Accounts for Unprotected Sex with Partners Met Online from Heterosexual Men and Women from Large US Metropolitan Areas

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Abstract

For about 30 years, soon after the onset of the AIDS epidemic, sexual-health messaging has emphasized personal responsibility for using condoms to protect from acquiring or transmitting HIV or other sexually transmitted infections. Those who did not use condoms during casual sexual encounters may therefore feel compelled to offer to others aware of their behavior what sociologists have called “accounts,” an impression-management strategy to avoid unfavorable judgment. We analyzed accounts—excuses and justifications—from qualitative interviews with 150 adults who had unprotected sex in the past 3 months with at least two different partners met online (ages 18–50, mean: 33.7, equally divided among black, Hispanic, and white men and women, over half were college educated and the median yearly household income range was \$50–\$75,000). Many participants made excuses that aimed to defer responsibility for unprotected sex: they claimed that consistently practicing safer sex was impossible, that they got carried away by sexual passion, that they were inebriated, that they were influenced by emotional or psychological problems, or they put fault on their partners. Participants also provided justifications, claiming that unsafe sex had been acceptable because the risks taken were likely minimal or negotiated with their partner. Understanding the accounts heterosexual adults offer to excuse and justify condomless sex with partners met online can be helpful in developing prevention messages that debunk these explanations for their behavior.

Keywords: Internet sexual partnering, heterosexual men and women, HIV/STI prevention, condom use, accounts

Introduction

MANY STUDIES HAVE documented how men who have sex with men, who use hookup websites and mobile applications, are at high risk for HIV and sexually transmitted infections (STIs).^{1–5} However, the risk behaviors of heterosexual men and women who use the Internet to find sexual partners have been much less investigated.^{6,7} Some studies found that heterosexual men and women who used the Internet for sexual partnering engaged in higher sexual risk-taking behavior^{6,8–10} and have higher rates of STI^{10,11} than those who only met partners offline. However, a heavy reliance on samples of adolescents, college students, or people seen at STI clinics limited the generalizability of these findings.

Condoms are a highly effective barrier to HIV and many other STIs¹² and, after decades of HIV prevention messaging, people are expected to know when they should use condoms

and to have the personal agency to do so. Using condoms for casual sex should now be well engrained into the cultural scripts informing heterosexual men and women’s sexual behavior. Early in the HIV/AIDS epidemic, the main prevention strategy was to provide education about how HIV is spread and the importance of condom use to prevent transmission with the expectation that informed individuals would elect to protect themselves and their partners.^{13,14} Using condoms during sexual encounters has thus come to be regarded as a matter of individual responsibility.¹⁵ Consequently, people who have condomless sex outside of a long-term monogamous relationship will likely recognize that they have engaged in behavior that others might regard as negligent, reckless, and inappropriate. If knowledge of this behavior were to become known to others, they might explain it in a way to be judged less harshly by producing what sociologists have called an “account.”

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According to Scott and Lyman,¹⁶ an account is “a statement made by a social actor to explain unanticipated or untoward behavior” and represents an attempt to bridge “the gap between action and expectation” (p. 46). As such, accounts are a component of impression management in which “individuals attempt to control others’ judgements and impressions of them”¹⁷ (p. 34) by explaining why their actions deviated from the generally expected standard of behavior. The accounts people generate are not necessarily a veridical report of the actual motives or circumstances behind the questioned act but may instead reflect “culturally embedded normative explanations”¹⁸ (p. 460) or other rationales commonly evoked to explain untoward behavior. People’s accounts tend to consist of explanations that they hope will elicit sympathy or understanding and depict them as less blameworthy. Accounts are generally of two types: they can be excuses in which actors acknowledge that the behavior was problematic but deny full responsibility for the act or they can be justifications in which actors accept responsibility for the act but deny its harmful consequences or claim there were mitigating circumstances.¹⁶ Sociologists described the study of accounts as an effective way to illuminate the cultural scenarios that people draw from to explain the motives behind their socially unacceptable behavior to present themselves as decent, moral persons.¹⁹

While a few studies have examined the accounts of gay and bisexual men for engaging in unprotected sex without using Scott and Lyman’s framework,^{13,20,21} heterosexuals’ accounts for such behavior have not been examined. A notable exception is Rhodes and Cusick’s use of the accounts framework in their study of unprotected sex among gay, bisexual, and heterosexual HIV-positive men and women.²² Participants in their study claimed either that their agency in the sexual encounter had been compromised (excuses) or that condomless sex had been in that case acceptable because no harm had resulted (justifications). Excuses for unprotected sex included: accidents (i.e., a condom broke or slipped off without being noticed), being impaired in judgment due to drugs or alcohol, being influenced or coerced by a partner, or being carried away by the heat of the moment. Justifications to make unprotected sex more acceptable included minimizing the risks associated with the act (e.g., by indicating that both partners were seroconcordant), asserting that both partners had recognized and agreed upon the risks, or claiming that it was the HIV-negative partner’s responsibility to protect him or herself. Male participants also appealed to their biological drives, claiming it was difficult to think about using condoms once they were aroused. Conversely, female participants said it was difficult to tell a male partner to put a condom on once he was excited.

Much still needs to be learned about the accounts provided by heterosexuals for unprotected sex although there are some data about the typical challenges they perceive regarding consistent condom use. In a focus group study of 33 heterosexual men and women from Chicago,²³ participants said that typical reasons for their engaging in unprotected sex with casual partners were alcohol use, because asking for condoms could be perceived as a lack of trust in a partner, and because conversations about HIV/STI testing and safer sex occurred too close to the moment of sex when, in the heat of the moment, it was easy to make an impulsive decision.

It is reasonable to expect gender-specific accounts of unprotected sex. Indeed, cultural discourse presents the male

sex drive as fundamentally biologically driven and as spontaneous, powerful, unmanageable, and therefore, an obstacle to consistent condom use.^{24,25} Heterosexual women, as a number of qualitative studies have found, feel unable to request that their male partner use a condom once he is aroused and blame their male partner’s unstoppable sex drive for having had unprotected sex.^{15,26,27} HIV prevention has thus aimed to enhance women’s assertiveness in sexual encounters by encouraging them to insist that their partners use condoms.^{15,27,28} Although aimed at empowering women to protect themselves, these efforts may lead them to take more blame when unprotected sex happens.

The sexual double standard makes both unprotected sex and casual sex more acceptable among men than women^{29,30} and there is some evidence that having sex outside of a committed relationship still carries some stigma for women.³¹ This may explain why men tend to feel positively after casual sex while women often feel regret, guilt, shame, or disappointment.^{31–35} Women who have unprotected sex with a casual partner may thus feel a strong need to produce an account for two acts that could be considered untoward: casual sex and condomless sex. One of the most common explanations women offered for having engaged in casual sex is that alcohol was responsible for lowering their inhibitions and making them behave atypically.^{23,29,36} People have also blamed casual unprotected sex on the symbolic significance of condoms; that is, women have suggested that they avoided carrying condoms because they connote promiscuity or because asking for their use could signify that they expect the encounter to be a one-night stand.^{26,37–39} Heterosexual men in some studies have also expressed that they only feel the need to use condoms with casual female partners, especially ones who seem very sexually active, and that it is harder to request a main partner to use condoms without being accused of cheating.^{39–41}

There is, however, some evidence both that casual sex is becoming increasingly commonplace among heterosexuals and that the double standard is waning, making some women more willing to express a desire for casual sex.^{15,29,42} If casual sex is indeed becoming increasingly acceptable for both heterosexual men and women, we could expect that accounts for condomless sex would be less gender specific. In the present study, we analyzed the accounts offered by heterosexual men and women for condomless sex with sexual partners met online to find out about how they excused or justified deviations from safer-sex norms.

