

## Reframing HIV Prevention for Gay Men in the United States

Perry N. Halkitis  
New York University

*The HIV epidemic in the United States has affected at least two generations of gay men. Despite numerous efforts to intervene on this public health crisis, HIV infections continue to escalate, especially among young men. This condition is compounded by an ever-growing number of gay men who are aging and living with HIV. We must enact an innovative and proactive vision and framework for HIV prevention that moves us beyond the undertakings rooted in social-cognitive paradigms that have informed this work for the past 25 years. A new framework for HIV prevention must give voice to gay men; must consider the totality of their lives; must delineate the underlying logic, which directs their relation to sex and HIV; and must concurrently respect their diverse life experiences. This approach should be rooted in a biopsychosocial paradigm, should be informed by both theory and practice, and should be directed by three theoretical lenses—a theory of syndemics, developmental theories, and contextual understandings of HIV disease. Taken together, these elements are a call to action for research and practice psychologists who are working to improve the lives of gay men.*

**Keywords:** gay men, HIV prevention, syndemics, development, context

### Two Generations and Counting

I recently attended a performance of the off-Broadway play *Loaded*, in which a 47-year-old HIV-positive man, Patrick, and a 26-year-old HIV-positive man, Jude, engage in a heated debate about numerous sociopolitical issues one evening following a sexual encounter. The topics range from the rights of gay men to marry and raise children, to the struggle of age and experience versus education and knowledge, to the inherent responsibilities each man believes he holds in his sexual life. On the surface, Patrick and Jude represent men from different times, with different issues and disparate worldviews. Yet, through their discourse, it becomes clear that these seemingly dissimilar men share a common reality. Both represent the plight of all gay men—the reality of two generations of gay men—gay men who have attempted to live their lives with dignity and respect despite the ever-present and sometimes deafening drumbeat of AIDS.

Early in the HIV epidemic, the disease was known as GRID (which stood for gay-related immunodeficiency disease) because of its omnipresence in the gay population. At that time, the Centers for Disease Control and Prevention (CDC, 1981) reported five cases of *Pneumocystis carinii* pneumonia in young men at the prime of their lives, all of whom were gay and otherwise should have been healthy. Two generations later (as embodied by Patrick and Jude), GRID is now known as HIV/AIDS, and despite the fact that the disease no longer remains confined solely to gay men, the reality is that gay men represent the segment of our population in the United States who continue to be most affected by this epidemic. HIV/AIDS may not be *just* a gay disease, but it is *predominantly* a gay disease in this country.

The epidemiological statistics are undeniable. The CDC (2009b) estimated that there have been 1,051,875 AIDS diagnoses in the United States since the onset of the epidemic. Of these cases, 494,937 have been diagnosed among men who engage in sexual relations with other men. This figure is staggering and suggests the disproportionate impact of the disease on the gay male population, who represent 50% of those infected with the disease but who by most accounts and estimations represent only 5% of the United States population (Gates, 2006). To date, over 300,000 of these men infected with the virus have died.

Note that I have avoided the use of the term *men-who-have-sex-with-men* (MSM). This is language espoused by the CDC and classifies all men who have same-sex behaviors regardless of their sexual identity. I shun this term for several reasons. First, although there is a small percentage of men who have sexual encounters with men and who do not identify as gay, the vast proportion of those infected men self-identify as gay. Study after study documents this ratio. Indeed, the percentage of MSM identifying as gay in most behavioral studies is rarely lower than 70% (e.g., Belcher, Sternberg, Wolitski, Halkitis, & Hoff, 2005; Mustanski, Garofalo, Herrick, & Donenberg, 2007).

#### Editor's Note

*Perry N. Halkitis received the Award for Distinguished Early Career Contributions to Psychology in the Public Interest. Award winners are invited to deliver an award address at the APA's annual convention. A version of this award address was delivered at the 118th annual meeting, held August 12–15, 2010, in San Diego, California. Articles based on award addresses are reviewed, but they differ from unsolicited articles in that they are expressions of the winners' reflections on their work and their views of the field.*

Second, the use of MSM undermines the identity of gay men and inadvertently advances heterosexist notions at the expense of gay individuals by ignoring gay sexual identity (Young & Meyer, 2005). In this regard, any effective HIV prevention effort must respect gay identity as much as it does racial, ethnic, or cultural identity. Failure to incorporate gay identity as a central element of HIV prevention in effect ignores the totality of gay men's lives and dilutes our understanding of this population to a behavioral term (i.e., man who has sex with a man) without a true understanding that a gay identity incorporates more than a sexual act. It has been argued that the sexual act is the foundation through which gay men construct both their sexual and social identities (Halkitis & Wilton, 2005, p. 21) and, thus, the social dimensions of sexuality cannot be ignored.

Third, this term creates clinical and epidemiological perspectives while simultaneously ignoring the social dimensions of sexuality (Young & Meyer, 2005) that are critical to a biopsychosocial understanding of well-being (Engel, 1977), vital to the framework I will be describing. This third argument for using the term *gay* instead of MSM builds upon the second and suggests that sex is more than a mechanical act and that gay men are more than vessels for the transmission of pathogens. Sadownick (1996) suggested that the sexual act is a manner in which gay men often come to understand "the self." Thus, critical to the development of effective HIV prevention for gay men is understanding how gay men make sense of their sexual identity, how they emerge into this identity over the course of their lifetimes, how they engage with their identity in social contexts, and how they manage the oppression they experience as a sexual minority associated with a once-deadly disease.

Finally, it is my intention to provide a framework for conducting HIV-prevention research for gay men, for whom sexual orientation and sexual identity are of paramount significance. Non-gay-identified MSM, especially heterosexually identified MSM, and to some extent bisexually identified MSM, demonstrate different sexual and behavioral patterns (e.g., Goldbaum et al., 1998). Thus, the HIV prevention needs of these populations are different from those of gay-identified men.

### **An HIV Prevention Framework for Working With Gay Men**

My goal is to help reframe the manner in which we envision and enact HIV prevention for gay men. I do not seek to provide specific recommendations for programs of research or counseling models but rather to put forth a heuristic to shape approaches to HIV prevention that help to move us beyond the "use a condom every time" paradigm and the social-cognitive understandings of sexual risk taking that dictated the early HIV prevention efforts and still permeate many of today's approaches. Throughout the last

three decades, a multitude of such theories were developed and rigorously tested in relation to HIV risk-taking behaviors. Among the most popular were the Theory of Reasoned Action (Ajzen & Fishbein, 1980), developed prior to the AIDS epidemic; a Theory of Planned Behavior (Ajzen & Madden, 1986); The Information-Motivation-Behavior Skills Approach (Fisher & Fisher, 1992); and the AIDS Risk Reduction Model (Catania, Kegeles, & Coates, 1990), all rooted in the basic tenets of a social learning paradigm (Bandura, 1986). Later, the Transtheoretical Model for Behavior Change (Prochaska, DiClemente, & Norcross, 1992), though not directed purely by social learning and integrating constructs such as emotions and temptation, became the favored approach.

