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Risk Bases in Childhood and Adolescence among HIV-negative Young Adult Gay and Bisexual Male Barebackers

Perry N. Halkitis, Ph.D.,

Director at the Center for Health, Identity, Behavior, and Prevention Studies (CHIBPS), Associate Dean of Research at the Steinhardt School of Education, and Professor of Applied Psychology at NYU's Steinhardt School of Education.

Daniel Siconolfi, B.A.,

Research Assistant at Center for Health, Identity, Behavior & Prevention Studies (CHIBPS) and an MPH student at NYU's Steinhardt School of Education.

Megan Fumerton, M.A., and

Doctoral candidate in the School Psychology program at New York University.

Kristin Barlup, B.A.

Intern at Center for Health, Identity, Behavior & Prevention Studies (CHIBPS)

Abstract

We sought to consider the phenomenon of intentional unprotected intercourse, known colloquially as barebacking, with regard to identities that gay men develop as barebackers and the developmental bases which may predispose some men to this identity. As part of a larger study, we analyzed the life history interviews of 12 diverse HIV-negative men in early adulthood, using thematic coding procedures to identify events, conditions, and emotional states in childhood and adolescence that might help to explain why uninfected young men might place themselves at risk for HIV seroconversion. These analyses elicited various risk bases in childhood and adolescence, including early sexual experiences, pronounced experimentation with and abuse of drugs and alcohol, feelings of loneliness, a lack of love relationships despite sexual activity, and early experiences of loss. These findings suggest a complex interplay between emotional factors and life events, which may help to explain these men as sexual risk takers.

Keywords

HIV; barebacking; gay men; development; drug and alcohol use

INTRODUCTION

The practice of unprotected anal intercourse, the riskiest of HIV transmission related behaviors (Vittinghoff et al., 1999), has been reported with increased frequency in the last several years among gay and bisexual men. Numerous factors have been attributed to this rise in risk-taking, including but not limited to a rise in HIV optimism in this population because of the advent of effective treatments (Klausner, Kim, & Kent, 2002; Sheon & Crosby, 2004), HIV-related fatigue (Halkitis, Parsons, & Wilton, 2003; Ostrow et al., 2002), increases in use of club drugs such as methamphetamine which heighten risk taking (Halkitis, Parsons, & Stirratt, 2001;

Halkitis, Shrem, & Martin, 2005), and simplistic prevention efforts (Bonnel, 2005; Crossley, 2002) that fail to capture the synergy of mental health, drug abuse and sexual risk taking (Stall et al., 2003). Moreover, there appears to be a “generational gap” with many young gay men coming of age at a time when HIV is no longer treated as a “death sentence” (Catalan & Thorley, 2001) or have never known anyone with HIV/AIDS (Suarez & Miller, 2001).

These conditions have paralleled a rise in the behavioral phenomenon among gay men named “barebacking,” which previously has been defined as intentional unprotected anal intercourse (Gauthier & Forsyth, 1999; Goodroad, Kirksey, & Butensky, 2000; Halkitis, 2001; Halkitis, Parsons, & Wilton, 2003; Halkitis, 2007; Mansergh et al. 2002; Rofes, 1998; Suarez & Miller, 2001; Wolitski, 2005). Very often, the phenomenon of barebacking is interwoven and interrelated with use and abuse of illicit substances, especially club drugs (e.g., GHB, ketamine, MDMA, methamphetamine, and cocaine) (Halkitis et al, 2003; Halkitis, Wilton, Wolitski, Parsons, Hoff, & Bimbi, 2005; Wilton, Halkitis, English, & Roberson, 2005).

It is our belief, based on the aforementioned work, that barebacking is an ongoing and evolving cultural and behavioral phenomenon in the gay community, which continues to be poorly understood. In part, this situation may be driven by the fact that barebacking has become associated not only with unprotected sexual behaviors but also with identities that men develop (Halkitis, 2001; Halkitis, Wilton, & Drescher, 2005; Shernoff, 2005). Secondly, we suggest that gay and bisexual men may use differing heuristics in understanding this construct (Halkitis, Wilton, & Galatowitsch, 2005) and negotiating the sexual safety associated with it. Finally, it is likely that the term barebacking, which has appeared in the popular press as early as 1997 (Gendin), has evolved to encompass all unprotected sexual behavior among gay and bisexual men, regardless of the role of intention (Halkitis, 2006; Halkitis et al., 2005). In this light, it becomes necessary to draw a distinction between those who bareback (i.e., engage in unprotected anal intercourse) and those who identify as barebackers. It has been argued that the latter group presents the greatest risk in terms of HIV transmission (Halkitis, 2006).

A biomedical perspective further supports the need to understand the behaviors and identities of these men. It is possible that many of those who presume that they are HIV-negative, are, in fact, acutely infected with HIV, a time of high infectivity. Mathematical models have estimated that HIV-1 transmission rates are highest during the very early stages of HIV-1 infection when viral load is extremely high and thus transmission is heightened (Jacquez, Koopman, Simon, & Longini 1994; Koopman, Jacquez, Welch, Simon, Foxman, & Pollock, 1997; Koopman, Simon, & Riolo, 2005). If the symptoms of acute infection (i.e., fevers, night sweats, fatigue, headaches, rashes, sore throat, etc.) go unnoticed, or are perceived as a simple cold, or if there are no visible signs of acute infection (Schacker, Collier, Hughes, Shea, & Corey, 1996), it is likely that these barebackers are more apt to unknowingly infect their sexual partners, fueling the HIV epidemic.

