



# HIV COUNSELOR PERSPECTIVES

## Youth, HIV, and Sexual Risk

In the United States, approximately 15 percent to 30 percent of all new HIV cases occur among young people under the age of 25.<sup>1</sup> Expanding HIV-related awareness among young people is especially important because HIV-positive people 18 to 24 years old are more likely than people who are older to be unaware of their infection.<sup>2</sup>

For some groups of youth, infection rates are rising. Between 1997 and 2006, the infection rate for males 15 to 24 years old increased significantly, and the rate nearly doubled for males 15 to 19 years old.<sup>3</sup> Young men who have sex with men, and Black and Latino youth, continue to be the groups of young people with the highest rates of HIV infection.<sup>4</sup>

People who collect data on HIV define “youth” in a variety of ways, often including adolescents, minors, people between 13 and 25 years old, and sometimes even people in their late 20s. This issue of *PERSPECTIVES* specifically addresses sexual risk because most HIV-positive people between 13 and 29 years of age were infected during sex.<sup>5</sup> It explores the reasons why young people may be especially vulnerable to HIV infection and which

youth are most at risk; reviews some prevention interventions that have been effective with these youth; and suggests ways that counselors can work with young clients to reduce their HIV risk behaviors.

### Why Are Young People at Risk?

A variety of developmental and risk-taking behaviors are a normal and necessary part of the transition from childhood to adulthood, and for many youth, exploring sex, alcohol and other drugs, and relationships are part of the transition as well. Both casual and chronic substance use are associated with sexual behavior that can lead to HIV infection.<sup>2</sup>

Often, part of being a young person is the sense that illness and death are faraway possibilities, leading young people to feel that something like HIV “can’t happen to me” (which can lead to greater risk-taking behavior). On the other hand, in communities where youth have grown up seeing extensive devastation from HIV, poverty, drugs, and violence, a sense of fatalism can develop: “It doesn’t matter what I do—I’m still not going to have a future.” HIV risk-reduction messages typically emphasize the power

of the individual to make changes in behavior that will protect their health—a message that may not resonate with either of these groups.

Just as adults do, young people use sexual activity to feel accepted, to feel close to their partners, and to boost self-esteem. Boys and girls may both feel pressure from peers and others to engage in heterosexual activity to prove that they are “real men” or “real women.” Further, many youth lack adequate sexual health information, as well as the skills to negotiate sexual and HIV-prevention decisions.

Many youth are vulnerable to sexual abuse or coercion by older partners. Some engage in “survival sex”—sex in exchange for basic necessities, money, or drugs—that puts them at risk for HIV infection.<sup>2</sup> Even in consensual relationships between partners of different ages, there is often an age-related inequality of power between the partners. Whether because of financial dependence or differences in life experience, this inequality can make it difficult for the younger partner to communicate and follow through on his or her risk-reduction goals.

As is true for adults, there is a

strong connection between HIV and other STDs among young people. To read more about this connection, please refer to our Winter 2008 issue of *PERSPECTIVES*.<sup>6</sup>

The CDC reports that young people aged 15 to 24 years old have high rates for the most common STDs, and that 15- to 24-year-olds acquire nearly 50 percent of all new STDs even though they represent only 25 percent of sexually active people.<sup>3</sup> Again, Black youth are disproportionately affected: rates of chlamydia, gonorrhea, and syphilis were highest among Black people for all age groups.<sup>3</sup> Young people

### **Health disparities often overlap, and poverty disproportionately affects Black and Hispanic youth, increasing their risk for HIV.**

with STDs often face additional barriers to treatment: lack of knowledge about STD infection, testing, and treatment; lack of awareness that they can consent to confidential STD diagnosis and treatment; or lack of access to health care or youth-friendly providers.<sup>3,7,8</sup>

Young women are more vulnerable to chlamydia and gonorrhea than older women because their cervixes are not fully matured. Often the cells that line the cervical canal of young women also extend out onto the outer surface of the cervix—a normal condition in adolescent girls that is less common as they mature. Because this condition (called “cervical ectopy”) makes them more susceptible to gonorrhea and chlamydia, it also increases their risk of HIV infection.<sup>8</sup>

Poor youth and youth of color face additional circumstances that provide the context for greater HIV risk. Poverty increases a young person’s chances of dropping out of school, and since most HIV education for youth is conducted in schools, those who drop out are less likely to be exposed to HIV prevention messages. Youth not in school are also more likely to become sexually active at a younger age.<sup>2</sup>

Health disparities involving race, ethnicity, and class often overlap, and poverty disproportionately affects Black and Hispanic youth. Lack of financial resources often

diminishes access to high-quality health care for these youth, and Black and Hispanic youth are also more likely to have early sexual initiation and multiple sexual partners.<sup>2</sup>

