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Beyond the Ball: Implications for HIV risk and prevention among the constructed families of African American Men who have Sex with Men

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Abstract

African American men who have sex with men (AAMSM) are disproportionately burdened by new and existing HIV infections. In spite of this, few HIV prevention interventions have been developed that meet the specific needs of AAMSM and that are culturally appropriate and build on strengths and resources. In this paper, we examine constructed families, including those who belong to houses and those who do not, from a three city sample of 196 AAMSM. Results show that the majority of AAMSM who belong to constructed families do not participate in houses or balls. Both house and non-house affiliated constructed families are important sources of social support among AAMSM. Participants reported limited success in spreading HIV messages at ball events, but talk about HIV within their constructed families. Social network approaches to HIV prevention may capitalize on existing social ties within constructed families to promote safer sexual behaviors.

Introduction

African American men who have sex with men (AAMSM) are disproportionately burdened by HIV as reflected in both new and existing HIV infections (CDC 2009). A study of MSM in five metropolitan areas found that AAMSM had an HIV prevalence of 46%, compared to 21% in white MSM and 17% in Hispanic MSM (Centers for Disease Control and Prevention 2011). While HIV incidence among MSM of all ethnicities has been increasing in the U.S., AAMSM comprise only a very small percentage of the country's overall population but bear the burden of 25% of all new HIV infections (Centers for Disease Control and Prevention 2011). Reasons for this sharp disparity in HIV prevalence remain unclear as the literature suggests that the higher incidence and prevalence among AAMSM are not due to higher rates of substance use, sexual risk behavior, testing history, sex exchange, non-gay identity or nondisclosure of sexual identity (Feldman 2010) (Harawa, Greenland et al. 2004; Fields, Bogart et al. 2012). Limited research does suggest two possible explanations for AAMSM's

higher rates of HIV: 1) already high HIV prevalence among AAMSM; and 2) higher rates of unrecognized HIV infection among AAMSM (Centers for Disease Control and Prevention, 2013). These may be especially salient among AAMSM who report a preference for African American sexual partners due in part to high levels of perceived homophobia and racism, thereby drawing their sex partners from a population segment whose disease prevalence is high, viral load suppression through treatment is low, and risk of transmission is thereby increased (Farley, 2006; Friedman, Cooper et al. 2009).

In spite of the alarming prevalence and incidence of HIV, there are few HIV prevention interventions for MSM of any ethnicity and even fewer that have been developed specifically for AAMSM (Johnson, Diaz et al. 2008; Mustanski, Newcomb et al. 2011; Harper and Riplinger 2012). Many researchers have argued for the need for interventions that are tailored to meet the specific needs faced by AAMSM, that are culturally appropriate, and that build on the community's strengths and assets rather than focusing upon presumed deficits (Arnold and Bailey 2009; Phillips, Peterson et al. 2011; Holloway, Traube et al. 2012). Identifying existing community strengths and indigenous responses to the HIV epidemic increases the potential efficacy of interventions and the likelihood that novel interventions will diffuse throughout the population (Holloway, Traube et al. 2012). Diffusion of innovation theory suggests that interventions are more likely to be adopted, sustained and spread to other members of a community when the behaviors are promoted by trusted opinion leaders and are consonant with accepted cultural values (Rogers 1995).

Recently the ballroom/house scene has been proposed as a potential avenue for delivering culturally tailored HIV prevention to AAMSM (Phillips, Peterson et al. 2011; Holloway, Traube et al. 2012; Kipke, Kubicek et al. 2012). House and ball communities originated in Harlem in the 1920s as a popular form of entertainment and were places in which working class African American men performed in ostentatious and elaborate female attire. In addition to offering entertainment, AAMSM competed for cash prizes. Today, balls offer a variety of categories in which to compete and are open to men and women of more diverse gender and sexual identities (Murrill, Liu et al. 2008). Categories can include: "thug realness", for men who do not appear to be gay but rather look like a guy who "hates gay folks and sells drugs on the street"; "sex siren", a category of scantily clad masculine men who are judged on their bodies; "butch queen voguing", in which more feminine men dance and pose; and "female realness", "European and American style runway", and "fem body", in which contestants are judged on whether they have hips, breasts and body of a "real woman" (B. Pearson, personal communication 1/24/2013). Houses have been defined in the research as collections of people who are organized together to compete in balls as a team (Phillips, Peterson et al. 2011). Houses are often organized in a "family" structure with an appointed "mother" and "father" representing the house, and a collective of individuals called the children (Arnold and Bailey 2009). While members of houses may or may not reside together, many researchers have argued that house families provide an alternate support system for young AAMSM who are rejected or thrown out of their homes by their families of origin and the community at large because of their sexual orientations (Phillips, Peterson et al. 2011; Holloway, Traube et al. 2012; Kipke, Kubicek et al. 2012).