To this end, it becomes crucial to consider the lives and behaviors of these men who identify as barebackers, to consider the meaning of this identity in their lives, and to understand the developmental trajectories, which may have lead them to this identity formation. This matter has been considered, to some extent, among HIV-positive gay and bisexual men (Halkitis, 2001; Halkitis, Wilton, Wolitski, et al., 2005), for whom HIV seroconversion is not an immediate concern. However, we need to understand why men who know they are HIV-negative and clearly articulate an understanding of the risk of HIV, develop along these paths. Of particular importance are those younger men who “came of age” after AIDS was well known to the world. This developmental group is at great risk for HIV transmission as has recently been demonstrated (Koblin, et al., 2000; Thiede et al., 2003)

The work that is presented here is based on the life-history interviews of twelve young adult self-identified HIV-negative barebackers. We sought to understand the identities of these men in terms of risk factors evidenced in their childhoods and adolescences which may have predisposed them to their identities as barebackers. It is our belief that by disentangling these antecedents, more effective and developmentally sound health prevention efforts can be developed to address this public health risk.

METHODS

Design

A cross-sectional design consisting of both qualitative and quantitative components was implemented in order to examine the developmental, behavioral, psychological and contextual lives of gay and bisexual men in New York City who identify as barebackers. *Project B2B*, funded by the National Institute on Drug Abuse, was guided by the following aims: (1) to characterize the meanings and definitions that gay/bisexual men ascribe to barebacking with their partners; (2) to assess the attitudinal, normative, behavioral, developmental, psychological, and social/contextual antecedents associated with the barebacking behaviors of gay/bisexual men; (3) to disentangle the relationship between an individual's barebacking identity, their attitudes and perceptions of barebacking, and their barebacking behaviors. We consider elements of these three aims in this article.

Sampling Framework

We recruited 102 gay and bisexual men into the study via both active and passive recruitment methods. Of these 102 men, 92.2% ($n = 94$) were recruited through passive strategies that included posting flyers in gay specific locales throughout New York City, informational mailings to gay/bisexual identified individuals who participated in previous studies at our research center, as well as Internet postings; 7.8% ($n = 8$) of our participants were recruited via active measures that included recruiters entering targeted venues to provide study information and encourage participation.

A total of 224 men called to be screened for the study via telephone interviews. In our efforts to contextualize and define the meanings of barebacking in the lives of gay and bisexual men, study participation included the following eligibility requirements: (1) at least 18 years of age; (2) self-identify as gay or bisexual; (3) familiarity and identification with the term "barebacker;" (i.e. "Are you familiar with the term barebacker?," "Do you consider yourself to be a barebacker?"); (4) at least one self-disclosed barebacking act in the past three months (i.e. "When was the last time that you had anal sex with another man that you would define as barebacking?"); and (5) at least two barebacking acts in the past year (i.e. "How many times in the last year did you have anal sex with another man that you would define as barebacking?"). In addition, because previous research demonstrates a strong association between club drug use and barebacking behaviors within this demographic (Gorman, Nelson, Appelgate, & Scrol, 2004; Halkitis et al., 2001), participants were also screened for their club drug use and were required to have used any of the following drugs at least six times in the last year, at least once in the last three months, and at least once before or during sex in the last three months: Ecstasy (MDMA), ketamine, methamphetamine, powdered cocaine, or GHB. Finally, we intentionally omitted defining barebacking during the screening process, as our conceptualization of the study included gathering unbiased participant definitions for this construct.

Of the 224 men initially screened for the study, 99 failed to meet the study criteria, 12 terminated the screening interview before it was completed, 8 failed to attend their scheduled appointments, and 3 were unable to complete their appointments, yielding our final sample of 102 participants.

Procedures

Those who met the eligibility requirements outlined above were scheduled for a single assessment. At the time of their appointment, all participants were provided with informed consent in the presence of a trained researcher. Data collection included an initial self-administered, quantitative component using the *Automated Computer-Assisted Self-Interview* program (ACASI), followed by a qualitative life history interview conducted by a research associate. All participants were provided with a monetary incentive (\$50) for their time, as well as an informational packet (i.e. community resources for health and psychological services, support groups, etc.). IRB approval was granted by the authors' academic institution. The qualitative protocol provided the data for the present analysis. The quantitative data are presented elsewhere (Halkitis, 2007).

Measures/Qualitative Protocol

The life-history method (Connell, 1992; Elder, 1985; Gerson, 1985) provided the basis of our data collection. This qualitative method has been used extensively in understanding the lives, including the sexual lives, of gay and bisexual men (Browser, 1992; Connell 1992; Dowsett, 1996) and was ideally suited for our investigation. Above all else, the life-history method is a well-designed interview schedule that systematically incorporates those independent variables of theoretical relevance to the study. For the purposes of this project, the interview schedule tapped into five principle dimensions of inquiry: the psychological, the cultural/institutional, the symbolic, the behavioral, and the drug-using. To the extent that sexual practices were likely to vary across the life-course and across individuals, the interview schedule was divided into phases of the life-course: childhood (0–12), adolescence (13–17), emergent adulthood (18–23), early adulthood (24–29), adulthood (31–39) and early-middle adulthood (40–49). These classifications were used as sensitizing concepts, and are designed to provide a general theoretical focus in each time period. For instance, questions concerning familial relationships or early sexual experiences were employed in the section of the interview schedule that covers childhood and adolescence, while questions concerning the onset of sexual identity, the use of “club-drugs,” struggles with HIV/AIDS infection, conceptions of barebacking, and preferred sexual practices were implemented in the adulthood section. Of course, variation in each life-history was anticipated, and the schedule was flexible enough to allow for the reconstruction of these phases of the life-course per interview. Each interview was semi-structured, combining a pre-established range of theoretically informed questions with flexibility in prompts that permit discovery. In this way, the interview process remained focused while at the same time encouraging exploration of individual variation and unique or unforeseen experiences and social processes. This interplay of data collection and analysis established a fluid relationship between inductive and deductive approaches, ensuring empirical “grounding” for emerging theory-building while at the same time sustaining a focused, theoretically informed inquiry (Strauss & Corbin, 1998). Specific questions on barebacking explored the participants' understanding of this construct, behavior related to the construct, and identification as a barebacker.