Methods

Sample

We recruited a study sample of 150 men and women. To be eligible to participate in the research, individuals had to be between 18 and 50 years; self-identify as heterosexual; have had sex only with persons of the opposite sex in the prior 3 years; in the prior 3 months, have had unprotected vaginal or anal sex with at least two different partners initially met online; self-identify as black non-Hispanic, Hispanic of any race, or white non-Hispanic; be fluent in English and, at the time of the interview, have lived in the United States for at least the last 10 years; and to have resided in the metropolitan areas of New York City, Atlanta, Baltimore, Chicago, Dallas, Houston, Los Angeles, Miami, Philadelphia, San Francisco, or Washington, D.C. for at least 3 months. At the time of the

data collection (between August 2012 and January 2014), these areas had the highest HIV prevalence in the continental United States.⁴³ We used quota sampling to obtain equal numbers of men and women and, within each gender group, equal numbers of participants from each racial/ethnic group. The final enrolled sample (Table 1) comprised 75 males and 75 females, equally divided among white, black, and Hispanic participants.

Recruitment and data collection

Participants were recruited online on websites where heterosexual men and women look for romantic or sexual partners. Data were collected using an online questionnaire and an in-depth interview conducted over the phone. The questionnaire collected information about participants' demographic characteristics and sexual preferences and behavior, while the interview allowed them to discuss at length their experiences with meeting partners online and their sexual encounters with them. A complete description of the recruitment and screening procedures has been published in a report of a different aim of this study.⁴⁴

The data analyzed for this report come for the in-depth interviews. One of the study aims was to investigate how relationships developed online and progressed to meeting offline, to sexual contact, and eventually to unprotected sex. In

the online questionnaire completed before the interview, participants had to report on their behavior with two partners, initially met online, with whom they had unprotected sex in the prior 3 months (they did not have to be their most recent partners). In the interviews, participants were asked to talk about each of the two partners separately. After discussing how they had met online and eventually offline, participants were asked about the first time they had sex with each partner and, if different, about the first time they had condomless vaginal or anal sex with these partners. A series of questions in the interview guide aimed at eliciting the participants' constructions of the circumstances surrounding the first unprotected sexual encounter with each partner (e.g., was anything discussed, was it a mutual decision, did anything interfere with using condoms). After the participant explained why they had unprotected sex with the partner, the interviewer asked "how did you feel about not using condoms with this partner," if they would have preferred to use them, and, if applicable, their thoughts about the safety of engaging in this act.

Data analysis

While coding the portions of the interviews where participants explained why they had unprotected sex with their partners, we found that most participants produced an account. They appeared to recognize that this would be regarded as untoward behavior because of the HIV/STI risks they had exposed themselves to and therefore they offered an excuse or a justification for their behavior. Because the interviewers asked participants how they felt about having had unprotected sex without expressing judgment, participants were not required to make an account. The prevalence of different types of accounts reported below thus reflects the proportion of participants who spontaneously offered an account for their behavior and might have been higher if we had systematically asked them about whether different kinds of excuses or justifications applied to the situation of unprotected sex they were discussing. However, this might have artificially inflated the prevalence as participants may have seized on excuses or justifications we proposed.

The results presented here are an analysis, using the accounts framework, of the sections of the interviews where participants offered an excuse or a justification for having had unprotected sex with each of their partners. Each explanation that met the definition of an excuse (accepts the behavior may have had negative consequences but denies full responsibility) or a justification (accepts responsibility but denies the negative consequences) was so classified. Scott and Lyman who developed the accounts framework have defined different types of excuses and justifications that provided further categories to organize the data.^{16,22,45} Excuses were further classified as appeals to accidents, appeals to biological drives, appeals to defeasibility, and scapegoating; justifications as minimization of risks and negotiated acceptance of risks. Next, specific codes and analytic memos were used to further specify how participants used the different types of accounts to reveal any patterns associated with age and gender. Data were coded using the qualitative analysis software ATLAS.ti version 7.

Results

Table 2 outlines the different types of excuses and justifications made by participants and Table 3 shows how

TABLE 1. PARTICIPANT CHARACTERISTICS

	Women (n = 75)	Men (n = 75)
Age, mean (SD)	33.1 (8.51)	34.3 (8.42)
Race		
African American/black	33.3%	33.3%
Hispanic/Latino	33.3%	33.3%
Caucasian/white	33.3%	33.3%
Marital status		
Single	70.7%	69.3%
Married	12.0%	18.7%
Separated	4.0%	5.3%
Divorced	13.3%	6.7%
Education		
High school/GED equivalent	1.3%	16.0%
Some college	38.7%	25.3%
2-Year college degree	9.3%	8.0%
4-Year college degree	32.0%	40.0%
Advanced degree	18.7%	10.7%
Employment		
Employed full time	54.7%	62.2%
Employed part time	25.3%	13.5%
Unemployed	12.0%	21.7%
Student	6.7%	2.7%
Homemaker	1.3%	
Household income		
≤\$25,000	21.3%	20.0%
\$25,001–\$49,999	26.7%	28.0%
\$50,000–\$74,999	22.7%	28.0%
\$75,000–\$99,999	14.7%	9.3%
\$100,000–\$149,000	5.3%	8.0%
\$150,000–\$199,999	4.0%	4.0%
\$200,000–\$249,999	1.3%	1.3%
≥\$250,000	4.0%	1.3%

