

Sex Isn't That Simple: Culture and Context in HIV Prevention Interventions for Gay and Bisexual Male Adolescents

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Gay and bisexual male adolescents and young adults in the United States have been disproportionately impacted by the HIV pandemic. Despite the steadily increasing rise in their HIV infection rates, there has not been a commensurate increase in HIV prevention programs targeted to the unique social and sexual lives of these youths. Programs that address cultural and contextual factors that influence sexual risk and protective behaviors need to be developed, implemented, and rigorously evaluated. These interventions should address the potential influences of sexual and gay culture on the HIV risk/protective behaviors of gay and bisexual adolescents, as well as the influence of more traditional cultural factors related to ethnicity. The influence of contextual developmental factors should also be addressed. This may include an incorporation into prevention programs of the societal-level influences of heterosexism and masculinity ideology and the individual-level influences of sexual identity and ethnic identity development. Researchers and interventionists need to be creative and innovative in their HIV prevention approaches and ensure that programs are grounded in the lives and realities of gay and bisexual adolescents and young adults.

Keywords: HIV, prevention, gay, adolescents, culture

Despite advances in both HIV prevention and treatment technologies, the HIV pandemic continues to grow. It is estimated that at least half of all new HIV infections in the United States are among people under 25 years of age, and

Editor's Note

Gary W. Harper 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 115th annual meeting, held August 17–20, 2007, in San Francisco, 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.

the vast majority of these infections occur through sexual activity (Centers for Disease Control and Prevention, 2005; Rosenberg, Biggar, & Goedert, 1994). As HIV continues to proliferate in the adolescent and young adult populations, female adolescents of color who have sex with males and male adolescents who engage in sexual activity with other males are carrying the disproportionate burden of HIV infection and AIDS (Centers for Disease Control and Prevention, 2005; Rangel, Gavin, Reed, Fowler, & Lee, 2006). Both of these populations experience varying degrees of social control and power and experience oppression in the form of sexism, racism, and heterosexism (Díaz, Ayala, & Bein, 2004; Gomez & Marin, 1996; Harper, 2001).

When one examines the distribution of HIV infection rates among adolescents by gender, it is clear that males have been disproportionately impacted. National trends in HIV infection among 13–24-year-olds collected by the Centers for Disease Control and Prevention revealed that between 1999 and 2003, the number of new HIV diagnoses among females *decreased* whereas the number of new HIV diagnoses among males *increased* (Rangel et al., 2006). Increasing rates of HIV infection among males between the ages of 13 and 24 were also found in a recent examination of Centers for Disease Control and Prevention HIV seroprevalence data from 2001 to 2004 (Hall, Byers, Ling, & Espinoza, 2007). This study also demonstrated patterns of ethnic differences similar to those found in prior studies, where African American and Latino males had higher rates of HIV infection than White youths (Celentano et al., 2005; Hall et al., 2007; Valleroy et al., 2000).

The primary mode of HIV transmission for male adolescents and young adults in these studies, as well as in the most recent epidemiological data from the Centers for Disease Control and Prevention, is sexual activity with other males (Centers for Disease Control and Prevention, 2005). Although the male adolescents and young adults represented in these investigations include those who may identify with different sexual identity groups, the vast majority (86%–95%) of young men in U.S. national HIV seroprevalence studies self-identify as gay or bisexual (Agronick et al., 2004; Do, Hudes, Proctor, Han, & Choi, 2006; Hart & Peterson, 2004; Valleroy et al., 2000).

Despite the steadily increasing rates of HIV infection among gay and bisexual male adolescents and young adults, there has *not* been a commensurate increase in attention to the HIV prevention needs of these youths. The vast majority of adolescent HIV prevention programs in the published literature, both historically and currently, are focused on heterosexual youths (Kim, Stanton, Li, Dickersin, & Galbraith, 1997; Pedlow & Carey, 2003, 2004; Robin et al., 2004; Rotheram-Borus, O'Keefe, Kracker, & Foo, 2000; Stanton, Kim, Galbraith, & Parrott, 1996). In order to thwart the spread of HIV infection among gay/bisexual male adolescents and young adults, psychologists and other

professionals need to develop, implement, and evaluate HIV prevention programs that address cultural and contextual factors that influence the sexual risk and protective behaviors of these young men. Such programs cannot be simple modifications of those developed for heterosexual adolescents, as gay/bisexual youths' sexual behavior can be impacted by oppressive forces at multiple systemic levels (Garofalo & Harper, 2003; Harper, 2004).

The purpose of this article is to demonstrate the need for an increased focus on the development of HIV prevention programs for gay and bisexual male adolescents and young adults and to offer guidance for the creation of such interventions. Since the social and sexual lives of these young people are impacted by a host of cultural and contextual factors, interventions should be designed to address the population-specific influences on both sexual risk and protective behaviors. Recommendations are offered regarding the range of multisystemic factors that may be addressed in these prevention programs, as well as activities that may be included in HIV prevention programs for gay and bisexual adolescents and young adults.

The term *gay and bisexual* is used in this article to define and label the group of adolescent males for whom HIV prevention research and practice is needed. This is done with an acknowledgement that sexual orientation can be expressed through various forms of same-gender romantic/sexual attraction, sexual behavior, and sexual identity and that not all youths exhibiting same-gender sexual attractions and behaviors self-identify as gay or bisexual (Diamond & Savin-Williams, 2003; Savin-Williams, 2001, 2006). Regardless of whether or not they identify as gay or bisexual, male adolescents who engage in same-gender sexual activity are exposed to pervasive negative societal messages regarding gay and bisexual men. Thus, it is likely that even those who do not identify as gay or bisexual have a realization that their same-gender sexual activity is in opposition to cultural sexual norms and may experience some level of interpersonal and intrapsychic consequences (Diamond & Savin-Williams, 2003).