Data Analytic Plan

Our data analysis was guided by interpretive phenomenological analysis as is appropriate for such qualitative data (Chapman & Smith, 2002). This process entailed the use of thematic coding on a case-by-case and across-case basis by a coding team of 4 researchers. Thematic coding was undertaken as per procedures outlined by Miles & Huberman (1984), Patton (1990), and Chapman & Smith (2002). As such, data from the audiotapes were transcribed and verified for accuracy by comparison to the audiotapes. A coding team, led by the PI, undertook the formation of a codebook. Through numerous iterations, the codebook was finalized and applied to the existing narratives indicating the presence of codes in the narratives via an

alphanumeric coding system. As such, data were coded for content analysis to identify themes and factors associated with club drug use, unprotected, barebacking and protected intercourse, the intersection of these behaviors, contextual factors (venues/environments and drug using experiences), as well as early life experiences which may have predisposed participants to the development of barebacking identities. Codes were created and assigned for each distinct theme, and subsequently recorded and defined in a common codebook. Reliability was maintained through the use of multiple coders. Inconsistent codes were discussed, and appropriate revisions were made until coders maintained 90% agreement levels. The QSR N5 *NUDIST* software package was utilized to facilitate the qualitative data analysis.

Analytic Sample

The sample of 12 HIV-negative young men (defined as ages 18–29) was drawn from a larger investigation of barebacking among 102 men who have sex with men, identify as “barebackers,” and live in the New York metropolitan area. In the complete sample, participants ranged in age from 21 to 61 with a mean age of 35.48 ($SD = 8.28$) and a median age of 34. In terms of race and ethnicity, 46.1% ($n = 47$) identified as White, 29.4% ($n = 30$) identified as Latino, 10.8% ($n = 11$) identified as Black, 5.9% ($n = 6$) identified as mixed race, and 7.8% ($n = 8$) were from other racial/ethnic backgrounds.

Our sample consisted of 12 randomly selected men (stratified by race/ethnicity) who were self-reported as HIV-negative and were between the ages of 18 and 29 (emergent or early adulthood), with 3 interviews randomly selected from each of the 4 represented racial/ethnic groups (White, Latino, African American, and mixed race/ethnicity). This subsample ranged in age from 21 to 29 with a mean age of 26 ($SD = 2.42$) and a median age of 26. Three of the participants had attained a high school diploma or the equivalent, five had some college education, three had earned a BA, and one had attained a graduate degree. Within this subsample, participants reported a mean of 25 ($SD = 31.72$) male sexual partners in the past year with a range of 1 to 104 partners. Participants also reported a mean of 138 ($SD = 185.66$) lifetime male sexual partners with a range of 2 to 650 partners. The mean age for onset of sexual activity with other men was 15 years old ($SD = 4.46$), with a range from 9 to 21 years old. The twelve men are described further below (names of the participants are fictitious).

Chris is a gay 21 year-old White male, born and raised in rural Pennsylvania. He relocated to New York City to enroll in college four years ago. Chris has been sexually active for three years, and is currently in a relationship of nine months. He and his partner both tested HIV-negative and stopped using condoms 4 months into the relationship. Chris also explains that he had not used drugs until he met his boyfriend. He describes the relationship as “more or less” monogamous, and he admits to having unprotected sex with another man once during the relationship. Occasionally, Chris and his partner engage in protected sex as a couple with outsiders. He likes bondage play and describes being in the submissive role, as his partner is a “militant top.” He has one acquaintance living with HIV/AIDS.

Joseph is 26 years old and identifies as Latino. He grew up in a small town in Pennsylvania and spent much of his childhood traveling between Pennsylvania and Puerto Rico, where he has extended family. He relocated to New York City about two months ago and is currently living in a shelter. Joseph has worked in various facets of the service industry but is currently unemployed. He has two children with a woman whom he had a five-year relationship, and only a small group of individuals know that Joseph is bisexual. He is aware of two acquaintances, a heterosexual couple, living with HIV/AIDS.

Rick is a 25 year-old Afro-Caribbean, Rastafarian food service employee who has repeatedly moved to and from The Virgin Islands and New York. Even though he had his ‘token’ high school girlfriend, he has always been attracted to men. Rick finds casual sexual partners online

for unprotected, one-night stands as he prefers to keep his sexual identity and sexual activity private. He enjoys partying with cocaine and Ecstasy, but prefers Marijuana when having sex. He is preoccupied with his recent HIV-positive ex-boyfriend. Rick has advocated for HIV/AIDS awareness since his adolescence.