TABLE 2. CATEGORIES OF ACCOUNTS FOR CONDOMLESS SEX

Excuses
Appeal to accidents—Difficulties of practicing safer sex
Difficulties with condom use (condom broke, ran out of condoms, condoms out of reach, did not have the right size or material condom)
“We were having sex and then the condom broke... we were out of condoms at that point.... I know it’s still not safe, but I just want to keep having sex.” (white female, age 24)
Had sex in an unusual location (car, outdoors, etc.)
“It would have normally not happened like that, but we were in a park.” (black female, age 33)
Partners were not planning on having sex
“We didn’t say we weren’t going to use one or anything like that. We weren’t even planning on having sex when it first happened. It just happened.” (Hispanic male, age 29)
Safer sex “slipped my mind”
“It just slipped my mind actually.... I didn’t really think about it until after.” (black male, age 42)
Appeals to biological drives
Did not even think about protection because of heat of the moment
“There was never any talk, and that first night was heat of the moment kind of situation.... It was never formally discussed.... Something led to another and, next thing you know it’s like, jump over here, move your penis inside and here we go.” (Hispanic male, age 46)
Sexual arousal clouds rational judgment
“You worry about it because just the statistics of HIV and different STDs now, it makes you worry about it. At the same time, like, when you’re already in there,... when you’re in it, it’s just the whole other sense takes over and you’re just like ‘Whatever, I’m just going to keep going.’” (white male, age 27)
Appeals to defeasibility (impaired will)
Under the effect of alcohol or drugs
“We both had been drinking too much and it’s a bit of a blur but I really don’t remember using one and we didn’t talk about it after.” (Hispanic female, age 23)
Mental illness or emotional vulnerability
“I... was going through a rough phase with my divorce and I kind of was in the state of mind, not really caring and that kind of led to my irresponsible behavior.” (white male, age 39)
Scapegoating
Male participant blaming unprotected sex on female partner seducing him
“It’s the first time we’re having sex and she just told me to take it off. That kind of first struck me as, ‘Oh yeah, she’s a whore.’ You know, some girls are like that.” (Hispanic male, age 29)
Female participant blaming unprotected sex on male partner
“He’s very persuasive. He’s a lady’s man, he gets fairly persuasive.... He’s very charismatic, like he might rub on your neck, and massage your back, and even if you have that [using condoms] in your mind,... one thing leads to another and then you’re there [having unprotected sex].” (black female, age 36)
Justifications
Minimization of risks
Condomless sex was justified because partner was unlikely to have HIV or STIs
“I don’t think I have any STDs—I should get tested. And she had told me that she had [been tested].... We both didn’t have any STDs.... Obviously there’s no reason to wear a condom.” (Hispanic male, age 23)
Sexual acts carried low risks for HIV/STI
“He didn’t come inside of me though and I didn’t come either. He did not ejaculate inside of me.... I felt better that he didn’t.... I asked him not to.” (Hispanic female, age 45)
Denying further negative consequences
Pointless to use condoms after a first instance of condomless sex
“Well because at that point we’d already had sex every which way we could possibly have sex without it, so it’s like, is it going to make a difference if 2 days later we decide to start using a condom?” (white male, age 37)
Negotiated acceptance of the risks
Relative exclusivity
“I prefer to talk about this and be open about this than not be open about it.... I asked him if there was anyone besides his spouse that he was having sex with.... I’m not looking to do this with a ton of people, but I am a single woman. I told him.... It’s not that I’m completely against the whole condom thing, but [I’m not using them with] the two people that I’m with, right as of now. (white female, age 47)
Tacit consent
“She had to have been okay with it otherwise, if she wasn’t, she would have forced me to. She would have been like, ‘Look! No glove, no love!’ I could tell that she was okay with it. She went along willingly. More or less.” (white male, age 28)

TABLE 3. FREQUENCY OF DIFFERENT TYPES OF ACCOUNTS BY GENDER AND BY AGE GROUP

	<i>Excuses</i>										<i>Justifications</i>			
	<i>Appeals to accidents</i>		<i>Appeals to biological drives</i>		<i>Impaired will (alcohol/drugs)</i>		<i>Appeal to psychopathology</i>		<i>Scapegoating</i>		<i>Minimization of risks</i>		<i>Negotiated acceptance</i>	
Total	17	11%	26	17%	16	11%	6	4%	22	15%	22	15%	10	7%
Men	10	13%	14	19%	8	11%	1	1%	10	13%	14	19%	6	8%
Women	7	9%	12	16%	8	11%	5	7%	12	16%	9	12%	4	5%
18–32	12	16%	16	21%	13	17%	3	4%	12	16%	12	16%	4	5%
33–50	5	7%	10	13%	3	4%	3	4%	10	13%	11	15%	6	8%

N = 150 (75 men, 75 women; 75 ages 18–32, 75 ages 33–50).

frequently the different types of accounts were volunteered. The frequencies are compared between male and female participants, and between the younger half of the sample (ages 18–32) and the older half (ages 33–50).

For the vast majority of participants, the first act of unprotected sex was vaginal intercourse. A few participants discussed having also had condomless anal sex during the first unprotected encounter but did not seem to perceive one as riskier as or more warranting of an account than the other. Most participants said they knew there had been no risk of unwanted pregnancy as they had established, before intercourse, that they and/or their partner were using another form of birth control or were infertile. However, most participants understood they had potentially exposed themselves to the risk of acquiring HIV and STIs from their partner. The accounts below thus aimed at justifying having exposed themselves to HIV and STIs through unprotected vaginal (and, in a few cases, anal) intercourse.

Excuses

Participants making excuses acknowledged the objectionable nature of their behavior, but denied full responsibility for it. They indicated that they were aware of the potential negative consequences of unprotected sex and did not condone such behavior, but said that circumstances had prevented them from behaving otherwise. Participants making accounts used commonly accepted reasons for their behavior in an attempt to be judged less harshly, if not completely excused. Participants' excuses for unprotected intercourse included the following statements: practicing safer sex required preparation and was subject to unforeseen complexities, they got carried away in the heat of the moment by biological sexual impulses, they could not think rationally because they were intoxicated or experiencing emotional challenges that impaired their judgment, or their partner was responsible for the unprotected encounter.

The generally recognized difficulties of safer sex

Scott and Lyman define "appeals to accidents" as a type of excuse where actors point to the "generally recognized hazards in the environment" that can prevent them from acting according to their best intentions or to "the human incapacity to control all motor responses" (p. 47).¹⁶ Participants made several excuses that came close to appeals to accidents, in that they attributed their imprudent behavior to the generally recognized difficulties of proper and consistent

condom use or the human inability to consistently behave in an optimal manner.

When asked why they had not used a condom, many participants explained that they had intended to but that something prevented them from doing so. For example, a 24-year-old white female explained that she engaged in condomless sex after the only condom they had was broken: "We were having sex and then the condom broke... we were out of condoms at that point... I know it's still not safe, but I just want to keep having sex." Similarly, a 27-year-old Hispanic male emphasized that he had used a condom at first, but did not have additional condoms to use when they had intercourse again during the same encounter, which he had not anticipated would occur: "I just had one in the car and I ended up using that one. I wasn't planning on two or three times so I guess there wasn't one. So we just ended up not using one after that." Both participants above indicated that they had at least brought one condom to the encounter, suggesting that they should be seen as having intended to use protection, but that unanticipated events had thwarted their plan.

These accounts, like many others, invoked the notion that safer sex requires careful planning that at times can be foiled by unforeseen events. For instance, a 42-year-old black male explained that safer sex required not only having condoms for the encounter but also ensuring they were accessible and reachable: "I was planning on using them but... they were actually located in... a different room than where we had sex." Participants also sometimes claimed that they did not have the right type of condom for their partner (e.g., the partner was allergic to latex and needed polyurethane condoms or the male partner needed a specific large-size condom). As a 40-year-old white female related: "I have condoms. They are right by my bed... but definitely he would need to provide his own size because I didn't have something that would adequately fit him." Because her partner had not brought a suitable condom for him to use, they ended up having unprotected intercourse. Several participants also noted that it was not possible to anticipate and prepare for safer sex in every type of context, for example, when having sex in a car or in a public space: "It would have normally not happened like that [without protection], but we were in a park" (black female, age 33). These participants made a point to note that they usually had protected sex but evaded responsibility for unprotected sex by referring to the atypical circumstances in which it occurred.