Although each of the aforementioned paradigms provides direct testable relations, incorporates constructs that are easily measured, and provides defined and clear psychoeducational tools for creating change, it is these same elements that also limit our understanding of the multidirectional and multidimensional dimensions of sex for gay men. Sex and safer sex are more than just about cognitive states, attitudes, beliefs, norms, and efficacy. This is not how gay men think about their sexuality. What is required is a more holistic understanding of the meaning of sex in the lives of gay men, where rational social-cognitive processes are not the common denominator. As noted by Martin (2006), such social-cognitive theories fail to understand or disentangle, and often ignore, the nonrational aspects of sexuality, which may lead some gay men to make decisions about sex and risk that seem irrational.

For gay men who became infected via sex with another man and, thus, whose identities become intimately intertwined with HIV disease, social-cognitive approaches to HIV prevention simply fall short.

Research has consistently shown that although such perspectives [i.e., social cognitive] have been successful to some extent in understanding sexual behavior, they have failed to encompass the notion that sex is more than a cognitive act and that strong social and emotional components influence sexual behavior. (Halkitis & Wilton, 2005, p. 22)

Most prevention efforts, however, are founded on the belief that sexual behavior is rational (Gammeltoft, 2002). As we have noted in our own work with young men (Halkitis, Moeller, & Siconolfi, 2010a, 2010b), informed by Carol Gilligan's Listening Guide Method of Psychological Inquiry (aka The Listening Guide; Gilligan, Spencer, Weinberg, & Bertsch, 2003), there is an underlying logic that we must first understand, an unheard voice that we must empower if we are truly to appreciate the struggles and needs of gay men with regard to HIV. To manifest this inner logic and empower the voices of gay men, we must come to know that every person engages in silent self-talk and that making that silent voice audible allows us to gain

insights into an individual. To achieve such ways of knowing, we must free our understanding of how gay men behave from the overspecified social-cognitive paradigms described above, and, in turn, direct HIV prevention with broader, holistic lenses that capture the totality and complexity of gay men's lives as well as their relations to HIV and sex.

It is imperative to envision and enact a framework for HIV prevention that is not overly specified and is adaptable in order to provide guidance for working with an increasingly diverse population of gay men affected by the disease. To develop programs of HIV research and counseling that are socially, emotionally, and politically avant-garde *and* true to the lives of gay men, we should consider HIV in light of the following three sets of perspectives, which are a means of knowing the "whole gay man": (a) a syndemics perspective, (b) a developmental perspective, and (c) a contextual perspective. These perspectives provide relevant and appropriate guidance for the next generation of HIV prevention efforts, while not overspecifying how gay men behave and not simply focusing on sexual health as the means to the goal of HIV prevention. The key to successful HIV prevention, as informed by these theoretical lenses, will be further realized if these understandings are grounded in two foundational bases that also inform numerous other domains of psychology, public health, and many social sciences—namely, a biopsychosocial understanding of human health and behavior (Engel, 1977) and an approach to HIV prevention that resides on the hyphen of theory and practice (Halkitis, 2006; Ryff & Singer, 2000).

### **Theoretical Lenses for Developing HIV Prevention for Gay Men**

A meaningful HIV prevention framework for guiding HIV prevention research and practice is shaped by three sets of theoretical perspectives. Each of these perspectives provides guidance for developing programs of study and practice that are relevant and meaningful to the lives of gay men across generations, such as Jude and Paul, and the millions of others like them.

#### ***Syndemics Perspective***

A theory of syndemic production provides one lens through which HIV prevention for gay men can be effectively enacted. The term *syndemic* itself was coined in connection with the groundbreaking work of Merrill Singer (1994) to explain the very low health profiles and multiple health epidemics of urban poor populations. This work determined that the interconnections between substance use, poverty, violence, racism, and HIV had a powerful effect in lowering health profiles. Stall et al. (2003) extended Singer's analysis and found that childhood sexual abuse, substance abuse, depression, and partner violence, among

gay men, have been shown to increase risky sexual behaviors both independently and through combined effects. In effect, a syndemic is understood as a set of mutually reinforcing health epidemics that compromise the overall well-being of the person, and syndemic production refers to the development of the syndemic in gay men, which is directed by psychosocial conditions. These ideas have been corroborated (Arreola, Neilands, Pollack, Paul, & Catania, 2005; Halkitis, 2008; Mustanski et al., 2007). A syndemics perspective encompasses the idea that the epidemics of HIV, drug abuse, and mental health burden (i.e., the confluence of several mental health symptoms) coexist and are mutually reinforcing among gay men and that numerous psychosocial states across the life span, including the victimization that gay men experience, predispose them to syndemic production (Stall, Friedman, & Catania, 2008).

Since the onset of the epidemic, research has supported the idea that illicit drug use, unprotected sexual behavior, and mental health burden function synergistically (Stall, McKusick, Wiley, Coates, & Ostrow, 1986). Gay men tend to use more illicit substances than their heterosexual counterparts (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998). This is also true among younger men (Orenstein, 2001). Studies have demonstrated a relation between illicit drug use and unprotected sexual behavior in gay men (Halkitis, Pandey Mukherjee, & Palamar, 2009; Kalichman, Tannenbaum, & Nachimson, 1998) and have shown that use of these substances may lead to unprotected anal intercourse (Seage et al., 1998), a greater number of sexual partners (Kalichman et al., 1998), condom failures (Stone et al., 1999), and increased likelihood of HIV seroconversion (Chesney, Barrett, & Stall, 1998).

In the population of gay men, illicit drug use and related unprotected sexual behaviors also have been understood in relation to psychological factors such as reduced inhibitions, social facilitation, disengagement, and expectations for sexual enhancement (Kalichman et al., 1998). McKirnan, Ostrow, and Hope (1996) posited that some individuals may intentionally use illicit drugs to reduce anxiety about both having sex and risking HIV transmission. For young gay men, lower levels of self-esteem, higher levels of anxiety, and the experience of childhood sexual abuse are related to more instances of unprotected sexual behavior in part through substance abuse problems (Rosario, Schrimshaw, & Hunter, 2004). Finally, psychosocial states such as internalized homophobia (Newcomb & Mustanski, 2009), negative body image (Siconolfi, Halkitis, Allomong, & Burton, 2009), and stigma (Frost, Parsons, & Nanin, 2007) may exert their effects on sexual risk taking indirectly by increasing mental health burden. Governmental policies that often fail to protect the well-being of gay men (Hatzenbuehler, 2009) and the violence experienced by young men from family members and sexual partners (Koblin et al., 2006) exacerbate mental health burden.

