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Who Wins in the Status Games? Violence, Sexual Violence, and an Emerging Single Standard among Adolescent Women

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Abstract

Throughout U.S. history, women have changed their sexual behaviors in response to, or as actors affecting, economic, political, and legal imperatives; to preserve health; to promote new relationship, identity or career paths; to assert a set of values; as a result of new reproductive technologies; or to gain status. In adjusting to pressures or goals, women have not always acted, or been able to act, in the interests of their own health, identity, or status. As this article will demonstrate, women, in the short or long run, may attempt to preserve status at the cost of other values such as health. This may occur through conscious and critical choice or through less conscious processes in reaction to relatively larger forces whose impact has not been critically analyzed. With the awareness in the 1980s in the United States of an emergent and incurable sexually transmissible infection, HIV, it would have been anticipated that a new sexual caution may have appeared. Yet, across several research projects in the late 1990s and into the 21st century, as our research team interviewed youth in a high HIV seroprevalence neighborhood in New York City about HIV prevention, we began to hear that a substantial minority of young women and men were participating in social settings for sexual behavior that (1) put youth at risk for HIV; (2) appeared to be motivated by acquisition of status ("props," "points"); and (3) offered few ways for women to win in these status games. We estimate from one random dwelling unit sample that about one in eight youth have been present in these settings and half of them have participated in risky sexual behavior in such settings. The settings are often characterized by men's publicly offhand attitudes toward sexual encounters, are organized around men's status maintenance, and evidence peer pressures that are poorly understood by both young men and women participants. To regain status, some women participants have adopted attitudes more characteristic of men.

Keywords

adolescents; women; sexual risk; status; HIV; violence

INTRODUCTION

Throughout U.S. history, women have changed their sexual behaviors in response to, or as actors affecting, economic, political, and legal imperatives; to preserve health; to promote new relationship, identity or career paths; to assert a set of values; as a result of new reproductive technologies; or to gain status (e.g., Cott, 2002; Grewal & Kaplan, 2001; Rouse, 2002; Woloch, 1999). However, in adjusting to these pressures or goals, women have not always acted, or

been able to act, in the interests of their own health, identity, or reputation. As this article will demonstrate, women, in the short or long run, may attempt to preserve status, which represents standing in a culture or subculture and is linked to constructions of identity by others, at the cost of other values such as health. Attempts at status preservation may occur through conscious and critical choice, on the part of individual women or the culture around them, or through less conscious processes in reaction to relatively larger forces. Furthermore, women's sexual behaviors may be central to the identity and status labels women apply to themselves or that others apply to them. These labels may mediate how women are treated, or allow themselves to be treated, by others, even in situations that are not, or are not overtly, sexual.

In fact, since the 19th century, three turning points in women's sexual and reproductive norms, often cited by women's studies historians (e.g., Cott, 2002; Davidson, 1988; Grewal & Kaplan, 2001; Rouse, 2002; Woloch, 1999), illustrate the complex factors that may influence women's identity and status. The first was the mid-19th century Industrial Revolution, which accelerated the emergence of urban areas and the concomitant rural to urban population shift, which had begun earlier in that century, especially in the northern states and especially among white populations. It was accompanied by economic pressures for smaller families, thus promoting fertility control; potential isolation of nuclear from extended families, thus emphasizing social control of relationships within the nuclear family; and overcrowding and loss of privacy, thus increasing partner choices and the regulation of fidelity. It also underscored a male breadwinner/dependent female construction of family, relationships, and labor among middle-class families, thus reducing women's potential economic independence; and promoted separation of work and home among all classes, including a growing number of single men and single women laborers, thus potentially reordering the spheres in which women could gain status, and, in some factory settings, increasing chaperoning and surveillance of such "unattached" women.

The second—during the period at the end of World War I—saw the passage of the 19th Amendment giving women the right to vote and other evidence of a new equality between men and women. It was accompanied by the emergence of various kinds of "New Women," (e.g., the college-educated "coed") who, in contrast to Victorian women, saw themselves as deserving the economic, political, social, and relational rights of men.

With the advent of penicillin in the 1940s, and its curative powers over syphilis, the stage was set for a third key turning point that occurred in the late 1960s at the height of the Civil Rights movement and other social and political movements, with the introduction to the market of The Pill. The birth control pill reliably freed women from another biological hazard of heterosexual sex, the burden of unintended pregnancy; it also promised to change a woman's relationship to the labor market as well as to her male sexual partners.