Some researchers have explored the potential to use house and ball communities for delivering HIV prevention (Phillips, Peterson et al. 2011; Holloway, Traube et al. 2012; Kipke, Kubicek et al. 2012). Many balls have incorporated rapid HIV testing, HIV prevention-related themes, or HIV prevention brochures into their events. In addition, many house “mothers” and “fathers” offer informal HIV prevention advice to their members, such as encouraging testing and practicing safer sex. However, qualitative interviews suggest that house “mothers”, “fathers” and ball attendees are ambivalent about the appropriateness of houses as a venue for HIV testing and intervention messages citing concerns regarding confidentiality, taking away from the purpose and attraction of balls (competition, fun), and potentially watering down the prevention messages (Holloway, Traube et al. 2012). Other research has demonstrated that house parents already engage in conversations with their house children about HIV prevention and safer sex, and offer interpersonal and instrumental support (Arnold and Bailey 2009; Holloway, Traube et al. 2012). House parents have also acknowledged a high level of engagement in HIV risk behaviors including escorting and other sex exchange activities, especially among young house members, in response to the pressure to purchase designer clothing, travel to out-of-town balls, and maintain their status in the ball community (Kubicek, Beyer, et al. 2013). However, some house parents report not feeling comfortable or competent to counsel their house children about HIV prevention topics (Arnold and Bailey 2009; Holloway, Traube et al. 2012).

The house culture is a form of “constructed families” or families of choice, in which biologically unrelated friends extend kinship ties to one another. Ethnographic research has documented the importance of constructed families in the African American community as sources of social, emotional and instrumental support. Flexible and extended family networks date from the late nineteenth century due to economic instability (Ruggles 1994), and even slavery as slave owners often sold family members (Dunaway 2003). Ethnographers have argued that, by adding extended family and friends into their kinship circles, poor African American families often show considerable flexibility and resilience to help them survive economic insecurity (Stack 1970; Davis 1990; Burton 1998). Similarly, the limited research on AAMSM house and ball communities suggest that houses and the constructed family relationships within them serve as sources of support for young AAMSM who are rejected from their families and communities, and as a buffer against homophobia from the African American community and church. However, in seeking explanations for the rise in constructed families among AAMSM, African American families and communities are portrayed as, if not unique in their non-acceptance of gay family members, at least more extreme in their rejection of them. In addition, studies to date have portrayed constructed family relationships as unique to the ball and house culture (Arnold and Bailey 2009; Phillips, Peterson et al. 2011; Holloway, Traube et al. 2012; Kipke, Kubicek et al. 2012). However, ethnographic research suggests that gays and lesbians of other ethnicities also form constructed “families of choice” that are not involved in the ball or house culture (Weston 1991; Dewaele, Cox et al. 2011). Weston (1991) argues that while many gays and lesbians attribute the formation of families of choice to “severed ties” with biological families who reject gay or lesbian children, such rejection actually occurs fairly rarely. Rather, families of choice offer social support and a sense of belonging to gays and lesbians.

In this paper we will examine constructed families among AAMSM who belong to houses and participate in balls and those who do not from a three-city sample of 196 AAMSM and key informants. We will first examine participants' families of origin and the degree to which rejection or other forces led participants to join house-affiliated or non-house-affiliated constructed families. We will then look at how house and non-house constructed families form and the functions they fulfill. We will look at how both forms of constructed family address HIV within their families. Finally, we will discuss the implications for developing culturally-responsive HIV prevention interventions that build on community strengths.

Methods

Sampling and Recruitment

In-depth interviews were conducted with 96 key informants knowledgeable about the African American MSM community and 100 African American MSM living in the three study cities between February and November 2011: Milwaukee, Wisconsin (n=54); Cleveland, Ohio (n=78); and Miami, Florida (n=64). These cities were selected because of the high HIV prevalence among AAMSM and because the cities are study sites in "Connections Creating Change" (C3), a trial currently underway to test the effectiveness of a social network-level HIV prevention intervention designed for AAMSM. In-depth interviews were conducted in order to: (1) elicit input of members, stakeholders, and gatekeepers familiar with local African American MSM; (2) understand the AAMSM community's social structures, venues and ways that community members meet, socialize, and seek sexual partners; and (3) gain an understanding of factors, situations, and contextual issues surrounding sexual risk of AAMSM.

Initial key informants were identified by staff from agencies at the study sites, two AIDS service organizations and an NIMH-funded HIV research center, each with years of experience working in the African American MSM community to prevent HIV infection. Each site identified local key informants including health department leaders, HIV/STD clinic providers, leaders of community-based organizations, managers of clubs and social gathering venues, parents of ball scene "houses", and other individuals identified as leaders within the African American MSM community. At the end of each of these first round interviews, key informants were asked to identify other key members of the African American MSM community to participate in in-depth interviews resulting in a total of 39 key informants in Cleveland, 34 in Miami, and 23 in Milwaukee.

Additionally, we recruited a sample of African American MSM in each of the study cities (Cleveland, n=39; Miami, n=30; Milwaukee, n=31). Research assistants recruited potential participants in the venues and locations that were identified by key informants as popular gathering places for the local African American MSM community. Local research assistants also conducted outreach with known AAMSM networks in their respective cities, and through active recruitment in bars, clubs, and events frequented by AAMSM. African American men were screened by the research assistants and purposively sampled to reflect heterogeneity in the community including age, degree of "outness" or hiddenness, gender identity, and self-identified sexual orientation. All participants signed informed consent

forms prior to the interview and received \$80 incentives for their time. All project protocols were approved by IRBs at the Medical College of Wisconsin, the South Beach AIDS Project, Miami, and the AIDS Task Force of Greater Cleveland.

