

Healthy Young Men's Study



The Saban Research Institute



ChildrensHospitalLosAngeles

International Leader in Pediatrics



Community, Health Outcomes, and Intervention Research Program,
The Saban Research Institute, Childrens Hospital Los Angeles
Department of Pediatrics, Childrens Hospital Los Angeles & Keck School of Medicine,
University of Southern California, Los Angeles

4650 Sunset Blvd., MS 30
Los Angeles, CA 90027

Office: 323-361-6036
www.childrenshospitala.org



Healthy Young Men's Study: Grant Number R01DA015638 from the National Institute on Drug Abuse supported the project described. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Drug Abuse or the National Institutes of Health. Finally, we would like to acknowledge the generous support from Macy's Passport that is allowing us to disseminate findings from this study more broadly.

Note: The young men represented in this book are not actual HYM Study participants.

Printed July 2008

Design by Brian Lunde Courtesy bCreative Lab

Principal Investigator

Michele D. Kipke, PhD

Co-Investigators

Robert Appleby, PhD; George Ayala, PsyD; Wesley Ford, MPH; Ellen Iverson, MPH; Jennifer Unger PhD

Project Coordinator

George Weiss

Data Collection Team

Francisca Angulo-Olaiz, PhD; Cesar Arauz-Cuadra; Marianne Burns; Julie Carpineto, MFA; Peter Cruz; Donna Lopez; MSW; Larkin Mackey; Miles McNeeley; Diane Preciado; Talia Rubin; Conor Schaye, MPH; David Sheski; Meghan Treese; Kevin Willaims; David Zucker

Quantitative Analysis and Survey Development Team

Fred Dorey, PhD; Jennifer Jackson-Bloom, MPH; Xiaowei Liu, MS; Anamara Ritt-Olson, PhD; Sheree Schrager, PhD; Carolyn F. Wong, PhD; Joseph Zhou

Qualitative Research Team

Eduardo Contreras, PhD; Katrina Kubicek, PhD; Bryce McDavitt

Tracking Team

Marcia Reyes; Maral Shahanian; Alex Tapia

Transcription Team

Randi Aichel; Shalondra Henry; Sophia Lorente; Donna Luebbe; Heather Reyes; Eunice Villatoro

Administrative Team

Judith Grout; Griselda Monroy

Interns

Neda Bogsara; Jacquelyn Manougian; Megha Mehta; Leah Molaiepour; Katherine Riberal; Siavoche Siassi; Amy Tung; Vicki Yu

Table of Contents

3	Introduction/Background
6	Description of the Healthy Young Men's Study
10	Healthy Young Men's Study Sample
14	Health and Well-Being
18	Developing Sexual Identities: Challenges and Resiliency
24	Stressful Life Events
28	Experiences of Discrimination and Harassment and Their Relationship to Substance Use
32	Conclusions: Resiliency and Creating Opportunities for Risk Reduction
35	Next Steps
39	Acknowledgements
40	References Cited



Introduction/Background

Welcome to the Healthy Young Men's Study! In the following chapters you will become more familiar with our study and what we have learned thus far. Our hope is that together, we can use this knowledge to inform the development of new programs and policies that will support the improved health and well-being of young men who have sex with men (YMSM) as they emerge into adulthood.

While considerable efforts have been made to reduce young men's risk for infection with human immunodeficiency virus (HIV), substance abuse, and violence, there are still many gaps in our knowledge about how to ensure that all young men have positive health and mental health outcomes and ultimately are protected from harm. Of greatest concern during the past two decades remains their risk for infection with sexually transmitted infections (STI), including HIV. Broadening our understanding of the developmental and cultural contexts that create risk and resiliency will ensure that we are more successful when designing prevention interventions.

In 2003, The Healthy Young Men's Study (HYM) was launched to help increase our understanding of the broad array of individual, familial, social, and community characteristics that influence YMSM to engage in both risk and protective behaviors. The HYM Study is one of the largest longitudinal, multi-method research studies conducted to date with an ethnically diverse cohort of YMSM. Our goal was to provide much-needed insights into the lives and behaviors of YMSM. The hope is that

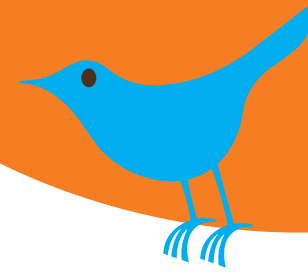
this new knowledge will ensure that the fields of HIV and substance abuse prevention are more effective at designing and delivering prevention interventions that are developmentally appropriate and culturally relevant to the lives of these young men.

Emerging Adulthood

The HYM Study is unique in that it focuses on a developmental period termed "emerging adulthood"¹. This is the developmental time between the ages of 18 to 25, when young people are no longer considered adolescents and yet most have not fully transitioned to assume the roles and responsibilities of an adult. Emerging adulthood is marked by five main defining developmental features, including: 1) identity development; 2) instability; 3) self-focus; 4) feeling "in between" adolescence and adulthood; and 5) possibilities.

The HYM Study was designed to gather information to address each of these features that mark this specific time in one's life. We are committed to sharing this information with other researchers, service providers, policy makers, community members and youth, in an effort to ensure that what we learn is applied to support the improved health and well-being of YMSM. This includes collaboration with local providers, community presentations, and manuscripts published in peer-reviewed journals. Throughout this booklet, we have cited published or in press manuscripts for those who would like additional information on the topics presented here. We are currently developing a number of additional manuscripts for publication and presentation, so please check back with us periodically for additional information.





“Exploring my self awareness,
my health, my choices,
my social networks...”

Description of the Healthy Young Men's Study

Study Design

The HYM Study used a scientifically rigorous research design in an effort to gain new knowledge, and a more complete understanding of the lives and experiences of YMSM. In collaboration with our community partners, we engaged in an initial planning phase (also called formative research), which helped to inform our approach to conducting and designing the data collection instruments for this longitudinal study. The formative research also helped us develop measures that are relevant and appropriate for use with an ethnically diverse cohort of YMSM.

Formative Phase

A series of in-depth interviews and focus groups was conducted with 42 YMSM as a part of our formative research. Interviews and focus groups were designed to provide a more in-depth understanding as well as greater context regarding several key topics, including family, social support, community, discrimination, gender roles, and sexual relationships.

Early in the formative phase, a HYM Community Advisory Board was established to provide on-going input and perspective on the study design. This group included members representing youth, club promoters, YMSM service providers, and individuals from City and County HIV planning offices.

Main Phase: Recruiting Participants and Data Collection

Recruitment for the HYM Study utilized venue-based probability sampling, a method that combines outreach techniques with survey methods to systematically recruit random samples of hard-to-reach populations, such as YMSM.^{1,2}

A total of 526 young men were recruited into the study between February 2005 and January 2006. Young men were recruited from gay-identified venues throughout Los Angeles County, including bars, coffee houses, parks, beaches, and high-traffic street locations, social events, such as a picnic or baseball game sponsored by an agency or organization that serves YMSM, and special events such as gay pride festivals.

Young men were eligible to participate in the study if they were:

- 18–24 years old
- Self-identified as other than straight, or had sex with a male
- African American, White, or Latino of Mexican descent
- Living in Los Angeles County

Each participant completed an extensive 1½ hour survey every six months for two years, for a total of five surveys. The retention rate over the five waves of the survey was 93%. The survey was available in both English and Spanish, and utilized Audio Computer Assisted Self-Interviewing (ACASI) technology. This technology allowed the participants to enter their own responses to survey questions, and has been found to improve both the quality of the data being collected and the validity of subjects' responses, particularly to questions of a sensitive nature, such as drug use and sexual behavior.^{3,4} Basic demographic information about the HYM study sample can be found in *Table 1*. The survey included measures for a wide range of constructs, including:

- Acculturation
- Body image
- Coming out
- Connection to community
- Depression
- Diet and exercise
- Discrimination
- Drug use
- Education
- Emotion regulation
- Ethnic identity
- Health care utilization
- HIV status (self-report)
- Immigration
- Internalized homophobia
- Intimate partner violence
- Non-consensual sex
- Partner types
- Parental acceptance
- Peer norms/values
- Proactive coping
- Relationship experiences
- Religion/spirituality
- Religious support
- Sensation seeking
- Sex trade
- Sexual behavior
- Social support
- Socioeconomic status
- Stressful life events
- Violence/victimization

Qualitative Interviews

In-depth interviews were conducted with several subsets of participants in order to capture more information about the full context of these young men's past and present experiences, in their own words. Separate sets of interviews addressed four topics over the course of the study: substance use, sexuality, religion/spirituality, and discrimination. Focusing on a single construct in each interview yielded particularly rich descriptions of participants' experiences.