Throughout the last three decades, the HIV prevention agenda for gay men has focused on sexual health (Stall & Friedman, 2007). A theory of syndemics indicates that such an approach is insufficient as it ignores the other epidemics (i.e., illicit drug use and mental health burden) that are present among gay men and that function in tandem with unprotected sexual behavior to predispose gay men to increased HIV seroconversion risk. A syndemics perspective suggests to researchers and practitioners that sexual risk taking cannot be understood without consideration of the synergies of this behavior with illicit drug use and mental health states. Such conditions resonate clearly with the characters of Patrick and Jude, in the aforementioned play, the former describing his use of “party mix,” a combination of methamphetamine and other drugs during a night of sexual exploration, and the latter the recreational use of Viagra, which allows him to engage in sex for extended periods of time. Both of these characters also speculate on their own feelings of loneliness and self-worth, which drive them to seek out sexual partners as a means of masking these negative emotions.

If researchers are truly to understand why sexual risk takes place, we must develop sophisticated mixed-methods methodologies and measurement models for capturing data on the complex manifestation of the syndemic as realized within sexual episodes. For practitioners, therapeutic approaches to sexual risk taking must openly and without judgment address the role of drugs and mental health burdens in relation to sex. This perspective further suggests that HIV health be understood as part of total health and that HIV prevention programs must acknowledge that gay men may be predisposed to sexual risk because of mental health and drug use, not because they lack the knowledge, efficacy, or will to use condoms.

### *Developmental Perspective*

Developmental theories have long recognized life milestones and differing needs of individuals at different stages of their lives. Thus, it is imperative that HIV prevention efforts also must recognize that gay men evolve and change, as evidenced in the characters of Jude and Patrick, both of whom are HIV-positive men but at very different stages of their lives.

This current state of the HIV epidemic among gay men indicates the vulnerabilities and risks of young Black and Latino gay men 13 to 29 years of age, White gay men in their 30s, and aging gay men 50 years of age and older (CDC, 2008, 2009a, 2009b). As such we must enact a life-course perspective informed by developmental theories in framing HIV prevention programs. Adapting a life-course perspective further suggests that a “one size fits all” approach to HIV prevention is inappropriate. In effect, syndemic production may manifest differently along the developmental continuum. The risk bases that lead to the

development of such syndemics may be rooted in the experiences of childhood and adolescence for young men but are influenced by lifelong trajectories as gay men age.

Harper (2007) provided a framework for enacting HIV prevention intervention for gay adolescents, which emphasizes the importance of developmental factors and the interactive facets of sexual and ethnic identity within the context of a heterosexist society and a hegemonic conception of masculinity. This work indicates that HIV prevention programs for adolescents must be designed with attention to the realities of both sexual and gay culture as well as traditional and cultural factors related to race and ethnicity. Along a similar vein, Welle and Clatts (2007) proposed a Vygotskian approach to HIV prevention in which scaffolding interviews are utilized to increase health communication and HIV awareness. This approach to HIV prevention is based on the assumption that it is very difficult for young gay men to talk about sex, sexuality, and HIV prevention. Recent work conducted by Halkitis et al. (2010a, 2010b) has built on these ideas; young men 18 to 29 years of age often feel isolated and have limited opportunity to engage within their social networks to discuss safer sex practices. In turn, studies have documented the unsafe sexual practices of young gay men (Crepaz et al., 2000).

Sexual risk taking is not confined solely to younger gay men (Jacobs et al., 2010). Older gay men are equally at risk and affected by HIV (Linsk, 2000). Although the likelihood of seroconversion decreases with age (Mansergh & Marks, 1998), older men are more likely to be HIV-positive (Stall et al., 2009). In a Chicago cohort, men 60 years of age and older were found to demonstrate as much sexual risk as younger men (Slusher, Halman, Eshleman, & Ostrow, 1994).

Taken together, the literature suggests that men along all stages of the developmental continuum are infected by and affected by HIV. However, what does likely vary for men across age groups are factors and motivations associated with sexual risk-taking behaviors, which are likely shaped, in part, by the developmental markers. Thus, HIV prevention efforts must be informed by a developmental perspective recognizing that 30 years into the epoch of HIV/AIDS, gay men are wildly diverse in terms of numerous dimensions, including age, ranging from those in adolescence to a graying gay male population that is living longer. The recognition that sexual behavior is a lifelong reality must be embedded within tailored strategies that will speak to these men who are in different stages of their lives, possessing differing levels of lived experiences and who are emerging into their sexual lives during differing social, political, and historical eras. Such ideas are clearly realized in the interaction of Patrick and Jude. For Patrick, part of the first generation of gay men to emerge into their adulthood after the Stonewall riots, when condoms were associated with death, HIV is the center of his existence. For Jude, part of a newer generation—a Twitter generation

and a generation raised on safer sex messaging—HIV exists within a larger social, cultural, and political landscape. Each perspective embodies the reality of the time when each man was coming of age and the state of HIV disease in that particular moment.

For researchers seeking to understand why gay men predispose themselves to sexual risk taking, it is essential that methodologies capture developmental milestones such as coming of age, coming out, and aging, as well as the historical era in which these events occurred, because these experiences may act as antecedents that may explain sexual risk behavior as well as how an individual's current developmental processes shape his decision making. For practitioners, it is key to realize that the stages of life that influence all humans are just as evident in gay men and that gay men in particular may struggle through their development as they try to reconcile their sexual identities in a heterosexist society, where homophobia is also compounded with racism and economic discrimination. Thus, therapeutic approaches to HIV prevention must acknowledge and seek to lessen these burdens that gay men experience with regard to the capacity to handle these experiences in relation to one's current age.

### *Contextual Perspective*

The third perspective for reframing HIV prevention espouses a contextual understanding of human behavior and the role that environments may play in shaping HIV risk behaviors in gay men. It has been proposed that social, structural, and environmental factors must be understood and disentangled to address the complex reality of HIV (Normand, Lambert, & Vlahov, 2003). Although person- or individual-level factors have been abundantly studied, less attention has been given to the role of contextual factors with regard to HIV in general and the HIV epidemic in gay men in particular. Individual factors in part help to explain risk behaviors, but "they do not explain all the interpersonal vulnerability to risk behavior" (Galea, Ahern, & Vlahov, 2003, p. iii50). A contextual understanding thus provides another level of knowing inasmuch as individuals engage, behave, and interact within different contexts. Finally, context affects not only sexual risk taking but also drug use and mental health burden.

