Profiling Teen Sexual Minorities for Self-Harming Behaviors: Pilot Program for
Southwest Wisconsin
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In the January 2003 edition of *Rolling Stone* (Freeman, 2003), Dr. Bob Cajal, director of the San Francisco County Behavioral Health Services, gave an interview in which he claimed there was a growing number of gay men in the San Francisco area who were actively pursuing HIV infection. Almost immediately, there were two, diametrically opposed reactions to this news. First, gay advocates in many communities publicly denounced Dr. Cajal’s remarks. In particular, they challenged his statement that as many as 20% of new cases of infection resulted from this intentional pursuit of the virus. The second reaction came from the religious right who have championed this news as further evidence of the moral decay of homosexuals and the need for further discrimination against gay men and lesbians. Soon after the release of the article in Rolling Stone, Dr. Cajal publicly denounced the article stating he had been quoted out of context. He stated that he never believed the number of “bug chasers” approached one fifth of the new infections, rather that a growing number of gay men had ceased actively avoiding infection through strict safe-sex policies. Not surprisingly, the religious right coalitions have continued to disseminate the original data.

The unfortunate outcome of the politicalization and polarization of Dr. Cajal’s comments is that honest and objective discussion of his findings is difficult to conduct. What is not under dispute is that, after many years of decline, the number of new AIDS cases among gay men is rising. In 1999, new infections of HIV in gay men reached a low of 6,561 cases out of a total of 40,000 new infections. Since then, the rate has risen each year and is up 18% from the 1999 data (Centers for Disease Control and Prevention web site, visited December 4, 2004). The reasons for this rise must be addressed by activists as well as community health providers if appropriate.
interventions are to be formulated. Activists and researchers can not avoid conducting
research out of a fear that their results may be corrupted by individuals with ulterior
motives. The purpose of this paper is to discuss several theoretical explanations for
both Dr. Cajal's observations and the overall rise in HIV infections in gay men. For the
purpose of this paper, the concept of the “bug chaser” will be classified into two groups:
gay men who actively pursue HIV infection by seeking out and having unprotected sex
with HIV positive partners; and gay men who passively pursue HIV infection through a
diminished reliance on safe sex practices.

The paper will be divided into two major parts: the first part will address current
psychological and sociological theories to explain why some men may actively pursue
infection; the second part of the paper will address theoretical models that could
account for the rise in “passive” infection. Particular emphasis will be placed on
adolescent gay men. Given the relative length of dormancy for the virus, most HIV+
gay men are believed to have been infected during adolescence. Furthermore,
teenagers are currently making up approximately twelve percent of all new infections
(CDC, 2003). Following these sections will be a discussion of possible interventions for
advocates, social workers and medical community professionals.

**Profiling the active bug seeker**

Perusing web pages dedicated to gay men, one crosses the path of various sub-
populations (Grov, 2004). A small, but critical group is known as “bug chasers”. These are men who are actively pursuing unprotected anal intercourse with
known HIV+ partners, known as “gift-givers.” Their goal is infection. As Carlos
was quoted by Freeman (2003) in *Rolling Stone*:

> [the instant he gets HIV will be] the most erotic thing I can imagine. I know
what the risks are, and I know that putting myself in this situation is like putting
a gun to my head. But I think it turns the other guy on to know that I'm negative
and that they're bringing me into the brotherhood. That gets me off, too. (p.23 )
Traditionally, attempts to explain deviant behavior has followed Problem Behavior Theory (see Jessor, 1992) which hypothesizes that risky behavior results from three distinct systems: personality factors, environmental or situational factors, and deviant cultural norms. While this theory has largely been applied to adolescent alcohol and drug use, aspects of this model may be helpful in understanding this sub-culture.

The role of personality characteristics are probably the most significant feature of the active bug seeker. Because they are trying to become infected, situational factors are not as relevant. The personality feature most salient is the concept of the “thrill seeker”. First described by Zuckerman and Kuhlman as an alternative to other trait theories (e.g. the big five factor theory), thrill seekers tend to minimize risk levels, even for novel experiences as well as anticipate lower levels of anxiety for these behaviors. Thus, these expectations increase the likelihood that these individuals will engage in high risk behaviors (for a review of this theory, see Zuckerman & Kuhlman, 2000).