For additional information see:

Ford W, Weiss G, Kipke MD, Ritt-Olson A, Iverson E, Lopez D. The Healthy Young Men's Study: Sampling methods for enrolling a cohort of young men who have sex with men. *Journal of Gay and Lesbian Social Services: Issues in Practice, Policy and Research*. in press.

Kubicek K, Weiss G, Iverson E, Kipke MD. Unpacking the complexity of substance use among YMSM: Increasing the role of qualitative strategies to make the most of mixed methods research. *Substance Use & Misuse*. in press.

Table 1. Demographic Variables of HYM Sample N=526

Variables	Categories	n (%)
Age	18 - 19 yrs	206 (39)
	20 - 21 yrs	196 (37)
	22+ yrs	124 (24)
Race/ethnicity	African American	126 (24)
	White	205 (39)
	Latino of Mexican descent	195 (37)
Immigration	Born in other country	82 (16)
Residence	Family	281 (53)
	Own place/apartment	191 (36)
	With friends/partner	36 (7)
	No regular place/other	18 (3)
Employment	In school	113 (21)
	In school, employed	142 (27)
	Employed, not in school	201 (38)
	Not employed, not in school	70 (13)
Sexual identity	Gay	391 (74)
	Other same-sex identity	38 (7)
	Bisexual	85 (16)
	Straight	3 (1)
	Don't know/refused	9 (2)
Sexual attraction	Males only	371 (71)
	Males and females	144 (27)
	Females only	6 (1)
	Neither, don't know, missing	5 (1)
HIV Testing Status	Never tested	127 (26)
	Tested > 1 year ago	100 (20)
	Tested 6 months - 1 year ago	97 (20)
	Tested < 6 months ago	168 (34)
HIV Status	Positive	15 (3)
	Negative	420 (80)
	Don't know	90 (17)
Depression	Non-distressed/depressed	320 (61)
	Distressed	97 (18)
	Depressed	108 (21)
Sex exchange (ever)		85 (16)
Street economy (ever)		110 (21)
Homeless (ever)		36 (7)



“I feel really comfortable with this study...
I feel free to tell you anything.”



Healthy Young Men's Study Sample

The young men recruited into the HYM Study represent a range of experiences and backgrounds. A total of 526 YMSM were recruited into the study, of whom 195 (37%) are White, 126 (24%) are African American, and 205 (39%) are Latino of Mexican descent. The average age at baseline was 20 years, with 40% of the sample being 18–19 years of age. At baseline, 81% self-identified as gay or some other same-sex sexual identity, 16% identified as bisexual, and 1% identified as straight/heterosexual. In contrast, 71% reported being sexually attracted to males exclusively, 27% to both males and females, and 1% to females exclusively. See *Table 1, page 7*.

While differences across racial/ethnic groups are not presented here, additional data of note include:

- While 16% of the total sample of participants were born outside the United States, 30% of the Latino of Mexican descent group reported being born outside the country; and
- 15% of the total sample reported a bisexual identity compared to 21% of African American young men.

Sexual Behavior and Intimate Relationships

Recent sexual behavior reported within the HYM sample is presented in *Figure 1*. As the chart indicates, 40% of

the sample reported inconsistent condom use in the past three months. Nearly a third (32%) reported “always” using a condom in the last three months, and over a quarter (28%) did not have anal sex in the last three months. *Figure 1* also presents data related to condom use for both insertive and receptive sex. Qualitative interviews revealed some of the primary reasons young men did not use condoms: partner trust; partner desires; alcohol use; and general dislike of condoms.

“Most of the time I’m usually like “You know what? I am not gonna get a disease because I didn’t wanna stop and put on a condom”. But it doesn’t feel as much as intense as it... It’s gratification if I’m having sex, but not at the risk of my life. So for the most part, I prefer not to - I prefer to use a condom than not use a condom.”

HYM participants reported being involved in a number of different kinds of intimate relationships, including primary partners (e.g., boyfriends), consistent casuals (e.g., friend with benefits) and single encounter partners. Young men reported having different expectations for each of these different partner types. Emerging adults typically explore a number of different kinds of intimate relationships, and not surprisingly, our participants seem to report the same type of exploration. About a third (32%) had one sexual partner in the last three months, 39% had 2–5 partners and 12% had six or more in the last three months. While

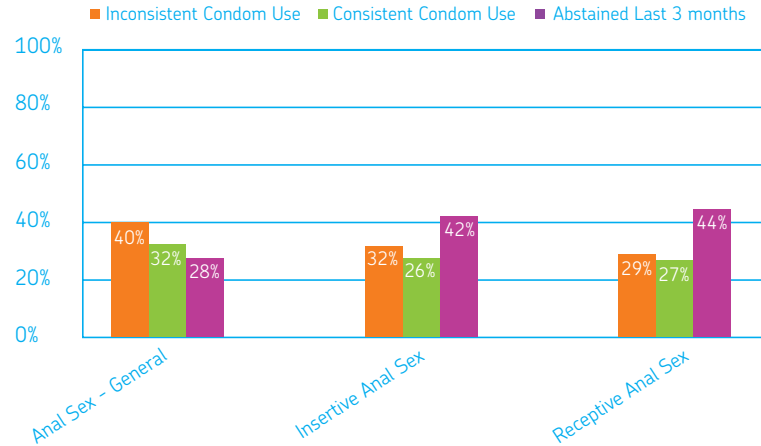
participants are still exploring their relationship options, qualitative participants reported ultimately desiring a long-term relationship that included trust, intimacy, and support.

Participants reported more instances of unprotected anal intercourse (UAI) in “primary partner” relationships. Almost half (40%) of those in a primary partner relationship reported UAI in the last three months compared to 21% of those with consistent casual partners and 15% of those with single encounters.

Substance Use

As presented in *Figure 2*, 91% of the sample reported lifetime use of alcohol, 64% reported lifetime use of marijuana, 24% reported lifetime use of cocaine, 20% reported lifetime use of crystal methamphetamine, 22% reported lifetime use of ecstasy, and 36% reported lifetime use of a prescription drug without a physician’s order. In contrast, lifetime use of street drugs, such as heroin (2%), was low. The average age of initiation of alcohol and marijuana was 16.4 and 16.8 years, respectively, with the average age of initiation of cocaine, crystal and ecstasy being slightly higher at about 18 years of age for each. The average age of initiation of any prescription drug use without a physician’s order was 18.3 years. See *Figure 2*.

Figure 1
HYM Respondents Reported Condom Use
Last Three Months



White participants were more likely to report lifetime use of cocaine, ecstasy, prescription drugs (without a prescription) and marijuana than the other groups. There were other ethnic/racial differences in lifetime use of crystal meth across groups, although these differences were not statistically significant: 14% of African American, 22% of Latino of Mexican descent and 21% of White participants reported lifetime use. African American participants generally reported less substance use than White and Latino of Mexican descent participants.

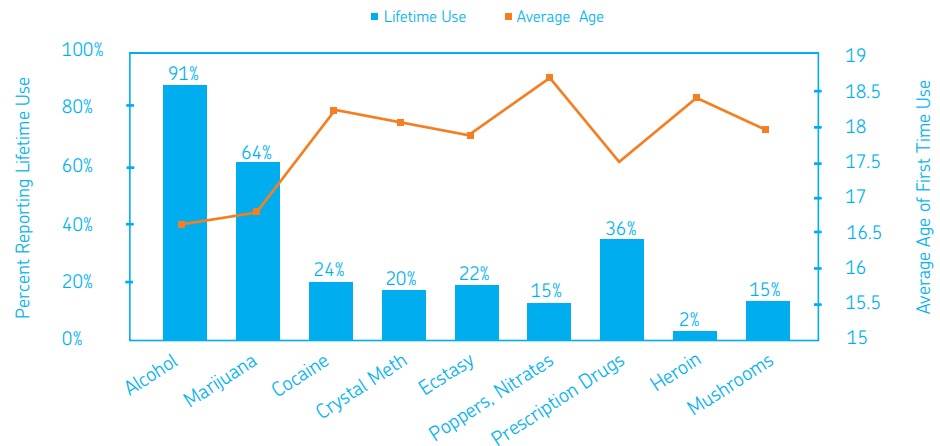
For additional information see:

Kipke MD, Weiss G, Ramirez M, et al. Club drug use in Los Angeles among young men who have sex with men. *Substance Use & Misuse*. 2007;42(11):1723-1743.