While it may be tempting to read this history as, in part, an evolution toward economically and emotionally egalitarian relationships between men and women in the case of heterosexual relationships, each era manifested a variety of reactions and counter-reactions to its major trends, often captured in new gender-specific labels for women that frequently contained central assumptions about sexual and relationship behavior—e.g., the "flapper" in contrast to the "coed" of the 1920s.

She smoked, drank, danced, and voted. She cut her hair, wore make-up, and went to petting parties. She was giddy and took risks. She was a flapper.
(<http://history1900s.about.com/od/1920s/a/flappers.htm>, accessed June, 2006)

Indeed, there even were presumptions about the motivations for relationship behavior of the more conservative "coed"; she was said to be seeking status and economic stability by finding

a wealthy and well-educated marriage partner in college, to attain her “Mrs.” degree. But both were adjusting to major trends in emancipation and work in their era.

A NEW HEALTH CHALLENGE

The 1980s, however, brought a new sexual health challenge to the United States. With the awareness in the 1980s in the United States of an emergent and incurable sexually transmissible infection, HIV, it would have been anticipated that a new sexual caution may have appeared, one that could hearken back to prepenicillin days with its suggested, presumed, and not always achieved, health protections through virginity prior to marriage, early marriage, fidelity within monogamous marital relationships, and lifetime monogamy (e.g., the themes of Henrik Ibsen’s late 19th century “problem plays,” *Ghosts* and *Hedda Gabler*, concern intrafamilial transmission of syphilis and marital fidelity).

In fact, national surveys (Abma & Sonenstein, 2001; Althaus, 2001) of youth risk behavior do suggest that the proportion of never-married U.S. teenagers who have had intercourse dropped for the first time since the initiation of the surveys in the 1970s, from 56% in 1988 to 52% in 1995. The drop, however, was almost wholly attributable to reports of intercourse by males (60% to 55%). Women’s reports remained virtually unchanged (51% to 49%) and the proportion of women who had sex before age 15 years actually increased (11% to 19%), almost reaching parity with the stable figure for male early intercourse (21%). Additional figures regarding risk are complex—number of lifetime partners, condom use at first and subsequent intercourse, concurrent condom and hormonal contraceptive use (excluding the pill)—but indicate substantial risk for young women for both sexually transmitted infections (STIs) and unintended pregnancy. For example, in 1995, 63% of 15–19-year-old never-married sexually active women reported more than one lifetime partner, only 38% reported that their partner used a condom at last intercourse, and just 8% reported joint use of a condom and hormonal contraception at last intercourse.

The 1995 report (Abma & Sonenstein, 2001) also called attention to the age differential between young women and their sexual partners. Overall, 34% of 15–19-year-old women indicated that their most recent sexual partner was 4 or more years older; these data highlighted concerns already present in the literature about power differentials and exploitation of young women by older men (Darroch, Landry, & Oslak, 1999; Marshall, 2003; Reid & Bailey, 1992). In the context of the HIV epidemic, such exploitation takes on special importance. Young women are more biologically vulnerable to heterosexual transmission of HIV than are young men (efficiency of male-to-female transmission is 2.3 times greater than the efficiency of female-to-male transmission; Nicolosi, Correa-Leite, Musicco, Arrici, Gavazzeni, *et al.*, 1994), through immaturity of their cervixes (Chaisson, 1995; Hitchcock, 1996; Lifson, 1992), and young women may experience additional risk attendant on disruption of the vaginal mucosal barrier posed by STIs, trauma, defloration, or bleeding (Darroch & Frost, 1999).

If these facts were well known and widespread, and cultures or subcultures had a central focus on women’s health, one would expect the emergence of norms designed to be protective of women’s health in a way cognizant of the cultures within which women live.