HIV Prevention for Adolescents: What About Gay and Bisexual Adolescents?

Several literature reviews of well-controlled behavioral interventions aimed at decreasing the spread of HIV and other sexually transmitted infections (STIs) among adolescents have shown that such programs can reduce HIV/STI risk-associated behavior and theory-based determinants of risk behavior (Kim et al., 1997; Pedlow & Carey, 2003, 2004; Robin et al., 2004; Rotheram-Borus et al., 2000; Stanton et al., 1996). The combined results of the six peer-reviewed publications just cited represent an examination of the 20 years of adolescent HIV prevention literature published between 1983 and 2003.

Although these reviews demonstrate that there has been an increasing focus in these programs on female adolescents of color (primarily African Americans), HIV prevention interventions have not adequately addressed the needs of gay and bisexual adolescents. Across all these reviews, only two interventions included samples that consisted almost exclusively of gay and bisexual male adolescents (Remafedi, 1994: ages 13–21 years, 100% male, 100% gay/bisexual; Rotheram-Borus, Reid, & Rosario, 1994: ages 14–19 years, 100% male, 91% gay/bisexual), and one included a sample that was predominantly male (82.4%) and 58% “homosexual” or “bisexual” (ages 13–24; Rotheram-Borus, Murphy, Fernandez, & Srinivasan, 1998). The two former studies used preexperimental longitudinal designs and demonstrated reductions in HIV risk behaviors over time, whereas the latter used a true experimental design and demonstrated changes in mediators of sexual risk but not in actual HIV risk behaviors.

A recent review of adolescent and young-adult-focused HIV prevention intervention outcome studies published between 1996 and 2006 (Harper, Riplinger, Hidalgo, Gehle, & Jamil, 2007) found only two additional articles that focused exclusively on gay/bisexual young men that had not been discussed in prior reviews (i.e., Kegeles, Hays, & Coates, 1996; Kegeles, Hays, Pollack, & Coates, 1999). Both articles reported data on the same community-level HIV prevention intervention (the Mpowerment Project), which included both adolescents and young adults ages 18–27. One article used a wait-list control design to demonstrate reductions in HIV risk behaviors among young men in an intervention community compared with a control community (Kegeles et al., 1996), and the other extended the research by later implementing the intervention in the control community and using a time-lagged multiple baseline design to demonstrate sustainable changes in behavior over a one-year period (Kegeles et al., 1999).

Given the paucity of HIV prevention interventions that have focused on gay and bisexual adolescents and young adults, there is a need to develop scientifically sound and population-specific interventions to address the prevention needs of these young men. Since sexual risk and protective behaviors are multifaceted and impacted by a range of social, cultural, economic, and political forces, these programs will need to address the range of multisystemic influences that have been shown to significantly impact the sexual lives of adolescents (Kotchick, Shaffer, Forehand, & Miller, 2001; Rotheram-Borus et al., 2000).

If HIV prevention efforts for gay and bisexual male adolescents are to be effective, psychologists and other professionals must be called upon to explore the roles of historical, psychological, social, and structural factors that influence sexual risk and protective behaviors (Aggleton, 1996; Kelly, Murphy, Sikkema, & Kalichman, 1993; Parker, 1996). This will require researchers and interven-

tionists to develop creative and innovative intervention strategies, utilize alternative research designs and theories, implement health behavior and social change strategies from other disciplines, and form collaborative partnerships with community gatekeepers (Rotheram-Borus, 2000; Sumartojo, Doll, Holtgrave, Gayle, & Merson, 2000; Ziff et al., 2006). Given the need for a greater focus on addressing the complexity of sexual risk and protective behaviors in the development of HIV prevention efforts for gay and bisexual adolescents, interventionists cannot simply modify existing prevention programs for heterosexual youths to include discussions and role-plays that involve same-gender sexual experiences. Instead, programs need to acknowledge and attend to the unique cultural and contextual factors that influence the sexual lives of gay and bisexual adolescents and young adults.

Importance of Culture in HIV Prevention Interventions: What About Gay Culture?

Researchers and interventionists have identified the need to create HIV prevention programs for adolescents and adults that are culturally grounded (e.g., Airhihenbuwa, Di-Clemente, Wingood, & Lowe, 1992; Jemmott, Catan, Nyamathi, & Anastasia, 1995; Raj, Amaro & Reed, 2001). Wilson and Miller (2003) reviewed HIV prevention interventions that specifically addressed culture in their program designs and that were published in peer-reviewed articles between 1985 and 2001. They found that in the 17 interventions that met their review criteria, the interventionists used one or both of the following strategies for developing culturally grounded HIV prevention interventions: (a) attending to the intervention *presentation* (i.e., appealing to the target audience by including culturally specific facilitators, actors, images/icons, language/terminology, physical settings, and videos) and (b) attending to the intervention *content* (i.e., addressing the experiences, values, and norms of the target group through incorporating culturally specific themes identified in prior research).

