Many young people are sexually active. As a group they report high rates of unsafe sex, and AIDS cases among young people have increased dramatically during the 1990s. Unfortunately, conventional counseling and prevention messages have not adequately recognized the unique range of issues confronting young people.

Young people are seeking HIV testing in growing numbers. More than 32,000 12- to 19-year-olds tested through publicly funded programs in California in 1992, a 40% increase over 1991. Most tested at family planning and sexually transmitted disease (STD) clinics, but the majority who were HIV positive tested at Alternative Test Site (ATS) clinics. This issue of PERSPECTIVES offers support to help test counselors become more familiar with youth cultures and risks, and build skills in youth-specific counseling. The issue also offers a firsthand account of a young person's HIV testing experience.

Research Update

Between 1988 and 1992, AIDS cases among young people increased by 77%. Through March 1993, 12,116 people between the ages of 13 and 24 had been diagnosed with AIDS in the United States. People between ages 20 and 29 account for 20% of the nation's AIDS cases. More than likely, most of these people were infected several years earlier. In 1992, 0.24% of all clients between 12-19 years of age who tested at state-funded HIV testing programs were HIV positive.

All sexually active young people are at risk for HIV infection. However, as with older people, the highest infection rates for young people have been among gay and bisexual males. In a 1989 study of gay and bisexual men 24 years and younger who visited STD clinics, the rate of HIV infection was 23% among subjects in Los Angeles County, 40% in San Francisco, and 37% in San Diego.

A 1992 HIV seroprevalence study estimated a 4% annual rate of new infections among 17- to 25-year-old gay and bisexual men in San Francisco and estimated a 12% seroprevalence rate among those in this group. In a 1990 survey in San Diego, the seroprevalence rate was 10.7% among gay and bisexual males under age 25 who tested through the ATS program. Infection rates for some groups of young people have been higher than those for older people. For instance, a survey of injection drug users in Sacramento showed that 21% of those under age 30 were HIV positive.
positive — with an even higher infection rate among a small group under age 18 — compared to only 5% of those 30 or older. In the military, higher rates of heterosexual HIV transmission have been found among those 21 and younger than among those in older age groups.

Unsafe Sex

Studies have found that 80% of men and 70% of women have had intercourse by age 19; the median age of first intercourse is 14 years. Roughly half of all American teenagers report having unprotected sex by age 19, and in one study, only 44% of those who had engaged in vaginal intercourse used a condom during their last encounter. Rates of unsafe sex are high for all youth, regardless of sexual orientation. High rates of unsafe sex are evident through disproportionately high rates of STDs among young people. Every year, 2.5 million teenagers in the United States are infected with an STD, representing about one of every six sexually active teenagers. Sexually active heterosexual teenagers have the highest STD rates among heterosexuals of all age groups.

Many young people who engage in high-risk behavior for HIV infection, and may themselves be infected, are aware of how HIV is transmitted but do not see themselves as being at risk.

Reasons for Unsafe Sex

Young people are vulnerable to engaging in unsafe sex for a variety of reasons. Many young people are beginning to develop a set of beliefs and values independent of authority figures. Because they have been dependent on others prior to this, they are likely to be less developed or experienced in coping mechanisms and skills related to decision-making and negotiating safer sex. And, they are often uncertain about feelings and beliefs of what they desire. This process of creating one's own identity, by its very nature, involves experimentation and risk-taking.

For young people, sexual expression is one way to feel power and autonomy, while experimenting with their feelings. In addition, young people are stereotyped as irresponsible and dangerous. To fulfill this stereotype or expectation, some may engage in unsafe sex.

A variety of interrelated factors and behaviors affects a person's sexual expression. Among these are concerns related to self-esteem; peer pressure and support; pregnancy; uncertainty about sexual orientation; and histories of physical, sexual, and verbal abuse. These factors can lead to compulsive sexual behavior, sex in exchange for money, gang involvement, unwanted pregnancy, and substance use. For young people, decisions, especially those involving sexual and substance-using behaviors, are likely to be adversely influenced by inexperience, strong emotions, and high levels of uncertainty.