Personality characteristics that generally describe risk-taking have been linked to sexual risk-taking (Gold, Skinner, & Ross, 1994; Kalichman, Kelly, & Rompa, 1997). The thrills sought can be either directly related to infection, much like a game of sexual “Russian roulette” or indirect through the thrill of anonymous and/or spontaneous sexual activity which tends to be correlated with risky behaviors (Semple, Patterson, & Grant, 2004). Another important characteristic has been the sensation seeking for both adult (Ostrow, DiFrancisco, & Kalichman, 1997; Ostrow, McKirnan, Klein, & DiFrancisco, 1999) and adolescent (Dudley, Rostosky, Korfhage, & Zimmerman, 2004) gay men. The practice of “barebacking” (i.e. unprotected anal intercourse) originated with active seekers, looking for positive partners for the purpose of infection. There is a general perception,
by both heterosexual and homosexual communities that condoms interfere with the physical sensation of sexual experiences. A third factor that should be considered is that the individual is depressed and active pursuit of infection is a form of suicide. Research in gay communities, especially adolescent gay communities have indicated an increase in depression compared to heterosexual youths.

In 2001, the Southwest Wisconsin Youth Survey was administered by 19 participating schools to teens in 7th through 12th grade. The survey was developed and analyzed by faculty from UW-Extension and UW-Platteville. The overall purpose of this survey was to identify the current problems facing area teens as well as the prevalence rates and any correlating influences for those issues. The findings of this study were published in the spring of 2002 (see Schmitz, Ivey, Schriefer, Kenney, & Parsons). The results were summarized in several categories including: teen concerns; alcohol and drug use; issues surrounding sexuality and behaviors; mental health concerns; personal safety; as well as the perceptions of their school, family, and peers. Furthermore, 19 separate protective factors were identified that research indicates can protect teens from developing destructive patterns of behavior (for summary of risk and protective factors, see Fraser, 2002).

One of the sub-cultures that these researchers were interested in tracking was gay, lesbian, bisexual and trans-sexual (GLBT) adolescents. Research indicates that GBLT individuals, especially adolescents, are at higher risks for a variety of self-destructive behaviors. These behaviors include issues such as higher incidences of alcohol and drug abuse, increased risk of suicidal plans and actions, and risky sexual behaviors. In the 2001 study, distressed teens were 2.5 times more likely to plan a
suicide and more than 3 times more likely to attempt suicide compared to teens with little to no concerns about their sexuality. These results are similar to those seen nationally. In 1989, a report released by the US Secretary of Health and Human Services stated that gay and lesbian youths are two to three times more likely to attempt suicide and account for 30% of the total adolescent suicide rate. More recent research has replicated these results (Russel & Joyner, 2001). In another study, Remafedi (1991) recruited 137 gay and bi-sexual men between the ages of 14 and 21 through advertisements in gay publications, bars, and support-group settings. About one-third of the sample reported a serious suicide attempt. The primary reasons given for the attempt surrounded feelings of family rejection and social isolation. Other researchers have identified increased risk for depression and anxiety-based disorders for GBLT teens (D’Augelli, 1996; Field & Sanders, 2001). These factors are also associated with increased risk of suicide and other self-harming actions.

Several researchers have found a connection between depression and unprotected anal intercourse (Clement, 1992; Semple, Patterson, & Grant, 2000) as well as an increase in anonymous partners (Semple, et al., 2004). Furthermore some gay men, especially those of vulnerable populations, may pursue infection as a way to access medical and community resources that otherwise would not be available (Morin, Vernon, Harcourt, Steward, Volk, Riess, Neilands, McLaughlin, & Coates, 2003). Finally, there is evidence that some gay men, especially those high on internal locus of control (LOC) measures (see Rotter, 1990), may seek infection as a way of gaining control over an “inevitable” outcome (Morin et al., 2003; Spalding, 1995). Related to this sense of inevitability is the growing sense that HIV will never be “cured”, thus many
younger gay men feel frustrated that they are going to have to engage in safe sex practices throughout their lives. By seeking infection now, one “grabs the bull by the horns” and assumes control over their destiny.