Interview Guides

All interviews were conducted by project staff, 6 African American MSM, one white woman, and one Asian MSM from the three study cities who were trained in qualitative interviewing methods and who worked collaboratively to construct the interview guide with project co-investigators. Interviews took from 40 to 90 minutes to complete. Interviews asked participants about: (1) the settings, places, and ways that African American MSM in the community socialize and meet sexual partners; (2) segments that can be identified within the population of African American MSM based on “outness” or “hiddenness,” identified sexual orientation, geographic or “virtual” venues frequented, preferred sexual practices, types of sexual relationships, and ways of partner-seeking; (3) perceptions, beliefs, and understandings concerning HIV/AIDS, safer sex, and risk reduction steps; (4) contextual factors that contribute to sexual risk behavior including alcohol and other substance use, socioeconomic status, homelessness, homophobia within and outside the African American community, racism, employment, sexual orientation, and self-identification; (5) and the nature of social networks among African American MSM including network size and racial/ethnic makeup, member characteristics, places and ways of meeting, and overlap between social and sexual networks. For community members, we asked additional questions to delve more deeply into relationships, including participants’ relationships with their social networks, families of origin and sexual partners. We asked how they met each of the most important members of their friendship networks, the kinds of things they do and talk about with their social networks, and the quality of their relationships with network members. We asked participants if family members knew their sexual orientation, whether they disclosed to their family members or were “outed,” and families’ reactions to their being gay. Those participants who spontaneously disclosed that they were HIV positive were asked additional questions about their experiences living with the disease and their serostatus disclosure patterns.

Analysis

All interviews were transcribed verbatim and coded collaboratively by co-investigators and research staff from the three study sites. The coding tree was developed using an iterative and collaborative process. All team members first read transcripts and developed preliminary themes such as house/balls, families of origin, constructed families, acceptance/rejection of sexuality, and disclosure of sexual identity, which were then discussed as a group. We then formed an initial coding tree and team members each individually coded ten interviews in MAXQDA using this initial coding scheme. After discussion, the coding tree was revised and the process repeated until all team members were satisfied with the final coding tree and consensus in code definitions and consistency of application were achieved. Thereafter, approximately 20% of the interviews were checked for consistent use of codes by the study investigators and project coordinator, J. Owczarzak, J. Dickson-Gomez and C. Sitzler, who were in charge of the formative phase of the research, which confirmed codes were being applied consistently across all study sites and team members.

Interviews were analyzed using the comparative method, characterized by repeated coding, analysis, and interpretation (Boeije, 2002). We analyzed the data for similarities and differences across interviews and explored patterns of relationships among codes. For example, the code “constructed family” was examined in relation to those who reported belonging to a house or participating in balls with those who mentioned constructed family members but who did not belong to a house or participate in balls. Participants from different cities were compared to determine the frequency with which they belonged to constructed families both within and outside of the ball/house community, and differences in the ball/house communities in each city. All names in interview segments quoted in this paper have been changed to protect confidentiality.

Results

As indicated in Table I, although most AAMSM identified as male, two participants identified themselves as female. Similarly, while the vast majority identified as Black or African American (82%), participants also primarily identified as being Hispanic and of multiple races. Average ages of AAMSM and key informants varied across study locations; Cleveland’s AAMSM sample was the youngest, with an average age of 26, followed by Milwaukee (30) and Miami (35). Similarly, Cleveland’s key informants tended to be younger than those in Milwaukee and Miami. Key informants were also primarily Black/African American (94%) and male (86%).

Overall, 35.7% of participants talked about belonging to or having formed a constructed family in response to interview questions about the important relationships in their lives, although the proportion varied considerably by city. Milwaukee had the largest proportion of people who belonged to a constructed family (57.4%), while 42% and 25% of Cleveland and Miami participants respectively reported belonging to constructed families. Not all participants who reported being in a constructed family reported belonging to houses, however. The number of African American MSM who reported belonging to houses varied by city: Cleveland had the largest number who reported belonging to a house family with 18% of the sample belonging to a house family, 10% of Miami participants and 15% of Milwaukee participants. Only 7 members of houses talked about having constructed family members outside of their current house. Usually, these were family members who were members of other houses in the same city who may have belonged to the same house at one time. Thus, two-thirds of the total sample who reported being part of a constructed family belonged to constructed families that were not associated with the ball/house scene.

Relationships with family of origin

When asked about the reasons for the heightened risk of AAMSM, many key informants mentioned homophobia in the African American community, particularly the African American church, and biological families’ rejection of AAMSM members. Key informants attributed problems such as homelessness, lack of educational attainment and mental health problems to biological families’ rejection. They also attributed this rejection as a reason that African American MSM seek alternative family relationships with friends or in “houses.”

(Cleveland, Key Informant): I'll say 16 all the way into 25 for a lot of black gay men is like they may be out to the community, but they're not out at home....That's their coming out time between that 16 and that 25....It's the transgenders that usually have like the biggest problem and it's because they are transgender or they're living as drag queens and so like that's where the biggest problem comes in because not only the fact are they gay that comes into play, it's the fact that they're dressing like a woman or they're living their lifestyle as a woman, and that's even harder for the family or people they're staying with to accept....I know like four houses I can say like right now and it's at least four to five transgender or drag queens living in the same house because that becomes their safe haven. They stick together and like they create like their own place because they are not accepted at home.

As Weston (1991) argues, rejection by “biological” families is often treated as unexceptional or average occurrences that are given symbolic weight that far outmatches their actual occurrence. In these stories, rejection by biological families is seen as a withdrawal of love. Stories such as these are given added weight as they are attributed by African American MSM as being particularly common in the African American community, church and families.