However, across several research projects in the late 1990s and into the 21st century, as our research team interviewed youth in a high HIV seroprevalence (10%) neighborhood in New York City (NYC) about HIV prevention, we began to hear that a substantial minority of young women and men were participating in social settings for sexual behavior that (1) put youth at risk for HIV; (2) appeared to be motivated by acquisition of status (“props,” “points”); and (3) offered few ways for women to win in these status games. This phenomenon was corroborated by other reports in NYC, New York State (NY), and across the United States. We came to call it “sex in group settings (SIGS),” and defined the settings as those in which at least one couple

is having sex while others present are aware of the sexual activity. We chose this descriptive phrase carefully, because SIGS takes a variety of forms (e.g., planned or unplanned; regularly scheduled or unscheduled; different couples in different rooms, all couples in the same room, or serial intercourse with the same young women each in a different room; all participants invited to SIGS or drop-ins allowed) and has differing effects on bystanders (naïve or with educated expectations) as well as on participants. We wished to discriminate SIGS from some representations in the popular press of “sex parties” (Lewin, 2005), an overly general characterization, which represent only a small proportion of SIGS, many of which are unplanned, and for many of which the sex itself is also unplanned.

In the remainder of this article, we present the first case that energized our concerns about health risks, a brief summary of the subsequent research and literature review that solidified our unease, a summary of our first look at data in an ongoing project that assisted us in understanding the meaning of what was happening, an emerging framework for potentially understanding the phenomena, some insights about context, discussion, and our planned next steps. Central to this article is an outline of the adjustments young women have made to SIGS, which appear to be one arena for male and female status “games” (Dash, 1996) where maintenance of an identity or status becomes more important than maintenance of health.

THE FIRST CASE

From 1995 to the present, we have been conducting an NIMH-funded longitudinal randomized clinical trial (Parent/Preadolescent Training for HIV Prevention [PATH]), with randomized dwelling unit sampling for 375 families in a high HIV seroprevalence neighborhood, to test the efficacy of parent training in preventing HIV in preadolescent youth (Krauss, Godfrey, Yee, Goldsant, Tiffany, *et al.*, 2000). SIGS came to our attention during a PATH post-baseline interview with a 12-year-old boy who reported that he had felt “pressured” to have his first sexual intercourse at a group party because others assumed that he was not a virgin. The boys were having sex by “going one at a time” into one of several rooms, each with a girl inside. In fact, when he entered a room, he found a girl whom he had considered, until this moment, to be “a buddy.” His reluctance to have sex with her was overcome by his fear of being outed as a virgin. He reported that he had sex and that he and the girl “never spoke to each other again.” His account confirmed that this incident was not connected to gang activity—the usual context in which one hears about group sex (e.g., initiation of young women into gangs through sex with several gang members)—but that similar events occurred in various forms throughout the neighborhood (Krauss, Krauss, O’Day, & Rente, 2005). We were immediately concerned, because of the evident health and mental health risks involved, and the extent to which this was not an isolated incident.

We therefore found five neighborhood youth informants, both male and female, three from reviewing our records on sexually active youth, and two nominated by PATH’s youth advisory board as knowledgeable about the neighborhood. They told us of other instances of SIGS; indeed four of the youth themselves had been present at SIGS.

CONFIRMATION FROM OTHER RESPONDENTS

Because of these accounts, we applied for an NIH Office of AIDS Research supplement (OAR supplement) to interview 76 neighborhood 10–24-year-olds to explore this phenomenon in more depth. We received this award in 1999. We also added new questions at PATH’s 3-year follow-up to see if youth reported their first, most recent, or any other sexual experiences in the last 30 days in the context of these gatherings. Of the first 150 PATH respondents, about 21% were sexually active. More than a third of them reported at least one sexual experience in SIGS; for the majority of SIGS participants this included their first sexual experience. SIGS participants in the PATH sample averaged 15.8 years of age, with the first SIGS experience

occurring at a mean age of 13.8 years. They had a mean of 10.7 lifetime sexual partners; in contrast, sexually active youth who were not SIGS participants had a mean of three lifetime sexual partners.

More than 60% of the OAR supplement study youth, representing a broader age range than PATH youth, had heard of SIGS, 34% had attended SIGS, and half of attendees reported risk behavior in SIGS. Those who engaged in sexual risk behaviors in SIGS usually began at the age of 13 years. The majority had their first sexual experience in SIGS. Half reported multiple partners; 50% of their anal and vaginal sex acts were described as unprotected, as were most oral/penile or oral/vaginal sex acts. The majority attended more than one event, some attending almost weekly for more than two or three years. Attendees gave detailed descriptions of 130 selected, specific events where they were present.