Anthony is a 28 year-old Latino man who was born and raised in New York City. He has a history of extensive sexual experience since his early youth, including sexual abuse by family members and prostitution with boys in his neighborhood. Anthony has previously contracted gonorrhea from engaging in unprotected sex, and says that 3 or 4 of his close friends are now HIV-positive. Anthony currently meets men mostly in bars and on the Internet, and says he engages in unprotected sex in approximately 25% of these encounters.

Peter is a 26 year-old bisexual African American male who was raised by his maternal grandparents in Kentucky. He went to college in Boston to study writing, and came out to his family when a book he published revealed his sexual identity. Peter meets many of his current sexual partners through friends and acquaintances, and says that he would like to find a partner to date on a more long-term basis. Peter describes himself as sexually “versatile,” and he prefers not to use condoms but will defer to his partners' preferences. Although Peter doesn't report currently having friends who are HIV-positive, a close family friend who served as his first gay male role model died of AIDS while Peter was in high school.

John is bisexual, 29 years old, and White. He grew up in Texas and Colorado, and relocated to New York City one year ago. Religion is important to him, and he identifies as Christian. John spends his free time exercising and partying, and is not in a committed relationship. He prefers to have casual sex with men, as he does not feel emotional or spiritual connections with them. He meets the majority of his partners in clubs and on the Internet. John explains that he has increasingly been bottoming in his sexual encounters, and the unprotected sex often involves drug use. He explains that he likes to be dominated, and he finds having someone “inside him” erotic. John does not know anyone living with HIV/AIDS.

Jack is gay, 26 years old, and of mixed ethnicity. He grew up in New York City and briefly lived upstate as an adult. He works off the books and is receiving disability support because of his schizophrenia. As a teenager, Jack had sex with his father once, which developed into long-term open relationship with his godfather, who was his father's lover. He is still in an open sexual relationship with his godfather, and also has a lover of five years. He usually bottoms in his sexual encounters. Jack explains that “fumbling” with condoms and lube often causes him to lose his erection when he is the top. He believes that he has a particularly strong sex drive. Jack is not aware of any acquaintances living with HIV/AIDS.

Louis, a Latino White male, moved from Mexico to the United States as an adolescent. To protect his Green Card status, he reports he is 22 years old, but admitted his actual age is 25. Louis has been sleeping on friends' couches while searching for employment as he just moved to New York City. For as long as he can remember, he has identified as being gay and is comfortable expressing his sexuality. Feeling the loss of his previous boyfriend, he is in search of a monogamous, intimate relationship. Louis has struggled with depression and addiction, which has led him to seek therapy and rehab in the past. He drinks alcohol and dances to have a good time and hopes New York's hard, fast pace will get his “act together.” Louis, HIV negative, usually uses protection in his casual partners. He has never known someone with HIV/AIDS.

David is a gay, 27 year-old White male. He grew up in North Carolina, South Carolina, and Alabama. He moved to New York City four months ago and has been working as a chef. David describes a long-standing “obsession” of searching for a partner and a relationship with a fulfilling balance of sex and romance. He views sex as a confidence booster, and engages in

both receptive and insertive roles during sex. He frequently meets his partners on the Internet and in bars. David is currently beginning a new relationship, in which he does not anticipate using condoms. He has acquaintances living with HIV/AIDS, and lost a cousin to AIDS.

Paris, 24 years old and born and raised in the heart of New York City, identifies as Latino and African American. He went to college but is unsure of his preferred profession. Paris is HIV negative and inconsistently uses protection with both men and women. He has been sexually active and emotionally attracted to both men and women for years, but has just recently labeled himself bisexual. To the outside world, he does his best to appear heterosexual. He prefers alcohol and Ecstasy to make him “feel like Superman” and ready to have sex with anyone. HIV/AIDS has caused “a lot of pain and anger” as it “took” his father, aunt and cousin.

Twenty-eight year-old Derek was born in Queens and has since lived within New York City and Northern Jersey. Derek identifies as an African- American male. He currently works as a telemarketer and a carpenter. Since a young age, Derek has enjoyed casual sex with both men and women, which he reports is almost always unprotected. He credits his father for his views and comfort with sex since his father introduced him to prostitutes for his fourteenth birthday. Derek has had numerous girlfriends, but keeps his interactions with men strictly physical, with his role being the “top.” He frequently drinks alcohol, but prefers “Special K”(ketamine) mixed with marijuana. He is HIV-negative and has never known anyone with HIV/AIDS.

Michael is a 27 year-old gay Latino White man, who identifies as White. Born and raised on the Lower East Side of New York City, Michael dropped out of high school at 16 because of his involvement with drugs and alcohol. He credits an ex-boyfriend with influencing him to stop using for approximately three years, although he currently uses club drugs socially. Michael is not in a relationship, and reports that he engages in a lot of “one-nighters” that usually consist of oral or, on his part, insertive anal sex. Although Michael has two close friends who are HIV-positive, he believes that they contracted the virus from intravenous needles, which he does not use.

RESULTS

Risk Bases for Barebacking

Our analyses yielded a variety of risk bases in childhood and adolescence that were common among the men whom we interviewed. These included early sexual experiences and early experimentation and abuse of drugs and alcohol, and these behaviors were, on occasion, facilitated by family members. In addition, many of the participants spoke about feelings of isolation and loneliness due to their same sex attractions, as well as a lack of love relationships in their adolescence, and experiences of the loss of a loved one early in their lives.