Kubicek K, McDavitt B, Carpineto J, Weiss G, Iverson E, Kipke MD. Making informed decisions: How attitudes and perceptions affect club drug use among YMSM. *Journal of Drug Issues*. 2007;37(3):643-674.

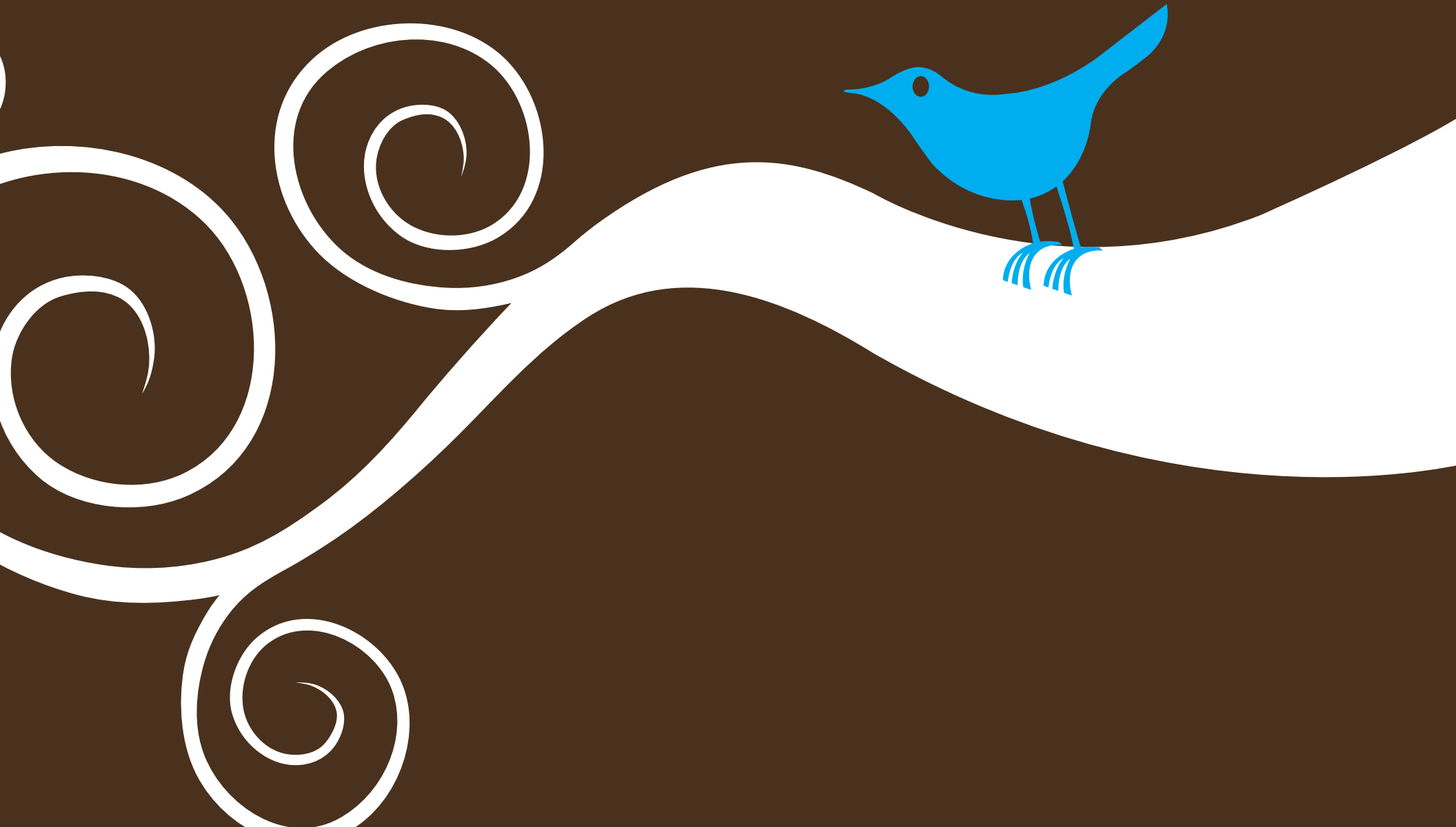
Wong CF, Kipke MD, Weiss G. Risk factors for alcohol use, frequent use, and binge drinking among young men who have sex with men. *Addictive Behaviors*. 2008;33(8):1012-1020.

Figure 2
HYM Respondents' Lifetime Use and Age of Initiation
of Selected Substances





“[My parents] care a lot... about like my happiness and my health.”



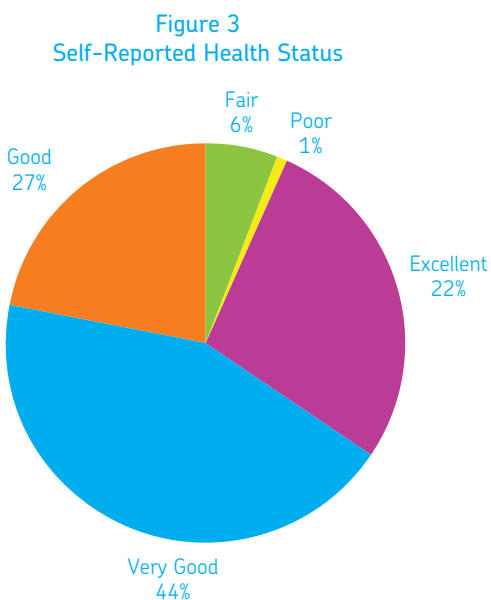
Health and Well-Being

While adolescence is one of the healthiest periods in the life span – characterized by a relatively low incidence of chronic illness and low rates of morbidity and mortality associated with illness or disease – adolescence is also a time when young people are at high risk for engaging in behaviors that can result in poor health outcomes. These behaviors, which to some extent are developmentally appropriate and socially adaptive, (e.g. developing new and more intimate relationships with peers, testing new levels of independence, establishing a new identity, developing values) can also bring increased risk such as drug use and sexually risky behaviors. Carried to extremes, risky behaviors may impair mental and physical health. But just as late adolescence and early adulthood is a time when damaging patterns of behavior can begin to take hold, it also represents an excellent opportunity for the formation of healthful practices.

There is growing evidence to suggest that gay, lesbian, and bisexual youth, as well as YMSM who may or may not identify as gay or bisexual, are at increased risk for a wide range of physical and mental health problems including physical abuse, sexual violence and victimization, school problems, homelessness, depression and suicide.¹ Perhaps of greatest concern is YMSM's risk for contracting an STI, including HIV. Rates of HIV infection among 15- to 24- year olds continue to increase, with same-sex sexual behavior remaining as the leading cause of HIV infection among adolescent males. The most recent CDC seroprevalence study found that 14% of YMSM ages 18-24 were HIV-positive; and of those who were HIV-positive, 79% were unaware of their positive serostatus.²

Health-Related Information from the Healthy Young Men's Study

Within the HYM sample, participants perceived themselves to be relatively healthy, with 44% describing their health status as "very good" and an additional 22% reporting themselves to be in "excellent" health. See *Figure 3*.



Additional analyses found that there is some variance within the HYM sample, with some segments of the sample being in better or poorer health than others.