Young men who have sex with men from all racial and ethnic backgrounds are also vulnerable to contracting HIV, and this is particularly true for Black and Latino men. Young men who identify as gay or bisexual risk stigma and rejection by family, friends, and the larger society. Because of this homophobia, or for other reasons, many young men who have sex with men do not disclose their same-sex sexual activity to others. These young men are less likely to use HIV testing services (and so less likely to know their HIV status) and are also more likely to have female partners. It is especially dif-

ficult to direct prevention messages to young men who have sex with men, since they often do not identify as gay or bisexual.<sup>2</sup>

### **What Interventions Work with Youth?**

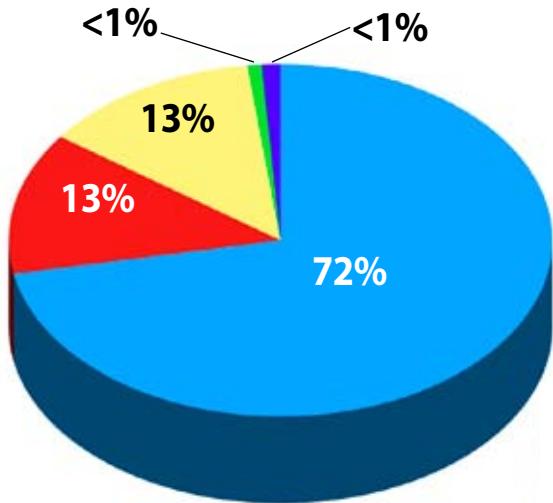
In a review of the literature on adolescents and sexual risk, Emory University researcher Ralph DiClemente and colleagues note that most research looks at the individual psychological factors that affect adolescents’ decision making. For example, adolescents who believe they are at risk for HIV and other STDs tend to engage in less risky behavior than those who do not believe they are at risk. Those who feel confident in using condoms, in their ability to negotiate condom use with partners, in their ability to refuse sex without condom use, and in their ability to discuss sexual matters tend to use condoms more often and have lower rates of STDs.<sup>9</sup> In addition to understanding such individual factors, DiClemente and colleagues stress the importance of viewing adolescents’ behavior within the context of their social and physical environment, including family, relational, peer, and societal influences. They identify *SIHLE* (*Sisters Informing, Healing, Living, and Empowering*) as an example of an intervention model for Black female adolescents that explores these contexts.

Using interactive games, role-playing, and open discussions, *SIHLE* explores the realities of many girls’ relationships, including serial monogamy, older male partners, and dating violence. The program also encourages participants to examine societal factors such as negative

## Which Youth Are Most At Risk?

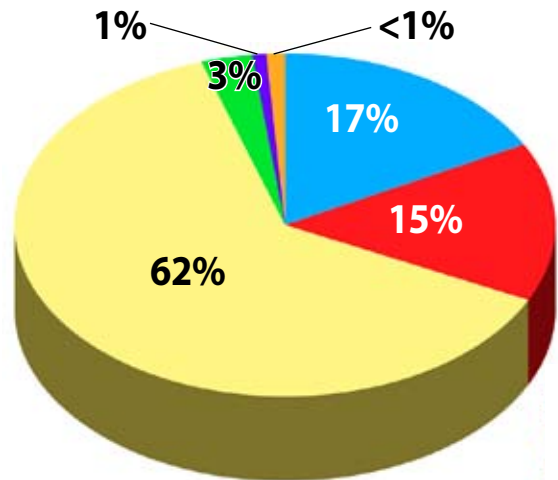
Some groups of young people are much more likely to be living with HIV than others. Among all racial and ethnic groups, Black youth are most disproportionately infected with HIV. Nationwide, sex with a male partner is the primary transmission category across all ages, racial and ethnic populations, and across genders.<sup>3</sup>

**Race/Ethnicity of Adolescents Aged 13 to 19 Diagnosed with HIV/AIDS in 2007**  
N=1,744

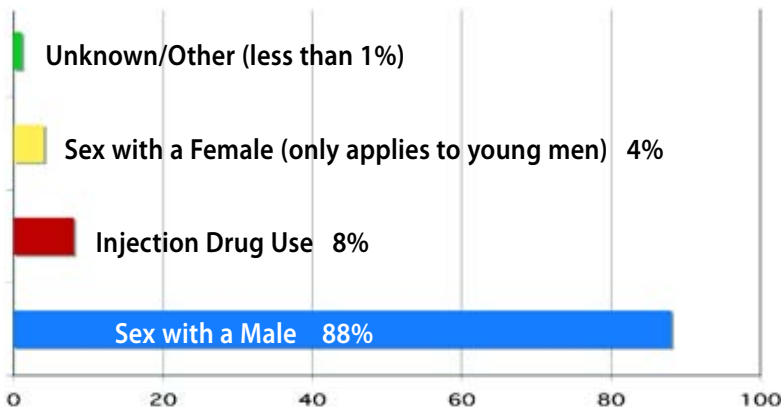


Black  
Latino  
White  
Asian  
American Indian/Alaska Native  
Native Hawaiian/Other Pacific Islander