In totality, the syndemic may be shaped by differential environmental and relational influences along the stages of life. A contextual or ecological perspective is rooted in the seminal work of Bronfenbrenner (1979). Bronfenbrenner's ideas were developed originally to explain children's development and learning, but the basic core of Bronfenbrenner's theory is relevant to a discussion of HIV prevention and how the contexts gay men navigate may influence their risk-taking behaviors as well as their development. There are numerous contexts that may influence the sexual risk-taking behavior of gay men and that should be considered

in framing HIV prevention. For the purposes of this discussion, consideration is given to two popular contexts: (a) gay social venues, including primarily commercial sex environments; and (b) the Internet.

**Social venues.** Much attention in the literature with regard to environmental influence on HIV transmission among gay men has focused on the role of social and sexual venues, including commercial sex environments (i.e., bathhouses and some sex parties), public spaces (i.e., parks, highway rest stops), and circuit parties. Social engagement in such establishments has been associated with higher levels of substance use, including polydrug use, which has in turn been associated with increased unprotected sexual behaviors while under the influence (Halkitis & Parsons, 2003; Lewis & Ross, 1995; McKirnan et al., 1996). In one perspective, these environments are deemed to create a cognitive escape for gay men seeking to cope with the ever-present reality in their lives and, thus, the desire for escape in these venues facilitated the enactment of risk-taking behaviors (McKirnan et al., 1996). But these environments also provide contexts in which sexual expression can be realized and where gay men can gather to socialize and interact with each other outside the watchful eyes of a heterosexist society.

The extant literature primarily focuses on the role of commercial sex venues, particularly bathhouses, with regard to HIV in gay men. At the onset of the HIV epidemic, efforts by activists to curtail the disease resulted in the closing of bathhouses in some urban areas, including San Francisco (Binson et al., 2001). The struggle between public health educators and the gay community has been longstanding with regard to the closing of bathhouses. However, the role of commercial sex venues, particularly bathhouses, in spreading the HIV epidemic is still an area of speculation and debate (Wolitski, Parsons, & Gomez, 2004). Sexual risks have been noted as gay men engage in anonymous sexual partnering with casual partners (Elwood & Williams, 1998; Kippax et al., 1998), often unaware of the partner's serostatus or overall health. Among HIV-positive men, those who frequent commercial sex venues report more oral and unprotected anal sex than those who do not frequent them (Parsons & Halkitis, 2002), and higher levels of sexual risk taking in the form of unprotected anal intercourse have been associated with sex in commercial sex venues (Ekstrand, Stall, Paul, Osmond, & Coates, 1999). However, Van Beneden et al. (2002) reported that most bathhouse patrons engage in low-risk sexual activities. Moreover, the negative impact of bathhouses has been weighed against their roles in facilitating the expression of sexual identity (Van Beneden et al., 2002). It is not the bathhouse environment that is solely responsible for the enactment of risk behavior. Rather it is the interaction of the person within the environment that may lead to risk (Pollock & Halkitis, 2009).

Given that gay men who navigate bathhouses also seem to express high levels of psychosocial burdens (e.g., Parsons & Halkitis, 2002), it is posited that bathhouses also provide access to men who are in need of support and who could benefit from counseling and HIV prevention. Closing these environments is a “band-aid” solution to the HIV epidemic. In fact, closing such establishments, where public health officials and AIDS service organizations could establish a presence, would be shortsighted and undermine an ideal HIV prevention opportunity (Parsons & Halkitis, 2002; Van Beneden et al., 2002; Wohlfeiler, 2000). Moreover, closure of such establishments may undermine an avenue for prevention and care, and may ultimately and likely lead to the proliferation of underground environments, such as sex parties in the private spaces of homes and hotel rooms, where access for prevention workers would be more difficult to achieve or might be denied (Parsons & Halkitis, 2002; Paz-Bailey et al., 2004; Van Beneden et al., 2002). Recent literature supports the evolution of such venues, and these harder-to-reach venues have been associated with sexual and drug risk-taking behaviors and less access to safer sex materials (Clatts, Goldsamt, & Yi, 2005; Paz-Bailey et al., 2004; Pollock & Halkitis, 2009).

**The Internet.** Within the last two decades, the Internet has grown exponentially as a venue in which gay men interact and in which gay men seek sexual partnering. The Internet has been likened to a cyber-bathhouse: “Although bathhouses and gay bars remain popular venues . . . in recent years the Internet is increasingly being named as a forum for this purpose” (Ciesielski, 2003, p. 149). In an analysis of social venues available to gay men, Simon Rosser, West, and Weinmeyer (2008) reported that gay men in large cities around the world, including the United States, indicated that their virtual social circles and communities are larger than their physical communities. Other studies have estimated that as many as 50% of gay men use the Internet as a means for meeting sexual partners (Halkitis, Moeller, & Pollock, 2008; Rietmeijer, Bull, McFarlane, Patnaik, & Douglas, 2003). For men of all ages, the Internet has become an increasingly popular mechanism for social engagement with sexual partners through the use of chat rooms, bulletin boards, and dating/matchmaking services (McFarlane, Bull, & Rietmeijer, 2002). The Internet also crosses racial and ethnic lines (Rhodes, Di-Clemente, Cecil, Hergenrath, & Yee, 2002).

Ciesielski (2003) attributed recent rises in HIV and other sexually transmitted infections (STIs) among gay men to numerous factors, including the rise of the Internet for meeting sexual partners, citing recent studies that have shown that gay men who have contracted both syphilis and rectal gonorrhea are likely to meet sexual partners on the Internet (Klausner, Kim, & Kent, 2002). However, the relation between use of the Internet and the spread of HIV

among gay men is not a simple one of cause and effect. The relation between seeking sex on the Internet and unsafe sexual practice is not fully understood (McFarlane, Ross, & Elford, 2004). Similar to the situation concerning bathhouses, there is a complex interplay between person factors, environmental factors, social factors, and synergistic behaviors (such as drug use) that may exacerbate the risk taking associated with men who identify sexual partners on the Internet.