Self-esteem. Many young people struggle on a daily basis to accept themselves as anything other than inferior. As if insecurities and rapid changes in emotional development were not difficult enough, peers, family and society often reinforce negative self-views.

A person with a low level of self-esteem is unlikely to have developed the healthy decision-making skills necessary to negotiate safer sex. This person may be more likely to perceive risk-taking as a way of controlling and dealing with anxiety, frustration and inadequacy. In addition, this person may choose to engage in sex to enhance his or her sense of self-worth. As a result, a person with a history of low self-esteem is more vulnerable to physical and sexual abuse — including rape — in and out of relationships.

Peer Pressure/Support. Young people especially value peer relationships, in part because they are seeking approval and support outside their family. In addition, young people typically rely on others to help them develop their beliefs. The extent to which a person feels peer pressure or support significantly affects feelings of self-worth. Self-esteem and a strong sense of individuality greatly impact the value a person places on safer sex. Studies find that peer support can lead to greater self-awareness and reinforcement in developing negotiation and coping skills around sexual expression.

Substance Use and Abuse. At least half of all young people use alcohol or other drugs on a regular basis, and surveys have found that one-third of those aged 12-17 regularly use substances. Substance use is widespread partly because it is accepted by peers and also because it is a method of experimentation and risk-taking. Similar to sex, substance use can give young people a sense of independence and power.
as well as escape. The combination of substance use and sex can increase the likelihood of unsafe sex. While rates of substance abuse among young people are high, providers rarely refer young people to substance abuse services.\(^\text{17}\)

**Sexual, Physical, and Verbal Abuse.** HIV infection rates are far higher among young people who have suffered sexual or physical abuse, either as young adults or during any phase of infancy or childhood. One study found that young people who had an STD were twice as likely to have reported childhood sexual abuse as those who had not had an STD. The effects of sexual and physical abuse can be overwhelming.\(^\text{18}\) Related to HIV, sexual abuse not only can directly transmit HIV infection, it can also result in difficult and conflicting emotions regarding sexual activity, self-worth and disproportionate needs for acceptance. Negotiating safer sex is unlikely to occur. Young people may believe that needs for acceptance are only satisfied through sex, which can then become compulsive, and often recreates abusive situations.\(^\text{19}\)

**Survival Sex.** Often called commercial sex, prostitution or hustling, “survival sex” is a useful way to describe the behavior of male and female youth who engage in sex in exchange for money, drugs, food and shelter. Lacking education and qualifying for few, if any, public benefits, some young people have no other source of income. Most male youths who have sex with men for money do not identify as homosexual. This can lead to further denial of HIV infection risk.

**Compulsive Sex.** A person may feel compelled to have sex and be unable to control sexual desires or avoid unsafe sex. This behavior is caused by a variety of factors, and can be particularly destructive for a young person who may already feel out of control in many areas of his or her life. A young person may be even less aware than an older person that a behavior is compulsive, partly because he or she may see compulsive behaviors as satisfying desires for risk-taking.

**Gang Involvement.** Gang membership is a way many people seek peer approval while boosting self-esteem. Gang rituals often involve high-risk behaviors with many partners. For example, a practice reported anecdotally in central California cities involves gang members engaging in oral sex with women during menstruation.\(^\text{20}\)

**Pregnancy.** Young women may feel compelled to become pregnant to satisfy partners, peers, or themselves, even if they do not have the resources to care for a child. Young women who are pregnant or have a child often face family members who offer little support and partners who fall to accept any responsibility.\(^\text{21}\) A young woman may wish to become pregnant after learning she is infected with HIV because she may view a child as a way to compensate for what she sees as her own possibly very short life.\(^\text{22}\)

**Myths**

Young people may believe a number of myths about HIV infection. Among them:

*Only older gay men are infected.* Many young people incorrectly believe that only people in their late 20s or older are HIV-infected, and that if they avoid sexual contact with older people they will not become infected.