Profiling the passive bug seeker

While the existence of the active seeker received most of the public attention after the publication of the Rolling Stone article, there is little evidence that these men exist in great numbers. Most of the research addressing the unfortunate rise in HIV infection, suggests that the rise in unprotected sexual contact is far more complex than actively pursuing infection. For this group, an understanding of all three systems related to problem behavior must be addressed.

The personality traits of the passive seeker are similar to the active seeker in terms of risk-taking and sensation seeking. In addition to those traits, the passive seeker also possesses traits of impulsivity (Semple, et al, 2004); and disinhibition (Dudley, et al., 2004). This suggests that many of these new infections occur primarily from a lack of planning on the part of the gay or bi-sexual man. Disinhibition is also impacted by the use of alcohol and other drugs, both of which have been found to be higher in adult (Kalichman, Heckman, & Kelly, 1996) and adolescent (Olson, 2000) gay populations. Depression and a sense of hopelessness also impacts behavior. Research in the development of the sexual minority identity has indicated that many gay youths are at high risk for a sense of isolation and depression. Much of this derives from the developmental model first proposed by Cass in 1979.

Cass proposed a developmental model of gay and lesbian identity. In the first stage, the young person demonstrates “Identity Confusion”. This first stage can occur
in children as young as four or five but usually presents in the later childhood years. Lesbian and gay individuals frequently state that they were aware of feeling different long before the identified themselves as homosexual. These feelings often lead the young person to physically and socially isolate themselves from the heterosexual peers. Later, during their adolescent years, the young person becomes aware of their orientation and enters the second stage called “Identity Comparison”. In this stage, the teen develops cognitive dissonance as they recognize their minority identity. During this period, the teen develops a sense of isolation that includes: 1) feeling alone in social situations, 2) feeling there is no one to talk to 3) feeling a need to distance themselves emotionally from others; 4) fearing that same-sex friendships may be misunderstood, and 5) feelings of hopelessness for the future (Ryan & Futterman, 1998). Thus, at a time when young adolescents need to develop peer-dominated relationships, they are socially stigmatized and isolated from most protective factors (Fraser, 2002).

A sense of helplessness is also associated with depression. First described by Seligman (1975) The concept of learned helplessness develops from an “externalization” of control. Research indicates a co-occurrence of depression and external locus of control for HIV+ gay men (Kelly, Raphael, Judd, Perdices, Kernutt, Burnett, Dunne, & Burrows, 1998), especially for minority populations (Linn, Poku, Cain, Holzapfel, & Crawford, 1995; Spalding, 1995). Of course this data is correlational, thus, it is unknown whether the depression and external LOC increased risk for infection or if HIV infection elicited the depression.

There are also contextual or environmental factors that are associated with increased sexual risky behavior. These include perceptions of low social support
Especially in younger populations, these factors can have substantial impact on risky behaviors. Some of the factors that are believed to be higher for GLBT teens include: depression, low bonding to family, low commitment to schools, peer rejection in elementary grades, and alienation from society (Guo, Hawkins, Hill, & Abbott, 2001; Hawkins, Catalano & Miller, 1992; D'Augelli, 1996).

One serious risk associated with gay and lesbian teens that does not exist for most adult sexual minorities is an increased risk for violence at home and school (Nichols, 1999). Researchers surveying gay and lesbian students, report that almost 70% identify a history of school-related victimization. The majority identified verbal abuse although a significant number also acknowledged a history of physical abuse from peers. Seventy-five percent of the respondents believed this harassment negatively impacted school performance, 40% reported a history of truancy and 28% dropped out of school (Remafedi, 1987).

