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Background Canadian street-involved youth are perceived to be at greater risk for sexually transmitted and bloodborne infections (STBBI) and may be more vulnerable to these infections because of their age, socioeconomic status, life course factors, and engagement in high risk behaviours. However, perception of their own risks and the behaviours that influence this perception are less understood and will be described using the Enhanced Surveillance of Canadian Street Youth (E-SYS) data.

Methods E-SYS is a repeated cross-sectional surveillance study of street-involved youth (15–24 years). Preliminary data from Cycle 6 (2009-present) (n=705) were used to determine how these youth perceive their risk for STBBI and factors that contribute to perception. Participants completed an interviewer-administered questionnaire and provided sera and urine samples for STBBI testing. Chi-square tests and unadjusted ORs were performed to assess these relationships (α=0.05, 2-sided).

Results Among interviewed street-involved youth, 65.8% reported that they felt they were at no or low risk of being infected with an STBBI. Age and gender did not influence perception of risk for STBBI. Factors that were significantly associated with medium or high perception of risk for STBBI included being bisexual (OR 1.6, 95% CI 1.1 to 2.3), having sex while under the influence of drugs or alcohol (OR 2.5, 95% CI 1.5 to 4.1), and not being aware of where to access health services (OR 1.7, 95% CI 1.1 to 2.6). Although engaging in anal sex affected their perception of risk for STBBI (p<0.05), having vaginal sex did not (p=0.75). Those who did not use a contraceptive barrier (eg, condom) when they last had vaginal sex felt they were at greater risk for an STBBI (OR 1.7, 95% CI 1.2 to 2.3), but barrier use during anal sex did not affect their perception of risk (p=0.3).

Conclusions Although many street-involved youth acknowledge that certain behaviours may put them at greater risk for STBBI, they continue to engage in these behaviours. These youth may not be fully knowledgeable about the extent to which certain risks enhance STBBI transmission or options for altering behaviours may be limited. Of concern is our finding that some youth, who perceive themselves as being at medium or high risk for an STBBI, may not know where to access services for STBBI counselling, testing, and treatment. Concerted efforts continue to be needed to engage this population and to translate knowledge into action.

P1-S2.33 CRIMINAL JUSTICE INVOLVEMENT IN ADOLESCENCE AND SEXUALLY TRANSMITTED INFECTION IN ADULTHOOD IN THE USA

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Background Criminal justice involvement (CJI) may influence a former offender's sexually transmitted infection (STI) risk by, for example, disrupting sexual networks thereby increasing sex partnership exchange or increasing links to high-risk networks and thus STI-infected sex partners. If CJI increases STI risk, juvenile CJI may be a particularly important determinant of subsequent STI, because experiences and behaviours during the adolescent period have been shown to influence risk trajectories into adulthood and because adolescent CJI that continues into adulthood would result in greater CJI exposure. No study, to our knowledge, has measured associations between juvenile CJI and adult STI risk.

Methods We used Wave III (2001–2002—young adulthood) of the National Longitudinal Study of Adolescent Health (N=14 322) to estimate cross-sectional associations between reported history of juvenile justice involvement and adult biologically-confirmed infection with chlamydia, gonorrhoea, or trichomoniasis.

Results In analyses adjusting for age, race, gender, socio-economic factors, drug use, delinquency, and depression/suicidality, indicators of 1 juvenile arrest and 2–5 juvenile arrests were not associated with adult STI. Those who had been arrested 6 or more times as a juvenile had 8 times the odds of adult STI as those with no juvenile arrest history (adjusted OR—8.58, 95% CI 2.94 to 25.1). History of juvenile conviction and serving a sentence of juvenile detention or probation also was associated with STI (adjusted OR 2.07, 95% CI 1.16 to 3.70). Persistent offenders, defined by report of both juvenile and adult arrest, had elevated odds of STI compared to those who were never arrested (adjusted OR 1.72, 95% CI 1.06 to 2.80), while those who reported history of arrest either as a juvenile or as an adult but not during both time periods did not have elevated STI risk see Abstract P1-S2.33 Table 1.

Conclusions Adolescents who have very high repeat contact with the criminal justice system, who are convicted as juveniles, who remain offenders into adulthood and priority populations for STI treatment and prevention. Though the potential for residual confounding especially due to unmeasured mood and personality characteristics is a limitation, the strong, independent associations between juvenile CJI indicators and adult STI suggest that for some, the disruptive effect of juvenile CJI may contribute to trajectory to results in adulthood STI.

Abstract P1-S2.33 Table 1 ORs and 95% CIs for the association between Juvenile justice involvement and adult biologically-confirmed sexually transmitted infection (Assessed at Wave III)*, among young adults Aged 18–28 years in the USA†

	Adult biologically-confirmed sexually transmitted infection	
Juvenile criminal justice involvement	**Unadjusted OR (95% CI)**	**Adjusted OR (95% CI)‡**
Number of times arrested as a minor		
0 times	Referent	Referent
1 time	1.23 (0.73 to 2.07)	1.24 (0.73 to 2.11)
2–5 times	1.30 (0.59 to 2.84)	1.17 (0.49 to 2.78)
6+ times	7.58 (3.00 to 19.17)	8.58 (2.94 to 25.1)
Ever convicted or plead guilty in a juvenile court		
No	Referent	Referent
Yes	2.14 (1.26 to 3.63)	2.07 (1.16 to 3.70)
Persistent offending		
Never arrested as a juvenile or an adult	Referent	Referent
Arrested as a juvenile, not as an adult	1.19 (0.64 to 2.22)	1.35 (0.71 to 2.56)
Arrested as an adult, not as a juvenile	1.11 (0.78 to 1.56)	1.22 (0.82 to 1.81)
Arrested both as a juvenile and an adult	1.98 (1.26 to 3.10)	1.72 (1.06 to 2.80)
Timing of first arrest		
Never arrested as a juvenile or an adult	Referent	Referent
Arrested for the first time as a minor	1.58 (1.09 to 2.29)	1.53 (1.02 to 2.29)
Arrested for the first time as an adult	1.10 (0.78 to 1.55)	1.21 (0.81 to 1.79)

*Overall, 6.1% of the analytic sample was confirmed to have a positive test result with-*Chlamydia trachomatis*,*Neisseria gonorrhoeae,* or*Trichomonas vaginalis*.
†Use of survey commands to account for stratification, clustering, and unequal selection probabilities yielded nationally representative estimates of white and black young adults.
‡Adjusted for age; gender; race/ethnicity; age at first sex; high school education status of mother/primary caretaker; high school education status of respondent; poverty level measured at Wave III, defined as difficulty affording housing/utilities in past year; adolescent history of getting drunk or marijuana, cocaine, or injection drug use; high levels of delinquency in adolescence, defined as a score of 7 on a 7seven-point delinquency scale; and indicators of hopelessness in adolescence, including respondent report that he/she would be killed by the age of 21 year and report that he/she would get HIV/AIDS.