*A young person’s immune system is strong and invulnerable to HIV infection.* Young people often incorrectly correlate feelings of “youthful health” with an immunity to infection.

*Only people in San Francisco and Los Angeles are infected.* While most reports of HIV infection in California are from these cities, rates of infection among young people are only moderately lower in some other cities and suburban areas.

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**Related Issue: Gay and Bisexual Youth**

Gay and bisexual youth, whose sexuality is likely to be met with rejection, are particularly vulnerable to having unsafe sex and becoming infected with HIV. For young gays and bisexuals, gaining others' acceptance, which they may believe is accomplished through sex, can be a more immediate concern than practicing safer sex.

Gay youth often question their sexual orientation and engage in sex to explore feelings or gain support in order to understand their homosexuality. They may fear their homosexuality, or have anger toward it, and believe that by engaging in sex they can “eliminate” homosexual feelings.

While exploring sexuality, young people may engage in sex with both men and women, and identify at various times as heterosexual, bisexual or gay, regardless of the sex of their partners. Because they often do not clearly identify with a single sexual orientation, gay and bisexual youth in particular may have little support to engage in safer sex. Some young people who identify as gay or bisexual are able to develop valuable support systems by joining gay, lesbian and bisexual support and social groups.

Many gay youth have only recently moved to California from areas of the country where they received little HIV education and where infection is less common. They may know little about HIV-related risks.
Implications for Counseling

A young person's psychological development is highlighted by contradictions. On one hand, he or she is experiencing freedoms for the first time, such as the freedom to develop an independent set of beliefs and values and the freedom of sexual expression. Yet this person is also restricted by society. For instance, he or she has little political, social or economic standing, and remains reliant on others.

As a start, be aware of the rapid rate at which attitudes and beliefs develop among young people. An attitude held as firm may quickly change to a new attitude held just as strongly, without the young person recognizing this is happening.

Rapid change is commonly seen in primary relationships of young people. Emotional intensity can develop quickly, and a person may soon see him or herself as committed to someone and comfortable engaging in unsafe sex. The relationship may abruptly end, a new relationship will begin, and emotional intensity will soon reach the same level. Accept this pattern, listen to a client's thoughts and feelings, and respond with support and information. Young people often do not feel their relationships are taken seriously by older people, or they feel that others do not consider their thoughts and feelings to be valid.

As with adult clients, be alert to cultural, ethnic, socioeconomic, and other personal, family and societal factors that shape each person's development.

Sexuality and Risk Reduction

With freedoms of youth, and the need to establish one's own identity, come sexual experimentation and risk-taking, as well as the need to break with traditions and standards of parents and others with authority. Recognize that most young people have engaged in sex, and for many reasons they may be unwilling to change unsafe behaviors.

Test counseling may be the first exposure many young people have to a supportive and forthright discussion of sexuality and other personal issues. Help clients become more comfortable with this opportunity by creating a safe environment that encourages a healthy discussion of behaviors and fears.

Recognize that simplistic statements, such as "Just Say No," will only distance already alienated youth from gaining the skills-based training and services they need. Also, simplistic messages related to monogamy, reducing the number of sex partners and knowing one's partner may fail because these ideas have different meanings in youth culture. For instance, a young person may define monogamy as having sex with only one person in each sexual encounter, having a series of relationships, or being in a primary relationship yet engaging in sex outside the relationship. Define terms without being judgmental about the way the client has defined them.

Sexual expression is one of the few powers young people have. Recognize this power, and do not interfere with it. It is important that young people believe a counselor is not attempting to take away their right to make decisions related to sexuality. Rather than challenging the young person's behaviors, help this client see reasons why he or she might wish to avoid unsafe sex. This may be done through an exploration of his or her values related to being healthy or to surviving in the difficult environment of a young person. Discuss this environment and the risks the client experiences in life.