A contextual perspective to HIV prevention suggests that we must closely consider the environments that gay men navigate and how such contexts may influence sexual risk-taking behavior and, more broadly, the development of syndemic. These contexts, especially the Internet, are central to the relationship between Jude and Patrick, who use cyberspace to meet their sexual partners, including each other, and to engage in sex with each other when they are not able to meet in person. It is also the context through which they openly advertise their HIV status and sexual preferences. But this is not the sole environment for sex in the lives of these men, as Patrick describes the sex parties that he attends. Insofar as social venues such as commercial sex environments and the Internet are concerned in regard to HIV disease, much of the literature has focused on the negative influences of these contexts. However, despite attempts by politicians to close such sites, sex environments have long existed in the gay community and, like the Internet, such environments are here to stay. Our approach to HIV prevention must, thus, seek to harness these environments and use them to our advantage as means for accessing and providing service to gay men who may be most at risk for the sexual transmission of HIV and other pathogens.

Throughout the country, HIV prevention services have been established at bathhouses. In New York City, recent efforts have resulted in a program of HIV and STI testing for gay men navigating these environments, resulting in confidential and nonjudgmental care for gay men who may be most in need (Daskalakis et al., 2009). In theory, the New York City Department of Health and Mental Hygiene has supported such efforts, indicating that both female and male condom availability and HIV testing are essential in contexts such as bathhouses and specifically suggesting that testing should be available in nonmedical settings such as bathhouses “that attract individuals likely to engage in risky sex” (New York City Department of Health and Mental Hygiene, 2005, p. 24). Similar efforts have been undertaken successfully in other metropolitan areas (Spielberg, Branson, Goldbaum, Kurth, & Wood, 2003). To this end, such sites provide researchers access to some gay men and the means for understanding the dynamics that emerge in such locales with regard to the spread of HIV. Practitioners must be cognizant of the existence of bathhouses and the meaning that these environments play in the lives of

their clients, with an understanding that, for some, bathhouses are a celebration of gay identity and for others the means to seek sexual satisfaction privately in the absence of fully formed gay identity.

The Internet can also be an effective venue for HIV prevention messaging and perhaps counseling—areas that require much more research (McFarlane et al., 2004). In truth, the Internet and other forms of electronic socialization are central to the lives of gay men and all individuals, but especially young gay men. The Internet, specifically, and other cybertechnologies and forms of communication provide us with a venue in which to engage effectively with gay men, especially a younger generation of gay men with regard to the disease, and “it presents new untapped opportunities for on-line health promotion and disease prevention” (Kim, Kent, McFarland, & Klausner, 2001, p. 89).

According to the Pew Research Center (2010), millennials (18- to 29-year-olds) engage with the Internet and other forms of technology in all aspects of their lives—94% have a cell phone, 88% use text messaging, and 75% have a social networking profile. Anecdotal evidence indicates that some social scientists believe that reliance on the Internet and these technologies is somehow detrimental to the well-being of this generation and to our culture. Some believe that millennials have lost the capacity to socially engage in non-cyber-contexts, and as a result this generation does not know how to engage in meaningful relationships. But these are hypotheses, and ageist and elitist ones at that. I liken such thinking to propositions in decades past that our society would be in ruins due to the spread of television. As we have learned, when harnessed properly, television is a powerful and helpful tool; we have yet to completely and thoroughly understand the impact of the Internet and other technologies or to know how these advances can benefit our society at large and the well-being of gay men in particular. Our charge as research and practice psychologists is to conduct rigorous, scientifically sound studies of the impact of these technologies, release ourselves from biases about the technologies, and shape these technologies to advance the well-being of all.

### Summary and Conclusions

A model has been proposed for reframing HIV prevention for gay men in the United States. This model is a call to action for all those who work with the population of gay men and have witnessed the devastation that HIV has created in two generations. With no end to the epidemic in sight, our approach to HIV prevention must be holistic, evolving, and celebratory. Theoretical understandings rooted in a syndemics paradigm, coupled with developmental and contextual perspectives, provide an approach to HIV prevention for gay men that emphasizes wholeness and totality. Taken together, these perspectives indicate that HIV, mental health burden, and substance use are inti-

mately linked; that they may exist and vary across the life span; and that they may be exacerbated by certain contexts. This model indicates that one size does not fit all, similar to the fact that one condom size does not fit all. A new framework for HIV prevention encourages us to get to know each gay man where he is, hear his silent voice, understand his struggles, and empower him with the tools to make decisions that are both realistic and respectful of his social, emotional, and physical needs.

Like Jude and Patrick, who are intimately linked by HIV across their generations, the differing needs and realities of all gay men should be addressed with this more open-minded approach to HIV prevention. For researchers this implies deciphering the ways of knowing gay men in regard to HIV and their lives using sophisticated and nuanced methodologies to discover the underlying factors that lead to sexual risk taking; for practitioners this suggests tailoring HIV counseling as we design all aspects of the therapeutic process. Both research and practice must embed HIV prevention as part of the larger gay men’s health agenda, which recognizes gay men as more than vessels for HIV disease—as viable, sexual, important members of our society who are affected by multiple epidemics and whose well-being is of paramount importance to the public health of the United States.

Finally, while we envision and enact a holistic approach to gay men’s health that recognizes the struggles faced by gay men, we must simultaneously embed in this approach a recognition and celebration of the great resilience this segment of our population has demonstrated despite the devastation we have faced over the last 30 years.

---

#### Author’s Note

*This article is dedicated to Robert Massa, Anthony Delfufo, Rick Frizzel, and Michael Shernoff, very significant men in my life, who fought brave intellectual battles against AIDS until their untimely deaths, and to Bobby Halkitis, whose smile and love provide me with the strength to continue the work that I do. I thank Elliot Potts for sharing his insights and artistry, as well as my students Robert Moeller, Molly Pappas, Daniel Siconolfi, and Erik Storholm for their assistance and inspiration.*

*Correspondence concerning this article should be addressed to Perry N. Halkitis, Center for Health, Identity, Behavior & Prevention Studies, The Steinhardt School of Culture, Education, and Human Development, New York University, 82 Washington Square East, New York, NY 10003. E-mail: pnh1@nyu.edu*