Content analysis of these events reported from OAR supplement participants' early recollections until 1999 (when the OAR supplement interviews were conducted) indicated that the prototypic SIGS was organized by boys (although girls organized some and some were unplanned but evolved from mixed sex groups) with plans made for recruitment of participants and acquisition of drugs. The locale was usually an unsupervised apartment. The typical SIGS had 8–15 participants, lasted 5–8 hours, began with sharing of marijuana and alcohol, and included multiple couples having sex in one room or boys going from room to room to have sex with the girl in each room. The reported age range was from 12 to 27 years, with age mixing (e.g., at least a 5-year age range) and ethnic diversity. Generally, boys gained status ("props") with neighborhood male peers from participation, and even denigration by girls (being called "a dog") may have led to status gain among some, but not all, males.

However, while girls considered it flattering to be invited, especially to events organized by older boys, unless a girl was an organizer who did not participate in sex, she was likely to experience a status decrement from both male and female peers after participation. Some girls handled this by going to out-of-neighborhood events, or by developing a personal agenda (e.g., becoming pregnant after sex with multiple partners so that no one but the girl would have claims on the baby, having sex with a popular partner otherwise inaccessible, obtaining gifts in advance of participation). One SIGS was said to be preemptively organized by a girl who thought it would happen anyway so she should "at least choose the boys." Some male and female recruits were initially naïve as to likely activities within SIGS; one was organized by girls to ensure a young adolescent long-term survivor with perinatally acquired HIV lost her virginity "on time."

Despite these disclosures, most young women, in contrast to young men, were reluctant to discuss SIGS, possibly because of the pervasive status decrements for female participation. Thus we applied for and received NIMH funding to do an additional qualitative/quantitative study, performing a series of three in-depth interviews with 30 young women and 30 young men, ages 13–22 years, street-recruited through random geographic sampling, half of whom were SIGS participants and half of whom were not, to be followed by a quantitative study with 300 similarly recruited youth. We briefly discuss qualitative findings here.

SIGS NOW

The phenomenon of SIGS seems to have changed as we have examined it. In contrast to our 1999 respondents, our qualitative respondents, interviewed from 2002 to 2006, report smaller and largely unplanned SIGS encounters. SIGS seems to be less often described as separate organized events, "parties" if you will, but may have been integrated into the general scheme of cross-gender relationships, with multiple sexual encounters evolving from mixed sex groups just "hanging out," and through normalization of sex with age peers, "friends with benefits," divorced from prior notions of romantic, intimate, committed attachment.

Yet, while specific forms of SIGS and nomenclature about SIGS may have changed, what has not changed is the perjorative nature of the terms applied to women who are available for multiple partnerships in SIGS or, for that matter, elsewhere. Among the terms we heard used in interviews by males were: “walkable” (a young woman good-looking enough to be seen with as you walked her to the subway after having sex with her), “douser” (a young woman who would do anything you asked her to), “jump off” (a casual secondary partner who may be involved with SIGS) and many more (e.g., “ho”). The young women who were described in this manner were not candidates to become a “wifey,” a steady or main partner in a committed relationship (Knibb & Krauss, 2004). And, as with other youth nomenclature, specific terms may have different meanings in different contexts: the ubiquitous verb “hook-up” may mean a third party promoting a couple getting together, having sex, making an emotional connection, or even finding each other in a crowd. In some sense, however, the sexually tinged terms applied to women tended to paint their entire character. While a male can be a “Player” and a “dog,” Dietrich (1998) captures the compartmentalization of women in the subtitle of her book: “Bitches, ‘ho’s and schoolgirls.” Women are one or the other.

Furthermore, SIGS, throughout each of the studies, especially in the descriptions provided by men, were characterized by an emotional flatness and avoidance of intimacy. In one scene described to us, men were “playing spades and doing our homework” while waiting their turn for a sexual encounter. At least one man spoke disparagingly of women “hugging up,” trying to please a partner emotionally to engender a commitment without having sex, and other men reported they “talked on the low” about an emotionally intimate relationship to preserve identity as a “player.” Young women sometimes described their discovery of the lack of intimacy. One young woman, brought by her sister to SIGS as part of trading sex for drugs, thought she had developed a relationship with one of the dealers over time. When she confessed her feelings, he hit her and said, “do you love me now?”