Finally, there are cultural forces within the gay community. Through the development of new drugs, HIV infection is no longer considered the “death sentence” it once was (Morin, et al, 2003). Gay men, especially younger gay men do not experience the deaths of their friends in the same way that death was seen by the gay community in the 1980's. This has lead many gay men to be less vigilant in their safe sex practices. Furthermore, the practice of high risk sexual behaviors has become more normalized. For example, the term “barebacking” has evolved into a term that refers more to the “accidental” or “impulsive” lack of protection rather than intentional
Among gay men who report frequent sexual contact with anonymous partners, there has been a drop in safe sex practices (Semple, et al., 2004). One explanation for this finding is an assumption that most anonymous partners are already positive (Morin et al., 2003), thus, the need for condoms is unnecessary if one is already positive. Of course, this perception may not be true; in addition, an HIV+ individual may be putting themselves at risk for a drug-resistant strain through these practices. Since reporting of one's "seropositive" status is also low among anonymous partners (Semple et al., 2004), this substantially increases the risk to any HIV negative partner. There is one other cultural force that requires attention; that is, the rise in infection among vulnerable populations who may be at higher risk through no choice of their own. Many young, poor, minority men have been exposed to HIV infection through prostitution or other forms of oppression. Gay and lesbian teens are at increased risk for homelessness as a result of either getting "kicked out" by their parents or by choosing to leave a hostile environment. In one study, 26% of sexual minority teens left home because of conflicts with their parents regarding their orientation (Quinn, 2002). In a separate study detailing risks faced by homeless teens, researchers found that gay and lesbian homeless teens were at significantly higher risk for substance abuse, violence, and mental illness when compared to heterosexual homeless teens (Cochran, Stewart, Ginzier, & Cauce, 2002). Research indicates that men of color who report discrimination and poverty were more likely to participate in risky sexual behaviors (Diaz, Ayala, & Bein, 2004).

Suggestions of interventions for Social Workers and Medical professionals.
Unfortunately, intervention for men actively pursing infection is not likely to be effective. Once an individual makes a decision to die, there is little that a worker can do to alter that outcome. This author is reminded of his work in hostage negotiation and suicide prevention. In both of these incidences, successful (ie. non-violent) resolution of these events requires the individual to maintain a desire to live. Without this need, the worker has nothing to leverage the individual to change their plans. If the bug chaser has chosen this route out of a need to control “inevitable” infection, than the worker can use various cognitive approaches to re-frame their perceptions. If the client is depressed, and infection is perceived by the worker to be a suicidal gesture, than treating the depression may reduce the sexually risky behavior. Finally, if the client perceives that positive status is necessary in order for the individual to receive needed social, medical or residential resources, than the worker can engage in resource management in order to address these needs.

When working with clients that are passively pursuing infection through a drop in vigilance for safe-sex practices, workers have more options available. Similar to the interventions suggested for the active chasers, the worker should address issues of depression and suicide. They should also work to re-frame any perceptions of hopelessness or inevitability of infection. An area of great need for intervention would be to address the issue of impulsivity. Thus, the worker should work with the client to insure that they are prepared for sexual experiences (e.g. they should always have condoms easily available) and should role-play discussions with their potential partners for how to address pressures toward risky behaviors. Other areas of intervention for the worker are to advocate in the community against the changing social norms.
Unfortunately, the drug companies in many gay communities have presented a message of “health and normalcy” with HIV infection. Workers need to work with community activists to get the message out that there’s still no cure for HIV and while the drugs have been a “god-send”, the expense and side-effects of these medications should not be marginalized. Similarly, workers should challenge the normalcy of these risky behaviors, especially among adolescent and young adult clients. Finally, workers need to address the oppression faced by sexual, racial, and ethnic minorities. Promoting “gay friendly” environments in the schools would be one such intervention. Another area of concern is the use of alcohol and other drugs, especially by teens. Several options are available for workers, at least in the Dane County area.