Education and support offered in pre- and post-test counseling alone cannot be expected to lead to and sustain behavior change. Such change often requires other support and an ongoing client-counselor relationship. Explain the value of follow-up services and provide links with programs that offer culturally sensitive and age-appropriate medical, mental health, social and substance abuse services. If services are not available, talk with potential providers about the possibility of developing programs to serve youth.

Many young people are unfamiliar with support services and might be unwilling to use them. Those who do not live with their families often avoid service agencies out of fear that they will be returned to abusive homes or institutions. Respect clients' fears and determine ways these can be balanced against the value of services.

Discuss pregnancy with both male and female clients. Help clients understand that the method by which a woman becomes preg-
nent is also the method by which HIV is transmitted. Help women understand the risks of transmitting HIV to a child. Present to young men their responsibilities related to pregnancy, including prevention and financial support of a child. Offer referrals to clients with pregnancy concerns, and explain to women especially the value of regular health monitoring.

**HIV-Positive Clients**

Prior to testing, many young people have had little or no experience with the HIV epidemic. As a result, when they test positive, they may interpret the result as a diagnosis of impending illness and death. Clearly explain to all clients in pre-test counseling the spectrum of disease and distinctions between being HIV positive and having active HIV disease or AIDS.

It is unlikely that a young person who tests positive will have sufficient support in his or her life to respond to a positive result. A young person may be isolated from supportive people or know no one else with HIV. In some cases, it may not be in the best interest of clients to disclose their HIV status to those they know. Even if a young person has a supportive peer environment, peers who have not dealt with HIV infection may not yet have the skills to offer sufficient support to a person who tests positive.

Discuss where the client has found support in the past, and help him or her determine the usefulness of these sources at this time.

Explain the support offered by HIV service providers, particularly youth-sensitive case managers or social workers. If targeted support groups for HIV-positive youth are available, learn about these and explain their value. Assist the client in obtaining follow-up services by helping him or her contact specific providers. In areas where there are no agencies designed to serve HIV-infected youth, develop relationships with youth-sensitive providers, such as social workers, therapists or nurse practitioners. Be aware that HIV-infected clients are not likely to have health insurance and may not know what services are available.

The prospect of facing one’s infection and accessing health care can be especially overwhelming for a young person. Young people may put off follow-up care, and avoid acknowledging their infection.

Some young people with HIV anecdotally report sessions with test counselors that have been unproductive. For instance, clients describe sessions in which counselors appeared more visibly upset at a positive result than the client, or counselors whose primary expression was sympathy. Clients found themselves responding to these reactions without getting their own needs for support met.

It is easy to understand tendencies of care providers to be parental or to transfer unresolved feelings of their own youth, or of their own children’s lives, onto the client. While a supportive and caring presence is valuable, the purpose is to empower, rather than parent, young clients.

**Consent to Testing**

Alternative Test Site (ATS) policy prohibits testing those under age 12. Clients 12 years of age and older can test without parental consent at anonymous and confidential sites if, after a pre-test interview, the counselor determines that the client consents to test. Clients age 12 and older have the right not only to an HIV test but also to confidential diagnosis and treatment for all STDs, as well as pregnancy and substance abuse.

**Related Issue: Homeless and Runaway Youth**

It is estimated that there are one million homeless and runaway youth in this country. Many receive little or no public assistance and they lack skills needed to work and live on their own. They also may be in the country illegally, or be on probation.

Some exchange sex to obtain basic necessities. Survival sex can provide a measure of success for those who feel they have succeeded at few things in life. As a result, homeless and runaway youth may have numerous STDs, as well as other diseases such as malnutrition and illnesses related to substance abuse. In addition, homeless youth are at risk for being beaten, robbed, sexually molested, and murdered. They have very high rates of substance abuse, suicide, suicidal ideation, and mental disorders, such as depression, which are often the result of abusive environments.