Wilson and Miller's (2003) review suggests that the approach of integrating cultural concepts into prevention programs is a more effective strategy than the more commonly used practice of focusing on the presentation aspects of programs. Almost all of the HIV prevention programs in their review that specifically addressed cultural grounding focused on issues of race and ethnicity, thus using a narrow definition of "culture." Wilson and Miller (2003) called for an expansion of the way culture is defined in HIV prevention and recommended that the field address "the cultures of sex and sexual identity as distinct cultural influences" (p. 192).

HIV prevention interventions that are grounded in the sexual culture of gay and bisexual male adolescents will need to speak to the experiences, values, and norms of this population. Even for youths who may not identify as gay

or bisexual, the ever-increasing visibility of lesbian, gay, and bisexual (LGB) individuals and communities has exposed these youths to aspects of modern "gay culture." Thus, prevention programs will need to incorporate the influence of gay/bisexual social and sexual culture on the HIV risk and protective behaviors of male adolescents.

Learning About Gay Culture

In Herdt's (1997) analysis of same-gender sexual relations across multiple cultures, he asserted that the term *homosexual* not only describes attraction to and erotic desire for a person of the same gender but also is a "significant cultural category of identity involving social, political, and economic practices and social institutions that are above and beyond individual actors" (p. 13). He stressed the importance of understanding varying *sexual cultures* that exist in societies, which he viewed as generally accepted models of cultural ideals regarding sexual behavior within a specific group (Herdt, 1997). Sexual cultures include sexual and gender norms, emotions, beliefs, rules, and symbolic meanings attached to the nature and meaning of sexualized social interactions. Thus a sexual culture creates a system for categorizing certain sexual acts and behaviors as "desirable" and "appropriate." Herdt (1997) further suggested that as individuals develop their sexuality within different sexual cultures, they create *sexual lifeways*, which are viewed as "erotic ideas and emotions, categories and roles" (p. 20). Accordingly, as young people explore their sexuality and learn about sexual cultures, they develop an individualized sense of sexuality within the context of a larger cultural social system.

For many gay and bisexual male adolescents and young adults, the sexual culture that they must learn is the larger "gay culture." The existence of a distinct gay culture has been supported by psychologists, anthropologists, and sociologists and involves language, rituals, symbols, and other culturally normative images and practices (Flowers, Smith, Sheeran, & Beail, 1998; Herdt, 1992, 1997; Hersker, & Leap, 1996; Leap, 1999; Pope, 1995). Pope (1995) pointed out that the existence of a gay/lesbian culture is supported when the standards often used to define ethnic/racial groups as cultural groups within the psychological literature are applied to the lives of lesbians and gay men (i.e., geographic living areas, economic and social organizations, cultural traditions and rituals). Therefore, gay and bisexual adolescents must not only learn "appropriate" sexual behaviors within their sexual culture but also learn the larger gay culture's norms and expectations around ways of being, acting, and knowing (Gee, 1990).

Various forms of mass media (e.g., books, television, movies, and music) have been identified as sources for gay youths to use in becoming "acculturated" to gay culture (Leap, 1994; Linné, 2003). The Internet also has been recognized as an important socializing force for youths seek-

ing to learn about gay culture (Driver, 2006; Harper, Jamil, Hidalgo, & Torres, 2007; Linnée, 2003; Russell, 2002). Russell (2002) further asserted that the Internet provides gay youths with a way to create their own communities, explore their identities, and create social change as they connect with one another. Recent longitudinal data also show that an increasing number of gay/bisexual adolescents and young adults are meeting their first same-gender sexual partners online (Bolding, Davis, Hart, Sherr, & Elford, 2007); and some studies have demonstrated increased HIV sexual risk with partners met over the Internet (Fields et al., 2006; Garofalo, Herrick, Mustanski, & Donenberg, 2007).

Gay culture can influence the sexual risk and protective behaviors of gay and bisexual adolescents through the development of the young person's individualized sense of sexuality within the larger gay sexual culture (i.e., sexual lifeways), as well as through gay cultural norms and expectations regarding dyadic interactions with potential sexual partners. These learning processes may begin during early adolescence. Studies of developmental trajectories for males who experience same-gender sexual attraction and activity report that these youths first have sexual contact with another male between the ages of 13 and 14 (D'Augelli & Hershberger, 1993; Herdt & Boxer, 1993; Rosario, Rotheram-Borus, & Reid, 1996; Savin-Williams & Diamond, 2000). Since HIV sexual transmission occurs during social/sexual interactions that are influenced by both cultural factors and partner-related factors, gay and bisexual adolescents need social skills and health-promoting cultural sexual scripts in order to negotiate safer sex during these encounters (Hart & Heimberg, 2005; Mutchler, 2002). Thus, HIV prevention interventions for gay and bisexual adolescents may benefit from reaching adolescents early in their sexual lives and offering youths assistance as they attempt to explore and navigate gay culture and its influence on their sexual behavior.

Given the potentially strong influence of gay culture on the social and sexual lives of gay and bisexual adolescents, HIV prevention programs for this population will need to go beyond a simplistic understanding of and attention to gay culture. There is a rich complexity of cultural norms and expectations regarding factors that influence dyadic sexual interactions, such as language and behavior, and these may vary depending on additional factors such as geographic location, developmental age, and connection to the larger gay culture. Thus, in order to further strengthen the development and implementation of HIV prevention programs for this population, interventionists must understand the various ways in which this culture impacts gay and bisexual male adolescents' sexual risk and protective behaviors.