Another kind of excuse based on the planning and preparation that safer sex requires was that unprotected sex occurred because participants had not expected to have sex and

therefore were unprepared. Ironically, even though most participants had met at least one and, in many cases, both partners on hookup websites that facilitated casual sexual encounters, a frequent excuse for not using condoms was that they did not expect to have sex during their in-person meeting. For example, a 27-year-old black female said that, after a first encounter during which they had used condoms, she met again with her partner a second time and they had unprotected sex. When asked why they ended up having sex without condoms during that second meeting, she gave the excuse that it was because it was not planned:

I had no plans at that moment to do anything.... It was the second visit. That [sex] wasn't even in my mind. I don't know what was on his mind. I don't even think it was on his mind, because he didn't bring anything with him. I didn't have anything myself. He came over, we hung out, we chilled.... Then when you start doing the touching and the kissing, things start to lead to something else. (black female, age 27)

Several male participants appealed to the idea that safer sex required not only preparation but also a certain mental discipline. These participants presented safer sex as something that required so much mental resolve that one should be excused for occasional lapses. A 32-year-old white male explained that consistently practicing safer sex required an exceptional feat of willpower: "I don't have the willpower to put a condom on every single time." Another participant, quoted below, chastised himself that, despite his conviction that condomless sex is appropriate only in a long-term relationship, he sometimes inadvertently "slacked off" or made "stupid decisions."

It just slipped my mind actually.... I felt guilty in a way. I felt down, stupid in a way,... but then, at the same time, I have to be honest: I didn't really think about it until after.... Yes, I just slacked off because that's only really for somebody that you want to be really in a relationship with for a long time. It shouldn't be something like that. You can't really be doing stuff like that. You know? People that you never really know, no matter what they look like,... but I still make stupid decisions at times. (black male, age 42)

This participant made an implicit appeal to the human incapacity to always make the right decision (i.e., "to err is human"). By mentioning that he felt guilty, down, and stupid in response to his inappropriate behavior, he appeared contrite, probably hoping to be judged less harshly. The participants quoted above fully acknowledged that using condoms would have been preferable, contended that they tried to do so, expressed regret for not having done so, and excused their actions by claiming unforeseeable, beyond-their-control circumstances. Men and women made these excuses about as frequently but they were more common among participants in the younger half of the sample.

Biological drives

Participants often claimed that a powerful obstacle to consistent safer sex was an irrepressible sex drive. Scott and Lyman wrote that "invocation of the body and its processes is available as an excuse" because of the commonplace belief that some biological traits "allegedly govern behavior beyond the will of the actor." The most commonly invoked

biological drive, they noted, was "an appeal to natural but uncontrollable sexual appetite" (p. 49).¹⁶ Many participants made appeals to biological drives, explaining that they were completely aware that it was unsafe to have unprotected sex but invoking the commonplace belief that the sex drive can overpower people and make them act irrationally, even dangerously or recklessly.

Many participants claimed that they had unprotected sex because they gave in to their sex drive in "the heat of the moment," causing them to momentarily forget about the HIV and STI risks associated with their behavior: "I generally prefer to use them but I, it was just... We were horny and we did it" (white female, age 36). A 46-year-old Hispanic male explained his sex drive made him forget about using protection the first time they had sex, which was at their second meeting.

There was never any talk, and that first night was heat of the moment kind of situation.... It was just very spur of the moment, the heat of the moment kind of thing.... You just engulf in that moment. It's hot, it's passionate.... It was never formally discussed, whether or not this thing has happened without condom. I'm not joking when it was like spur of the moment.... When something led to another and next thing you know, it's like jump over here, move your penis inside and here we go. (Hispanic male, age 46)

Others claimed that their physical state of arousal clouded their judgment and influenced them to make a poor decision. A 27-year-old white male described how, once he and his partner were both sexually aroused, an "other sense," rather than reason, took over and led him to make a poor choice despite being aware of and concerned about HIV and STIs.

I told her that I forgot to get condoms and she said that there was a convenience store like four or five blocks away. I was just like, I looked at her I was like, I told her, "Actually I'm disease free, are you?" And she said yes. I said, "Do you want to give it a shot?" At that point, we were already into it so she didn't want to stop in the middle, so to speak.... You worry about it because just the statistics of HIV and different STDs now, it makes you worry about it. At the same time, like, when you're already in there, you're making out, you're into it, you just kind of—I don't know why but you just kind of say "fuck it" to everything. I'd rather just keep it going.... When you're in it, it's just the whole other sense takes over and you're just like "Whatever, I'm just going to keep going." (white male, age 27)

These accounts presented the sex drive as separate from the rational mind, as uncontrollable, and as the culprit in their unprotected sex. They drew on culturally common notions that people cannot be expected to act rationally when sexually aroused ["I stop kind of thinking when I'm having sex" (Hispanic female, age 35)] or that genitalia have mind of their own ["Like, probably thinking with genitals, not thinking with my brain. I mean, just being lustful" (black female, age 36)]. This excuse was a little more frequent among younger participants. Also, notably, women appealed to biological drives as much as men and explained their participation in risky sex as the result of a surrendering to powerful sexual impulses. For example, the 40-year-old white female quoted below explained that she regretted having engaged in unprotected sex, but blamed "passion" for causing her to behave in an uncharacteristically risky manner.

It happened very, very quickly.... Like we literally had sex like, we ripped each other's clothes off and had sex right away. I wasn't being rational.... It's a little too risqué, for me. I like to be risqué but I don't like to risk my life. I don't. It's foolish to behave that way.... That kind of risqué behavior is not something that I approve of. I honestly never do that, you know what I mean; I normally don't let somebody do something like that. The passion really got away with me. I normally have more of a clear-headed mind but for some reason I lost myself in the moment, which was stupid. I regret that. (white female, age 40)

Appeal to defeasibility

Another kind of account discussed by Scott and Lyman was appeals to defeasibility. Such appeals, they noted, "are available as a form of excuse because of the widespread agreement that all actions contain some 'mental element'" (p. 48).¹⁶ Therefore, actors can claim that they could not apply this mental element when the action occurred either because they lacked the knowledge required to behave properly or because their will was impaired due either to "lunacy" or intoxication.

Intoxication. Many participants made the excuse that alcohol consumption, or more rarely marijuana use, had impaired their ability to use condoms or to say no when facing a potentially risky encounter. Appeals to intoxication were in most cases made by younger participants (i.e., those under the median age of 32) and by men and women equally. Since alcohol is common in social settings and it is recognized to impair judgment, it is a readily available excuse for sexual "misconduct," especially among young adults. The excuse of intoxication was in some cases offered along with other excuses. Specifically, intoxication was accused of potentiating sexual urges and compromising one's ability to act rationally. For example, combined with appeals to biological drives, alcohol was blamed for making it harder to resist sexual urges: "When I drink alcohol sometimes, like, I get like, not overly sexual, but a little bit more aggressive" (black female, age 31). Participants also blamed alcohol for their making bad decisions in the moment, as in the case of a 27-year-old white male who realized he had forgotten to bring condoms with him, but whose inebriated state, he said, made him choose to have unprotected sex rather than go buy some: "Alcohol can play a big part on me not wearing a condom because I forgot [to bring condoms]—didn't want to go and get one."