CONFIRMATION IN THE LITERATURE

We conducted a literature review and queries of other researchers to understand the extent to which SIGS occurred elsewhere and was not an isolated set of events in one neighborhood at one time. In the process, we discovered SIGS has been associated with at least four documented clusters of STI and HIV cases in youth across the United States:

(1) Rothenberg, Sterk, Toomey, Potterat, Johnson, *et al.* (1998) used a social network approach to identify a core transmission group for a syphilis outbreak in a predominantly white, middle-class, suburban community in Georgia. Their investigation determined that this core group consisted of 19 white girls (most under 16 years of age) who arranged sex parties with groups of boys (80 boys in total), divided between networks of older white suburban males and inner-city age-peer minority males. These parties took place at girls’ homes while their parents were out for the evening. They included sequential/simultaneous sex partners and a wide range of high-risk sexual activities. Drugs and alcohol use were often involved.

(2) The gonorrhea rate among 15–19-year-old adolescents in Syracuse, NY, was almost twice the national rate. Focus groups were conducted among adolescents and young adults in the eight inner-city, high-minority census tracts where the majority of the infections were reported. Some of the young women reported “running a lab,” having sex with multiple partners in abandoned houses, or “running a train,” a female engaging in serial intercourse with several males. Participants often described sexual activity occurring in conjunction with drug use (“hang out, use drugs, then sex happens”) (Welych, Laws, Fioroto, Durham, Cibula *et al.*, 1998).

(3) and (4) The Centers for Disease Control and Prevention (CDC) reported two HIV clusters (CDC, 1999, 2000) one in a rural county in upstate New York and the other in a small town in

rural Mississippi. Neither article reported SIGS, but additional inquiries indicated that SIGS were among the risks in the former case (Holmberg, personal communication, November 2000) while “motel parties” of younger girls with older men were directly associated with the HIV cluster in the latter case (St. Lawrence, CDC, personal communication, October 2000).

Other published reports of SIGS can be found in journalistic, anthropological, and elicitation research accounts. The *New York Times* (Jarrell, 2000) reported that NYC 12–13-year-olds engaged in unprotected oral sex at dance clubs or parties before parents returned home from work. Young women at these events reported performing oral sex with young men because of the perceived lower HIV risk associated with the activity (compared to vaginal or anal intercourse), and because oral sex provided a means of satisfying curiosity about sex. Franks (2000) described interviews with middle-class urban male and female adolescents who reported experimenting with sexual activity with their friends in group settings, often to alleviate boredom or stress. These accounts document how, and to a much lesser extent why, both male and female adolescents willingly participate in, and often orchestrate, SIGS.

However, some accounts reveal considerable exploitation of participants during these events, usually of girls by older boys. Sales (1997) interviewed adolescents in NYC private schools and found that participation in SIGS often left girls susceptible to considerable denigration and stigmatization from male and female peers, despite the girls’ initial beliefs that such sexual experimentation and experience would provide the girls with enhanced social status. She found that boys gain “fame” or “props” for their participation, whereas girls became known as “bitches,” “whores,” or “chickenheads.” These encounters have also been reported in journalistic and anthropological accounts from Washington, DC and metropolitan areas in California (Dash, 1996; Dietrich, 1998), and from survey, formative, or elicitation research in Brooklyn (Bolyard, Friedman, Maslow, Sandoval, Krauss, *et al.*, 2005), Washington Heights (O’Sullivan, Meyer-Bahlburgh, & Watkins, 2000) and the South Bronx (Freudenberg, Roberts, Richie, Taylor, McGillicuddy, *et al.*, 1999) in NYC, and in Chicago (Paikoff, University of Illinois, at Chicago, personal communication, 1999). In the Freudenberg study (1999), which specifically mentioned hooky parties (skipping school to attend social events), young women said they did not disclose incidents to adults, some of which involved coercion of sex, because it also meant disclosing that they had skipped school.

Finally, any computer search can quickly lead the reader to a chat room site where the dynamics discussed here—central sexually suggestive meeting room discourse for multiple couples, with separate rooms for more explicit sexual encounters—are mimicked. Other media (e.g., videos, music) outline SIGS as well; such media may have a facilitating effect on promoting risky sexual behavior (Brown, L’Engle, Pardun, Guang, Kenneavy, *et al.*, 2006).

MEANING

In the PATH project, we had collected baseline data from 10–13-year-old boys ($n = 199$) and girls ($n = 176$) on their expected feelings about their first sexual encounter, and on their expected gains and losses from having sex in general. From these data, we obtained some insight on the pressures and values internalized early about sexual behavior that may guide later sexual behavior.