Many factors lead young people to leave families or foster care situations. One study showed that 39% reported fleeing physical and sexual abuse; 44% faced long-term crises such as substance-abusing parents; 20% left as a result of short-term crises such as divorce, sickness, and school problems; and, often a combination of factors forced them to leave. A study of young male runaways reported that 79% had experienced physical or sexual abuse. Other studies have found that between 12% and 32% of young people who have left family situations are "throwaways" who left homes involuntarily.
services, without parental consent.

Be aware of the possibility that young clients may have been coerced into testing. In some cases, parents might accompany their child to the test site and demand to receive a test result from the counselor at the same time as the child. Both anonymous and confidential testing policies prohibit a counselor from disclosing results to anyone other than the client. This exclusion includes parents or guardians.

When dealing with young clients who visit the test site with parents or guardians, recognize that the counselor’s only interest is in serving the young client; ask questions privately of the client to determine whether the young person is interested in testing or is being coerced.

Provide pre-test counseling to the young person without the parent, and inform the client of the benefits and drawbacks of testing, and of the choice not to test.

Testing Issues

Because young people often distrust or do not feel understood by older people, peer counseling may be an effective alternative. Test sites are encouraged to recruit and train young people as counselors.

Where peer counselors are not used, test sites are urged at a minimum to make available HIV test counselors who are specially trained in working with young people. If youth specialists cannot be recruited and there are no test site staff trained to work with young clients, staff can attend youth-focused trainings.

It is valuable to establish test site guidelines that take into account the needs of young people. For instance, while test sites may generally refuse to see clients who do not arrive at the scheduled appointment time or date, it is important to remember that keeping appointments may not be a priority for a young person, or the client may be restricted in getting to the test site. When test sites offer flexibility, they will be more likely to serve young clients.

When possible, allow for multiple pre- and post-test sessions for young clients. Also, explain the value of confidential testing, which may allow for a stronger counselor-client relationship than anonymous testing, and may be vital, particularly with HIV-positive clients, in helping clients gain access to services.

References

20. Personal communication with Harold Crosby, San Joaquin County District Attorney's Office.
Related Counseling Issue: A Young Person’s Testing Experience

The following is the first-hand account of a young woman, who, at age 22, received an HIV positive test result at an Alternative Test Site (ATS) in California.

When I decided to test, it wasn’t because I thought of myself as an incredibly enlightened young woman and that I really thought I was at risk; it was because a friend was testing and I thought, “Why not, I might as well make sure I’m negative.”

Between the time I tested and two weeks later when I received my result, I wasn’t nervous because I was so sure the result would be negative. I was uninformed that my behaviors actually put me at risk for HIV, and I had been told by doctors that I was a “low-risk” person. It wasn’t until the night before I was to get my result that I started thinking there might be a small chance I could be infected. But I talked myself out of any fear, and remembered that teenagers can’t get HIV, especially young women. And I thought that because I had been practicing safer sex for the past three years, then certainly I would have started showing some symptoms if I was positive.

Receiving the Result

When I entered the counselor’s room, I was asked if I had any questions before getting my result. I said I didn’t and that I just wanted my result. The counselor took my appointment card, went down a list in front of her, then looked up at me and told me I was positive.

I was transformed in that moment. Everything I called reality had been stripped from me. So many times people had told me I didn’t need to get tested, that I was not in a “high-risk” group, that I would not be affected by this disease. At that moment, I was filled with the word “AIDS.” I was filled with the stigma that comes with that word, shame for what I must have done to be infected, anger that this was happening to me, and fear that I was going to die. The moment I heard that I was positive I felt completely different about my body. It seemed like everything shifted, and I didn’t feel comfortable in my own skin.