Community members in this study, like the multi-ethnic gays and lesbians in Weston's (1991) study, however, described significant diversity in family members' reactions upon learning of their sexual preferences. First, they described a number of different ways in which family members found out about their sexual orientation. Some directly disclosed, others admitted to it after they were asked or found having sex or talking in an intimate way with a same sex partner, and others allowed family members to “guess” or “know” without specifically disclosing. Second, many participants reported that family members were accepting. Others described an initial period of rejection with ultimate family acceptance, including acceptance of romantic partners.

(Cleveland, Community Member) I grew up in a very strict kind of Christians. My aunt's a preacher, you know. I grew up in a church. So when they finally heard I was gay from my mouth, it was very hard for people, especially my family, to deal with. It was extremely hard. My father, I was “fags this,” I was “fags that.” I was gonna get HIV. I was gonna die. I was going to hell. And it really affected me because I have a huge family. I have 14 aunts, 2 uncles, I have a whole bunch of cousins...and we all get together on Sunday at the church....So I already knew they were gonna feel some type of way, but I didn't expect like the reactions I got when I first came out. And it took 'em about two to three years for everyone—like they're cool with it now. You know, they know my boyfriend, they love him, you know. They think we're great, but it really took a long time for—a couple years for them to like really change their point of view. They always had this one perception of what gay was, and they just didn't like it, you know.

Still others were not rejected by their family members who knew about their sexual orientation, but felt the need to hide their sexual orientation by never discussing it openly with family members or bringing around romantic partners or friends.

(Cleveland, Community Member)

Q: Does [homophobia] affect any of your relationships with sex partners or anything? What about your relationships with family?

Now that, yes. I think more so it kind of draws new light to you. Like, this is still our son. It's still my brother. But on the same sense, they know what you like and know what you get into, so it kind of puts you in a box by yourself, even though you in one big box, it puts you in a smaller box because everybody knows you not going to bring your dudes to the house or you, say you have a family wedding or something. You don't have a girl to bring, so you not going to bring your boyfriend to the wedding and stuff like that. It's more so along those lines.

This lack of freedom to fully express oneself by bringing romantic partners to family events is a more common and less extreme form of homophobia and may lead to the need to create additional, not substitute, family support. Biological family members may not feel comfortable with gay sons openly expressing their sexuality to extended family or the community at large.

Very few community members described being thrown out of their homes when they were still young adults, as all participants reported frequently occurred with young AASMS. Rather, when participants talked of being thrown out of mothers' or parents' home, they often spoke of moving in with another member of their extended family who was more accepting. Complete rejection of homosexuality is too simplistic a characterization of African American MSMS' relationships with their families of origin and thus is not a complete explanation for the purpose of AASMS' constructed families. In what follows, we will explore how house-affiliated and non-house-affiliated constructed families are formed and the social and emotional functions they fulfill for AASMS.

Formation of house families versus "regular" gay families

House families and non-house constructed families are formed initially as groups of friends. In both, older AASMS sometimes take on the role of "father" or "mother" depending, in part, on whether they are more masculine or feminine in orientation or whether they play a more "mother-like" or "father-like" role in families. Mothers tend to play more nurturing roles within the families, while fathers are often "role models" who are sought out for specific advice about work or, in the case of house families, ball competitions. In both house and non-house families, other members are considered by parents to be their "children" and "siblings" to one another, although houses often have more members than non-house affiliated gay families. In addition, "children" in both types of families often decide to have children of their own, thus extending the kinship structure to grandchildren, nieces, nephew, aunts and uncles.

(House mother, Milwaukee): I'm going to say how the house of Demira was formed. I had lost my mom and she was like my world....I deal with my family but it's more like hi and bye, I love you, you love me type of thing. I'm not going over to their house. They're not coming over to my house. Just an event, 4th of July BBQ, I'll stop by, cook, or get a plate....So, what I did was I used my support

system that I needed at that time.... So I just believe a house is just a group of friends like when everybody else said you couldn't, they said you can. So we support each other....I just believe that's what every house, it starts as a family and it just grows and grows, and as new members come, you don't go and say, "Hey, do you want to be a part of this group?" You see something in that person. They should be a Demira, or they should be this or they should be that. And that's why a lot of the houses, they with similar people....So it's basically what the people that are around you, your surroundings ...and how you feel you guys can flourish or go forth and grow and you become a structure like type of thing.

The description of how this particular house formed is somewhat atypical in that this participant talked about the formation of a local house. Many houses have extensive, decades' long histories with various chapters nationwide (Arnold and Bailey, 2009). In established houses, house "parents" may actively recruit children who have particular talents or attributes, or parents and children may choose each other because of shared friendships and emotional bonds. However, the House of Demira is not unique in being local or new in Milwaukee as other participants talked of relatively new, small and local houses, and at least one house formed in Milwaukee now has chapters in other cities. The founder of the House of Demira did not attribute the formation of his house family to rejection by his biological family, although he admits that they are not close. Rather, it was the loss of his mother, the most important support that he had at the time that led him to create an alternative family.

(Miami, Community Member, non-house family)

Q: So out of the group, who would you say you respect the most?

Russell because he's shown, he's earned my respect through his actions and the way he's treated me and the advice he's given me. I respect Jonathan too, a great deal. I do. Jonathan, I mean, to be honest with you, it's Russell and Jonathan...I feel blessed to have them in my life. I feel truly blessed and those are two, I don't know, they just mean the world to me. Russell told me one time that you have two families. He said one that you are born into and one that you create. And he said that he was a part of my family that I created and we have been friends ever since then.... I don't think about my family without thinking about Russell or Jonathan.