Importance of Contextual Factors in HIV Prevention Programs

Just as cultural factors related to sexual/gay culture influence the sexual behaviors of gay and bisexual male adolescents, the social/developmental contexts of gay and bisexual adolescents' lives also influence their sexual activity. Two classes of contextual factors need to be explored in relation to the HIV prevention needs of gay and bisexual adolescents and young adults: namely, societal-level and individual-level developmental forces. The specific societal-level factors include the influences of heterosexism and masculinity ideology, and the individual-level factors include the influences of sexual identity development and ethnic identity development.

This particular combination of societal- and individual-level factors is important for gay and bisexual adolescents and young adults because their development is influenced by multiple ecological social systems, especially the family, school, and peer networks (Bronfenbrenner, 1979; D'Augelli, 2006). Although these social institutions often provide support and guidance for heterosexually identified youths, gay and bisexual adolescents may encounter a range of demoralizing and harmful interactions. This systemic negativity is often perpetuated and reinforced by societal-level messages regarding gay and bisexual people and may vary depending on the communities within which gay and bisexual adolescents live. Thus interventions will need to be developed with an understanding of both universal and unique societal-level contextual factors that may influence the sexual lives of their participants.

As gay and bisexual adolescents attempt to navigate these various systems, they still must attend to the formation of their personal identity—often viewed as the primary developmental goal of the adolescent years (Erikson, 1968). Since this identity is not unidimensional, gay and bisexual male adolescents must work to integrate their gay/bisexual identity with other identities that may be at odds with their sexuality, such as their ethnic identity. The saliency and primacy of each of these identities may vary across ethnic groups and geographic regions, as well as across individuals. Thus the content, structure, and focus of interventions for gay and bisexual adolescents that address ethnic and sexual identities may vary and need to be tailored to the ethnic and community-specific needs of participants.

Heterosexism and Sexual Risk/Protection

Increased rates of HIV among gay and bisexual male adolescents and young adults are used by some to further vilify these young men and to perpetuate negative stereotypes and images of them. These negative conceptualizations of gay and bisexual male adolescents become part of the larger system of heterosexism, which serves to exert its oppressive forces on these young men—often further com-

promising their sexual health. Herek's (1995) widely accepted definition views *heterosexism* as "the ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationships, or community" (p. 321). Thus even youths who do not identify as gay or bisexual but engage in same-gender sexual behavior may experience some negative consequences from heterosexism. Herek (1992) and Hunter, Shannon, Knox, and Martin (1998) asserted that heterosexism is manifested in two primary ways: through societal customs and institutions that either fail to recognize the accomplishments of LGB people or stigmatize/discriminate against them (cultural heterosexism) and through individual attitudes and behaviors that perpetuate violence against LGB people (psychological heterosexism). Heterosexism is therefore pervasive in the lives of gay and bisexual adolescents and experienced at multiple levels.

The frequent harassment and violence experienced by LGB adolescents, and the negative psychological impact of such acts, have been well documented (D'Augelli & Hershberger, 1993; Rosario et al., 1996; Waldo, Hesson-McInnis, & D'Augelli, 1998). For some adolescents, potential threats of violence are a daily concern, because they may experience bullying, harassment, and physical abuse perpetrated by a range of individuals, including peers, parents, and teachers (Rivers & D'Augelli, 2001). Unfortunately, this violence can occur within multiple settings as well, including the young person's neighborhood, home, and school, which can add to the traumatic nature of these events.

Gay and bisexual adolescents and young adults who are members of one or more other marginalized communities may experience multiple layers of oppression. Oftentimes gay/bisexual youths of color, for example, must not only contend with the negative societal reactions to their sexual behavior or identity but may also experience racial prejudice, limited economic resources, and limited acceptance within their own cultural community (Díaz, 1998; Martinez & Sullivan, 1998). Some youths of color even feel that because of negative attitudes and stereotypes that exist within their community, they must choose between identifying as "gay" or identifying as a member of their ethnic/racial group. Youths of color also may experience racial prejudice and marginalization within the predominately White mainstream gay community. This may be manifested in an objectification and eroticization of gay/bisexual adolescents of color by White men seeking to fulfill an "exotic" fantasy (Díaz, 1998; Martinez & Sullivan, 1998).

Pervasive exposure to heterosexism and other forms of oppression can negatively influence the sexual health of gay and bisexual male adolescents and young adults. This reaction may be viewed as a form of internalized oppression, whereby an individual accepts the negative societal views of the oppressor and experiences self-blame and

shame. The relationship between oppression and HIV sexual risk has been demonstrated in both adults and adolescents. Díaz, Ayala, Bein, Henne, and Marin (2001) revealed a relationship between increased HIV sexual risk and experiences of homophobia, racism, and financial hardship among Latino gay and bisexual men in the United States. Rosario, Hunter, Maguen, Gwadz, and Smith (2001) examined the impact of internalized homophobia/oppression within a sample of LGB youth in New York and found that more negative attitudes toward same-gender sexual expression (including attitudes related to their own sexual orientation) were related to increases in unprotected sexual activity.

Given the pervasive nature of heterosexism, HIV prevention programs for gay and bisexual adolescents will benefit from efforts to decrease the influence of this potentially destructive force. This may be accomplished by developing creative and innovative activities aimed at exploring the multiple layers of negative social messages related to LGB people in general, and gay/bisexual male adolescents in particular, including an examination of the multiple social systems which perpetuate these negative messages. Such interventions should help youths identify and critically analyze these potentially damaging messages, and understand how such messages can serve as a form of social oppression that may impact their sexual health and well-being (Díaz et al., 2004; Harper & Schneider, 2003; Smith, 2005).