After telling me I tested positive, my counselor started asking questions, like what were my risk factors, and how did I think I had become infected. I couldn’t answer the counselor’s questions, I couldn’t think straight. I couldn’t think at all. I was so scared, and I was having a really hard time absorbing basic information about AIDS and HIV and exactly what it meant for me to be positive. All I could think about was that I did not want to die. I also felt so alone, I didn’t know any other young people who were positive. I started crying; as I cried, I suddenly felt that by being infected I was dirty and didn’t deserve to cry because by doing so I was emitting a “bodily fluid.”

I wanted my mother. I needed her support. She had driven me to the test site, and when I asked the counselor to get her, she didn’t respond directly to my request, but instead asked if my mother would be supportive. I wasn’t able to say anything, I was too paralyzed by fear. I know the counselor was trying to be helpful, but I needed her to be more support-focused and follow my direction. She went and got my mother and when they came back I took my mother’s hand and we sat together and cried.

The counselor gave me a flyer for a youth support group, an information pamphlet on HIV and AIDS and a resource list with phone numbers. The flyer for the group was the most useful.

The front of the information pamphlet described a time frame of eight years to development of AIDS. Seeing this scared the hell out of me and I didn’t get beyond the front page; I didn’t want to think about having AIDS. The resource list was overwhelming because it had names of lots of agencies, none of them that I’d ever heard of, and no explanation of what they were. I had no idea who to call, and I wasn’t exactly sure what I needed. All I knew was I wanted to get a doctor right away because I thought I was dying.

I agreed to make a follow-up appointment, knowing I would never step through those doors again, and I left with my mother and my friend who had been there to get his test result. I am grateful I had people there, and now I see how important they were.

Somehow I made it through that day, wondering if I would ever feel any better. The days have become weeks, months, and now over two years. It has gotten better. But my life will never be the same, and the feeling that I get when I think about the day I tested will never go away.
Test Yourself

Review Questions

1. What percentage of AIDS cases have been reported for people between ages 20-29? a) 20%, b) 3%, c) 10%, d) less than 1%.
2. Homeless or runaway youth are especially susceptible to which of the following? a) substance abuse, b) survival sex, c) malnutrition, d) all of the above.
3. Which of the following HIV-related myths are often cited by young people? a) only older gay men are infected, b) young people have strong immune systems, c) only people in urban areas are infected, d) all of the above.
4. True or False: Most sexually active young people have not engaged in unsafe sex.
5. True of False: Many young people who engage in high-risk behaviors are aware of how HIV is transmitted but do not perceive themselves as being at risk.
6. True or False: State guidelines allow people age 12 and older to test without parental consent.
7. True or False: Because gay and bisexual youth often have a higher awareness of HIV infection than other youth, they are less likely than others to have unsafe sex.
8. True or False: Young people may not perceive a personal risk for HIV infection because they are overwhelmed by a variety of other concerns.

Discussion Questions

1. What counseling would you offer to a sexually active young person who is unsure whether to test for HIV? In what cases would you discourage testing?
2. Young people often view life in short segments of time, and therefore may express little concern about HIV infection. What ways can you communicate with young clients about the need to avoid infection and unsafe behaviors?
3. In what ways is safer-sex counseling for young people different from that offered to older people? In what ways does such counseling vary among young clients?
4. In what ways is the counseling approach to young clients who test HIV positive different from that for older people who test positive?
5. Do you think a discussion of pregnancy should be a standard part of HIV test counseling for young people? Why or why not? What questions can counselors ask young people about pregnancy?
6. The young woman who relates her testing experience on page 7 describes a desire for the counselor to take the client’s direction in determining appropriate support. Is it appropriate for counselors to be more directive in sessions with young clients than in sessions with older clients?

Answers:
1. A. 20%.
2. D. All are true.
3. D. All are true.
4. False. In one large study, only 44% of those who had engaged in vaginal intercourse had used a condom during their last encounter.
5. True.
6. True. People age 12 and older can receive an HIV test without parental consent.
7. False. While many gay youth have a high level of knowledge about HIV infection, young gay men continue to engage in unsafe sex at a high rate.
8. True.