While both houses and non-house affiliated families are formed to provide emotional support, house families have the additional function of serving as a place where AAMSM can be recognized for their talents. Balls are places where successful competitors can achieve a semi-celebrity status within the community.

(Cleveland Key Informant)

So it's like, well, in the ballroom scene, it's like a competition thing....Like, for example, basketball, sports, they have competitions. Like, competing things to see who's best and who going to win a trophy for their team....You on your team and you all got to work together and try to win your trophy at your talent which consists of not just voguing, it's all different types of talents you can do in the ballroom scene....So, it's like very fun and interesting. It's...a whole other life as in being a

celebrity....If you're known and do your stuff well, then you get that type of shine and stuff like that.

In some ways, the competition aspect of balls can destabilize the family relationships that are formed. As one man who had been involved in a number of different houses said,

(Cleveland, Key Informant) People leave and go out of houses all the time. It's about where you feel comfortable at. Or it's about—because the house can kick you out if you're not doing your talent right. If you're not doing good, then you get kicked out.

Another man expressed ambivalence about house families even more explicitly. While recognizing that houses provide needed emotional support to members, he felt that houses were too focused on competition and not on service to the community, and that competition could break up relationships within houses as well as get in the way of forming connections with the community at large.

(Milwaukee, Key Informant) That's where most of my judgment comes in because I'm like you need to be about something other than like, other than we show out or we're the best at X, Y, and Z. Like what else are you doing? From the east coast, my connection to houses were houses that were about volunteering, community service, giving back and doing education, and so like I've already acknowledged my bias....I think that grows out of, I perceive it to be predominately young African American men who...[are] looking for prestige and notoriety, a sense of belonging, and, in a very roundabout way, love and appreciation. But I think that piece of it, like finding a sense of belonging and love and appreciation, go back to where houses were founded and like you don't have a mother or your mother doesn't love you or doesn't want you, I will be your mother, I love you, I want you. The other piece of that, though, like the prestige and notoriety I think is my perception of where a lot of the newer stuff is growing out of, like I want to make a name for myself. And that concerns me for a variety of reasons. One, there can be a lot of—it can break friendships up. I think about two houses in particular where the people were having a conflict and split up, and now they're two separate houses that grew out of this one. There's quite a bit of rivalry that's going on right now.

While those in non-house affiliated families also spoke of conflicts with family members at various points, none talked about ending family relationships.

Constructed family functions

Both house family and non-house affiliated gay families provide instrumental, social and emotional support. In practice, these different types of support are difficult to separate. For participants, constructed family members' offer of a place to stay is a way of showing love and concern just as much as being a shoulder to cry on when, for example, a relationship breaks up. As one participant said of his constructed family members, "We're our everything to each other."

(Milwaukee, House Member) Most gay families that I've come in touch with as far as the Alexanders, the Blacks, the Sanchezes, the Valentinos...they really are

family organized people. If you need a place to stay, if you need food to eat, I'm here for you. If you need to get registered in school, I'm gonna register you in school. If you need a mailing address, I'm your mailing address. If times are hard at home you always have home here and that's why they're my family. They're not my family just because we get dressed and we go out and have a good time, they're my family because at the end of the day they look out for [me and I] look out for them.

(Cleveland, Non-house-affiliated family) Dan's been almost like a father to me. He's 28....He has almost been like a gay father to me. Like when I was going through things or I couldn't be at home, or I needed somebody to talk to, he was always there. Call him at work, dead middle of the night, early in the morning, he's just always awake and there.

Aside from particular instances in which family members offer emotional or instrumental support, constructed families also provide members with acceptance and belonging. In house and non-house families, participants reported that they regularly shared meals together, went to church, or spent holidays together.

(Milwaukee, Non-house-affiliated family member): I'd say [gay families see each other] on a daily basis. The ones that I've seen that are pretty much—some are accepted by the [their biological] family, some are not. They seem to cling together on a daily basis. I was invited to an African American MSM for Easter dinner with all the rest of his extended family. The gay brother, the gay uncle, that's really not blood related, but they are family nonetheless. So, it seems like they congregate, they communicate and they hang out pretty much on a daily basis. That's their crowd. If you surround yourself with who you are, you don't have to deal with the outside rejection of other people....So if MSM hang with MSM, they're in their social circle. They can be who they want to be and be free to be more comfortable in their own skin it seems.

Given the importance of constructed families in AAMSM's lives, it is not surprising that families play a role in establishing norms prescribing and proscribing particular behaviors. In particular, participants described the need to protect younger family members from exploitation by older AAMSM who may already be infected with HIV and to encourage younger members to get jobs or an education in order to avoid commercial sex work and drug use.

(Milwaukee, House Mother): Some [houses] I've seen had some younger ones, but their influence was all bad in my opinion. I didn't see anybody you know, trying to encourage their young people to get a job or you know, to not hang around the other people....Okay, this person is doing this, so, don't be hanging with them all day.... I mean, I guess a lot of people call me mama because that's just how I am....If I see something that just don't look right to me, I'm going to speak on it....I see like one of my group members on Facebook put down, "I was going to look for a job today, but I don't got no ride." And then, that's bothering me, so I get on there and I let them have it right away. "You get a ride everywhere else. Get up and go get a job." I mean, I just think that they're just falling by the wayside.