Taken together, data indicate that young men anticipate more status (“feel adult” [42.3% of men vs. 4.9% of women, $p < .0001$]; “get respect” [34.6% vs. 7.8%, $p < .0001$]; “feel independent” [33.1% vs. 2.9%, $p < .0001$]), pressure to be sexual in relationships (“keep boyfriend/girlfriend”) [41.5% vs. 7.8%, $p < .0001$]; “feel wanted” [27.7% vs. 8.8%, $p < .0001$]; “afraid of losing the other” [27.3% vs. 5.7%, $p < .0001$]; “do what the person wants” [17.4% vs. 2.9%, $p < .0001$]; curiosity (“find out what’s good about it”) [54.8% vs. 41.2%, $p = .042$]; “be curious” [37.1% vs. 19.0%, $p = .002$]), and pleasure (“feel pleasure”) [30.0% vs. 10.8%,

$p < .0001$]; “excited and turned on” [18.9% vs. 9.5%, $p = .042$]) attendant on becoming sexually experienced than do young women. The results are interesting in that such statements as “afraid of losing the other” are often associated with young women’s desires to keep partners, but here are more often endorsed by young men in what appears to be the context of young men’s feelings that others expect them to be sexual and, if they are not, they will be rejected by their peers. Youth advisors confirmed this interpretation. Young women, on the other hand, expect more losses (“lose self respect” [30.3% vs. 42.1%, $p = .019$]; “lose virginity” [29.5% vs. 45.2%, $p = .013$]) than do young men (only “catch STDs” is endorsed more often by young men, 74.2% vs. 55.8%, $p = .03$). The last finding regarding sexually transmitted infections is troubling in that young women are actually more biologically vulnerable to STIs than young men (Darroch & Frost, 1999), even though the young men perceive themselves as being more vulnerable.

AN EMERGING FRAMEWORK

SIGS may indicate a significant shift among adolescents in the prevalence of protections against sexual risk, which were formerly present in group activities as noted theorist John Bancroft suggests: “in earlier models of adolescent sexuality, keeping together in groups was away of delaying the specific pairing process, and although such groups may have involved some petting, sitting on laps, etc., so that there would be an erotic component, the group would have ensured that certain limits were maintained” (personal communication, Indiana University, July 2001; see also Bancroft, 2000). In response to a description of SIGS, he asks, “Are we seeing a similar group process, in terms of avoiding specific pairings, but a change of the sexual boundaries? It seems to imply that sexual activity per se is OK as long as it’s not part of a relationship. If so, that is important to understand.”

The group process seems to be organized around status with peers—most often resulting in status increases for men and decreases for women rather than control of specific pairings or of “going too far.” Even youth who have not participated sexually at these events report “bystander” effects; that is, consequences (e.g., labeling, psychological reactions) of just having been there.

Peer modeling and peer pressure for risk seems heightened in SIGS, but are present to a lesser degree in other settings where youth meet and have romantic or erotic relationships (Kinsman, Romer, Furstenberg, & Schwartz, 1998). Generally, however, youth social settings and the pressures for risk are poorly understood—even, it seems, by the youth themselves. Most of our youth’s narratives about SIGS or other “sexual possibility situations” clearly indicate peer pressure is present, yet participants have difficulty in labeling any social strategy that is likely to increase risky sex as peer pressure. In contrast, they have no difficulty in identifying peer pressure tactics to encourage substance use—even when these are similar behaviors. In fact, we had to learn to ask our questions about peer pressure for sex differently. We asked open-ended questions about how events unfolded and probed for specific details, e.g., how did you happen to find yourself at the gathering (probes: where were you when attending was suggested, were you with anyone, who, how did they react, who was asking, were they with anyone, how did they ask). Youth may have difficulty resisting social pressures they do not recognize or may be resistant to recognizing social pressures in the sexual arena for reasons that we do not yet understand.

