risk reduction (e.g., substance use) are not present to interfere with program administration. Moreover, a specialized intervention with multiple training sessions can be implemented and long-term support and follow-up provided in the context of existing and re-entry programming. Studies which attempt to intervene with adolescents while they are detained have obtained some positive results such as increasing intentions and modifying attitudes towards using condoms with a new partner (e.g., Godin et al., 2003). As members of an interdisciplinary team, social workers could use their discipline specific skills to enhance such interventions within this context.

To improve the potential effectiveness of the prevention programs, interventions may need to include parental involvement as an important component, and address substance use issues in tandem with sexual behaviors, as research suggests that effectiveness may be limited otherwise (Castrucci & Martin, 2002; Otto-Salaj, Gore-Felton, McGarvey, & Canterbury, 2002). Integrating culturally specific components, for example, including staff persons who speak the target population's language and providing services in a culturally appropriate atmosphere, e.g., using culturally sensitive language and having respect for the values and beliefs of the target group, may improve the chances of program success (Medina & Johnson, 2004). Stuart (2004) suggests balancing the need to be respectful to cultural differences with the necessity for changing these beliefs as necessary. Sensitivity to cultural differences may also necessitate the acknowledgement that tensions exist among different ethnic groups and that group members of the same ethnicity prefer to interact only with each other. Clinicians may consider reducing potential conflicts by increasing interaction between the groups, confronting stereotypes and exploring differences and similarities to arrive at a consensus. The use of multicultural teams who can model effective teamwork/collaboration has also been suggested as a means of addressing the perceived tensions between groups (Morrison-Beedy, Carey, Aronowitz, Mkandawire, & Dyne, 2002).

For the interventions to be more effective, it would be important to include more than an educational component. The use of skills training, role plays to achieve mastery, and motivational enhancement for example, may improve the chances that the intervention will lead to reductions in unsafe sexual practices. Previous studies with samples of incarcerated and non-incarcerated youth showed that although overall knowledge of condoms and/or sexually transmitted risks was high, this knowledge was not correlated with positive attitudes or higher engagement in safer sexual behaviors (Morrison, Baker, & Gillmore, 1994; Shrier, Goodman, & Emans, 1999). Furthermore, it is extremely important that targeted efforts also address the environmental context in which these youth function because poor school systems, economic disadvantage, and community violence may neutralize the effects of positive influences (Kelly et al., 2003). Although this recommendation may be beyond the purview of an intervention for adolescents in detention, social workers may have a special role in providing community resource information, and in assisting with discharge planning and referrals to programs that provide positive influences for youth.