---

#### References

- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

- Ajzen, I., & Madden, T. J. (1986). Prediction of goal-directed behavior: Attitudes, intentions, and perceived behavioral control. *Journal of Experimental Social Psychology*, 22, 453–474.
- Arreola, S. G., Neilands, T. B., Pollack, L. M., Paul, J. P., & Catania, J. A. (2005). Higher prevalence of childhood sexual abuse among Latino men who have sex with men than non-Latino men who have sex with men: Data from the Urban Men's Health Survey. *Child Abuse and Neglect*, 29, 285–290. doi:10.1016/j.chiabu.2004.09.003
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Belcher, L., Sternberg, M. R., Wolitski, R. J., Halkitis, P. N., & Hoff, C. (2005). Condom use and perceived risk of HIV transmission among sexually active HIV-positive men who have sex with men. *AIDS Education and Prevention*, 17, 79–89. doi:10.1521/aeap.17.1.79.58690
- Binson, D., Woods, W. J., Pollack, L., Paul, J., Stall, R., & Catania, J. A. (2001). Differential HIV risk in bathhouses and public cruising areas. *American Journal of Public Health*, 91, 1482–1486. doi:10.2105/AJPH.91.9.1482
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Catania, J. A., Kegeles, S. M., & Coates, T. J. (1990). Towards an understanding of risk behavior: An AIDS risk reduction model (ARRM). *Health Education Quarterly*, 17, 53–72.
- Centers for Disease Control and Prevention. (1981). Pneumocystis pneumonia—Los Angeles. *Morbidity and Mortality Weekly Report*, 30, 250–252.
- Centers for Disease Control and Prevention. (2008). *HIV/AIDS among persons aged 50 and older*. Atlanta, GA: U.S. Department of Health and Human Services.
- Centers for Disease Control and Prevention. (2009a). *Fact sheet: HIV/AIDS and young men who have sex with men*. Retrieved March 1, 2010, from [http://www.cdc.gov/HealthyYouth/sexualbehaviors/pdf/hiv\\_factsheet\\_ymsm.pdf](http://www.cdc.gov/HealthyYouth/sexualbehaviors/pdf/hiv_factsheet_ymsm.pdf)
- Centers for Disease Control and Prevention. (2009b). *HIV/AIDS surveillance report, 2007*. Atlanta, GA: U.S. Department of Health and Human Services.
- Chesney, M. A., Barrett, D. C., & Stall, R. (1998). Histories of substance use and risk behavior: Precursors to HIV seroconversion in homosexual men. *American Journal of Public Health*, 88, 113–116. doi:10.2105/AJPH.88.1.113
- Ciesielski, C. A. (2003). Sexually transmitted diseases in men who have sex with men: An epidemiologic review. *Current Infectious Disease Reports*, 5, 145–152. doi:10.1007/s11908-003-0051-5
- Clatts, M. C., Goldsamt, L. A., & Yi, H. (2005). An emerging HIV risk environment: A preliminary epidemiological profile of an MSM POZ party in New York City. *Sexually Transmitted Infections*, 81, 373–376. doi:10.1136/sti.2005.014894
- Crepaz, N., Marks, G., Mansergh, G., Murphy, S., Miller, L. C., & Appleby, P. R. (2000). Age-related risk for HIV infection in men who have sex with men: Examination of behavioral, relationship, and serostatus variables. *AIDS Education and Prevention*, 12, 405–415.
- Daskalakis, D., Silvera, R., Bernstein, K., Stein, D., Haggerty, R., Hutt, R., . . . Marmor, M. (2009). Implementation of HIV testing at two New York City bathhouses: From pilot to clinical service. *Clinical Infectious Diseases*, 48, 1609–1616. doi:10.1086/598979
- Ekstrand, M. L., Stall, R., Paul, J. P., Osmond, D. H., & Coates, T. J. (1999). Gay men report high rates of unprotected anal sex with partners of unknown or discordant HIV status. *AIDS*, 13, 1525–1533. doi:10.1097/00002030-199908200-00013
- Elwood, W. N., & Williams, M. L. (1998). Sex, drugs, and situation: Attitudes, drug use, and sexual risk behaviors among men who frequent bathhouses. *Journal of Psychology and Human Sexuality*, 10, 23–44. doi:10.1300/J056v10n02\_02
- Engel, G. L. (1977, April 8). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129–136. doi:10.1126/science.847460
- Fisher, J. D., & Fisher, W. A. (1992). Changing AIDS risk behavior. *Psychological Bulletin*, 111, 455–474. doi:10.1037/0033-2909.111.3.455
- Frost, D. M., Parsons, J. T., & Nanin, J. E. (2007). Stigma, concealment and symptoms of depression as explanations for sexually transmitted infections among gay men. *Journal of Health Psychology*, 12, 636–640. doi:10.1177/1359105307078170
- Galea, S., Ahern, J., & Vlahov, D. (2003). Contextual determinants of drug use risk behavior: A theoretic frame-

work. *Journal of Urban Health*, 80(4, Suppl. 3), iii50–iii58.

Gammeltoft, T. (2002). Seeking trust and transcendence: Sexual risk-taking among Vietnamese youth. *Social Science and Medicine*, 55, 483–496. doi:10.1016/S0277-9536(01)00182-4

Garofalo, R., Wolf, R. C., Kessel, S., Palfrey, J., & Durant, R. H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101, 895–902. doi:10.1542/peds.101.5.895

Gates, G. J. (2006). *Same-sex couples and the gay, lesbian, bisexual population: New estimates from the American community survey*. Retrieved from The Williams Institute, UCLA School of Law, University of California Los Angeles website: <http://www.escholarship.org/uc/item/8h08t0zf>

Gilligan, C., Spencer, R., Weinberg, M. K., & Bertsch, T. (2003). On the *Listening Guide*: A voice-centered relational method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 157–172). Washington, DC: American Psychological Association. doi:10.1037/10595-009

Goldbaum, G., Perdue, T., Wolitski, R., Rietmeijer, C., Hedrich, A., Wood, R., & Fishbein, M. (1998). Differences in risk behavior and sources of AIDS information among gay, bisexual, and straight-identified men who have sex with men. *AIDS and Behavior*, 2, 13–21. doi:10.1023/A:1022399021926

Halkitis, P. N. (2006, August). *How theory and practice inform each other in community-based research*. Paper presented at the 114th Annual Convention of the American Psychological Association, New Orleans, LA.

Halkitis, P. N. (2008, June). *Considerations of a paradigm shift in HIV prevention: Syndemic production and emergent adult YMSM*. Paper presented at Grand Rounds for The Center for Comprehensive Care (CCC) at St. Luke's-Roosevelt Hospital Center, New York, NY.

Halkitis, P. N., Moeller, R. W., & Pollock, J. A. (2008). Sexual practices of gay, bisexual, and other nonidentified MSM attending New York City gyms: Patterns of serosorting, strategic positioning, and context selection. *Journal of Sex Research*, 45, 253–261. doi:10.1080/00224490802204456

Halkitis, P. N., Moeller, R. W., & Siconolfi, D. E. (2010a, March). *Young men who have sex with men (YMSM) HIV*

*prevention project: Findings from the qualitative interviews of 18–29-year-old YMSM* (Unpublished report prepared for the New York City Department of Health and Mental Hygiene).