- Of great concern was the fact that nearly a quarter (21%) of the sample reported symptoms

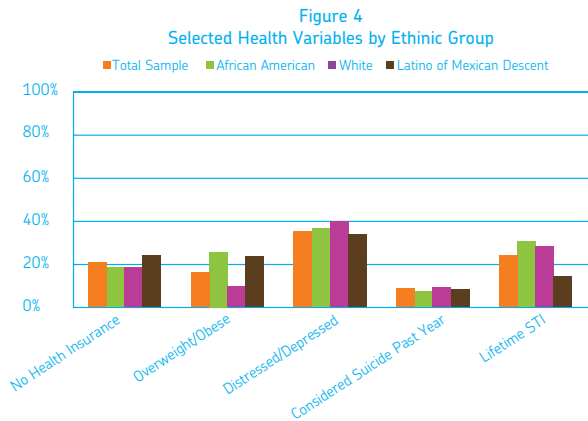
of depression, and 10% reported that they had seriously considered suicide.

- Forty-seven percent of participants reported that there was something about their health or body that worried them. The most common concerns were related to weight or body image (38%), followed by miscellaneous medical or health problems (22%) such as sore throats, backaches, blood pressure, ulcers or heart-related issues, and an additional 16% reported concern about contracting an STI or HIV.
- Nearly a quarter (22%) of participants reported having no health insurance, and 12% reported having nowhere to go if sick or needing advice about their health.

Importantly, African American and Latino of Mexican descent YMSM were found to be in poorer health according to a number of health indices. For example:

- African American participants were significantly less likely to be satisfied with their personal lives, and they were significantly more likely to report that they were not getting enough sleep and being overweight.
- Finally, 25% of the sample reported a history of STI (gonorrhea was the most commonly reported) with older youth and African Americans being at significantly greater risk for both an STI and HIV infection. See *Figure 4*.

Understanding the health and health behaviors of YMSM is critical in order to both prevent and identify potential mental and physical health problems -



particularly STIs and HIV. Moreover, many health concerns of young men in this age range, such as drug use and sexual behaviors or relationships, are difficult to discuss with others. This is particularly true for YMSM who may feel even less comfortable discussing their sexual identity, partners, and behaviors with their health care provider. But while health care providers are an important source of prevention and health promotion, this is just one of many sectors that can play an important role in delivering prevention and health promotion interventions. Indeed, ensuring the safe and healthy transition from adolescence to adulthood is the responsibility of everyone, from schools, religious organizations, employers, and social service agencies, to the media. Each and every one of these sectors can individually and collectively play an important role in promoting health and preventing lifelong negative health outcomes among all adolescents and young adults.

For additional information see:

Kipke MD, Kubicek K, Weiss G, et al. The health and health behaviors of young men who have sex with men. *Journal of Adolescent Health*. 2007;40(4):342-350.





The background is a solid bright blue. On the left side, there are several white decorative elements: a large swirl, a smaller swirl, and a thick white wavy line that curves across the top and middle of the frame. The text is positioned in the lower right quadrant.

“It’s not a lifestyle.
It is who we are.”

Developing Sexual Identities: Challenges and Resiliency

The developmental period of emerging adulthood is unique. It is during this time that young people may move away from home for the first time, and they often begin to explore more mature and intimate relationships with both peers and sexual partners. They also continue to make critical decisions that could have long-lasting consequences. Additionally, it is a time when young people in general are likely to begin to venture out to a variety of social venues, including bars, clubs, and raves, where they are likely to have increased access to alcohol and illicit substances.¹ Moreover, some may increasingly spend time in sexually exciting and charged environments that are typically targeted to young people. While these experiences and environments are not unique to YMSM, gay-identified bars and clubs are often some of the few “spaces” where young gay, lesbian, bisexual, and transgender youth can feel socially accepted and welcomed.² Young people also may use these settings and the individuals they meet there to help them better understand what it means to be gay or to be sexually attracted to a person of one’s same gender, as well as to acquire information about how to behave in a sexually intimate relationship.

Data from the Healthy Young Men’s Study identified a range of challenges that young people experience in terms of disclosing their sexuality to family and others, accessing relevant sexual education, and defining their own personal beliefs and values with respect to their sexuality. Responding to these challenges required that the young man demonstrate a certain level of resiliency and – at times – creativity to continue defining himself (and his own values, beliefs, and behaviors) on his own terms.

Accessing Relevant Sexual Education

All adolescents and young adults require a certain level of sexual education to help them develop healthy sexual relationships and a healthy self-identity. For YMSM, this is particularly important given the increased odds that they will be exposed to HIV and other STIs. HYM participants reported that it was difficult to access sexual education information that was both useful and relevant to their lives. Many young men reported that they had a limited understanding of STIs and HIV when they first began to engage in anal intercourse.

In some cases, this lack of information resulted in the perception that certain activities were “low risk”. For example, one young man explained that he did not use condoms to “protect himself” when first initiating anal sex because he was unaware of the risks associated with anal sex. According to this young man, “I thought it could be low risk....I didn’t know about the risk back then”. Other young men were misinformed about how one could become HIV infected, as another young man described how he did not understand how the disease was transmitted, noting that he thought you “could make AIDS”.

However, young men were resourceful in locating some information – with many using the Internet as a means to look up information or ask questions in chat rooms. Interestingly, many young men reported that they first learned about anal sex through watching pornography either on videos, cable television, or the Internet.

Pornography, whether straight or gay, provided them with instruction on the mechanics of anal intercourse; it was also the primary source of their sexual education in the absence of friends, parents or other sources.

These interviews made it evident that YMSM have limited access to relevant information for their own sexual health. None of the participants recalled their sexual education classes in school providing information on anal sex. For many YMSM this resulted in being ill equipped to understand the mechanics of sex; uninformed about risks for HIV and STIs; and unable to advocate for what they might find pleasurable, let alone for safer sex, during their sexual debut. See *Figure 7* on page 21 for data on age of sexual initiation.

“ I think homosexuality should be embraced [in schools] as much as heterosexuality. I don’t think it should be something frowned upon. I don’t think it should be taught as something that’s “different” or I hate the term “alternative lifestyle”. It’s not alternative. It’s not like I had a choice in the matter. .. And the moment we sit there and tell people that homosexuality is wrong or we don’t teach them about it, they begin not to understand it and they fear it. Which is what leads to prejudice and everything else. So I think that in health class, I don’t think it should be a two-minute subject. No, I think it should be taught overall because it is a life. It’s not a lifestyle. It is who we are.

Resolving Conflicts with Sexual Identity

YMSM may experience a number of conflicts with their sexual identity. Among HYM participants, one of the most striking conflicts was between individuals' religious/spiritual lives and their sexual attraction or identity. Those who attended conservative churches reported having often heard extremely negative and homophobic messages. For many of the young men, these messages contributed to their feelings of internalized homophobia – resulting in feelings that participants described as depression and self-hatred.

While other research findings have similarly noted this conflict between religion and same-sex orientation³, the HYM participants further illustrate the capacity of young men to identify the positive and nurturing aspects of religion and integrate those aspects into their lives while at the same time rejecting the negative messages heard throughout their lives. In contrast to the stereotypes that being gay precludes active involvement in religious or spiritual worlds, we found that YMSM may be determined to find a way to develop a rich sense of religious or spiritual well-being. Although some participants stated that when they were younger, they too felt that religiosity and homosexuality were mutually exclusive, their active determination to reconcile the conflicting messages they encountered from religious leaders or at religious institutions actually fostered a sense of resilience and provided many of them with the opportunity to incorporate a strong sense of spirituality in their lives. Those efforts included exploring other religions – both “traditional” and “non-traditional” -- as well as developing an individual sense of spirituality or a “personal” relationship with a higher power. See *Figures 5 and 6* for additional information on religion and spirituality.

“If He created me, He created me being gay. He created everything... So you have to say “Okay, God created everything so this was created by Him, so it may have a purpose.” So maybe my purpose is to find out what the purpose of me being gay is.

Disclosing Sexual Attractions and Identity while Maintaining Family Connections

One of the key findings from the HYM Study was that YMSM who feel they are “connected” to others are far less likely to engage in risky behaviors, such as club drug use⁴. In contrast, those young men who are socially isolated may be at greater risk for a variety of negative health outcomes including poorer mental health. For example, feeling a greater sense of “connectedness” to family, schools, work, friends, religious or gay communities can provide a strong sense of belonging and support. The importance of connectedness was demonstrated through participant interviews that revealed there were many considerations before making the decision to disclose a sexual identity or attraction to family members, particularly in regards to maintaining familial support – both emotional and financial. Young men spoke at length of the importance of maintaining family support and acknowledged that disclosing before an individual is ready may damage his most important support systems. Indeed, several young men who had been “outed” before they were ready reported feeling a loss of family support and feelings of rejection.