They're not trying to pump and prime the younger people....I don't smoke. I don't drink. I don't do anything. I don't have anything against people that do it, but when you involve the younger people, especially in my family, that's what upsets me, because they'll be at after set and they'll pass the drugs to somebody that don't even do it, and pass it to them and say you should just try it. You will feel this way. Why would you do that to somebody?... So, that goes back to me saying, where are the examples? There are no examples.

Many participants talked about the norm of not sleeping with "family," usually in the context of these norms being suspected of being broken. Many, in fact, spoke of it as being similar to incest. This prohibition highlights the important functions that constructed families provide that are distinct from those that sexual or romantic partners fill. In addition, because of the important roles that family provides, sexual relationships were considered potentially dangerous and exploitative.

(Cleveland, Key Informant): When you're homeless or you don't have a place to stay and you find these places, ...because you're cut off from your family. These people become your family, so therefore that's when the trust issue kicks in and you feel like you trust these people that you're around all the time...so it allows you not to—you know what I'm saying, be safe for sex or make different decisions because you feel like okay, like I trust you, you my sister, because that's how it happens—like we call each other brother and sister and stuff, but at the same time, we having sex with each other... And sometimes you get the real sense of this is my brother because your real brother, if you have one, you cut off from him, so this becomes your family and so when you trust people more, you tend to let go of a lot of things that you wouldn't normally let go of, just because you feel like you can trust them.

HIV transmission was seen as an ultimate betrayal of trust for these participants. Constructed family relations build a stronger sense of trust than would be present in normal friendships. It is precisely this bond that participants fear will make younger AAMSM be inconsistent in protecting themselves during sexual relationships with constructed family members. The need to protect family members from HIV infection, particularly those who are young or inexperienced, is a clear value expressed by participants.

(Cleveland, Key Informant) There's people with AIDS...and the younger people, and they [people living with HIV/AIDS] still try and talk to them. Like why would you even talk to them, and you know you got that? And they [young AAMSM] just came out. I think that's so ignorant. I don't know. People do that all the time. But like that's just like, that'll make me stop talking to you. Like why would you even do that? And even if you do tell them that you got it [HIV] first and if they want to go with it then, you all do that. But you don't let them know nothing, period and then like, they try and, people trying to be people's fathers and mothers but still having sex with their kids. That's just nasty.

According to this participant, people living with HIV/AIDS (PLWHA) often try to trick younger AAMSM who may have just come out into having sexual relations with them by not disclosing to them, a clear violation of norms. Younger AAMSM have not been around

long enough to learn who in the community has HIV. He also implies that PLWHA should not try to have a sexual relationship with younger MSM even if they disclose, because of the younger man's inexperience, or because they have established a parental relationship that should not be violated with sex.

HIV Prevention

Conversations about HIV prevention within both house-affiliated and non-house-affiliated constructed families often take place informally in the course of naturally occurring conversations about sex and relationships. For those who take on a parent role, concern was expressed about their children's safety and preventing some of the mistakes that they thought that they had made.

(Milwaukee, Key Informant): They're having sex for money. So they're not interviewing these people. They're seeing if this person got this much money and they want to do this, let's do this. I don't believe they're protecting their self. Some of them may be protecting their self, but a lot of people start protecting their self when they find out something is wrong and they get scared... I try to, you know, even with my family or my house, I got condoms everywhere and they be letting me have it because condoms are all in glove compartments, everywhere. I give them condoms because, like I said, I got scared. Not from me finding out somebody I was with had HIV or anything like that, but because people around me, you never think that it's going to be your close friends or your brothers or sisters that are going to be affected by this. Growing up you think you're immune to it. I know I did. I know I was doing a lot of stuff and I was not protecting myself. So I just feel like they should stop waiting until they scared and start wanting to protect themselves because it may be too late.

Some children of constructed families reported that they talked to their gay fathers or mothers when they had an unprotected sexual encounter or became afraid that they were exposed to HIV. Others, not wishing to disappoint those they saw in a parental role, chose instead to talk to gay siblings.

(Miami, Community Member)

Q: How comfortable are you talking about safe sexual or safe sex issues with people in this group?

A: I talk to my gay dad about it. I talk to Mario [gay brother] about it. I remember one time that I had got really, really scared. I was messing around with this guy for I think four, five years. We always used protection, stuff like that. So one time we didn't use protection and then I heard out in the street that he was sick. So, I confronted him about it. I said, "Are you sick?" He went, "Why?" I said, "I just wondering because people saying you sick and I want to hear it from the horse's mouth. Are you sick?" He said, "Yeah." I said, "Why you didn't tell me that you was sick, then you going to try to do unprotected sex with me?" I got tested. Everything was cool. I called Mario, crying to Mario. Then I called my gay daddy crying.

House parents were more likely to describe balls and other events as a venue in which more formal HIV prevention and testing could occur.

(Cleveland, Key Informant). I was talking to a friend that was affiliated on the [AIDS] task force... about throwing my ball in September... because my ball type is called Insidious. And ...you can use insidious to describe a disease. It's tearing your body up, but you don't see it....It's kind of named after that movie, Insidious, and I was using that and I said, you know what? Maybe I could try to do something with the task force and see if they wanted to come out to the venue or whatever, and set up a table....Once I discovered what title I want to use, I just started reading and getting into the definition, and I said that ties in because a lot of people, well, I won't say a lot of people, many people involved in the scene, sometimes they hide. It's like they're positive and they don't want you to know, but you forgot that you just told XYZ that you were. So, another sub-definition of insidious is evil but seductive.... And ... you have some of these older members, or older people in this community waiting for the new kids to come out. Those 17, fresh out of high school, that don't know nobody, that don't know anything, that haven't participated. It's like they're preying on the young kids. Not even giving them kids a chance. So as far as the ballroom scene is concerned, it's fun but there's a lot of underhanded shit that goes on....It's coming out and there's more and every time you turn around there's so, it's so much...AIDS prevention, how we doing on this? When you going to get tested? Have you all gone to get tested? To the point where my house parent in Chicago, they were giving out awards and trophies and cash prizes for who had the most members in the house tested.... We need to start doing stuff like that in Cleveland.