Early Sexual Experiences—Many of the participants in our sample reported engaging in sexual activities at a young age, with 67% (n = 8) of the men reporting activities ranging from early exposure to sexual materials, to sexual experimentation with peers, to abuse by family members. Sexual activity with or facilitated by family members was especially notable among these youth. In fact, 62% (n = 5) of the men who disclosed early sexual activity reported that their experiences involved close family members. For example, one participant describes his first sexual experience, facilitated by his father:

I lost my virginity at my dad’s insistence to, to two Spanish prostitutes, he paid them to... When my 14th birthday rolled around he got a hotel room and got a bottle of Amaretto for him[self], he got me some gin... He came by, about a hour later. He went downstairs to the bar. I had a threesome.

Other men had direct sexual contact with their relatives. Another participant described his first sexual experience, in which his father performed oral sex on him, as follows:

...I'm masturbating and I can't ejaculate. I was stealing my father's magazines. I'm like, 'Dad, what's going on? I can't get off or whatever.' So he ended up, like giving me a blowjob. I gave him one. And that stemmed off into a relationship with my godfather throughout my whole youth.

One participant was also sexually abused by family members at a young age. As a 6 year-old, his uncle repeatedly molested him, and at the age of 13 he began a sexual relationship with his aunt's boyfriend, by then his surrogate father. Other men had sexual experiences with family members who were closer to them in age. One participant reports experimenting with his cousin when he was approximately 8 years- old, and another describes sexual encounters with his half-brother:

I had sex with my half-brother...I mean I just thought it might help...He would spend the night because my other family, my dad's other family...he stayed at my house while I was in...you know just starting how to like you know like flirting and it would happen and it would happen a few times...

Another common theme among the participants in our sample was early sexual experimentation with peers. While two of the participants describe ongoing sexual relationships with only one other boy, more of the respondents report extensive sexual activity throughout their childhoods.

Like all the young boys, and I don't know if there was something planned or if they just did it unconsciously or what was going on, but whenever we would play around, you know, regular games, like on the swings, or monster tag or hide-n-go-seek or you know, um, if some little kid had a birthday party in his apartment, you know, boys would always want to touch each other and suck each other off, and you know, the older boys used to like tempt us. The older boys used to tempt the younger boys, you know by giving them like a dollar, two dollars, three dollars, and they would say, you know, just suck us a little bit or do this or that.

...I've always been kind of like ah curious like looking for like when I was a kid I liked sneaking out or like having my little boyfriends come over and like you know mess around...

I didn't even have an idea what was going on. We would just go to church and feel up all the girls so um I don't know I guess I was a little pervert...By the age of 9 I had like every little girl in the neighborhood giving me head.

Further, many of these men were often exposed to sex and adult sexuality at young ages. If they were not engaging in sexual activity themselves, they were clearly aware of sex around them. A participant explains:

...It's like everybody I came into contact with liked to have sex. Men liked young boys, old boys, boys my age, teenagers, old men. So wherever I went there was sex.

This same participant describes living with both his mother and her friend while they were trading sex for money.

...They used to do their thing and go out and bring men home and I would wake up in the middle of the night and see them fucking, and you know all types of things...

One youth was also exposed to prostitution, as his grandfather was a pimp who would take him to the apartment where he kept his "girls:"

Sometimes he would take me out of school and you know, we would go to these ladies' houses or he had them in apartments actually...And we would go to these

apartments, and sometimes he would you know, beat on them and stuff and I'd just watch him do it, you know. Yeah it was crazy man. I guess as a kid, you know, seeing all that stuff I just...I had experienced a little more than some of the other kids had.

Isolation and Loneliness—Many of the men reported various experiences of isolation and loneliness as youth. For the majority of these men (83%, $n = 10$) teasing, bullying, and feeling alone were significant aspects of their childhood and adolescence.

Often, the participants described teasing about their physical appearances. One participant explained that as a skinny child, he was often picked on and learned to box to defend himself, while John also recounts physical bullying. Another participant, who described himself as “a huge, classical nerd,” compensated for his isolation by being an “intellectual bigot” among his peers. Having grown up in suburbia, which he perceived as limiting his opportunities, he describes his desire to escape:

I'm not the only person in college; I think there are like four or five but otherwise they're [peers in his hometown] just a bunch of idiots. Like, the majority of the people from area are working in [hometown], you know, gas stations, etcetera, the mall.... I wasn't so concerned about fitting in. My main goal was succeeding and getting out, whereas everyone else, you know.

While in school, this individual was outcast to a group referred to as “the Dirties” because he was unable to afford newer clothing. The overall fear of humiliation kept him from participating in class, as he was afraid his peers would laugh at him. Several of the men connected their isolation from other youth to the atypical structures of the households in which they were children. As a foster child, a different participant explains, “I don't remember having many friends, 'cause I had said I was moved from here to there.”

Some of the men recall stronger affiliations with other adults than with their peers. For one participant, who grew up under the care of his grandmother and described himself as a “homebody,” his social network consisted largely of “senior citizens” and his grandmother's friends. Similarly, another participant found himself close to his cosmopolitan aunt in the midst of his parents' divorce, which had created embarrassment and ripples in the small, local community:

She took me to the park and we used to feed the ducks and she traveled around the world a lot and always brought me things from different places, which is where I guess I got my interest of [sic] foreign places. She taught me a little of the language from different [countries].... She just always seemed to know me better than anyone else.