“Well I know for sure my mom would, like, be devastated. That’s the only reason why I wouldn’t tell them because I know things right now are going really well...But then again I would really want them to know, but then knowing their beliefs and how they are, I don’t think they would be very accepting of that. And I don’t know if I can take their rejection right now.

Historically, research on sexual identity development has tended to focus on disclosure as a fixed stage of identity development and consolidation⁵. The HYM participants demonstrated the process young men navigate when deciding to disclose a same-sex sexual orientation to their family members. This navigation includes decisions and evaluations of how disclosure may impact the support they receive from individual family members. Young men feared being forced from their homes if family members became aware of their sexual identity and also feared a withdrawal of emotional love and support from those on whom they relied. The process

Figure 5
Importance of Religion or Spirituality among HYM Respondents'

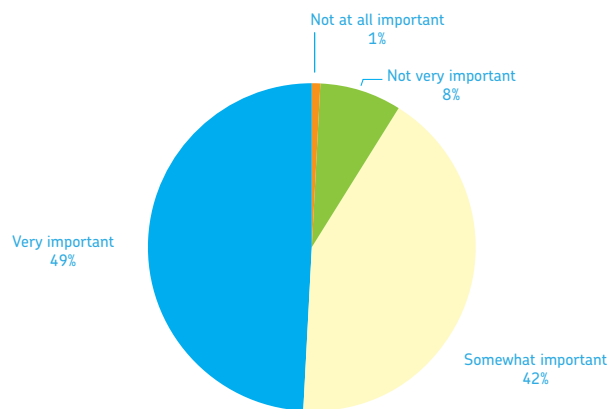
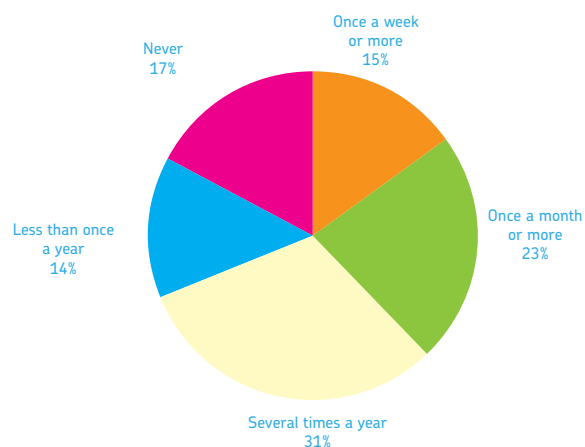


Figure 6
HYM Respondents' Frequency of Attendance at Religious Services





continues after disclosure, when young people make decisions about the level of openness they can have about their sexual orientation to those on whom they depend for emotional and other kinds of support. Additionally, narratives from the interviews highlighted that relationships after disclosure are likely to involve as much, if not more, negotiation between an individual's ability to express his sexual orientation or identity and maintaining family support as before the disclosure is acknowledged.

A sizable percentage of our participants reported experiencing some type of residential instability at some point in their lives, with 17% ever having been forced to move from their family's or friend's home because of their sexuality, 7% ever having lived on the streets, and 3% currently having no regular place to stay.

These types of residential instability were associated with HIV risk-related behaviors such as recent club drug use, higher number of recent sexual partners, and a history of STIs. Furthermore, living at home with family was found to be protective against risk behaviors, such as the number of sexual partners and recent drug use.

For additional information see:

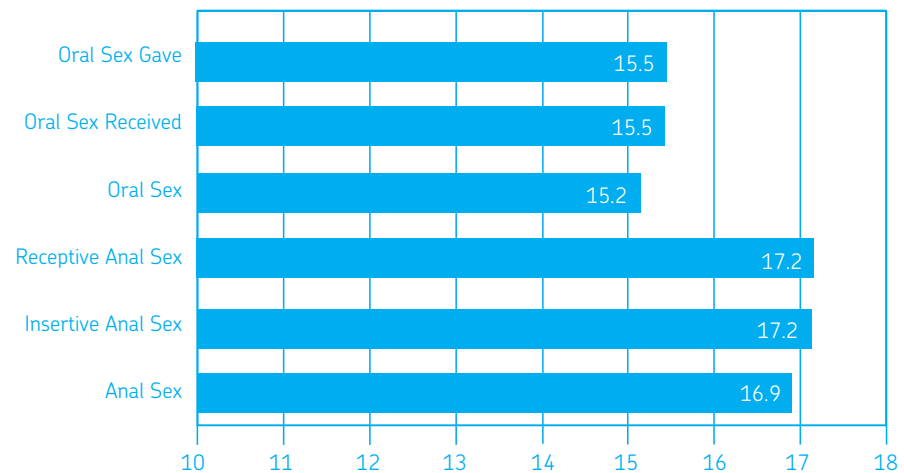
Carpineto J, Kubicek K, Weiss G, et al. A continued negotiation: Young men's perspectives on maintaining family support before and after their disclosure of same sex attraction. *Journal of LGBT Issues in Counseling*. in press.

Kipke MD, Weiss G, Wong CF. Residential status as a risk factor for drug use and HIV risk among YMSM. *AIDS and Behavior*. 2007;11(6 Suppl):56-69.

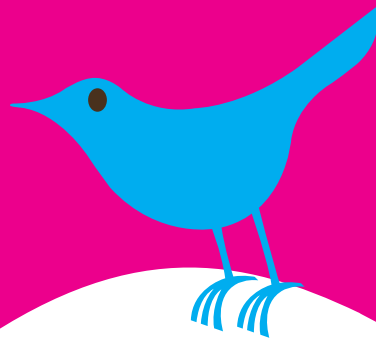
Kubicek K, Carpineto J, McDavitt B, et al. Integrating professional and folk models of HIV risk: YMSM's perceptions of high-risk sex. *AIDS Education and Prevention*. 2008;20(3):220-238.

McDavitt B, Iverson E, Kubicek K, Weiss G, Wong CF, Kipke MD. Strategies used by gay and bisexual young men to cope with heterosexism. *Journal of Gay & Lesbian Social Services*. in press.

Figure 7
HYM Respondents' Average Age of Sexual Initiation







“The way you feel
influences the decisions that
you make.”

Stressful Life Events

The challenges related to developing and integrating a positive sense of self into an adult identity is something all adolescents and young adults face. The process of figuring out who you are, who you want to become, how you want to define your primary relationships and family, and what you want to achieve in your life can bring considerable stress to anyone's life. But this struggle may be particularly difficult for the young man who is also struggling to develop a positive sense of self with respect to his sexual identity within a society that is not necessarily supportive of same-sex relationships (or at least sends conflicting messages). For many, this developmental task brings undue stress, which may result in internal conflict and isolation.

Prior research has found that YMSM report three to five times more negative stressful life events than their heterosexual peers.¹ However, it is often difficult to identify or categorize a stressful event as being related to sexual identity/attraction or whether it is a stressful event that is common to all young people as they transition into adulthood. For example, it is often difficult to determine whether having an argument with

a family member is triggered by conflicts related to the young man's sexuality or due to other factors that many adolescents and emerging adults deal with as they assume more adult roles, such as staying out too late, or skipping school and/or work.

Because of this, it is important to examine the stressful life experiences of YMSM as a whole – in a way that best represents their real world experiences, rather than from a view that is only concerned with their sexual identity and sexual attraction. These stressful life events can come from a variety of people, situations, and communities. For example, YMSM may face the typical challenges that come with becoming young adults, such as finding a job, gaining financial independence, and making important career and life decisions. Other challenges that might or might not be directly tied to YMSM's sexual identity include conflicts with friends or family, anxiety related to coming out, or physical or verbal victimization from peers or other people in their lives^{2,3}. The consequences of dealing with stressful events can affect individuals in a number of ways and

can be further impacted by negative mental health states. For example, stress associated with “coming out” to families and friends may lead to health problems and emotional distress, which may then lead to substance use. Similarly, harassment or discrimination may diminish self-esteem and increase negative mental health outcomes such as suicidality.