For this house parent, the major concern is in older members' exploiting young AAMSM who may not know who to trust or how to protect themselves. As seen above, this fear of exploitation is not exclusive to balls but may be more evident because, within the ballroom circuit, people may be aware of other house members' HIV status. This house parent felt that balls were a particularly important place to promote HIV awareness and testing because of the risky behavior he sees taking place.

In another qualitative study (Holloway, Traube et al. 2012), ballroom participants reported some ambivalence about balls being appropriate venues for HIV prevention and testing, expressing worries about confidentiality and concern about such activities detracting from the fun and glamour of the event. In our sample, house parents who had organized HIV prevention activities at ball events reported a lack of success in getting participants engaged with the HIV prevention aspect of the occasion.

(Cleveland, House Parent)

Q: So, at the ballroom events you go to, they're passing out information and everything? A: Everything. There's a task force.... Like I'm throwing a ball in September here and that's something that we require. Like, you have to have some type of HIV awareness prevention. That's what we thrive on. So, we have all this stuff in front of you, all these pamphlets, all these brochures, all these preventive measures that's free. Why you not taking it? That's the whole thing. It's why are

you not taking it, because you don't want to be seen going up to the table? Because that's stupid. Or is it because you already infected and you don't want to get blasted out for going to pick it up? I mean it's dumb. Because there's times to where I have took my whole damn suitcase and scraped the whole damn table with my suitcase because the whole table is filled with a whole bunch of stuff and nobody went over there.

While this participant expressed frustration and blamed participants at the event for the lack of success or interest in HIV prevention, naturally occurring conversations within constructed families may be a more effective way to promote HIV prevention messages.

Discussion

Constructed families are important sources of support among AASMSM. While some research has begun to focus on constructed families in the house/ballroom scene (Arnold and Bailey 2009; Holloway, Traube et al. 2012; Kipke, Kubicek et al. 2012), our research suggests that only a fraction of participants who report constructed family relations are affiliated with houses or compete in balls. Non-house affiliated constructed families play an important role in the lives of many AASMSM and are an additional resource that could be capitalized on in HIV prevention interventions. In addition, while many attribute the rise of houses and other constructed families to homophobia and the rejection of AASMSM by their biological families, the "prototypical" coming out story in which a YAASMSM is thrown out of his home, was not, in fact, typical of most participants' experiences. Rather, participants described a variety of reactions to coming out by biological family members, including immediate acceptance. Thus, constructed families should not be seen as merely replacing ties severed with biological families, but as providing important benefits to AASMSM, even those who maintain ties with their families.

An assets based approach recognizes community strengths as a foundation for developing interventions. Constructed gay families, both within and outside of the house/ball culture, are obvious assets that can be capitalized on for HIV prevention interventions. To a large extent, house and non-house affiliated constructed families are already discussing HIV. HIV prevention interventions that use a macro-social network could capitalize on the naturally existing social ties in constructed families to spread HIV prevention messages and safer sex norms to their peers. Further, lack of social support is associated with higher sexual risk behavior among AASMSM (Hart, Peterson et al. 2004; Peterson, Rothenberg et al. 2009; Kelly, St Lawrence et al. 2013) and the close social relationships that develop within constructed families may be protective even in the absence of explicit HIV prevention messages. As seen in our results, AASMSM have considerable trust in family members who fulfill many instrumental and emotional support roles, like providing constructed family members with a place to sleep, a name to get their electricity turned on, encouraging younger members to get a job or education, or being a sympathetic ear when family members have trouble in their personal or biological family relationships.

Constructed family members, including not only parents but also other members such as aunts, uncles and siblings, already influence group norms to a great extent. Both house and

non-house affiliated constructed families are active in constructing prescriptive and proscriptive norms. Prescriptive norms include providing acceptance, instrumental and emotional support to family members so that they may develop as full human beings. Proscriptive norms include rules to protect younger members from substance abuse, the prohibition against family members having sex with one another, and the moral censure of HIV positive persons having unprotected sex with a younger AAMSM without disclosing their status. These proscriptive norms center around protecting the AAMSM community from HIV infection and other harms, particularly young AAMSM who are perceived as too inexperienced and naïve to protect themselves. For example, many participants felt that AAMSM may be more likely to have unprotected sex and risk exposure to HIV if they had sex with constructed family members because of the great deal of trust they felt for them obviated a sense that condoms were necessary. Participants often presented sex between constructed family members as behavior they had observed or suspected was happening in other houses. Thus, the extent to which sexual relationships occur between constructed family members is unclear. More importantly, however, these stories are presented as cautionary moral tales that spell out the harmful consequences of breaking proscriptive norms. Clearly, these moral tales show a high degree of concern about the level of HIV in the community and considerable motivation to stop or slow the spread of HIV.