A 23-year-old Hispanic female also blamed alcohol for having had unprotected sex with her partner. At their first meeting, the partner had volunteered to use a condom and they had done so. However, on the second meeting, they both drank a lot and apparently had condomless sex. Perhaps in an attempt to emphasize just how impaired her faculties were, she claimed she did not actually remember for sure whether they used a condom or not. Further, to show that not using condoms was atypical of her, and to support the case that alcohol consumption had been responsible for her behavior on that occasion, she noted that they resumed using condoms after that incident.

We had been drinking more and I'm pretty sure we didn't [use a condom].... At that time we didn't really talk about [using a

condom]. We just, yeah, we just kept drinking and talking about other things and then, when it came to it, I don't remember him bringing one out or even... Yeah, we didn't talk about it.... I wish I did [use a condom] because knowing that he went to raves.... I know a lot of guys go there not just to dance but to be with girls and the drugs too. So I kind of worried about that after.... We both had been drinking too much and it's a bit of a blur but I really don't remember using one and we didn't talk about it after. The two times after that we did use them. (Hispanic female, age 23)

Some female participants also contended that they had not agreed to have sex, much less condomless sex, and that inebriation played a big part in what to their regret had transpired. A 22-year-old white female said she regretted having had sex and not using a condom, but assigned blame to her partner who, she contended, had taken advantage of her inebriated state.

We met out for drinks. We hung out for a couple of hours and we ended up getting pretty intoxicated. And then he was like, "Do you want to come down to my apartment?" I was like, "Okay." There was never any discussion leading up to it about having sex.... I wasn't expecting it to happen.... I don't think that we would have had sex if I didn't end up getting so drunk. So I think he kind of took advantage of the situation.... I kind of regret that.... I regretted not using condoms but I was too drunk to realize what was really going on. (white female, age 22)

Mental illness or emotional vulnerability. Appeals to defeasibility can also invoke what Scott and Lyman called "lunacy,"¹⁶ temporary or permanent; that is, making an excuse that incorporates mental health or mood issues. A few participants, most of them women, made such excuses attributing their untoward behavior to ongoing mental issues such as depression, sex addiction, or self-destructive behavior. A 28-year-old Hispanic female blamed her risky behavior on her bipolar disorder: "I think it was the impulse of the bipolar disorder was fluctuating, so I was just more interested in the act of getting physical with somebody rather than the connection and being safe."

A 41-year-old white female participant explained that, even though she had all the "intelligent information" she needed to practice safer sex, her attraction to condomless sex was like an addiction. Because addictions are typically regarded as overpowering and very hard to control, this account could be intended to present her in a more sympathetic light.

In that sort of part of my mind that has always been a little overly sexually active, this is what makes me nervous. It's like an addiction. I don't care. I don't want to use a condom and I'm not using a condom. I have this internal struggle because it's not like I'm not armed with intelligent information—that's not true—or, "you should use protection," or all the logical information that's there in my brain. It's the other side of me that's stronger, more powerful, that says, "no, you can't get pregnant anymore. You're not going to use condoms, they suck!" (white female, age 41)

Other participants attributed their unsafe behavior to more temporary mood issues, such as feeling emotionally vulnerable because of a recently ended romantic relationship, which somehow caused them to behave in uncharacteristic ways that were not in their own best interest. A 27-year-old black female explained her participation in unprotected sex by

saying: "I was so caught up, especially coming out of a relationship, and this would be my first time giving myself up to someone, after being in a relationship. I was so caught up in it." This participant evoked her emotional fragility as an explanation for her carelessness. Similarly, the 39-year-old white male quoted below made an appeal to the indifferent state of mind brought on by his recent divorce. He tried to normalize his sexual risk taking by saying that it is common for people to "act out" and behave irresponsibly after painful experiences.

I definitely felt a little bit guilty and a little bit nervous. I think there's external factors sometimes that go down when people, what's the word I'm looking for? So is it another word for "act out" but when they do things uninhibitedly where they normally wouldn't act. I think that occurs many, many times especially in online dating because of the ease of it, of the access to the sex but clearly people go out and if they get dumped and go out and have a one night stand or they get separated or they get hurt or a traumatic event. I at the time was going through a rough phase with my divorce and I kind of was in the state of mind not really caring and that kind of led to my irresponsible behavior. (white male, age 39)

Scapegoating

Another type of excuse defined by Scott and Lyman is scapegoating, or claiming that the "questioned behavior was a response to the behavior or attitudes of another" (p. 50).¹⁶ Since sex involves at least two people, scapegoating is an available excuse. Many participants took blame off themselves by putting some or all of it onto their partner. It is noteworthy that male and female participants differed in how they ascribed blame onto their partners.

Many male participants who scapegoated their female partner suggested women had the capacity to seduce a man into having unprotected sex. For example, a 44-year-old black male said women could easily talk men into having unprotected sex because they ultimately decide what happens sexually and have the power to withhold what the man wants—sexual intercourse—if he does not comply with her wishes:

I would prefer using one but sometimes, like I said, it's not your decision alone and you can be influenced easily because they got what you want. If they telling you, "No, don't use it," then, more than likely you're not going to use it. (black male, age 44)

Men who blamed having unprotected sex on their female partners often described them as seductive or discredited them by labeling them as promiscuous and therefore unsafe partners. This derogatory account aimed to lend credence to their suggestion that condomless sex was their female partner's preference and fault. For example, a 27-year-old Hispanic man said that he put a condom on the first time they had sex but his female partner asked him to take it off. When he did not do so immediately, she pulled it off his penis herself, which stunned him; "it came out of nowhere," he stated. Although he recognized that her dislike for condoms made her a risky partner, he indicated that, in the heat of the moment, these concerns were somehow diminished.

She kind of just took it off. She took it off.... When I did [put the condom on] she was like "What is that? What are you

doing?" like whatever, like okay. Then after we tried it for I would say five minutes, she's like "Oh just take it off!." She said she absolutely despises the smell of the latex or something. How it stays on your skin for a long time afterward.... I guess it was kind of more of a red flag because it was like "Oh my God, you never use one of these things?" Like, "What is going on?." ... You know, I never encountered that situation before so I was just thinking like, "Should I be doing this right now?" but when you're in that moment, it's not really that big of a deal (Hispanic male, age 27)

A 29-year-old male Hispanic participant crudely described his female partner as a "slut" and a "whore" to bolster his argument that she was responsible for his taking off the condom. He insinuated that because she engaged in unprotected sex with a man she hardly knew, she must have been very sexually promiscuous, revealing his gender double standard.