Halkitis, P. N., Moeller, R. W., & Siconolfi, D. E. (2010b, March). *Young men who have sex with men (YMSM) HIV prevention project: Findings from the qualitative interviews of 13–17-year-old YMSM* (Unpublished report prepared for the New York City Department of Health and Mental Hygiene).

Halkitis, P. N., Pandey Mukherjee, P., & Palamar, J. J. (2009). Longitudinal modeling of methamphetamine use and sexual risk behaviors in gay and bisexual men. *AIDS and Behavior*, 13, 783–791. doi:10.1007/s10461-008-9432-y

Halkitis, P. N., & Parsons, J. T. (2003). Recreational drug use and HIV-risk sexual behavior among men frequenting gay social venues. *Journal of Gay & Lesbian Social Services*, 14(4), 19–38. doi:10.1300/J041v14n04\_02

Halkitis, P. N., & Wilton, L. (2005). The meanings of sex for HIV-positive gay and bisexual men: Emotions, physicality, and affirmations of self. In P. N. Halkitis, C. A. Gomez, & R. J. Wolitski (Eds.), *HIV+ sex: The psychological and interpersonal dynamics of HIV-seropositive gay and bisexual men's relationships* (pp. 21–37). Washington, DC: American Psychological Association.

Harper, G. W. (2007). Sex isn't that simple: Culture and context in HIV prevention interventions for gay and bisexual male adolescents. *American Psychologist*, 62, 806–819. doi:10.1037/0003-066X.62.8.806

Hatzenbuehler, M. L. (2009). How does sexual minority stigma “get under the skin”? A psychological mediation framework. *Psychological Bulletin*, 135, 707–730. doi:10.1037/a0016441

Jacobs, R. J., Fernandez, M. I., Ownby, R. L., Bowen, G. S., Hardigan, P. C., & Kane, M. N. (2010). Factors associated with risk for unprotected receptive and insertive anal intercourse in men aged 40 and older who have sex with men. *AIDS Care*. Advance online publication. <http://www.tandf.co.uk/journals/titles/09540121.asp>

Kalichman, S. C., Tannenbaum, L., & Nachimson, D. (1998). Personality and cognitive factors influencing substance use and sexual risk for HIV infection among gay and bisexual men. *Psychology of Addictive Behaviors*, 12, 262–271. doi:10.1037/0893-164X.12.4.262

- Kim, A. A., Kent, C., McFarland, W., & Klausner, J. D. (2001). Cruising on the Internet highway. *Journal of Acquired Immune Deficiency Syndromes*, *28*, 89–93.
- Kippax, S., Campbell, D., Van De Ven, P., Crawford, J., Prestage, G., Knox, S., . . . Kinder, P. (1998). Cultures of sexual adventurism as markers of HIV seroconversion: A case control study in a cohort of Sydney gay men. *AIDS Care*, *10*, 677–688. doi:10.1080/09540129848307
- Klausner, J. D., Kim, A., & Kent, C. (2002). *America online perpetuates syphilis and gonorrhea transmission in San Francisco*. Paper presented at the National STD Prevention Conference, San Diego, CA. Retrieved from <http://www.cdc.gov/stdconference/2002/2002ConfAbPoster2.htm#P37>
- Koblin, B. A., Torian, L., Xu, G., Guilin, V., Makki, H., MacKellar, D., & Valleroy, L. (2006). Violence and HIV-related risk among young men who have sex with men. *AIDS Care*, *18*, 961–967. doi:10.1080/09540120500467182
- Lewis, L. A., & Ross, M. W. (1995). *A select body: The gay dance party subculture and the HIV/AIDS pandemic*. London, England: Cassell.
- Linsk, N. L. (2000). HIV among older adults: Age-specific issues in prevention and treatment. *The AIDS Reader*, *10*, 430–440.
- Mansergh, G., & Marks, G. (1998). Age and risk of HIV infection in men who have sex with men. *AIDS*, *12*, 1119–1128. doi:10.1097/00002030-199810000-00003
- Martin, J. I. (2006). Transcendence among gay men: Implications for HIV prevention. *Sexualities*, *9*, 214–235. doi:10.1177/1363460706058398
- McFarlane, M., Bull, S., & Rietmeijer, C. (2002). Young adults on the Internet: Risk behaviors for sexually transmitted diseases and HIV. *Journal of Adolescent Health*, *31*, 11–16. doi:10.1016/S1054-139X(02)00373-7
- McFarlane, M., Ross, M. W., & Elford, J. (2004). The Internet and HIV/STD prevention. *AIDS Care*, *16*, 929–930. doi:10.1080/09540120412331292516
- McKirman, D. J., Ostrow, D. G., & Hope, B. (1996). Sex, drugs and escape: A psychological model of HIV-risk sexual behaviours. *AIDS Care*, *8*, 655–670. doi:10.1080/09540129650125371
- Mustanski, B., Garofalo, R., Herrick, A., & Donenberg, G. (2007). Psychosocial health problems increase risk for HIV among urban young men who have sex with men: Preliminary evidence of a syndemic in need of attention. *Annals of Behavioral Medicine*, *34*, 37–45. doi:10.1007/BF02879919
- New York City Department of Health and Mental Hygiene. (2005, October). *Report of the New York City Commission on HIV/AIDS*. Retrieved January 22, 2010 from [www.nyc.gov/html/doh/downloads/pdf/ah/ah-nychivreport.pdf](http://www.nyc.gov/html/doh/downloads/pdf/ah/ah-nychivreport.pdf)
- Newcomb, M. E., & Mustanski, B. (2009). Moderators of the relationship between internalized homophobia and risky sexual behavior in men who have sex with men: A meta-analysis. *Archives of Sexual Behavior*. Advance online publication. <http://www.springer.com/psychology/personality+%26+social+psychology/journal/10508>
- Normand, J. L., Lambert, E. Y., & Vlahov, D. (2003). Understanding the dynamics of sexual transmission of HIV among drug-using populations: An integration of biological, behavioral, and environmental perspectives. *Journal of Urban Health*, *80*(4, Suppl. 3), iii1–iii6.
- Orenstein, A. (2001). Substance use among gay and lesbian adolescents. *Journal of Homosexuality*, *41*(2), 1–15. doi:10.1300/J082v41n03\_01
- Parsons, J. T., & Halkitis, P. N. (2002). Sexual and drug-using practices of HIV-positive men who frequent public and commercial sex environments. *AIDS Care*, *14*, 815–826. doi:10.1080/0954012021000031886
- Paz-Bailey, G., Meyers, A., Blank, S., Brown, J., Rubin, S., Braxton, J., . . . Markowitz, L. E. (2004). A case-control study of syphilis among men who have sex with men in New York City: Association with HIV infection. *Sexually Transmitted Diseases*, *31*, 581–587. doi:10.1097/01.olq.0000140009.28121.0f
- Pew Research Center. (2010, February). *The millenials: Confident. Connected. Open to change*. Retrieved from <http://pewresearch.org/pubs/1501/millennials-new-survey-generational-personality-upbeat-open-new-ideas-technology-bound>
- Pollock, J. A., & Halkitis, P. N. (2009). Environmental factors in relation to unprotected sexual behavior among gay, bisexual, and other MSM. *AIDS Education and Prevention*, *21*, 340–355. doi:10.1521/aeap.2009.21.4.340
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change. *American Psychologist*, *47*, 1102–1114. doi:10.1037/0003-066X.47.9.1102