A different participant elaborates on his atypical social network and isolation from his peers:

Other kids my age didn't really like me so much, so I was kind of isolated and alone, pretty quiet.... I wasn't really into the same stuff that other kids were at the time, you know, because I go home and I'm hanging out with you know, thirty, forty, or fifty year olds.... Just being I guess apart from people of my own age group and wanting to do what all of these older people were doing, you know.

More than half of the men (58%, $n = 7$) attributed their isolation to their feelings of same-sex attraction during adolescence, which they were unable to disclose to friends and schoolmates because they feared harassment. One individual described himself as an “outcast” and explained that it was exacerbated by his sexuality.

And then I actually started getting erections and stuff, I always felt like I was different. I didn't hang out with too many people. I don't know, it just grew into me that it wasn't something that was accepted. I felt kind of ashamed to be gay.

Another participant, who had actually engaged in sexual behavior with another boy in the school locker room, found the anxiety in the wake of his first same-sex encounter to be debilitating.

I had a whole weekend to bug out about that shit. Then I talked to my friend who didn't know about it, you know what I'm saying. And it was like in the apartment, smoking my mom's weed, that's all I wanted to do. One day, you know, he's like, 'Yo, just relax man, it's alright. I ain't gonna call you out,' you know what I'm saying.... I'm the only one of my friends who had some sort of same-sex encounter, you know. So I didn't talk to anybody about that, you know.

A third participant experienced similar feelings about his sexual experiences with other boys during adolescence:

Well, every time after I came I would feel dirty and disgusting and I felt like this is not right. I shouldn't be doing this.... I should have a girlfriend.... I never spoke about having any sexual relationships with guys to anyone in my whole life. I kept it all inside.

Having grown up in a small community in the Virgin Islands, one individual describes his fear of being sexually "outed" because of the stigma placed upon same-sex behavior. "I used to do my internet thing and it's like I basically never used to go out there trying to meet any and everybody, 'cause then, you know, that's when people start to talk." During this period, he chose his sexual partners carefully to avoid rumors in the tight-knit community:

I always made sure they never messed around with anybody, so I never went after popular people because then it's like your name starts to get out, float around, or whatever. So basically I just kept my sexual activity to a minimum, only select people.

Another participant describes similar feelings and the way he screened his potential friends and partners.

When I'm around people, I pretty much like to get to know them. If they're a blabber mouth and I've had them come and tell me, 'Oh, you see him, he be frontin' like he ain't gay, but I do this [have sex] with him,' I don't want to tell them anything because I'd be thinking "You know what, now what if I did something with you? Imagine who you're going to tell." So I don't tell them.

Drugs & Alcohol—For many of the men in our study (67%, $n = 8$), early childhood memories of drugs and alcohol played a significant role in how they conceptualized their sexual behavior today. Early recollections of drugs and alcohol took place along two domains – either the men witnessed family members or friends engaging in alcohol and drug use, or the men participated in alcohol and drug use themselves. Recurrent themes of childhood trauma, familial discord and a lack of parental authority were associated with these early childhood memories.

Men who described witnessing family members or friends engage in alcohol and drug use reflected upon these experiences with a nonchalant attitude. For some, drug use at home was not unexpected, nor uncommon. As one individual said, "My mother was always hooked on drugs... You know I would come home and she was high." For some men, the drug use escalated to the point that they were removed from their home. Another participant indicated, "My dad was a drug abuser, my mom was mentally ill...so I went into a foster home between the ages of 5 and 7 with my two other sisters." This participant elaborated on the chaos that existed because of his mother's drug use:

We lived with this other woman who was a prostitute and they knew each other from the methadone clinic where they used to get their daily dosage of methadone...I lived there for about a year.

Oftentimes, the men in our study indicated that by witnessing their parents engage in drug and alcohol use at home, they became intrigued by the prospect of engaging in drug and alcohol use themselves. Not surprisingly, the conduit for this experimentation was the parental figure who was the drug or alcohol user. Subsequently, the boundary that existed between parent and child became blurred. The aforementioned participant described the evolution of the relationship with his mother as follows:

My mother was always hooked on drugs and she just could not, you know, differentiate between reality. You know, what was real and what wasn't real. Because we were very close we developed like a brother and sister type of relationship despite that fact that she was my mother.

Other parental figures encouraged their children to try certain substances to see how they would react. One individual said, "I think I was about 9 years-old and my father gave me a can of Budweiser and I was fucked up." Another participant recalled parental figures explicitly promoting such behavior:

My grandfather, you know, would take me to this joint called [bar name]. You know, the both of us would get drunk as hell, and I'm like 7 or 8 years-old.

For the most part, men described their early introduction to drugs and alcohol as part and parcel of their childhood upbringing. Less often, men recalled having their first introduction to substance use during their teenage years. When this exposure happened during adolescence, it seemed to indicate more of an internal response to help ameliorate negative emotion. For this participant, turning to alcohol helped soothe the pain of accepting the death of a boyfriend that his family was unaware had existed:

I had flunked out [of college] and [my father] had known [friend's name] had died but he didn't know that he was my boyfriend...I was drinking all the time.

As turning to drinking helped negate overwhelming grief, this same individual understood that he was repeating a pattern that his father had created: "My dad drank his whole life and I always swore that I would not drink like him."

Early Loss—During childhood, 83% ($n = 10$) of the participants described some form of personal loss as a significantly difficult aspect of their upbringing. Loss came in the form of divorce or separation, death or abandonment and unstable living situations, such as multiple home or guardianship changes. Feelings from loss reverberate for many of the men, particularly those still grieving the death of a parental figure or upset by a complicated divorce. Simply stated by one individual, the losses in his childhood "shaped a lot of how I am today."