She never brought it [condom] up and I think I did put it on and she had told me to take it off and I was like, "What?" For a girl to say that to me that's just like, "Wow, she's a big, fucking big slut." I mean, she barely knows me. It's the first time we're having sex and she just told me to take it off. That kind of first struck me as, "Oh yeah, she's a whore." You know, some girls are like that. (Hispanic male, age 29)

When explaining why they had had unprotected sex. Women also scapegoated their male partners as seducers but did not feel the need to discredit them as promiscuous. Rather, they described their partners as romantic and charming and therefore irresistible. A 27-year-old Hispanic female implied that her partner seduced her into having condomless sex by being romantic with her: "He was talking to me. He was kissing me and rubbing my neck. He was being intimate and romantic with me.... That's how one thing led to another and we had unprotected sex." Several women claimed they overlooked the need to use a condom because their partner made them feel like he was interested in developing a long-term romantic relationship with them, although some later recognized they had been misled and seduced. For example, a 31-year-old black female said:

I literally thought with him, that me and him would be able to establish a relationship.... You know, we'll have sex but this is not going to be like, you know, a few times or whatever. Like, we're going to actually be in something. Because he made it seem as if he was actually looking for a relationship, so I was under the impression that me and him were starting something.... That, mixed with the alcohol, made me a little bit lenient on the condom usage. (black female, age 31)

Another 36-year-old black female blamed her unprotected sex on her partner being very persuasive and charismatic. She also referred to alcohol use and to the symbolic association of condoms with promiscuity as additional reasons why she did not suggest the use of a condom, thus attempting to excuse herself from any responsibility for having unprotected sex.

It felt bad. I felt disgusted, because I know I should be, but because alcohol was somewhat always in the play, it never came up.... And he's very persuasive. He's—he's a lady's man, he gets fairly persuasive.... I mean, he's very charismatic, like he might rub on your neck, and massage your back, and even if you have that in your mind, not thinking about it, and one thing leads to another and then you're there.... You'd think about it [using condoms], but you just don't bring it up, or you're scared to say something like he might think I'm a dirty girl, you know what I mean? (black female, age 36)

When participants offered excuses for having had unprotected sex with both partners, they typically used different excuses, showing that they have different ways to explain their untoward behavior to be judged less harshly. Although very few did, some participants claimed that the unprotected sex with both partners was because the sex had been unplanned, because they had been carried away under the heat of the moment, because they had been inebriated, or because their partners had influenced them. Using the same excuse twice could weaken the credibility of the accounts because, as noted by Scott and Lyman, excuses are “most likely to be honored precisely because they do not occur all the time or for the most part to the actor in question” (p. 48). However, using the same excuse twice may also reveal how effective participants believed these explanations to be as an account for unprotected sex.

Justifications

In addition to excuses, Scott and Lyman¹⁶ define another type of account, justifications. These are “accounts in which one accepts full responsibility for the act in question, but denies the pejorative quality associated with it” (p. 47). One type of justification they discussed is “denial of injury,” in which actors assert the act was permissible because “no one was injured by it” or it “resulted in consequences that were trifling” (p. 51). The definition of “injury” regarding unprotected sex differs from most other types of behavior studied within the accounts framework (e.g., stealing or committing a violent act) because either partner could injure the other through the transmission of HIV or other STIs. It is also different in that, when two people are newly acquainted, they rarely can either estimate with any meaningful degree of certainty how much risk there is of acquiring HIV or another STI from the other person, unless of course that person admits to having such an infection. With regard to unprotected sex, the accusation of untoward behavior can thus be neutralized either by claiming the risks were minimal or that both partners had knowingly accepted the potential risks, shielding both from “disrepute” or at least diffusing responsibility (p. 219).²² Interestingly, even though all participants had had unprotected sex with at least two different partners in the prior 3 months, only a very few of them accounted for the fact that they might have exposed their partners to HIV or STIs. Rather, they used justifications to claim that they had not put themselves at risk of contracting infections. They seemed more concerned about not being perceived as irresponsible or reckless for having jeopardized their own health than about potentially putting someone else at risk.

Minimization of risks

Many participants claimed that unprotected sex was justifiable in the specific instance they were discussing because they firmly believed that no HIV or STI transmission could have occurred. A few participants had a firm basis for their risk appraisal because the partner had provided them with documentation of recent negative HIV or other STI test results. However, in the large majority of cases, participants took their partners' claims that they were disease free at face value or relied on inferences they made about the risk a partner posed based on their social characteristics. For instance, a common assumption participants made was that

people with high educational or professional achievements would not jeopardize their future by being sexually unsafe or those who worked in certain fields knew how to protect their health and therefore would not be risky partners: “I felt okay because he is in the medical field and he is educated and he knows what's up” (Hispanic female, age 31). Another 48-year-old woman was convinced her partner was safe because he was married and therefore not sexually active with anyone but his wife. She emphasized that he mentioned that he was very “rusty” at sex because he had been married for 25 years and had very little sex with his spouse.

We never talked about condoms, but I knew he hadn't had sex with anybody else.... He was like, “I'm beyond rusty,” you know, like he wanted to let me know that, and you know some guys maybe that might be their game, but he just didn't have game.... He's very handsome. He's successful, but he's one of those few guys that,.... I didn't feel like he was a player, he wasn't. I knew he wasn't. If he told me he was, I would be just absolutely.... I would be absolutely shocked. But it's like you never 100% know somebody, though.... He had sex with one woman for 25 years, and not very much, so. (white female, age 48)

Another way in which participants attempted to deny that they might have put themselves at any meaningful risk was by reporting that, by discussing their HIV/STI status and testing history with their partner, they had been able to determine before having condomless sex that the partner posed little sexual risk. For example, a 21-year-old white female felt that condomless sex with her partner was “justified” because he reported he had recently tested for “a lot of that stuff” and was “clean.”

He recently had blood work done with a lot of that stuff.... I'm not sure when it came up, but he did tell me. I didn't ask for the paperwork or anything, I just believed him. It might have come up before. We might have talked about it before we actually met. I think that's when it came up.... I think one of us just said like, “You're clean, right?” The other one was like, “Yes.” I really don't remember.... I definitely trusted him and believed him right away. I don't think he would lie about something like that.... It made me like, “Okay, we're probably not going to use protection.” I don't really have anything to worry about. I don't know what I would have done if it had turned out he'd been HIV positive or anything like that.... It made me feel more like that was justified; it made sense. (white female, age 21)

In many cases, such discussions seemed to have been very short and took place right before having unprotected intercourse; in some cases, however, they occurred only after unprotected sex had occurred. For example, a 23-year-old Hispanic male said he broached the topic of STIs with his partner only when they were about to have sex and realized they did not have condoms. His partner told him she had recently tested negative for STIs. He seemed to accept her claim at face value despite his admission, in the interview, that he lied to her asserting that he also had recently tested negative, although he had not been tested in a while. He attempted to justify his lying by saying he actually “truly felt” like he did not have any STIs. He also stated that his attitudes toward condom use was more positive than that of men who just reject condoms outright, seeming to try to put himself in a better light despite having had unprotected sex and lying to a potential partner.

I told her, "There's no condoms, so what do you want to do about that?" And she was like, "You sure you're clean, you tested?" I kind of lied, I truly felt I didn't have any STDs, however I really hadn't been tested that recently. I don't think I have any STDs, I should get tested. And she had told me that she had. She said like, "If you're absolutely positive, we can do it without a condom." I was like, "Alright, sounds great." And we ended up having sex without a condom.... Obviously physically it feels better. Sometimes in your mind though, you're like, "What if I get an STD? What if I get AIDS, something fucked up?" ... But just wanted to reiterate that we both didn't have any STDs. ... Some dudes I know hate like, "Fuck condoms!" ... I think I'm 60/40 pro condom actually but if I'm certain and they're certain that there's no STD risk, then obviously there's no reason to wear a condom. (Hispanic male, age 23)

If participants could not mount a strong claim that their partner was safe, their accounts could still try to minimize the risk they had taken in an unprotected sexual encounter by describing their sexual acts as relatively safe. Although these participants assumed responsibility for having condomless sex, they tried to diminish the significance of having done so by saying that they attempted to minimize the risk, for example, by having the male partner withdraw before ejaculation. For example, a 45-year-old Hispanic female admitted that her much younger partner probably had a lot of sexual partners and could have had STIs, but attempted to present herself as more responsible by highlighting that he had not ejaculated inside of her because she had asked him not to.