References

- Blake SM, Ledskey R, Goodenow C, O'Donnell L. Recency of immigration, substance use, and sexual behavior among Massachusetts adolescents. *American Journal of Public Health* 2001;91:794–798. [PubMed: 11344890]
- Castrucci BC, Martin SL. The association between substance use and risky sexual behaviors among incarcerated adolescents. *Maternal and Child Health Journal* 2002;6:43–47. [PubMed: 11926253]
- Centers for Disease Control and Prevention. Fact Sheet-Young People at Risk: HIV/AIDS Among America's Youth. 2002a. Retrieved December 2, 2003, from www.cdc.gov/hiv/pubs/facts/youth.htm
- Centers for Disease Control and Prevention. HIV/AIDS among Hispanics in the United States. 2002b. Retrieved March 22, 2004, from <http://www.cdc.gov/hiv/pubs/facts/hispanic.htm>
- Centers for Disease Control and Prevention. HIV/AIDS Surveillance in Adolescents, L256 Slide Series (through 2001). 2002c. Retrieved March 17, 2004, from www.cdc.gov/hiv/graphics/adolesnt.htm
- Centers for Disease Control and Prevention. HIV and AIDS cases reported through December 2001. *HIV/AIDS Surveillance Report* 2002d;13:1–44.
- DiClemente RJ, Lanier MM, Horan PP, Lodico M. Comparison of AIDS knowledge, attitudes, and behaviors among incarcerated adolescents and a public school sample in San Francisco. *American Journal of Public Health* 1991;81:628–630. [PubMed: 2014866]
- DiClemente RJ, Wingood GM, Crosby R, Cobb BK, Harrington K, Davies SL. Parent-adolescent communication and sexual risk behaviors among African American adolescent females. *Journal of Pediatrics* 2001;139:407–412. [PubMed: 11562621]
- Ebin VJ, Sneed CD, Morisky DE, Rotheram-Borus MJ, Magnusson AM, Malotte CK. Acculturation and interrelationships between problem and health promoting behaviors among Latino youth. *Journal of Adolescent Health* 2001;28:62–72. [PubMed: 11137908]
- Ellickson PL, Morton SC. Identifying adolescents at risk for hard drug use: Racial/ethnic variations. *Journal of Adolescent Health* 1999;25:382–95. [PubMed: 10608578]
- Florida Annual Report/Epidemiologic Profile. 2002. Retrieved December 2, 2003, from www.doh.state.fl.us
- Gibson, DR.; Young, M. Assessing the reliability and validity of self-reported risk behavior. In: Battjes, RJ.; Slobada, Z.; Grace, WL., editors. *The context of HIV risk among drug users and their sexual partners*. Rockville, MD: United States Department of Health and Human Services; 1994. p. 218-235. NIH Publication No. 94–3750
- Godin G, Michaud F, Alary M, Otis J, Masse B, Fortin C, Gagnon M, Gagnon H. Evaluation of an HIV and STD prevention program for adolescents in juvenile rehabilitation centers. *Health Education and Behavior* 2003;30:601–614. [PubMed: 14582600]
- Grunbaum J, Kann L, Kinchen SA, Williams B, Ross JG, Lowry R, Kolbe L. Youth Risk Behavior Surveillance-United States, 2001, In *CDC Surveillance Summaries. Morbidity, and Mortality Weekly Report* 2002;51:1–64.
- Henry J. Kaiser Family Foundation. The Tip of the Iceberg: The Global Impact of HIV/AIDS on Youth. July 9. 2002 Fact Sheet #6043
- Jemmott JB, Jemmott LS, Fong GT. Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health* 1992;82:372–377. [PubMed: 1536352]
- Kelly PJ, Morgan-Kidd J, Champion JD, Wood R. Sexuality knowledge, attitudes, and practices of young women in the juvenile justice system. *Pediatric Nursing* 2003;29:271–277. [PubMed: 12956546]
- Khoury EL, Warheit GJ, Zimmerman RS. Gender differences in the prevalence of alcohol, cigarette, and illicit drug use over time in a multi-ethnic cohort of young adolescents in South Florida. *Women & Health* 1996;24:21–40.
- Magura S, Shapiro JL, Kang SY. Condom use among criminally-involved adolescents. *AIDS Care* 1994;6:595–603. [PubMed: 7711092]
- Malow RM, Devieux J, Jennings TE, Lucenko B, Kalichman S. Substance abusing adolescents at varying levels of HIV risk: Psychosocial characteristics, drug use and sexual behavior. *Journal of Substance Abuse* 2001;13:103–117. [PubMed: 11547612]