One strategy for doing this is to use a sociopolitical development framework whereby youths are taught skills and provided with the capacity to bring about social and political action in an effort to resist different forms of oppression (Watts, Williams, & Jagers, 2003). Such an approach has been used by Watts, Abdul-Adil, and Pratt (2002) to develop critical thinking skills and critical consciousness (which facilitate sociopolitical development) among young heterosexual African American men by analyzing messages in popular culture movies and rap videos related to gender, culture, race, and social class. Similar methods could be implemented whereby gay and bisexual male adolescents identify and explore media messages in songs, television, and movies that perpetuate heterosexist views of gay and bisexual male adolescents (Harper, 2004). Depending on their cognitive development level, they could also examine societal programs, policies, and practices that perpetuate both psychological and cultural heterosexism (e.g., anti-gay-marriage legislation, hate crimes). Following identification of these forces, youth and facilitators could work together to critically analyze and deconstruct them and then generate and enact social change efforts (e.g., writing letters to elected officials, challenging heterosexist advertisements, volunteering at LGB social service agencies).

Masculinity Ideology and Sexual Risk/Protection

All male adolescents in the United States, regardless of their sexual identity or behavior, live in a society that is gendered. From very early in life, males receive cultural messages regarding the norms and expectations for “appropriate” male behavior (Abreu, Goodyear, Campos, & Newcomb, 2000). These messages contribute to a pervasive *masculinity ideology*, which refers to the traditional and socially constructed definition of masculinity at a given time in history and culture (Thompson & Pleck, 1995). Masculinity ideology strongly influences males’ sexuality and sexual behavior (Stokes, Miller, & Mundhenk, 1998) and has been linked with increased risk for HIV infection (Mane & Aggleton, 2001). Among adolescent males, endorsement of traditional attitudes regarding masculinity and masculinity ideology have been associated with increased participation in a range of sexual risk behaviors, including multiple sexual encounters and unprotected sexual behavior (Marsiglio, 1988; Pleck, Sonenstein, & Ku, 1994).

The prevailing masculinity ideology in the United States supports a conceptualization of a “true man” as someone who is heterosexual and perpetrates homophobic acts (Buchbinder, 1994; Connell, 1995; Herek, 1986; Kimmel, 1995). Men who are attracted to and have sexual activity with other men are stripped of their masculine identification and are often viewed as being more feminine (Hollyoake, 2005). These messages influence males early in life, as attempts to present oneself as masculine in order to avoid being labeled “gay” have been observed in boys ages 11–14 (Frosh, Phoenix, & Pattman, 2003). In addition, during childhood and adolescence, males are often reinforced for perpetrating acts of physical and verbal violence toward males who are perceived to be nonheterosexual (Kimmel & Mahler, 2003; Plummer, 2001; Stoudt, 2006).

Since gay and bisexual male adolescents are developing their masculinity and sexuality amidst a backdrop of pervasive heterosexism, some may feel that societal conceptualizations of masculinity prohibit them from being “real men.” This may lead to overt expressions of masculinity through risky sex, both with males and females, in order to “prove” they are truly men. Connell (1995) found that among adult gay men, an endorsement of stereotypically masculine traits was fulfilled through frequent unprotected anal intercourse with multiple partners. Other studies also have found that gay men’s doubts about their masculinity were associated with increased participation in sexual risk behaviors (Díaz, 1998; Levine, 1998; Wolfe, 2003). In a recent study with African American, Latino, and White gay, bisexual, and questioning (GBQ) male adolescents (ages 15–23), participants did not specifically report having engaged in sexual behavior as a way of negotiating masculinity expectations, but they did note multiple connections between societal definitions of masculinity and risky sexual

behavior among men in general (Wilson et al., in press). Thus, gay and bisexual young men’s attempts to “prove” their masculinity may contribute to increased HIV sexual risk.

Despite an acknowledgement of associations between traditional conceptualizations of masculinity and sexual behavior, GBQ adolescents in this study reported a range of adaptive responses to masculinity ideologies, most of which centered on balancing presentations of masculine and feminine characteristics (Wilson et al., in press). Their strategies for negotiation served a variety of functions, including avoiding antigay violence, living up to expected images of masculinity, and creating unique images of personhood free of gender role expectations.

These studies suggest that gay and bisexual male adolescents’ construction and maintenance of their own personal masculinity ideology is complex and would be a fruitful area for inclusion in HIV prevention efforts. These programs should acknowledge the multiple layers of powerful social messages and expectations related to masculinity that gay and bisexual adolescents experience and the systems within which these pressures are perpetuated. Such interventions could help youths identify and critically analyze these potentially damaging messages and explore linkages between masculinity messages and sexual risk and protective behaviors. Activities could build on those proposed for critiquing heterosexism and could assist participants in understanding the interconnectedness of societal influences. Interventions also may benefit from creating activities and discussions that facilitate the healthy development of an integrated personal masculinity ideology that does not involve participation in sexually risky behaviors. This may be accomplished through artistic activities that assist youths in visualizing the ways in which diverse components and expressions of their masculinity come together.