- Rhodes, S. D., DiClemente, R. J., Cecil, H., Hergenrath, K. C., & Yee, L. J. (2002). Risk among men who have sex with men in the United States: A comparison of an Internet sample and a conventional outreach sample. *AIDS Education and Prevention, 14*, 41–50. doi:10.1521/aeap.14.1.41.24334
- Rietmeijer, C. A., Bull, S., McFarlane, M., Patnaik, J., & Douglas, J. (2003). Risks and benefits of the Internet for populations at risk for sexually transmitted infections (STIs): Results of an STI clinic survey. *Sexually Transmitted Diseases, 30*, 15–19. doi:10.1097/00007435-200301000-00004
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2004). Predictors of substance use over time among gay, lesbian, and bisexual youths: An examination of three hypotheses. *Addictive Behaviors, 29*, 1623–1631. doi:10.1016/j.addbeh.2004.02.032
- Ryff, C. D., & Singer, B. H. (2000). Biopsychosocial challenges of the new millennium. *Psychotherapy and Psychosomatics, 69*, 170–177. doi:10.1159/000012390
- Sadownick, D. (1996). *Sex between men*. New York, NY: HarperCollins.
- Seage, G. R., III, Mayer, K. H., Wold, C., Lenderking, W. R., Goldstein, R., Cai, B., . . . Hingson, R. (1998). The social context of drinking, drug use, and unsafe sex in the Boston Young Men Study. *Journal of Acquired Immune Deficiency Syndromes, 17*, 368–375.
- Siconolfi, D. E., Halkitis, P. N., Allomong, T. A., & Burton, C. L. (2009). Body dissatisfaction and eating disorders in a sample of gay and bisexual men. *International Journal of Men's Health, 8*, 254–264. doi:10.3149/jmh.0803.254
- Simon Rosser, B. R., West, W., & Weinmeyer, R. (2008). Are gay communities dying or just in transition? Results from an international consultation examining structural change in gay communities. *AIDS Care, 20*, 588–595. doi:10.1080/09540120701867156
- Singer, M. (1994). AIDS and the health crisis of the U.S. urban poor: The perspective of critical medical anthropology. *Social Science & Medicine, 39*, 931–948. doi:10.1016/0277-9536(94)90205-4
- Slusher, M. P., Halman, L. J., Eshleman, S., & Ostrow, D. (1994, May). *Patterns of sexual behavior among younger and older gay men*. Paper presented at the annual meeting of the Gerontological Society of America, Atlanta, GA.
- Spielberg, F., Branson, B. M., Goldbaum, G. M., Kurth, A., & Wood, R. W. (2003). Designing an HIV counseling and testing program for bathhouses: The Seattle experience with strategies to improve acceptability. *Journal of Homosexuality, 44*, 203–220. doi:10.1300/J082v44n03\_09
- Stall, R., Duran, L., Wisniewski, S. R., Friedman, M. S., Marshal, M. P., McFarland, W., . . . Mills, T. C. (2009). Running in place: Implications of HIV incidence estimates among urban men who have sex with men in the United States and other industrialized countries. *AIDS and Behavior, 13*, 615–629. doi:10.1007/s10461-008-9509-7
- Stall, R., & Friedman, M. S. (2007, November). *An update on a syndemics approach to HIV prevention among gay men*. Paper presented at the 135th Annual Convention of the American Public Health Association, Washington, DC.
- Stall, R., Friedman, M., & Catania, J. A. (2008). Interacting epidemics and gay men's health: A theory of syndemic production among urban gay men. In R. J. Wolitski, R. Stall, & R. O. Valdiserri (Eds.), *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp. 251–274). New York, NY: Oxford University Press.
- Stall, R., McKusick, L., Wiley, J., Coates, T. J., & Ostrow, D. G. (1986). Alcohol and drug use during sexual activity and compliance with safe sex guidelines for AIDS: The AIDS Behavioral Research Project. *Health Education Quarterly, 13*, 359–371.
- Stall, R., Mills, T. C., Williamson, J., Hart, T., Greenwood, G., Paul, J., . . . Catania, J. A. (2003). Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. *American Journal of Public Health, 93*, 939–942. doi:10.2105/AJPH.93.6.939
- Stone, E., Heagerty, P., Vittinghoff, E., Douglas, J. M., Koblin, B. A., Mayer, K. H., . . . Buchbinder, S. P. (1999). Correlates of condom failure in a sexually active cohort of men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes, 20*, 495–501.
- Van Beneden, C. A., O'Brien, K., Modesitt, S., Yusem, S., Rose, A., & Fleming, D. (2002). Sexual behaviors in an urban bathhouse 15 years into the HIV epidemic. *Journal of Acquired Immune Deficiency Syndromes, 30*, 522–526.
- Welle, D. L., & Clatts, M. C. (2007). Scaffolded interviewing with lesbian, gay, bisexual, transgender, queer, and questioning youth: A developmental approach to HIV education and prevention. *JANAC: Journal of the Association*

*of Nurses in AIDS Care*, 18(2), 5–14. doi:10.1016/j.jana.2007.01.004

Wohlfeiler, D. (2000). Structural and environmental HIV prevention for gay and bisexual men. *AIDS*, 14(Suppl. 1), S52–S56. doi:10.1097/00002030-200006001-00008

Wolitski, R. J., Parsons, J. T., & Gomez, C. A. (2004). Prevention with HIV-seropositive men who have sex with men: Lessons from the Seropositive Urban Men's Study (SUMS) and the Seropositive Urban Men's Intervention

Trial (SUMIT). *Journal of Acquired Immune Deficiency Syndromes*, 37(Suppl. 2), S101–S109.

Young, R. M., & Meyer, I. H. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health*, 95, 1144–1149. doi:10.2105/AJPH.2004.046714