**Race/Ethnicity of Entire Population, 2007**  
N=19,769,265



## HIV/AIDS Cases Among People 13–19 years old By Transmission Category



Pie chart data are for the 34 states with confidential, name-based reporting during that time (which does not include California).  
Bar graph data are for 2004–2007, in the 34 states with confidential, name-based reporting during that time (which does not include California).  
Both are adapted from the Center for Disease Control and Prevention's *HIV/AIDS Surveillance in Adolescents and Young Adults* (through 2007) [reference 5].

perceptions of Black teens, peer factors such as peer pressure, and social norms such as nonassertive communication about sex. *SIHLE* also teaches multidimensional strategies

for HIV prevention, including condom use skills and partner communication techniques.<sup>9</sup>

Other best-evidence interventions for young people of color

include *Cuidate!*, which targets Latino youth, and focuses on sexual abstinence and condom use as effective and culturally accepted ways of preventing HIV and other

STDs.<sup>10</sup> *Be Proud! Be Responsible!* uses role-playing, video games, and other exercises to help young Black men living in the inner city to eliminate or reduce sexual behaviors that could lead to HIV transmission.<sup>11</sup>

Another intervention showing promising evidence of effectiveness is the *Mpowerment* model, a community-level intervention that uses teams of young gay men to carry out activities such as outreach at young

skills that they would if they were working with adults: treating their clients respectfully and non-judgmentally, helping clients to explore their risk for HIV transmission, and to identify ways to reduce those risks. Many of the suggestions listed below are not unique to counseling young people, but take on a special significance when counseling youth.

*Be Aware of Your Own Feelings and Stay Neutral in the Session.*

## **The counseling session may be the first time that some young clients have experienced a straightforward, supportive discussion of sexual issues.**

gay men's venues to discuss and promote safer sex, deliver literature on HIV risk reduction, and distribute condoms. Teams create dances, video parties, picnics, and discussion groups that attract young gay men. Peer-led discussions help young men explore factors that contribute to unsafe sex (misconceptions, beliefs that safer sex is not enjoyable, poor sexual communication skills) and skills-building exercises offer them the opportunity to practice correct condom use and safer sex negotiation.<sup>12</sup>

The CDC has disseminated several interventions for youth, including some for young men who have sex with men and some for young men of color. Additional effective interventions, particularly interventions targeting young Black and Latino men who have sex with men, are still needed.

### **What Can Counselors Do?**

Counselors working with youth must use all of the client-centered

Counselors may experience conflict because their own values regarding sexual expression, drug use, or other activities differ from those of the youth they counsel.<sup>8</sup> For many counselors, this conflict may feel more intense with younger clients, because the counselor feels instinctively that a younger person needs protection. Manage your feelings and reactions in a way that allows clients to get what they need out of the session. Then take care of your own feelings outside the session by talking with peers, supervisors, and other supportive people.

*Know Regulations Related to Counseling Young People.* In California, young people 12 years old and older may receive HIV testing, HIV/AIDS diagnosis and treatment, and STD testing and treatment services.<sup>13</sup> If a young person is assessed as competent to give informed consent, it is not necessary to get permission from a parent or guardian.<sup>7</sup> In fact,

health care providers are not allowed to inform parents or legal guardians without the minor's consent and a signed authorization from the young person.<sup>14</sup>

Talk with your supervisor about the rules that govern your site and your job as an HIV test counselor since some sites may have confidentiality exceptions regarding mandated reporting of things like child sexual abuse and sexual assault.

Be sure that clients understand the confidentiality policy and any exceptions by asking them to summarize their understanding. Provide confidential service by questioning the client and giving them their results alone, even if they have come to the site with someone else. In particular, be sure that younger clients are not being coerced into testing.

*Understand that Young People Have Diverse Counseling Needs.* Your counseling messages and style may vary depending on client's age, developmental level, gender identification, and living situation, as well as their knowledge, experience, and sources of information.<sup>8</sup> Be aware that family, race, class, ethnic and religious culture, peers, partners, and educational institutions all may exert powerful influences on young peoples' sexual behavior and practices. Listening for the ways that these factors influence your clients' behaviors and lives will help you to individualize the session. Notice any barriers your client faces to accessing sexual health or other health services.<sup>8</sup>

*Build Rapport and Foster Communication.* Fears of stigma and judgment can discourage young

people from being open about their sexual and HIV risk-related experiences. Be patient if your clients take a while to open up, and allow enough time in the session so that the clients do not feel rushed.<sup>8</sup>

Don't assume that one way of counseling will work with all young people. Instead, respect your clients' choices, beliefs, and life experiences by asking them about their sexual and HIV-related knowledge and experience before giving them information that they may already know. Ask if you can add to the information the client offers. For some clients, especially younger clients, or those with less sex education or experience, there may be a strong educational or informational component to the session. Use short sentences and simple language, and avoid technical terms.