There are several agencies in the Madison area that are designed to address prevention and intervention of alcohol and drug use, mental health concerns and other self-harming behaviors in adolescents. The one of the largest agencies is The Prevention and Intervention Center for Drug and Other Drug Abuse (PICADA). PICADA, which is currently a component of Family Services, provides a variety of programs for both teens and adults. One of their programs that is specifically designed for teens is FORTRESS, a school-based program addressing the specific concerns of children of alcoholics. Adolescent Alcohol/Drug Abuse Intervention Program (AADAIP) is a program associated with University of Wisconsin Hospital. AADAIP engages in assessment and intervention of AOD and mental health concerns of Dane County teenagers. A third local program is OASIS also addresses potential concerns for area teens, especially those who have been victimized by sexual assault. The Mental Health Center of Dane County has several agencies including the Crisis Unit and Child,
Adolescent, Family Services (CAF) that specifically address the needs of adolescents and their families.

There are also several programs designed to specifically meet the needs of area gay teenagers. OutReach, Inc is the most diverse and active program available in the Madison area. While not exclusively designed to address teen concerns, OutReach provides peer counseling, and referrals for the GBLT community. OutReach serves primarily as an “umbrella” organization for most other gay-friendly programs primarily through the production and dissemination of their directory of services/programs (OutReach, 2003). Programs that are designed to specifically meet the needs of the adolescent GBLT community include Proud Theater, Gay, Lesbian and Straight Education Network of Wisconsin (GLSEN Wisconsin), and Teens Like Us. Proud Theater provides a supportive community for area GBLT teens to interact, network and receive social support. The theater group writes, directs and performs original works. Another source of support for area GBLT teens is GLSEN. GLSEN strives to provide support and structure for the various gay/straight alliances (GSAs) founded at area middle and high schools. The focus of these groups primarily addresses teens’ concerns in the school community as well as issues at home. Teens Like Us also provides social support and educational services to area GBLT teens.

Conclusions

Due to the controversial nature of this work, researchers and social workers will have significant challenges in obtaining accurate data as well as reaching vulnerable populations. The impact that Dr. Cajal’s words have had in both the gay community as well as in the dominant culture has hindered more than helped to address the needs of
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the HIV epidemic. The current political and social climate should serve as examples of the difficulties one should expect to confront when working with adult and adolescent sexual minorities. While it is no longer socially “correct” to engage in overt racist or sexist practices, the dominant culture continues to permit large scale oppression towards sexual minorities. Nevertheless, the ethical standards of the National Association of Social Workers, compels workers to confront injustice and assist the vulnerable.

There appears to be two distinct populations of bug chasers. One actively pursues infection because they perceive infection to bring them specific advantages. These advantages may be the thrill of defying death, the belief that they now truly “belong” to the community, or that they gain access to needed medical services. Other gay men are at significant risk for infection through their belief that infection is either insignificant or inevitable; thus, they no longer concern themselves with safe sex practices. This appears to be particularly true of younger gay men who have reached sexual maturity during an era where drugs are available to significantly increase life-span. While both adult and adolescent males are at risk, rates of infection among young gay men are especially pronounced. Social workers involved with these populations need to develop screening tools specifically for identifying the groups and then personalize their interventions accordingly.

There is also additional research that needs to be conducted. Other personality factors should be tested for prediction of risky behavior. Previous research indicates that high Neuroticism, low Conscientiousness, and low Agreeableness (from the “Big Five” personality traits) have been associated with high risk behaviors in heterosexual,
African-Americans (Trobst, Herbert, Masters, & Costa, 2002). These factors have not been measured in gay men as a function of HIV risk. Furthermore, all of this research is correlational, thus it is unknown whether risky sexual behaviors drive the internal traits or if the traits encourage the behavior. While causal inferences will never be possible, given the ethical restrictions of this form of research, more needs to be accomplished. Finally, social workers in the schools and community must take greater roles in addressing the sense of isolation and oppression by members of the sexual minority. While the controversy of active infection will not be resolved easily, the number of passive pursuers of infection will almost certainly drop with a rise in empowerment.
References