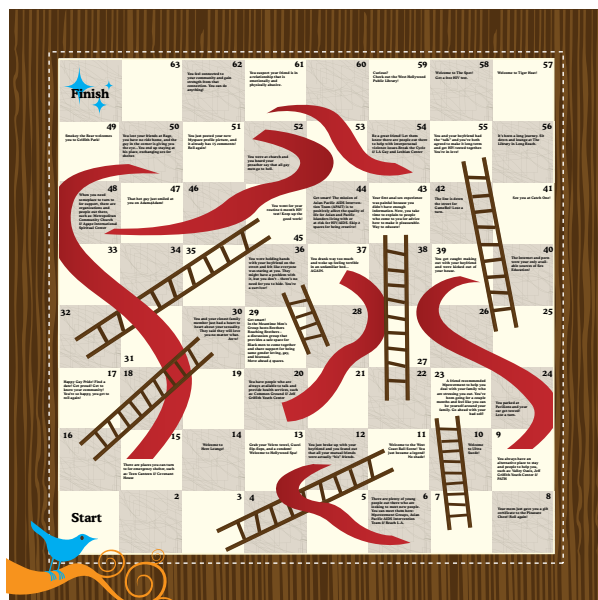
“It was stressful pretty much in that ‘cause it was all at once. I came to Pasadena to get back on my feet. And then all of a sudden [lost my job]...being in a strange environment...In the Valley, if something were to happen, it would be no problem. Because getting jobs in the Valley, da da da, no problem...and places to stay. I know, like I said, a network of people. So yeah, kind of being thrown in the street, so to speak, in a new city...was extremely, extremely stressful. It was almost crippling....It was the stress of, yeah you are sleeping in a car, and I honestly, I broke down lower than I had ever. I didn't think I was gonna be able, you know, emotionally and physically actually handle it. But I had no choice. I wanted to give up. I really did. But I couldn't.”

Stressful Life Events among the Healthy Young Men's Study Participants

A large proportion of HYM participants reported experiencing family stress (75%), intimate partner stress (61%), and work- or school-related stress (73%). In addition, many young men reported stress related to personal financial difficulties (68%), which included credit card debt and residential instability. Our sample also reported stress related to concerns about their own health and HIV status (44%), stress related to concerns about other people's health and HIV status (39%), and social stress related to sexual identity (57%). Finally, 34% of the sample reported stress associated with threats of violence, and 16% reported stress associated with the death of a loved one. See *Figure 8*.

Specifically:

- Financial-related stress such as financial problems, residential instability, credit card debt and loss of personal property was found to be significantly associated with alcohol and illicit drug use. Unfortunately, we are not able to determine the nature of this relationship – i.e., is it that stress causes young men to use alcohol and drugs, or does the alcohol and drug use create these stressful events?
- Both partner-related stress (e.g., fights, break-ups, separations) and stress associated with concerns about participants' own health/HIV risk were related to unprotected anal intercourse. Again, the nature of this relationship and what causes what is not known, thus suggesting the need for further analysis and investigation.

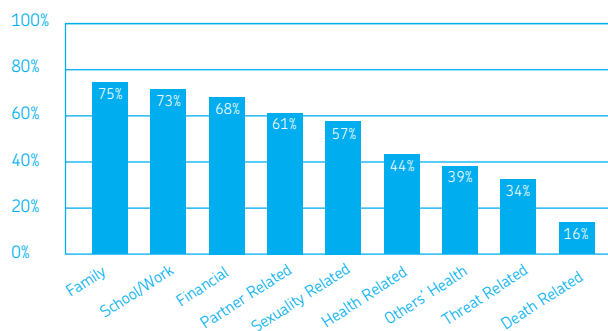


23

A friend recommended Mpowerment to help you deal with your family who are stressing you out. You've been going for a couple months and feel like you can be yourself around your family. Go ahead with your bad self!

Board game developed for youth that presents types of stressful life events associated with risk and relevant LA resources to address those risks, along with stories of resilience. For more information or to request a game for your youth group call (323) 361-6036.

Figure 8
Frequency of Stressful Life Events in Past 3 Months



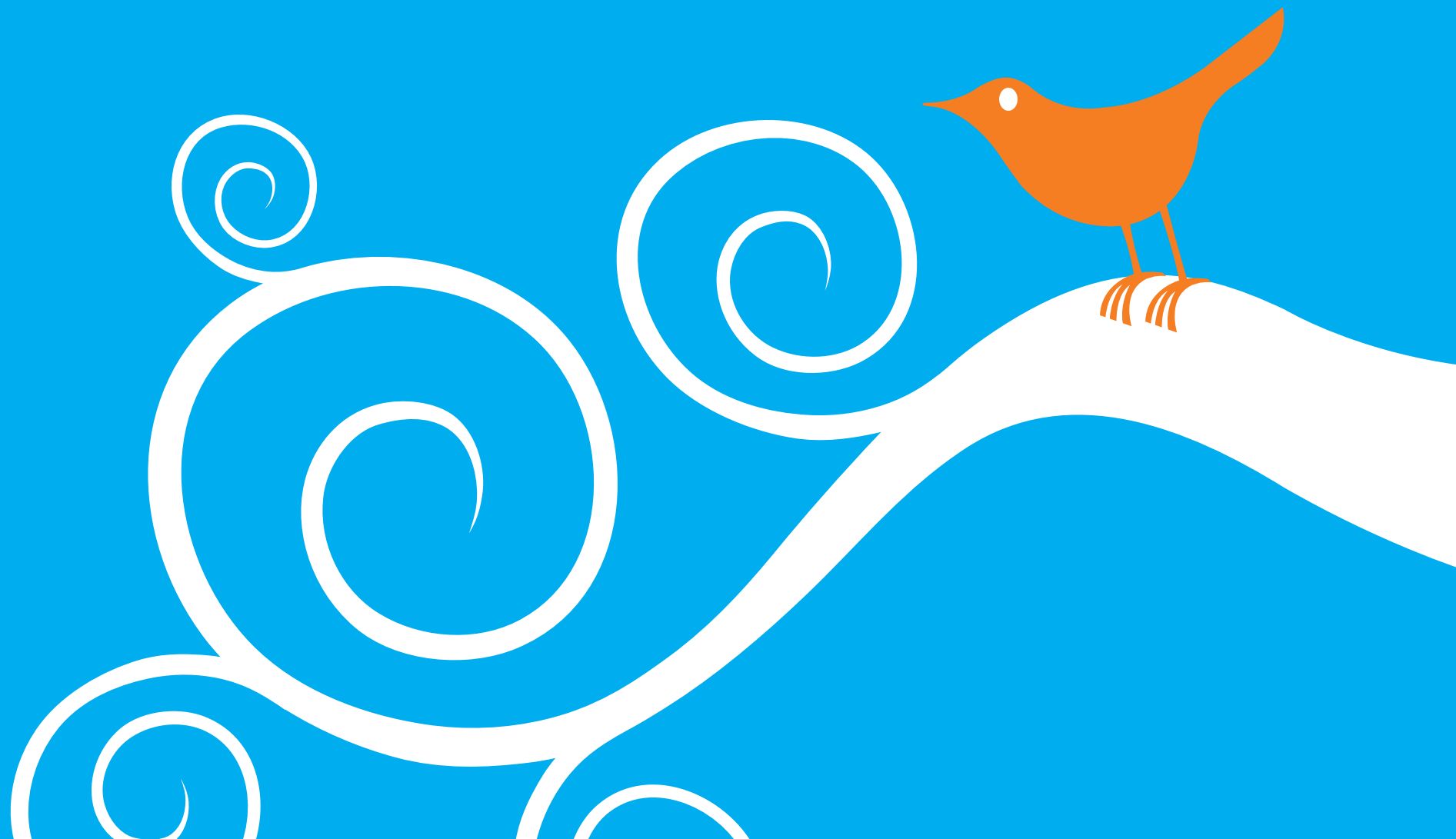
Participants were asked also to report how stressful these different types of event were. Not surprisingly, participants considered death of a close friend to be the most stressful, followed by stress related to financial difficulties and stress related to intimate partners.