He's 24 and single and he's a marine—come on,...he's a player! Yes, but he didn't come inside of me though and I didn't come either. He did not ejaculate inside of me.... I felt better that he didn't.... I asked him not to. (Hispanic female, age 45)

"Too late": denying further negative consequences

Many participants seemed to believe that HIV and STIs were very efficiently transmitted. Therefore, they claimed that once two partners had had unprotected sex, it was pointless to use condoms for subsequent acts since any harm that might result would already have occurred. Most of these participants offered an excuse for the first instance of condomless sex and then justified subsequent acts of unprotected sex by contending they were no longer putting anyone at additional risk because any potential harm would have already occurred the first time. For instance, a 40-year-old white female, who excused the first time she had unprotected sex with her partner by invoking sexual passion, said she kept having condomless sex with that partner in future encounters since any transmission of disease that might occur would have already happened the first time.

Yeah. I was like, "that was stupid." I shouldn't like to do that [condomless sex] and then I felt that because he already did it, you know what I mean? At that point, what are we stopping now? You know what I mean, it's happened, you can't—what has happened, has happened—it's done. (white female, age 40)

A 37-year-old white male used a similar justification. He claimed the first time he and his partner had unprotected sex they had not planned for sex and so did not have condoms. Once aroused, they got caught up "in the heat of the moment" and had unprotected sex. The next time they met, the participant claimed that they agreed that using condoms was now pointless.

Well because at that point we'd already had sex every which way we could possibly have sex without it, so it's like, is it going to make a difference if 2 days later we decide to start using a condom?.... So the second time we had sex we talked about it. We both started laughing, like, "Yeah, I guess it doesn't matter now, huh?" (white male, age 37)

Negotiated acceptance of the risks

Finally, another type of justification participants provided for unprotected sex was to claim that the act was acceptable because there had been no victim; that is, they contended both parties understood the potential risks associated with having sex without a condom and still chose to do so. Most of these accounts also implied that both the participant and his or her partner assumed that the risk of infection was minimal. For instance, some participants said that having sex without condoms with a particular partner was justified because they had both discussed their past and concurrent sexual relationships, and both had reached the conclusion that the situation seemed low risk enough to have unprotected sex. In some instances, they had also discussed that they would inform each other if they subsequently started also having sex with someone else or if they learned they had an STI. For example, a 47-year-old white female said that she and her partner agreed to take the risks of having condomless sex even though they both had other sexual partners, some with whom they also had unprotected sex. Nevertheless, this woman felt that not using condoms was acceptable behavior since it was a mutual and informed decision she and her partner had made.

Maybe after the third or fourth time we were together he asked me how I felt about it [condomless sex]. I asked him if there was anyone besides his spouse that he was having sex with. He said no, and I said,... "I'm not looking to do this with a ton of people, but I am a single woman," I told him,... "so there might be a time when I will and I won't [use condoms]," I said, "but I'm pretty much on the careful side these days. [There are] two people that I'm with, right as of now; doesn't mean that there isn't going to be a new person." I asked him about his [partners], and I felt comfortable enough to go without [condoms]. (white female, age 47)

Some participants also claimed that having unprotected sex was justified even if the partner provided only tacit consent (i.e., the partner "consented" by not protesting). For example, a 28-year-old white male admitted that having unprotected sex was not wise but that, in the encounter he was discussing, it was permissible because his female partner did not oppose having condomless intercourse.

I know, overall, it's pretty stupid to not use a condom. Yes, I know.... She had to have been okay with it otherwise, if she wasn't, she would have forced me to. She would have been like, "Look! No glove, no love!" I could tell that she was okay with it. She went along willingly. More or less, we both did not want to get pregnant. I guess we just wanted it to be bareback, so natural. (white male, age 28)

By defining condomless sex as "natural" sex, this participant also seemed to be trying to lessen the negative connotation associated with this behavior.

Discussion

The accounts framework is useful to understand health behavior and inform interventions, not simply because it

provides information about participants' understanding of their own behavior, but because it can also help evaluate the robustness of health norms. As researchers have suggested, accounts of unprotected sex reveal what issues are "at the forefront of the minds"¹³ (p. 33) of individuals who engage in this behavior and how they "interpret and understand their experiences"²⁰ (p. 1403). However, as Scott and Lyman¹⁶ noted, accounts are mostly an effort by individuals to bridge "the gap between action and expectation" (p. 46) and manage the impressions others hold of them. When individuals put forward an excuse or a justification, they believe others will accept it as valid and credible even though it may not reflect the actual reasons for the untoward act.²² When making accounts for unprotected sex, people may not tell the actual reasons why they engaged in the behavior but they show what they believe is expected from them and why their behavior should be excused or justified.

As Rhodes and Cusick put it, people offering accounts for unprotected sex "may compare their sexual behavior with a health promotion model of socially approved sexual behaviors" (p. 212).²² In the context of this study, participants were offering accounts for unprotected sex to public health researchers and seemed to have a clear understanding of the normative expectation to practice sexual safety. By making accounts, they also showed under what circumstances they believe people can be excused for engaging in unprotected sex or why such behavior can be justified. For instance, participants making excuses demonstrate that they understand using condoms is an individual's responsibility, a point that HIV/STI prevention messages have emphasized for the past three decades. However, some of these participants also say that they cannot be held responsible for using condoms if their agency for doing so was compromised. The excuses made by participants are a myriad of reasons why they were unable to adhere to the norm of using condoms with casual partners. These excuses draw from commonly accepted notions about sexuality that need to be challenged to promote sexual health in this population.

One such notion was the incompatibility between the planning and preparation required to practice safer sex and the often impulsive, spontaneous, and unplanned aspects of sex. When they described the complicated process of safer sex (i.e., having to know when you were going to have sex, making sure you had condoms that were easily accessible when you started having sex, and having the right kind of condom for your partner), participants represented consistent condom use as an ideal that could not realistically happen. Even if they agreed that they should always use condoms with casual partners, they conveyed that it was only normal for "accidents" to happen routinely.

Participants claimed that safer sex was difficult to practice, and even more so when inebriated. Being under the effects of alcohol was a popular excuse for not using condoms, especially among the younger half of participants (ages 18–32). Although participants quickly blamed alcohol for compromising their agency to use condoms, they rarely took responsibility for overusing alcohol in the first place. These excuses show how it is culturally sanctioned to drink alcohol in social situations, which makes it a convenient excuse for unprotected sex. Because sexual health norms have emphasized that people have the agency to use condoms, deliberately impairing one's will could be

a way to escape that expectation and be judged less harshly for having unprotected sex.