Try to use brief explanations and ask clients to explain what

they understand about a certain topic, rather than using closed-ended questions such as, "Do you understand?" Remember that many youth have received misinformation about sex and HIV from peers, parents, families, the internet, and other media. Model the value of asking clarifying questions by asking clients what they mean when they use slang terms you don't know and broad terms like "sex."

The counseling session may be the first time some clients have experienced a straightforward, supportive discussion of sexual issues. Create a safe environment that encourages a healthy discussion of behaviors and fears. When you don't know the answer to a client's question, admit it. Your honesty and genuineness will help the client trust you. Reflections can also help you connect with your client's feelings and concerns and to move the session forward.

### *Use Your Referral Network.*

Ask young clients what kinds of resources they would find most useful, and where they have successfully turned for support in the past. Know local STD treatment clinics, adolescent-friendly medical services, contraceptive sources, support groups, and other social services, and be prepared to help clients follow through on these referrals, if they desire such assistance.

## Conclusion

A number of contextual and individual factors put many young people at risk for HIV infection. By remembering the importance of context while still treating each young client as an individual, counselors can help young people making the transition to adulthood develop risk-reduction strategies that can protect their health. ■

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- California Health and Safety Code §§ 123110(a); 123115(a)(1); California Civil Code §§ 56.10, 56.11.

## Test Yourself

### Review Questions

1. According to the article, what percentage of new HIV cases in the United States are estimated to occur among young people under the age of 25? a) 5 percent to 15 percent; b) 15 percent to 30 percent; c) 30 percent to 50 percent; d) 20 percent to 45 percent.

2. *True or False:* If a sexual relationship is consensual, power is likely to be shared evenly between the partners, even if they are of different ages.

3. According to the article, which groups of youth are most likely to become infected with HIV in the United States? a) injection drug users, youth who identify as gay or bisexual, and youth with an HIV-positive parent; b) Black youth, youth who identify as gay or bisexual, and Asian/Pacific Islander youth; c) young men who have sex with men, Latino youth, and Black Youth; d) Latino youth, Black youth, and Asian/Pacific Islander youth.

4. In California, which of the following is true? a) Young people 12 years old and older can receive HIV testing, HIV/AIDS diagnosis and treatment, and STD testing and treatment services; b) Young people 12 years old and older can receive HIV and STD testing and treatment with parental permission or a court order; c) The young person must be assessed as competent to give informed consent; d) State Office of AIDS-funded HIV test counselors may inform a minor client's parents of the client's HIV test results if it is in the best interest of the client; e) "a" and "c" are true; f) "b" and "d" are true.

5. Most young people between the ages of 13 and 24 who are living with HIV were

infected by a) shared injection needles; b) maternal-child transmission; c) sexual transmission; d) Both "a" and "b."

6. Which of the following is a reason that a young person might be vulnerable to HIV transmission? a) Exploring sex and substance use can mean engaging in behaviors that could transmit HIV; b) Young people sometimes believe that their decisions about risk taking don't matter—that they are either invincible or doomed; c) Many youth lack adequate sexual health information and sexual negotiating skills; d) All of the above are true.

### Discussion Questions

1. What do you see as the greatest HIV prevention challenges in working with adolescents and young adults? What strategies do you find most effective in working with these populations?

2. What is your site's protocol for working with minors who wish to receive HIV test counseling services? In what ways do counseling sessions with people under 18 years old differ from those with adults at your site?

3. How can counselors help create an environment where young clients will feel as comfortable as possible discussing their sexual health and possible exposure to HIV?

### Answers to Review Questions

1. b.

2. *False. Even in consensual relationships, there is often a power differential between young people and significantly older partners.*

3. c.

4. e

5. c.

6. d.



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#### Executive Director:

James W. Dilley, MD

**Editor:** Robert Marks

**Author:** Michelle Cataldo, LCSW

**Clinical Advisor:** George Harrison, MD

**Reviewers:** Barbara Adler, LMFT, Francisco Nanclares

**Design & Production:** Lisa Roth

**Proofreading:** Suzy Brady, Jessie Murphy, Lawrence Sanfilippo

**Circulation:** Stephen Scott

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Contact Us:

Michelle Cataldo, LCSW  
UCSF AIDS Health Project, Box 0884  
San Francisco, CA 94143-0884  
415-476-2626  
e-mail: michelle.cataldo@ucsf.edu

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