Additional analyses indicate that certain types of stressful events are associated with increased risk for substance use and involvement in sexually risky behaviors.

Given the prevalence of stressful events in these young men's lives and the knowledge that these stressors can negatively impact physical and mental health, future research should continue to identify individual or social factors that may influence the effect of stressful experiences on risk behaviors among YMSM. For instance, mental health concerns, such as social anxiety, may limit a young person's ability to seek social support to cope with stressful experiences, while demographic factors, such as ethnic minority status or poverty, may affect a youth's access to supportive individuals or services. The impact of stressful life events indicates that interventions that help to diminish stressful experiences in the lives of YMSM may also help to reduce various types of risk behavior. However, the diversity of these stressful experiences and their differential impact on risk behaviors suggest that interventions may need to be targeted at specific sets of stressors if they seek to diminish YMSM's adoption of specific types of risk behaviors.



“Just hearing people
doing it [discrimination], it’s horrible.”



Experiences of Discrimination and Harassment and Their Relationship to Substance Use

Harassment and discrimination can take on different forms, such as name-calling in school hallways, religious figures condemning gays and others with same-sex attractions, losing jobs or career advancement opportunities, and violent encounters with peers or others with heterosexist attitudes. These experiences can contribute to or intensify feelings of rejection from family and friends, stigmatization, and social isolation that YMSM face on a daily basis. Prior research has shown that experiences of gay-related discrimination and stigmatization have been linked to negative mental health outcomes as well as illicit substance use.¹⁻³

Healthy Young Men's Study Participants

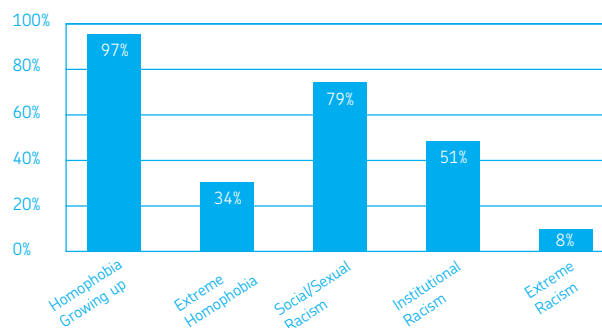
Participants in our study reported experiencing a great deal of discrimination and harassment because of both their sexuality and/or race. See *Figure 9*. Specifically:

- 97% of participants reported that they had experienced homophobia when growing up. This may have come from a variety of sources. Qualitative data indicate that schools and peers were often the primary source of homophobia. However, other sources include family members, religious settings and community settings, such as malls or restaurants;
- 34% of participants reported that they had experienced some extreme form of homophobia (e.g., losing a job, harassment by police, physical assault);
- 79% of participants reported that they had experienced racism that occurred within the gay

community or within an intimate relationship, termed here as “social/sexual racism” (e.g., trouble finding a relationship due to race/ethnicity, feeling sexually objectified, uncomfortable in bar/club);

- 51% of participants reported that they had experienced institutional racism (e.g., police harassment, turned down for job); and
- 8% of participants reported that they had experienced an extreme form of racism (e.g., physical assault when growing up or as an adult).

Figure 9
Frequency of Experiencing Different Forms of Harassment/Discrimination



Ethnic Differences in Experiences of Discrimination

- African American YMSM reported significantly fewer experiences of homophobia when growing up as compared to both the Latino of Mexican descent or White YMSM; and
- African Americans reported having experienced a significantly greater number of experiences related to both social/sexual and institutional racism as compared to the other two racial groups.

Relationship of Discrimination and Substance Use

- In general, African American YMSM reported significantly less substance use than the White YMSM. Preliminary analyses revealed that experiences of childhood financial hardships and intimate partner violence were associated with higher rates of drug use (and living at home was associated with lower rates of drug use). When controlling for these variables, additional analyses indicated African Americans were still less likely to report drug use.
- Across all three racial/ethnic groups, those individuals who experienced what we termed “extreme homophobia” – i.e., physically assaulted, losing a job or being harassed by the police – were significantly more likely to report drug use
- Finally, those individuals who reported instances of “institutional” racism, such as losing a job because of race/ethnicity or being harassed by the police, were significantly less likely to report recent drug use.

Additional analyses further revealed that the relationship between social/sexual racism – i.e., instances such as feeling uncomfortable in a bar/club due to race/ethnicity, having trouble finding intimate partners because of race/ethnicity, or feeling sexually objectified “like a piece of meat” because of race/ethnicity – and substance use is different between the three racial/ethnic groups. Specifically:

- Social/sexual racism did not predict drug use among the White group; and
- Social/sexual racism was highly predictive of drug use for the African American young men and, to a lesser extent, with the Latino of Mexican descent group.

“ There is also discrimination in dating, from what I have heard most of the people I hear don't like Black people. I don't know why that is happening and I am open to dating whoever, like whatever race you are. It's cool with me. I don't care. But I wanted-- I tried dating a couple of people but they have been like, "Okay, I don't like Black people. I only have them as friends." I am like, "Well ouch, that hurts."... I have love for everybody. I don't-- discrimination is the worse thing ever, I think. I hate it a lot because I don't do it myself and just hearing other people do it, it's horrible.

What all of these data indicate is that the relationship between harassment and discrimination based on race/ethnicity or sexuality is very complicated. While these data do not have the ability to determine the cause-and-effect nature of the relationship between discrimination and substance use, we do have some important information that requires additional investigation. First, we need to better understand the racial/ethnic differences in experiences of discrimination. It is interesting that while African American YMSM generally reported less drug use, experiences of social/sexual racism tended to predict drug use within the African American group.

Also of interest is the finding that experiences of institutional racism were related to less drug use across racial/ethnic groups. Qualitative data with this sample indicates that when describing instances of institutional racism, the participants tended to feel angry about the situation. When describing other types of racism or discrimination, participants spoke in less angry terms, instead describing hurtful feelings related to rejection (as in sexual situations) or disappointment in others' inability to see the participant as a whole person and not just his color or sexual preference. Understanding how young men cope with these different types of experiences is essential to developing interventions and risk-reduction programs.







“I’m comfortable with myself now, so that’s good.”

Conclusions:

Resiliency and Creating Opportunities for Risk Reduction

Looking across the topics presented here: health, identity development, stress, harassment and discrimination – one thing that all of them have in common is that the time of emerging adulthood for YMSM can be a challenging and difficult period. Young men are figuring out when and to whom they can disclose their sexuality while still maintaining familial support; they are trying to learn about how to protect their sexual health in a time when relevant sexual education information is not readily accessible; and they are dealing with the typical challenges emerging adults deal with – figuring out career and relationship aspirations – while also facing discrimination from their peers, co-workers, family, religious figures and others.

Perhaps one of the most important things we have learned thus far from the Healthy Young Men's Study is that many YMSM possess a great deal of resiliency and resourcefulness in overcoming these obstacles. For example, when dealing with the homophobic messages heard in religious settings, many of our participants reported that internalizing these messages over time led them to think badly about themselves. However, none of the young men interviewed remained in that negative emotional state for very long. Instead, they utilized a range of strategies to put their religious and spiritual interests and values in a larger context while focusing on the positive and nurturing aspects that spiritual or religious beliefs can provide.

Therefore, intervention and risk-reduction programs should be developed to build on the possibility of

resiliency in this population and provide opportunities for young men to fully develop their identities and sense of self. For example, the time of emerging adulthood is typically a time when young people make decisions about the type of intimate relationships they desire and develop plans to reach those goals. Our HYM participants have taught us that YMSM may not have all of the information they need to develop those plans; many reported a lack of relevant role models or positive media images to provide them with a basic foundation. Providing young men with opportunities to learn about building healthy intimate relationships through role models and goal setting will build on young men's innate resourcefulness and resiliency.

In addition, many YMSM are not accessing services through the more traditional route of provider agencies. With a lack of traditional education about sexual education and relationships, YMSM often seek out information in other venues such as the Internet. The Internet can be used as a tool to seek out information as well as support from others who are going through or have been through similar challenges. Developing interventions that reach out to young men where they currently access information is important, and the Internet and other electronic media offer new opportunities for intervention.

