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HIV Risk Reduction by Avoiding Sex with Partners Unwilling to Undergo HIV Testing is Not Coercion

Iván C. Balán, PhD, Timothy Frasca, MPH, Curtis Dolezal, PhD, and Alex Carballo-Diéguez, PhD

HIV Center for Clinical & Behavioral Studies, New York State Psychiatric Institute/Columbia University, New York, USA

In their recently published letter *Coercion and HIV Self-Testing in Men Who Have Sex with Men: Implementation Data from a Cross-Sectional Survey in China*, Ong et al. present study findings about an important issue, coercion and HIV testing. We fully agree that physically forcing another person to test for HIV, threatening the loss of employment if an individual does not test, imposing HIV testing on vulnerable populations such as detained individuals, or otherwise testing people without their consent are unacceptable and coercive acts. However, the authors also label as coercion an individual's decision to abstain from having sex with a partner who refuses HIV testing, and we strongly disagree. We would argue that an individual has a right to refuse to engage in sex with someone who they believe may put them at risk of HIV infection; more generally, we also argue that an individual has a basic right to refuse to have sex.

Our research over the past 10 years has demonstrated that men who have sex with men (MSM) who seldom or never use condoms often use serosorting (having sex only with partners known or perceived to be of one's same HIV status) to reduce the risk of HIV transmission.¹ To serosort more accurately, these men also are willing to use rapid HIV tests with potential partners to clarify their respective HIV statuses (notwithstanding a recent infection that may not be detected by the test).² Participants in our most recently completed study tested seven potential sexual partners with whom they had discussed engaging in "raw" or "bareback" sex (condomless anal intercourse) who received HIV positive results and who appeared to be unaware of their infection. There was no sexual encounter after test results were revealed. In these situations, use of a rapid HIV test with these partners may have directly impeded HIV infection.³

Other study participants reported that they came to view a partner's refusal to use a rapid HIV self-test as a sign of the partner's concern about their sexual risk behavior and lack of certainty about their HIV status. As a result, they considered that individual to pose a high risk of HIV infection and, unless the individual agreed to an HIV test, they did not engage in

CORRESPONDING AUTHOR: Iván C. Balán, PhD, Unit 15, New York State Psychiatric Institute, 1051 Riverside Drive, NY, New York 10032, USA, tel (646) 774-6936, fax (646) 774-6955, ivan.balan@nyspi.columbia.edu.

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sex.⁴ This self-protective act is no different than withholding sex from a partner who refuses to use condoms. Yet, under the definition proposed by Ong et al., it would also be considered coercion. We see the issue not as one of “force” but of “harm” and the individual’s right to self-protection, in this specific case from HIV infection, which Ong et al. entirely downplay in their letter.

We recognize that this study, conducted among MSM in China, needs to be culturally contextualized, which might introduce differences in perceptions of coercion and nuances in the terminology used to assess coercion. However, the authors’ conclusion—that withholding sex from a partner who refuses to have an HIV test constitutes coercion—could stigmatize an important risk-reduction strategy and discourage the deployment of this promising tool for self-care in settings where the likelihood of HIV acquisition remains high.

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References

1. Balán IC, Carballo-Diéguez A, Ventuneac A, et al. Are HIV-negative men who have sex with men and who bareback concerned about HIV infection? Implications for HIV risk reduction interventions. *Arch Sex Behav*. 2013; 42(2):279–89. [PubMed: 22218787]
2. Carballo-Diéguez A, Frasca T, Dolezal C, et al. Will gay and bisexually active men at high risk of infection use over-the-counter rapid HIV tests to screen sexual partners? *J Sex Res*. 2012; 49(4): 379–87. [PubMed: 22293029]
3. Carballo-Diéguez A, Frasca T, Balán I, et al. Use of a rapid HIV home test prevents HIV exposure in a high risk sample of men who have sex with men. *AIDS Behav*. 2012; 16(7):1753–60. [PubMed: 22893194]
4. Balán IC, Carballo-Diéguez A, Frasca T, et al. The impact of rapid HIV home test use with sexual partners on subsequent sexual behavior among men who have sex with men. *AIDS Behav*. 2014; 18(2):254–62. [PubMed: 23657758]