At this point in our understanding of SIGS, our theoretically informed description of SIGS (borrowing from Sullivan’s [1996] treatment of persistent and temporary delinquency) moves from the contextual to the individual back to the social consequences of actions that may have been influenced by peer pressure. Elements (see FIG. 1) include: the local opportunity structure for risk (“It is easy to hold hooky parties because our school only takes attendance in the first period and most of our parents are in the WEP [welfare to work] program so no one is home”);

techniques for recruitment into affiliation groups or settings that promote risk (“We told them we’re only inviting the good-looking girls”); psychological factors such as the emotions and values accompanying recruitment and risk participation (“We’re drinking and smoking blunts and weed. We get all woozy. We’re dancing and we start touching. We see what other people are doing. Things just happen.”); immediate or delayed consequences for participation in risk (“Everyone got what they wanted,” “One girl got pregnant and kept the baby, a couple of others had abortions, a miscarriage”); labeling processes by self (private) (“I think those parties are a Junior High [immature] thing”) and others (public) after participation (“The one who gets the most is the Man”); evocation of differential social interaction based on those labels (“Of course, a girl who went to one of these could never be your girlfriend”); and management and control by neighborhood, peer, adult, or institutional socializing agents, which can mitigate, avoid, or worsen labeling effects (“Some of these guys they talk about the girls ‘Oh, I hit this.’ They sound stupid telling everyone their business”). Although the participants do not recognize these elements, they often appear in our participants’ narratives as these quotes illustrate (Krauss, O’Day, Godfrey, & Rente, 2003).

Some young women appear to have made an adjustment to the largely negative labeling effects by becoming organizers of the SIGS, informal and formal, a tactic that gives women power and control over who attends and what happens, but does not necessarily signal sexual participation with its attendant negative labels. This control has also been evident in one-to-one relationships, particularly regarding men who young women do not particularly care about. Others have adopted the male standard of these settings—“Playette”—to become someone whose status is similar to the Player. And some women have taken the role of exploiting other women, providing women friends and relatives, most often younger than themselves, for participation in SIGS. During the last two years, we have heard in a health education program our center runs for women in juvenile detention that more young women in this role refer to themselves as “pimps,” eschewing female-gendered labels.

Women, however, are often more generous than young men in the characterization of female participants, especially when they recognize the power differentials and exploitive behavior in the situation. One woman, a bystander, expresses her assessment of the exploitation of younger women and her feelings about it:

Yep they do everything to them girls and those girls don’t do nothing.

Especially the fourteen year olds and fifteen year olds. It is really sad. . .

These guys are like twenty-four, twenty-five. They are older. . . It be like, it be like twenty guys in one apartment. Twenty guys and it will be like three or four girls. Three or four girls and they will all go from girl to girl to girl. . .

They will meet different girls like in different boroughs and bring them over and stuff like that but if they don’t find no girls they will get the same girls that live in the neighborhood. . . I mean it’s nothing good. It’s nothing good but I feel that if they [the girls] are letting it happen more than once then they must enjoy what is going on. They must like it but honestly I think too it’s the environment thing. Like their household or stuff like that. . . I think if like if some of them is adopted, some of them is adopted, some of them live in shelters and some of them are just in their house [where] their mom will smoke. They will do drugs and they will do what they want, too. They will follow their mom’s footsteps basically. . . They [the guys] consider the girls that let them do anything with them ‘scuzzes.’”

Why then do not older women intervene on behalf of younger, less experienced women? We hypothesize that in some cases, by making a positive comparison of herself to the younger woman, the more experienced woman is able to credit herself with a higher status. Lack of

protective behavior may feed into status maintenance. Yet other peers increase their status by taking on a protective and parenting role, e.g., providing guidance about school, college, careers, and prosocial life paths (Welch, Rente, O'Day, Godfrey, Krauss, *et al.*, 2004).

CONTEXT

When asked to indicate their neighborhood's most serious problems, until the World Trade Center disaster of 9/11/01, young men and women from this neighborhood ranked them, most serious to least serious, as: drug sales, drug use, welfare reform, HIV/AIDS, unemployment, teen pregnancy, STIs, crime, concerns about preparation of youth for adulthood, and violence (Krauss, Franchi, O'Day, Pride, Lozada, *et al.*, 2003). After 9/11, threats of terrorism and bioterrorism were added to, and remain on, this list. Thus, youth are becoming sexual adults against a generalized backdrop of social, economic, and community violence. In one small study, we found over a quarter of youth have been threatened with a knife, gun, or weapon. Additionally, substantial percentages have experienced losses from multiple sources: about 25% know an average of 4–5 persons killed in the World Trade Center disaster; about half know an average of 4 persons harmed by community violence; and our PATH study shows nearly half of 10–13-year-olds know two to three people with HIV, one-third of whom have died (Krauss, Godfrey, O'Day, & Freidin, 2006). Furthermore, many men in this neighborhood experience incarceration, leading to an expectation that their presence may only be intermittent; men may become a scarce commodity with women having lowered expectations of continuous long-term relationships (e.g., Adimora & Schoenbach, 2005).