Of those ($n=10$) who experienced loss, 70% ($n = 7$) experienced multiple losses, compounding the emotional toll. For example, one participant had a long list of losses that he indicated had greatly affected his life. He was witness to his cousin drowning in a lake, his mother deserted him twice, his father and aunt died of AIDS, and his other aunt committed suicide. With each death, his life, in his own words, "took a turn for the worse."

For 75% ($n = 9$) of the participants, their parents separated or divorced, with one or both parents leaving the children. If parents did not get along, the participants focused on the fighting when characterizing the parents' marriage. For some, the dissolve of the nuclear family left a bigger impact than the parents' dynamics. A participant, for example, explains that he "just started having random sex" once his parents divorced. Another individual was "scared" and wanted his parents' fighting to stop, but more than anything he was "confused" by their conflicting statements about the security of the marriage. A few years later, after assuring him that they were not separating, his parents explained "you're going to see your dad on weekends from now on" as the only discussion of their imminent divorce.

The few men to claim no loss described their parents' relationship as unstable and volatile, a clearly unhappy union. One participant described his childhood as "fine," with "no funerals, no weddings" when asked about loss. Upon further inquiry, this individual described his parents' frequent fighting as "miserable" to the point that he had his routine: when they would fight, he would grab ice-cream and go play video games in another room until they were done. None of the participants reported having been raised with parents in a stable, loving relationship with their family.

Over half (58%, $n = 7$) of the participants experienced the death of at least one loved-one, with parental figures accounting for at least 70% ($n = 5$) of these deaths. When discussing the deaths, almost every participant mentioned his bereaved feelings and reactions in great detail. One individual, for example, lost the one stable figure in his life, his grandmother, just before adolescence. With her death, his insomnia, weight loss and over-working began:

I was depressed; I was sad, but I was big...but then...my insomnia started...after my grandmother died I used to just be out. I never wanted to be home. 'Cause it's like, I don't like the memories like and she ain't there. I remember one morning...um, when she was alive, I would wake up and run to the living. I was like "I'm up!" So one morning, I wake up and I run out to the living room and I realized my grandmother wasn't there. She died so I was like wow...I ain't want to be home so I used to be out.

For some participants, losing several loved ones led to self-medication and depression. Another individual lost a childhood friend and an aunt. His parents had a violent separation. However, it was not until his older boyfriend, his first love, was killed in a bar fight that the solid student flunked out of school and began isolating himself and drinking heavily.

Several participants lost parents in the form of abandonment. Participants described being angry, depressed, "crushed" and confused by their parents' neglect. A third of the parents who died had abused or left the families beforehand, intensifying the "mixed feelings." For one youth, his father seldom stayed with the family and beat the participant, who was 3 years old at the time, when he did stay with them:

So kinda when he passed away it was like in a way, I kinda felt like it was a good thing because he used to beat me...but then about a month after he passed away, I remember one day sitting down and really crying a lot...I was really sad.

The emotional strain of losing a parental figure was compounded by the loss of home for one-third of the participants. The death or abandonment enhanced unstable living situations for some of the participants. With their bread-winning guardian gone, the children were moved several times amongst relatives and/or foster care. Depictions of the inconsistent homes coincided with stories of the beginning of or increase in risky behaviors, such as running away and homelessness, use of alcohol and illicit drugs, unprotected sexual acts, stealing and truancy. One participant describes everything as "going downhill" after his parents separated. He was in and out of foster care from his earliest memories. He also had sex with his father and godfather, began trading sex for money, using illicit drugs, and struggled with ambivalent feelings about his mother's abandonment. For another individual, the loss of his father changed his life drastically for the worse:

It hurt because like after my father died my life was pretty much downhill...I wouldn't have been to group homes and all that stuff, you know. I would have never been to Juvy [juvenile detention], you know...so that was pretty much like the most devastating point in my life.

DISCUSSION

We analyzed the life history interviews of twelve HIV-negative men ages 20–29 who self-identified as barebackers. The purpose of our analysis was to consider the factors that served as risk bases for these men in their development of a barebacking identity. The construct of barebacking is of particular importance to HIV-prevention efforts as we seek to understand why uninfected men would intentionally place themselves at risk for HIV seroconversion. Such an understanding could be used to facilitate the development of prevention strategies that are true to the realities of these men, and is of utmost importance given the extremely high rates of seroconversion among young gay and bisexual men, especially men of color (Thiede et al., 2003).

Our data revealed several key themes that were associated with risk bases in the development of these young men: early experimentation with both drugs and sex, feelings of isolation and loneliness in early formative years, and a major experience of loss in their early lives. Each of these key themes were very pronounced in the narratives which we explored across all 12 men regardless of their racial or ethnic identification, geographic residence in which they were raised, and actual age at the time we conducted the interview. These key findings are consistent in considering the lives of these men in terms of a developmental psychopathology framework (Cicchetti & Rogosch, 2002). As such, these risk bases predispose men in their development of maladaptive behaviors, in this case, “condomless” sex (Shernoff, 2005).