Sexual Identity Development and Sexual Risk/Protection

There is evidence that adolescents are self-identifying as gay or bisexual earlier now than did previous generations of young people and that they are doing so during a time when they are often still living with parents and attending school (D’Augelli, 2006). Thus, the decision to disclose their sexual identity to others can be complicated for gay and bisexual adolescent males, who may fear expulsion from their home if parents become aware of their sexual orientation and who may lack a supportive network of peers and mentors to buffer the challenges of being openly gay/bisexual.

Thus some youths find “invisibility” a safer choice in various settings. When youths are open about their sexual identity in institutional settings such as schools, they sometimes lack appropriate support from teachers, counselors, and principals—the very people who are there to protect all

students (Filax, 2003). It becomes particularly difficult when adolescents are “out” in some aspects of their lives but not in others, which creates a double life and identity. Managing a double identity can become a preoccupation, and some young people find it so stressful that they become introverted and lose their spontaneity for fear of slipping and inadvertently revealing their sexual orientation (Harper & Schneider, 2003).

Lasser and Tharinger (2003) suggested that gay and bisexual youths, particularly when in school settings, engage in a self-protective process labeled as “visibility management.” This is a dynamic process whereby youths are continually monitoring their various ecological environments and then making decisions about their level of sexual identity disclosure within those settings. Once decisions are made about the people to whom they wish to disclose, the youths continue to monitor their confidants’ reactions to the disclosure as well as their own continued self-presentation (Lasser & Tharinger, 2003). This process of active monitoring of one’s sexual identity and impression management also has been described in samples of African American gay/bisexual adolescents and adult men (Edwards, 1996; Wilson & Miller, 2002).

When youths are able to feel comfortable with their sexual identity and disclose this to selected others, there is evidence that acceptance of a gay identity and acculturation into a larger gay community can serve to buffer some of the negative effects of stigmatization and lead to decreased participation in HIV sexual risk behaviors. Rosario et al. (2001) found that more positive attitudes toward same-gender sexual expression (including attitudes related to their own sexual orientation) were related to decreases in unprotected sexual activity for youths between the ages of 14 and 21. Waldo, McFarland, Katz, MacKellar and Valero (2000) found that among gay and bisexual male adolescents (ages 15–17), self-acceptance of a gay or bisexual identity was associated with lower rates of sexual risk behaviors.

Interventions aimed at supporting the development of a healthy sexual identity may use multiple modalities. They should be conducted with a consideration of the participants’ living situations and safety factors within their various ecological systems—primarily family, school, and peers. Sexual identity activities may be incorporated into intervention exercises that were previously discussed with regard to heterosexism and masculinity, given the intimate connection between sexual identity and these societal-level forces. Participants’ exploration of their sexual identity could occur in facilitated group settings, one-on-one sessions, or self-directed sessions guided by readings, DVDs, or the Internet. Connections to the larger gay community may be facilitated through collaborations with youth-focused LGBT social services agencies and community-based organizations. Youths may wish to attend group meetings,

participate in social events, or volunteer to provide services to others. Involvement in formalized community activities may be a way for gay and bisexual adolescents to build positive connections with other youths and adults. Ramirez-Valles & Díaz (2005) have demonstrated empirical links between community involvement and both self-esteem and social support among adult gay Latino men.

An important issue to consider in intervention activities related to sexual identity development is the young person’s degree of disclosure to others regarding his sexual identity. Even if young people are attending a meeting of an LGB-identified organization, it cannot be assumed that they are all gay or bisexually identified or that they have told others about their sexual identity. Interventionists should use inclusive language so as to not alienate any youths who are still exploring their sexual identity and should acknowledge the variety of ways in which people identify sexually.

Ethnic Identity Development and Sexual Risk/Protection

During adolescent development, the value and importance of having a strong ethnic identity also become clear, and the individual establishes a more coherent sense of personal identity that includes ethnic identity. For all adolescents, especially youths of color, integrating a sense of ethnic identity into their overall sense of self is an important developmental task (Phinney, 1990). A positive and clear ethnic identity will likely facilitate a sense of freedom, security, and comfort, whereas a negative and ambiguous identity may lead to confusion and ambivalence. The unsuccessful resolution of ethnic identity development for adolescents has been associated with a host of negative behavioral and mental health outcomes (Parham & Helms, 1985; Phinney, 1991; Phinney & Chavira, 1992).

Gay and bisexual youths of color in particular experience unique challenges to ethnic identity formation due to experiences of both individual-level and institutionalized racism. These adolescents often experience negative cultural messages regarding their sexual orientation, which may lead to confusion, frustration, and potentially increased rates of participation in sexual risk behaviors. Sparse literature exists on the intersection of ethnic identity and sexual identity among adolescents, although some studies have touted the ability of gay and bisexual adolescent males to integrate their sexual identity with their ethnic culture and identity as a resiliency factor (Alfonso, Diaz, Andujar-Bello, & Rosa, 2006).

Chung and Katayama (1998) have suggested that gay Asian American adolescents go through a process of developing their sexual and ethnic identities simultaneously and that their progress in one identity may be impeded by the other. Empirical investigations by both Dube and Savin-Williams (1999) and Rosario, Schrimshaw, and Hunter (2004) failed to find ethnic differences in the timing of

sexual identity development milestones for adolescents, although Rosario et al. (2004) found ethnic differences with regard to level of disclosure and involvement in gay-related activities. Recent data from in-depth qualitative interviews with African American and Latino GBQ adolescents suggest that sexual and ethnic identity development are very different processes that often occur simultaneously (Jamil, 2007). This lack of connection may be due to both varying levels of social acceptability and the visibility of both identities.