The literature on AAMSM constructed families has focused almost exclusively on house families. Our results suggest that many AAMSM who do *not* participate in the house/ball culture, *do* belong to constructed families. At their heart, house and non-house affiliated constructed families initially form in the same ways and serve many of the same purposes. New houses that are formed are often a group of friends who support each other. Once houses are formed, however, members may join already established families. Non-house-affiliated families, on the other hand, are created anew for each AAMSM who may choose whom to call kin. In addition, house families differ from non-house affiliated families in that they compete in balls. In fact, most participants who mentioned belonging to constructed families were not members of houses and did not participate in ballroom competitions. A focus on interventions with house families and at balls would thus miss a majority of AAMSM and ignore the strong social ties they have formed through their constructed families. In addition, our results suggest that non-house affiliated family relationships may be of longer duration than house affiliated families. In house affiliated families, members may leave because they perceive their chances of winning are greater by competing under another house's name, or because other house members feel a member is not competing well in his category (see also Kipke et al. 2012).

The exploration of ball/house cultures as a potential venue for HIV prevention reflects a desire to develop culturally responsive HIV prevention interventions for AAMSM. However, our results suggest that balls are not necessarily the best venues for HIV prevention. House parents who organized balls felt that it was important to address HIV in their community, and that balls, in particular, were places where HIV risks were taking place and prevention messages were needed. These same parents, however, were frustrated by the lack of interest among ball participants in their HIV prevention efforts. As other research has suggested (Arnold and Bailey 2009; Holloway, Traube et al. 2012), this lack of interest may

stem from participants' feeling that HIV prevention takes away from the fun and glamour of balls. They may also feel that ball events do not provide the amount of confidentiality required to speak seriously about HIV concerns or get tested.

Other researchers have suggested that house parents should be enlisted to deliver HIV prevention. At least some research has suggested that not all house parents are comfortable in the role of HIV prevention expert (Arnold and Bailey 2009; Holloway, Traube et al. 2012). Again, that research has focused on house families to the exclusion of non-house affiliated constructed families. In addition, the exclusive focus on house parents reflects a narrow definition of who serves as influential leaders in the AAMSM community. In gay constructed families, as in many "biological" families, there are many additional members in whom to confide including aunts, uncles and siblings. Some participants reported talking to gay parents about sex and fears of being exposed to HIV, while others preferred to talk to siblings for fear of disappointing parental figures. Socio-metric analyses may identify the members of constructed families who are liked, trusted and influential and, thus, may identify a larger pool of AAMSM in a variety of constructed family roles who may be able to effectively give HIV prevention advice to other AAMSM. Social network HIV prevention interventions of this kind have proven effective with other community populations (Broadhead, Heckathorn et al. 1998; Latkin 1998; Amirkhanian, Kelly et al. 2005; Kelly, Amirkhanian et al. 2006). This approach may be culturally well-suited for reaching African American MSM as it capitalizes on the strengths of the AAMSM community without ignoring the diversity of constructed families (and other social relationships) within that community.

Constructed families may also be used to improve African American MSM's linkage and maintenance in medical care. In addition to the high rates of HIV infection, AAMSM are less likely to enter and stay in medical treatment, less likely to be on highly active antiretroviral medications, less likely to have optimal adherence, and are more likely to have a higher viral load than other populations in the United States (Hightow-Weidman, Jones et al. 2011; Chen, Rhodes et al. 2012). A factor that very consistently and strongly predicts high HIV care attendance and high antiretroviral medication adherence is social support from those close to the person living with HIV (Catz, Gore-Felton et al. 2002; Burgoyne and Renwick 2004; Gonzalez, Penedo et al. 2004; Mosack and Petroll 2009; Mosack and Wendorf 2011). Recent research suggests that early treatment with antiretroviral medications can reduce HIV infection by decreasing the viral load of people living with HIV/AIDS and therefore the likelihood that they will pass the infection to others (Grant, Lama et al. 2010; Cohen, Chen et al. 2011; Baeten, Donnell et al. 2012).

Despite the important findings from this research, this study has limitations that should be taken into account. First, participants were recruited from venues and social networks known to the field research staff which may have resulted in selection bias. Second, interviews covered a variety of themes and were not focused on constructed families or house and ball culture. Rather, conversations about these topics emerged in response to questions about the people who were important in participants' lives. The fact that so many talked of their close relationships as family members indicates how salient constructed families are for this population. More focused in-depth interviews with AAMSM on

constructed families could expand and add depth to the results presented here. Finally, participants were recruited from three US cities and results may not be generalizable to AAMSM in other cities or non-urban environments.

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Table 1

Sample characteristics

	AAMSM	Key Informants	AAMSM	Key Informants	AAMSM	Key Informants
Totals	N=39	N=39	N=30	N=34	N=31	N=23
Gender Identity						
<i>Male</i>	100% (39)	95% (37)	97% (29)	79% (27)	97% (30)	83% (19)
<i>Female</i>		5% (2)	3% (1)	21% (7)	3% (1)	17% (4)
Race						
<i>Black/African American</i>	85% (33)	95% (37)	80% (24)	91% (31)	81% (25)	96% (22)
<i>Hispanic</i>	5% (2)		13% (4)	9% (3)	13% (4)	
<i>Multiple Races</i>	7% (3)		7% (2)		6% (2)	
<i>White</i>		5% (2)				
<i>Other</i>	3% (1)					
Age (Average) (min, max)	26 (18, 49)	34 (19, 55)	35 (19, 54)	37 (21, 74)	30 (19, 53)	39 (3, 55)