Previous research supports the role of these bases in the development of risk behaviors in adulthood. The use of illicit substances in early developmental stages (Johnston, O’Malley, & Baughman, 2002) has been linked to delinquency, subsequent adult criminality, an array of psychological and behavioral problems, including risky and premature sexual activity, and a concomitant increase in likelihood of exposure to pathogens leading to HIV or other sexually transmitted infections (STIs) (Gordon, Kinlock, & Battjes, 2004). Childhood and adolescent sexual abuse are strongly correlated with a multitude of psychological problems, including internalizing symptoms such as depression, anxiety, isolation and feelings of hopelessness (Gordon & Gilgun, 1987; Rew, 2002; Stein et al., 1988), and externalizing symptoms such as hostility, sexual risk-taking, and substance use (Goodenow, Netherland, & Szalacha, 2002; Whetten et al, 2006). A history of childhood sexual abuse is significantly related to sexual risk taking among gay and bisexual men (O’Leary, Purcell, Remien, & Gomez, 2003). Also, feelings of isolation and loneliness are pronounced for young boys who may develop same-sex attractions or a gay or bisexual identity. As a young boy starts to self-identify as gay or bisexual, but does not feel safe enough to share this identity with anyone in his environment, then he is at elevated risk of feeling isolated (Morrison & L’Heureux, 2001); feelings of isolation and loneliness may lead to the development of avoidant coping which have been shown to be intimately linked to sexual risk taking (Martin, Pryce, & Lepper, 2005; Shernoff, 2005). Finally, research in numerous domains indicates that loss in the early years due to death or separation is associated with an experience of trauma (King, 2005), faulty attachment (Moss, Cyr, Bureau, Tarabulsy, & Dubois-Comtois, 2005), and the development of psychiatric symptoms (Meinischmidt & Heim, 2005).

Taken together, these risk bases provide a lens through which to understand the development of barebacking behaviors. While numerous contextual, behavioral, and historical factors are often cited in the literature as sources of the development of barebacking, few studies have examined how individual-level intrapsychic processes in the formative years of one’s life could lead to the development of this identity and barebacking behavior. Moreover, prevention efforts around HIV have long been based on cognitive models failing to neglect the emotional aspects of sexual behavior (Halkitis, Wolitski, & Gomez, 2005), and more so the role that human development plays in understanding sexual risk-taking.

Limitations

First and foremost, we acknowledge that our analytic sample of 12 men was drawn from a recruited sample of 102 high-risk gay and bisexual men. Specifically, we recruited men who were self-identified barebackers and club drug users; thus, while this represents a segment of the population it certainly is not representative of the totality of the gay and bisexual male community. An abundance of gay and bisexual men do not identify in these manners, and moreover develop adaptive behaviors in young adulthood. Thus, generalizations to the gay population are highly cautioned. The risk bases and associated maladaptive behaviors described in our sample of 12 men are likely very specific to a subset of gay culture. Secondly, our focus was on young gay men, those in emergent adulthood, and specifically ages 20 to 29. As historical and societal shifts have had profound effects on the gay community as a whole, it is important to note that these men were born between the mid-1970's and mid-1980's and were not sexually active as self-identified adult gay men until after the initial explosion of AIDS in the early 1980's. It is in this historical context that their behavior should be considered, and thus contrasted to those men who were sexually active either before the initial stages of gay liberation in the early 1970's (the "pre-Stonewall Generation") or slightly thereafter in what some have coined the "AIDS Generation" (Halkitis & Moeller, 2006). Finally, we chose to analyze the interviews of only 12 of the 23 men ages 20 to 29. While our coding and analysis led to saturation in themes, we nonetheless expect that perhaps other risk bases were excluded because they were not evident in the interviews we considered. However, our random selection of more than 50% of the sample in this age range and stratification by race/ethnicity does provide some assurance that at minimum the most salient themes emerged.

Conclusions

For young gay and bisexual men, the period of emergent adulthood is a particular challenge. Among young adults in general, risk factors such as unprotected sex and substance abuse peak in prevalence (Arnett, 1992; Bachman et al., 1996), but for gay and bisexual men, this developmental stage is further complicated by the challenge of how to integrate same-sex desires into their adult identities. We believe that the unique questions faced by these men place them at greater risk for the development of maladaptive behaviors such as drug abuse, unprotected sexual behavior, including barebacking, that may lead to HIV seroconversion, as well as psychological symptoms such as depression and antisocial behavior (Koblin et al., 2000; Rotheram-Borus & Langabeer, 2001; Thiede et al., 2003). Too little is known about the causes of these maladaptive responses, whether in the emergent adult population as a whole or among gay and bisexual men, and thus we believe that our analyses are significant in the regard that they help to illuminate some of these developmental factors which may lead to the development of club drug use and barebacking. The paucity of literature on the psychological, biobehavioral and bioecological processes that underlie this developmental transition, combined with the significant public health dangers that are presented to gay and bisexual men and to the larger community, necessitate that we undertake holistic examinations of the risk and protective bases (Jessor, 1998), as well as the potential mediating and moderating factors that predispose young gay and bisexual men to the development of these maladaptive and adaptive behaviors, as they struggle toward full adult status. Such understandings are crucial and represent the salient knowledge that is necessary to develop prevention and intervention strategies that are more effective in addressing risk taking and the continued spread of HIV in the gay and bisexual male population. For too long we have relied on a "use a condom every time" message as an effort to curb the epidemic. The future rests on the creation of psychologically sound and meaningful strategies that allow us to consider the bases that place the men at risk, lead to their identity formation as barebackers, and in turn address these issues in our prevention efforts, rather than focusing solely on the maladaptive behavioral outcomes.

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