Although researchers have demonstrated the increased negative behavioral and mental health outcomes for youths of color who are not successful at resolving their ethnic identification, there is a dearth of studies examining the relationship between ethnic identification and sexual risk/protective behaviors among gay and bisexual male adolescents. In one of the only studies to explore these potential connections, Warren et al. (2007) examined ethnic differences in predictors of condom use among a sample of 200 GBQ adolescents and young adults from three different ethnic backgrounds (African American, Latino, and White) and found differential patterns of psychosocial predictors for all three groups. Although Latino youths were the only group in which a direct association was found between ethnic identification and condom use, with lower ethnic identification associated with consistent condom use, cultural factors related to family connectedness were associated with condom use among the African American group. Given the disproportionately high rates of infection among African American and Latino gay and bisexual adolescents and young adults, there is a need to more fully examine the influence of ethnic identity formation on this population's HIV sexual risk behaviors.

As future research further illuminates the complex relationship between ethnic identification and sexual risk and protective behaviors among gay and bisexual male adolescents, interventions should address the role of ethnicity in promoting both sexual health protective and risk behaviors. Interventions for different ethnic and geographic communities may vary depending on the primacy of ethnicity and ethnic identification among potential participants. Ethnic cultural considerations should include not only attention to ensuring that HIV prevention programs are grounded in the ethnic/racial culture of the targeted population but also an exploration of ethnic-specific messages related to sexual identity and sexual risk/protective behaviors. For example, in Díaz's (1998) work with adult gay/bisexual Latino men, he found that inconsistent condom use was partially attributable to a sense of machismo, which is often diffused into the socialization of Latino youths and may promote risk taking, low sexual control, and sexual activity with multiple sexual partners. Therefore, interventions may need to articulate and critically analyze the cultural messages that

young people receive about associations between ethnic identity and sexual behavior. This concept of conducting a critical analysis of the ways in which culture may both promote and impede HIV prevention efforts, and identifying those cultural practices and norms that further oppress certain groups, has been suggested by Ortiz-Torres, Serrano-Garcia, and Torres-Burgos (2000) and termed *subverting culture*. Although this concept was created to examine the role of ethnic culture in HIV prevention programs for Latina women, it may also be applied to the HIV prevention efforts for gay and bisexual male adolescents given their experiences of oppression in many ethnic cultures.

Critical explorations of cultural influences on sexual risk and protective behaviors could be accomplished through a range of individual and group-based psychoeducational, media/art-based, insight-oriented, and/or experiential activities. These activities could not only enable youths to analyze the cultural messages they receive related to sexual activity but also assist them in finding ways to integrate their ethnic identity with their other identities. By conducting some of these activities in group settings, interventionists may also help to build social support with other young men who may also be navigating the integration of their ethnic identity with their sexual identity. Building connections with ethnically similar mentors and supportive adults in the community may also offer youths a venue for discussing and continuing to analyze their various identities and connections in safe environments. Ethnic identity activities also may be incorporated into intervention exercises previously discussed with regard to heterosexism, masculinity, and sexual identity given the intimate connection between multiple identities and societal level influence.

Conclusion

HIV prevention programs that address the range of cultural and contextual factors that influence sexual risk and protective behaviors of gay and bisexual adolescents and young adults need to be developed, implemented, and rigorously evaluated. These interventions should address the potential influences of sexual and gay culture on the HIV risk and protective behaviors of gay and bisexual adolescents as well as more traditional cultural factors related to ethnicity. Interventionists should work to incorporate these issues into intervention content to ensure that programs are truly culturally grounded. The influence of contextual developmental factors should also be addressed. This may include an examination and incorporation of the societal-level influences of heterosexism and masculinity ideology and the individual-level influences of sexual identity development and ethnic identity development. Researchers and interventionists need to be creative and innovative in their HIV prevention approaches and ensure that the programs they create are grounded in the lives and realities of gay and

bisexual adolescents and young adults. They should also design them with an eye toward sustainability, by partnering with community agencies and building the capacity of these agencies to fully implement and evaluate the programs.

Author's Note

Special thanks are extended to Bianca D. M. Wilson and Audrey K. Bangi for their conceptual contributions to this article. Additional thanks go to Omar B. Jamil and Marco Hidalgo for their insightful editing of the manuscript.