Finally, while we work to support YMSM at the individual level through new and existing interventions and programs, it is also important that we recognize there are a number of structural barriers that influence

their risk and resilience. For example, the amount of harassment and discrimination these young men reported was quite high. Qualitative interviews indicate that a great deal of this harassment occurred in schools or within peer groups. To fully address the needs of YMSM and other sexual minority groups, it is important to focus on programs that can increase safety in our schools. Likewise, it is necessary to focus on how we can reduce ethnic/racial and/or sexuality harassment throughout our communities. Accomplishing this will require strong collaboration between policy makers, social service providers, and community advocates to create safe spaces for young men to discover who they are and continue to develop their identities as they transition into adulthood.

“ I am now... I am very comfortable with myself. I am a very comfortable gay man and even when I was eighteen like I am an adult, but I was so not comfortable with it. I was not comfortable at all. So two years for me have been just very big milestones, I have just grown up so much. I am able to accept it and of course I didn't do it by myself. I did it with friends, with family and just everything. When I started college, I just found like a whole new world for me. It's like-- I found out that we have support groups. We have clubs like not club, clubs but like clubs on campus. We have phone lines. ...That's who I am now. It's like I know who I am. I am comfortable with myself now. So that's good...”






Next Steps

We will continue to work on disseminating research findings from the HYM Study over the course of the year and into 2009. Longitudinal analysis – or analysis that can identify changes in behavior and perceptions over time – is just beginning. Being able to trace the development of these young men as they move through emerging adulthood will provide new opportunities to inform interventions and risk reduction programs. Our understanding of what it means to be a young man who has sex with men in Los Angeles is just beginning.

In addition to more analyses, many members of the research team who worked on the HYM Study are working on new and related projects. Some new projects are:





Young Men's Adult Identity Mentoring (YM-AIM) - Imagine the possibilities!

What do you want to be when you grow up? This idea of figuring out who you want to be and how you get there is the basis of a successful program designed for young African Americans to empower them to make healthy decisions for their future. We are customizing this program to the unique experiences of young African American men (ages 18-24) to promote healthy behaviors and help them achieve the futures they desire. But, we're not doing this alone. We're teaming up with a diverse group of young African American men and local youth service providers to help us brainstorm, plan, and test the intervention in order to maximize the chance that the participants in the program will learn the skills they need to stay healthy and safe.

For more information, please contact:
Milton Smith
(323) 361-8453, or milsmith@chla.usc.edu

Funded by the National Institute on Drug Abuse, Grant Number R21DA024588

African American Young Men's Study – The House and Ball Scene!

House and Ball communities represent an important support system used by some young men. Started in the 1920's in Harlem, underground parties, called "Balls", were held for people – mostly young African American and Latino men– to watch and compete in categories that included athletics, dance, and gender performances. "Houses" started in the 1960s as a smaller family-style community within the larger Ball community. Houses have a "mother" and/or a "father", members called "children," and their own unique styles that are represented at the extravagant Balls. Houses and Balls are a source of support that may be hard to find otherwise. We will be out and about at the Balls and other events, so that we can better understand these communities, and work with community members to develop relevant and effective HIV prevention programs that specifically meet their particular needs.

For more information, please contact:
Tattiya Kliengklom
(323) 361-3607, or tkliengklom@chla.usc.edu

Funded by the National Institute on Drug Abuse,
Grant Number R01DA022968





Asian Pacific Islander (API) Young Men's Study

Despite the large number of Asians and Pacific Islanders in Los Angeles, when it comes to HIV research, the voices of young Asian and Pacific Islander men have been mostly silent and unrepresentative. This silence has led to a number of stereotypes, misperceptions, and very limited funding for services. Clearly, there is a need for a deeper understanding of the unique experiences of young Asian and Pacific Islander men. While our ultimate goal is to help the development of new HIV prevention interventions customized for young Asian and Pacific Islander men, we are starting by exploring the concerns, fears, and perceived barriers to participation in HIV research; HIV risk and protective behaviors within the context of their particular social and sexual networks; and the extent to which ethnicity and culture might play a role in this whole process.

For more information, please contact:
Tattiya Kliengklom
(323) 361-3607, or tkliengklom@chla.usc.edu

Funded by the California HIV/AIDS Research Program,
Grant Number ID07-CHLA-108 and the National
Institute on Drug Abuse, Grant Number R01DA015638

References Cited

Introduction/Background

1. Arnett J. J. Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*. 2000;55(5):469-480.

Description of the Healthy Young Men's Study

1. Muhib F, Lin L, Steuve A, et al. The Community Intervention Trial for Youth (CITY) Study team: A venue-based method for sampling hard to reach populations. *Public Health Reports*. 2001;116(S2):216-222.
2. MacKellar DA, Valleroy LA, Karon JM, Lemp GF, Janssen RS. The Young Men's Survey: Methods for estimating HIV seroprevalence and risk factors among young men who have sex with men. *Public Health Reports*. 1996;111(Supplement 1):138-144.
3. Kissinger P, Rice J, Farley T, et al. Application of computer-assisted interviews to sexual behavior research. *American Journal of Epidemiology*. 1999;149(10):950-954.
4. Turner CF, Ku L, Rogers SM, Lindberg LD, Pleck JH, Sonenstein FL. Adolescent sexual behavior, drug use, and violence: Increased reporting with computer survey technology. *Science*. 1998;280:867-873.

Health and Well-Being

1. Remafedi G. Health disparities for homosexual youth: The children left behind. In: Wolitski R, Stall R, Valdiserri R, eds. *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States*. New York: Oxford University Press; 2008.

2. Centers for Disease Control and Prevention. HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men--- Five U.S. cities, June 2004--April 2005 June 24 2005.

Developing Sexual Identities: Challenges and Resiliency


1. Rosario M, Hunter J, Gwadz MV. Exploration of substance use among lesbian, gay, and bisexual youth: Prevalence and correlates. *Journal of Adolescent Research*. October 1997 1997;12(4):454-476.
2. Easton D, Iverson E, Cribbin M, Wilson E, Weiss G, Community Intervention Trial for Youth Group. Space: The new frontier in HIV prevention for young men who have sex with men. *AIDS Education and Prevention*. 2007;19(6):465-478.
3. Rodriguez EM, Ouellette SC. Gay and lesbian Christians: Homosexual and religious identity integration in the members and participants of a gay-positive church. *Journal for the Scientific Study of Religion*. 2000;39(3):333-347.
4. Kipke MD, Weiss G, Ramirez M, et al. Club drug use in Los Angeles among young men who have sex with men. *Substance Use & Misuse*. 2007;42(11):1723-1743.
5. Diamond LM. What we got wrong about sexual identity development: Unexpected findings from a longitudinal study of young women. In: Omoto AM, Kurtzman HS, eds. *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people*. Washington DC: American Psychological Association; 2006:73-94.

Stressful Life Events

1. Rotheram-Borus MJ, Hunter J, Rosario M. Suicidal behavior and gay-related stress among gay and bisexual male adolescents. *Journal of Adolescent Research*. 1994;9(4):498-508.
2. Hershberger SL, D'Augelli AR. The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology*. 1995;31(1):65-74.
3. Rivers I. Social exclusion, absenteeism and sexual minority youth. *Support for Learning*. 2000;15(1):13-18.

Experiences of Discrimination and Harassment and Their Relationship to Substance Use

1. Huebner DM, Rebchook GM, Kegeles SM. A longitudinal study of the association between treatment optimism and sexual risk behavior in young adult gay and bisexual men. *Journal of Acquired Immune Deficiency Syndromes*. 2004;37(4):1514-1519.
2. Díaz RM, Ayala G. Social discrimination and health: The case of Latino gay men and HIV risk: The Policy Institute of the National Gay and Lesbian Task Force; 2001.
3. Díaz RM, Ayala G, Bein E, Henne J, Marin BV. The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health*. 2001;91(6):927-932.



Unique Resilient Resourceful Creative Confused
Harassed Curious Trusting Alone Supported
Spiritual Bold **He Is** Coping Rejected
Proud Passionate Stressed Hopeful Diverse
Family Friend Exploring Loving Ambitious