Another commonly endorsed notion that excused unprotected sex was that, once aroused, the sex drive is uncontrollable and operates independently of rational thinking. Most participants had met their partners on websites for people seeking casual sex, thus rendering moot the excuse of having been unexpectedly carried away in the heat of the moment or of not having been able to plan for safer sex. Yet, it reflects how culturally engrained this view of sexuality is and how readily accessible it is to explain unsafe sexual behavior. Notably, participants of both genders called upon biological drives to excuse their unprotected sexual behavior, which contrasts with previous qualitative studies in which women tended to claim unprotected sex had been the result of their male partner's uncontrollable sex drive, not their own.^{22,27} This may suggest that, as women increasingly feel more comfortable openly acknowledging their sexual desires and needs, they may also define their sex drive as hard to harness and an obstacle to practicing safer sex. HIV prevention strategies among heterosexual adults have traditionally emphasized the role of women in ensuring safer sex.^{15,27} These messages tried to empower women to insist on condom use, partly because they were assumed to be in better control of their sex drive than men are.²⁷ Yet, these messages may have inadvertently promoted the notion that the sex drive is an obstacle to safer sex and that it requires willpower to control it. The unequal responsibility for safer sex in the heterosexual dyad could thus have opened the door for women to excuse unprotected sex on the grounds that they, too, have a sex drive and can succumb to the heat of the moment.

Although less frequently used than other excuses, appeals to defeasibility because of mental illness or emotional vulnerability (e.g., bipolar disorder, sex addiction, self-destructive tendencies, and emotional distress) were primarily made by female participants. The notion that psychological and emotional challenges can lead people to be self-destructive is thus also readily available to mitigate one's responsibility for unprotected sex. With these excuses, participants show that they may perceive having mental health problems as less damaging to their reputation than willingly breaking safer-sex norms. Female participants may be more likely to resort to this type of excuse because of traditional gender notions representing women as more emotionally vulnerable and labile than men.

Gendered views of sexuality also came up in how participants used scapegoating in their accounts. Female participants who blamed their male partner for having had unprotected sex presented themselves as having been emotionally manipulated by intimate and romantic gestures. Some of them described their male partner as charismatic seducers who pretended to offer them a long-term relationship to have condomless sex. On the other side, men who blamed their female partners described them as seductresses who were very possibly promiscuous and diseased. The double standard around casual sex shaped these accounts according to which the sexually active and risk-taking man was still portrayed in a better light than his female counterpart and did not evoke fear of disease. These excuses show that beliefs about the difference between male and female sexuality and an ongoing double standard are available to deny responsibility for having had unprotected sex.

Whereas excuses show an awareness of safer-sex norms, but difficulty in adhering to them, justifications show the belief that the norms are inapplicable or can reasonably be discounted in certain cases. Participants who minimized the risks of unprotected sex with certain partners show that many heterosexual men and women still wrongly assess the HIV/STI risks of specific sexual behaviors and partners. Participants used different heuristics or inferences based on what they knew about their partners' social circumstances or lifestyle to make the case that the unprotected sex they had had carried little risk, if any. For example, they frequently assumed that their partners were not risky because they seemed to have few or no other recent sexual partners or they accepted at face value their partners' claims that they were "clean" or "disease free." Another common justification was also the denial that further unprotected sex with a specific partner did not carry any further HIV or STI transmission risk after the first unprotected event with that partner. This justification appeared to be predicated on the belief that HIV/STI transmission is so efficient that it will occur at the first opportunity, making any subsequent use of protection pointless. Whether participants really thought this to be true or chose to believe it to justify foregoing condoms, rectifying this possibly widespread misconception is important to motivate individuals to use condoms even after one or more unprotected encounters with a partner.

A rarer type of justification was that of negotiated risk, in which participants made their own ethical interpretation of safer-sex norms. Some claimed that although having unprotected potentially posed a risk to their own and their partners' health, it was acceptable if both parties had made an informed decision to accept those risks. Also noteworthy is that, even though all participants had condomless sex with at least two partners in the prior 3 months, very few accounted for the possibility that they could have acquired HIV or another STI from prior sexual encounters that they could have transmitted to the partners they discussed. This lack of concern, among heterosexual men and women, about transmitting an STI may reflect insufficient knowledge about the possibility of having asymptomatic STIs and low perceived responsibility for protecting others, which interventions could both address. It is possible that the current hookup culture promotes an attitude of caveat emptor, that is, people who choose to have sex with casual partners should recognize that they are responsible for their own safety and should not expect partners to protect them.

HIV/STI prevention interventions among heterosexual adults should thus not simply exhort people to use condoms and enhance their sense of empowerment to do so, but must also debunk the cultural beliefs they use to excuse unprotected sex. Sexual health promotion efforts should develop awareness of the commonly accepted excuses and justifications heterosexual adults use to mitigate harsh judgments of their behavior, despite societal expectations. Men and women must understand that, while these accounts might protect them from strong criticism by others or preserve self-esteem, they will not protect them from HIV and STIs if their partners are infected. Prevention strategies could also increase awareness of how individuals exploit gendered views of sexuality and how the ongoing double standard may influence them to excuse unprotected sex.

There are limitations to this study that should be noted. Participants self-selected into the study and were willing to report recently having had condomless sex with at least two partners met online. We thus have a sample of participants who are comfortable discussing their sexuality and willing to put themselves under the gaze of public health researchers knowing that they may be questioned about their risky behavior. Although telephone interviews afforded participants more anonymity and might have promoted more candid reports of behavior, they may also have made it harder to establish rapport than in face-to-face meetings. At the same time, however, the use of telephone interviews allowed us to collect data from participants located in different HIV/AIDS epicenters throughout the US, potentially making the findings more analytically generalizable.

The motives and circumstances surrounding behavior such as unprotected sex are multiple, complex, and overdetermined. However, individuals who engage in untoward behavior are likely to explain it in a way that attempts to repair the breach between actions and expectations. The accounts framework introduced by Scott and Lyman¹⁶ and further elaborated conceptually by other sociologists^{18,19,45-47} offers a useful way to study how people interpret their behavior in light of what they believe others think of those actions. Using accounts to identify gaps in safer-sex norms can reveal ways to strengthen sexual health norms and improve people's ability to behave safely. Boulton et al.²¹ have suggested that a discussion of diverse accounts associated with unsafe sex "can be used to raise individuals' awareness of the constraints militating against safer sex in sexual encounters" and that "such awareness may then reinforce alternative, safer responses to subsequent sexual encounters" (p. 628). Therefore, a critical examination of accounts can be a component of interventions to raise individuals' consciousness regarding how they justify or excuse their untoward behavior to others and to themselves, making them better prepared to adhere to safer-sex norms. As public health is increasingly emphasizing individual responsibility for a range of health behaviors, those working in the field of health promotion may find the accounts framework useful to study a wide range of behaviors that are risky or detrimental to one's health, and thus viewed as untoward.

Acknowledgment

This work was supported, in part, by a grant from the NIH/NIMH (MH095325, Karolynn Siegel, PhD, and Helen-Maria Lekas, PhD, Multiple PIs).

Ethical Approval

All procedures performed in this study involving human subjects were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its latter amendments or comparable ethical standards.

Author Disclosure Statement

No competing financial interests exist.

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