DISCUSSION

At least one researcher (McGill, 2000) has indicated neighborhood violence as a predictor of early intercourse, while others have hypothesized that careers of risk and pleasure occur in conjunction with fatalism about closed future options (e.g., Carrera, 1995; Jessor, 1998; Lammers, Ireland, Resnick, & Bloom, 2000). With other paths closed, some youth “win” and find successful careers in the status games. Some women, as figures cited previously indicate, are engaging in sexual intercourse in the United States at an increasingly earlier age, attaining parity with young men for age of sexual debut; some of this behavior may reflect attempts at early status gains, but some may indicate predatory behavior of older men toward younger women (Gupta, 2000; Marshall, 2003).

From PATH, with its random dwelling unit sampling, we estimate about one in eight youth are participating in SIGS, and about half have performed risky sexual behavior at SIGS. Young women may be engaging in behavior in SIGS (e.g., sex with older men, with multiple partners who confer “sexual experience”) that they think will increase their status with other young men and women, but which results most often in status decrements and exposure to health risks. The young women may be hoping to attain what is called “ascribed” status (status conferred by association with someone of higher status), but are achieving neither that nor “achieved” status (status earned on the basis of behavior, expertise, or other resources) (Kornblum, 1997).

Gupta (2000) suggests that the special vulnerability of women to sexual risk occurs because of women's preemptively ascribed low power and status within cultures or subcultures worldwide (see also Amaro, 1995; Pulerwitz, Amaro, DeJong, Gortmaker, & Rudd, 2002.), a status deficit from which some women may attempt to recover by whatever means are at hand and from which some women cannot recover because of real power differentials—e.g., a 14-year-old girl attending a party at which 20 older men are present. Gupta, however, also suggests that the pervasive “double standard” that not only confers, but expects, more sexual freedom from men has been detrimental to men's as well as to women's health. It is her thesis that no

one is winning under norms promoting and maintaining gender-based status and power inequalities.

SIGS, then, as a phenomenon, raises multiple questions: (1) Why do vulnerable young women (e.g., younger women) fail to perceive the negative status effects of participating in SIGS, which would be apparent by observing what happens to others? (2) Why do older young women, who know firsthand how negative status effects are achieved, not do more to prevent the younger women from participating in SIGS? (3) Why is expected status more important than health for these women and under what conditions can these values be reversed or brought into harmony? (4) Who do young women believe will confer enhanced status and is this exploited by the recruitment techniques of young men or young women? (5) How can young men and women be enlisted in preserving women's (and men's) health? (6) What does SIGS provide those women who participate that other community options do not? (7) Does SIGS qualitatively differ from social forms such as the club scene, fraternity/sorority make out rooms, sexual mixing games (e.g., spin the bottle, seven minutes in heaven) and other romantic/erotic venues that vary across ages, cultures, economic groups, and sexual subcultures?

Finally, in conducting our studies, we found youth singularly ignorant about the concept, and definition, of sexual assault and about pertinent NY law. We therefore authored a brief guide on that topic, with the assistance of health, youth, and legal advisors, which we have given to youth who have participated in our studies and which we plan to distribute more widely. We have also amended, wherever we have found it, advice to teens that presumes socializing in groups is "safer" and infers more protections against risks than socializing in twos or threes (e.g., our draft of the NYC Public Schools K-12 HIV curriculum, <http://www.nycenet.edu/Offices/TeachLearn/OfficeCurriculumProfessionalDevelopment/HealthEducation/Resources/HIVAIDSCurric>, accessed June 2006).

PLANNED NEXT STEPS

As our quantitative data are collected, we intend to describe and quantify the types of life plans and peer pressures that are associated with some young men and women never attending SIGS, others attending and leaving, others participating in risk behaviors at SIGS, and others avoiding risk at SIGS. We wish to use this knowledge to design culturally appropriate health-preserving interventions for young women and men.

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FIGURE 1.

Individual, social, and neighborhood/contextual processes operate as a funnel that step by step limits the options for relational/sexual risk behavior of the young women and men who enter SIGS.