- Medina C, Johnson W. HIV/AIDS prevention in Latino and African-American communities. *Journal of the National Medical Association* 2004;96:9S–11S. [PubMed: 14977291]
- Miller KS, Boyer CB, Cotton G. The STD and HIV epidemics in African American youth: Reconceptualizing approaches to risk reduction. *Journal of Black Psychology* 2004;30:124–137.
- Morrison DM, Baker SA, Gillmore MR. Sexual risk behavior, knowledge, and condom use among adolescents in juvenile detention. *Journal of Youth and Adolescence* 1994;23:271–288. [PubMed: 12319315]
- Morrison-Beedy D, Carey MP, Aronowitz T, Mkandawire L, Dyne J. An HIV risk reduction intervention in an adolescent correctional facility: Lessons learned. *Applied Nursing Research* 2002;15:97–101. [PubMed: 11994826]
- National Institute of Allergy & Infectious Diseases. HIV Infection in Adolescents: Fact Sheet. Rockville, MD: National Institutes of Health; 2002.
- Otto-Salaj LL, Gore-Felton C, McGarvey E, Canterbury RJ 2nd. Psychiatric functioning and substance use: Factors associated with HIV risk among incarcerated adolescents. *Child Psychiatry and Human Development* 2002;33:91–106. [PubMed: 12462349]
- Otto-Salaj LL, Heckman TG, Stevenson LY, Kelly JA. Patterns, predictors, and gender differences in HIV risk among severely mentally ill men and women. *Community Mental Health Journal* 1998;34:175–190.
- Remez L. Oral sex among adolescents: Is it sex or is it abstinence? *Family Planning Perspectives* 2000;32:298–304. [PubMed: 11138867]
- SAMHSA. Risk and protective factors for adolescent drug use: Findings from the 1997 National household survey on drug abuse. Bethesda, MD: Substance Abuse and Mental Health Services Administration; 2000.
- St Lawrence JS, Crosby RA, O'Bannon R III. Adolescent risk for HIV infection: Comparison of four high risk samples. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children* 1999;3:63–86.
- Shrier LA, Goodman E, Emans SJ. Partner condom use among adolescent girls with sexually transmitted diseases. *Journal of Adolescent Health* 1999;24:357–61. [PubMed: 10331842]
- Sobell L, Kwan E, Sobell M. Reliability of a drug history questionnaire (DHQ). *Addictive Behavior* 1995;20:233–241.
- Sobell, LC.; Sobell, MB. Convergent validity: An approach to increasing confidence in treatment outcome conclusions with alcohol and drug abusers. In: Sobell, LC.; Sobell, MB.; Ward, E., editors. *Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances*. New York: Pergamon Press; 1980. p. 177–183.
- Stanton B, Li X, Pack R, Cottrell L, Harris C, Burns JM. Longitudinal influence of perceptions of peer and parental factors on African American adolescent risk involvement. *Journal of Urban Health* 2002;79:536–548. [PubMed: 12468673]
- Stuart RB. Twelve practical suggestions for achieving multicultural competence. *Professional Psychology: Research and Practice* 2004;35:3–9.
- Talashek ML, Peragallo N, Norr K, Dancy BL. The context of risky behaviors for Latino youth. *Journal of Transcultural Nursing* 2004;15:131–138. [PubMed: 15070495]
- Turner RJ, Lloyd DA. Cumulative adversity and drug dependence in young adults: Racial/ethnic contrasts. *Addiction* 2003;98:305–315. [PubMed: 12603230]
- Unger JB, Cruz TB, Rohrbach LA, Ribisl KM, Baezconde-Garbanati L, Chen X, Trinidad DR, Johnson CA. English language use as a risk factor for smoking initiation among Hispanic and Asian American adolescents: Evidence for mediation by tobacco-related beliefs and social norms. *Health Psychology* 2000;19:403–410.
- US Department of Justice. *Juvenile Justice Bulletin: 1999 National Report Series*. Washington, DC: 1999. Minorities in the juvenile justice system; p. 1–16.
- VanOss Marin BV. HIV prevention in the Hispanic community: Sex, culture, and empowerment. *Journal of Transcultural Nursing* 2003;14:186–192. [PubMed: 12861921]
- Vega WA, Gil AG, Warheit GJ, Zimmerman RS, Apospori E. Acculturation and delinquent behavior among Cuban American adolescents: Toward an empirical model. *American Journal of Community Psychology* 1993;21:113–125. [PubMed: 8213645]

Vega WA, Gil AG, Zimmerman RS. Patterns of drug use among Cuban-American, African-American, and white non-Hispanic boys. *American Journal of Public Health* 1993;83:257–259. [PubMed: 8427335]

TABLE 1

Demographics and Delinquency Behaviors

	African Americans	Cuban Americans
Sample size	81	57
% female	17%	19%
Age	15.6	15.56
Education	9.02	8.35*
% suspended	93%	89%
% expelled	27%	46%
% committed illegal offenses	80%	82%*
Average # offenses	22.44	71.68*
% picked up police	94%	100%
% arrested	79%	77%

*
p ≤ .05

TABLE 2

T-Test Comparisons of Sex and Drug Use Behaviors—Significant Results

Variable	African American (n = 81) Mean (SD)	Cuban American (n = 57) Mean (SD)	<i>t</i>	<i>p</i>
Proportion Unprotected Vaginal Sex Acts (6 months)	17.95(32.90)	30.89(40.17)	−2.01	.048
Proportion Unprotected Oral Receiving Sex Acts (3 months)	24.90(42.77)	43.86(50.06)	−2.32	.022
Proportion Unprotected Oral Receiving Sex Acts (6 months)	23.29(41.70)	52.63(50.37)	−3.61	.000
Proportion Unprotected Oral Giving Sex Acts (3 months)	7.41(26.35)	28.07(45.33)	−3.09	.003
Proportion Unprotected Oral Giving Sex Acts (6 months)	8.64(28.27)	36.84(48.67)	−3.93	.000
Total Proportion Unprotected Sex Acts (3 months)	26.37(36.73)	42.08(41.60)	−2.34	.021
Total Proportion Unprotected Sex Acts (6 months)	24.11(35.38)	44.31(39.61)	−3.14	.002
Number of Times Used Multiple Substances (6 months)	7.49(25.11)	21.09(38.48)	−2.34	.022
Proportion Unprotected Sex when High on Alcohol (3 months)	4.66(20.25)	15.59(35.39)	−2.10	.039
Proportion Unprotected Sex when High on Polysubstances (3 months)	1.96(12.38)	14.78(35.19)	−2.64	.010