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References

- Abreu, J. M., Goodyear, R. K., Campos, A., & Newcomb, M. D. (2000). Ethnic belonging and traditional masculinity ideology among African Americans, European Americans, and Latinos. *Psychology of Men and Masculinity, 1*, 75–86.
- Aggleton, P. (1996). Global priorities for HIV/AIDS intervention research. *International Journal of STD & AIDS, 7*(Suppl. 2), 13–16.
- Agronick, G., O'Donnell, L., Stueve, A., Doval, A. S., Duran, R., & Vargo, S. (2004). Sexual behaviors and risks among bisexually- and gay-identified young Latino men. *AIDS Behavior, 8*(2), 185–197.
- Airhihenbuwa, C. O., DiClemente, R. J., Wingood, G. M., & Lowe, A. (1992). HIV/AIDS education and prevention among African-Americans: A focus on culture. *AIDS Education & Prevention, 4*(3), 267–276.
- Alfonso, J. T., Diaz, N. V., Andujar-Bello, I., & Rosa, L. E. N. (2006). Strengths and vulnerabilities of a sample of gay and bisexual male adolescents in Puerto Rico. *Revista Interamericana de Psicología, 40*(1), 55–64.
- Bolding, G., Davis, M., Hart, G., Sherr, L., & Elford, J. (2007). Where young MSM meet their first sexual partner: The role of the Internet. *AIDS and Behavior, 11*, 522–526.
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist, 34*, 844–850.
- Buchbinder, D. (1994). *Masculinities and identities*. Melbourne, Australia: Melbourne University Press.
- Celentano, D. D., Sifakis, F., Hylton, J., Torian, L. V., Guillin, V., & Koblin, B. A. (2005). Race/ethnic differences in HIV prevalence and risks among adolescent and young adult men who have sex with men. *Journal of Urban Health, 82*(4), 610–621.
- Centers for Disease Control and Prevention. (2005). *HIV/AIDS surveillance report, Vol. 16: Cases of HIV infection and AIDS in the United States, 2004*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Chung, Y. B., & Katayama, M. (1998). Ethnic and sexual identity development of Asian American lesbian and gay adolescents. *Professional School Counseling, 1*(3), 21–25.
- Connell, R. W. (1995). *Masculinities*. Berkeley: University of California.
- D'Augelli, A. R. (2006). Developmental and contextual factors and mental health among lesbian, gay, and bisexual youths. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 37–53). Washington, DC: American Psychological Association.
- D'Augelli, A. R., & Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology, 21*(4), 421–448.
- Diamond, L. M., & Savin-Williams, R. C. (2003). The intimate relationships of sexual-minority youth. In G. R. Adams & M. D. Berzonsky (Eds.), *Blackwell handbook of adolescence* (pp. 393–412). Malden, MA: Blackwell.
- Díaz, R. M. (1998). *Latino gay men and HIV: Culture, sexuality and risk behavior*. New York: Routledge.
- Díaz, R. M., Ayala, G., & Bein, E. (2004). Sexual risk as an outcome of social oppression: Data from a probability sample of Latino gay men in three U.S. cities. *Cultural Diversity & Ethnic Minority Psychology, 10*(3), 255–267.
- Díaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). 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, 91*(6), 927–932.
- Do, T. D., Hudes, E. S., Proctor, K., Han, C., & Choi, K. (2006). HIV testing trends and correlates among young Asian and Pacific Islander men who have sex with men in

- two US cities. *AIDS Education and Prevention*, 18(1), 45–55.
- Driver, S. (2006). Virtually queer youth communities of girls and birls: Dialogical spaces of identity work and desiring exchanges. In D. Buckingham & R. Willett (Eds.), *Digital generations: Children, young people, and new media* (pp. 229–245). Mahwah, NJ: Erlbaum.
- Dube, E., & Savin-Williams, R. C. (1999). Sexual identity development among ethnic sexual-minority male youths. *Developmental Psychology*, 35, 1389–1398.
- Edwards, W. (1996). A sociological analysis of an in/visible minority group: Male adolescent homosexuals. *Youth & Society*, 27(3), 334–355.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. Oxford, England: Norton.
- Fields, S. D., Wharton, M. J., Marrero, A. I., Little, A., Pannell, K., & Morgan, J. H. (2006). Internet chat rooms: Connecting with a new generation of young men of color at risk for HIV infection who have sex with other men. *JANAC: Journal of the Association of Nurses in AIDS Care*, 17(6), 53–60.
- Filax, G. (2003). Queer in/visibility: The case of Ellen, Michel, and Oscar. In S. Books (Ed.), *Invisible children in the society and its schools* (pp. 147–169). Mahwah, NJ: Erlbaum..
- Flowers, P., Smith, J. A., Sheeran, P., & Beail, N. (1998). “Coming out” and sexual debut: Understanding the social context of HIV risk-related behaviour. *Journal of Community & Applied Social Psychology*, 8(6), 409–421.
- Frosh, S., Phoenix, A., & Pattman, R. (2003). Taking a stand: Using psychoanalysis to explore the positioning of subjects in discourse. *British Journal of Social Psychology*, 42(1), 39–53.
- Garofalo, R., & Harper, G. (2003). Not all adolescents are the same: Addressing the unique needs of gay and bisexual male youth. *Adolescent Medicine: State of the Art Reviews*, 14(3), 595–612.
- Garofalo, R., Herrick, A., Mustanski, B. S., & Donenberg, G. R. (2007). Tip of the iceberg: Young men who have sex with men, the Internet, and HIV risk. *American Journal of Public Health*, 97(6), 1113–1117.
- Gee, J. (1990). *Psycholinguistics and literacies: Ideology in discourse*. London: Falmer Press.
- Gomez, C. A., & Marin, B. V. (1996). Barriers to HIV prevention strategies for women. *The Journal of Sex Research*, 33, 355–362.
- Hall, H. I., Byers, R. H., Ling, Q., & Espinoza, L. (2007). Racial/ethnic and age disparities in HIV prevalence and disease progression among men who have sex with men in the United States. *American Journal of Public Health*, 97(6), 1060–1066.
- Harper, G. W. (2001). Contextual factors that perpetuate statutory rape: The influence of gender roles, sexual socialization, and sociocultural factors. *DePaul Law Review*, 50(3), 897–918.
- Harper, G. W. (2004). A journey toward liberation: Confronting heterosexism and the oppression of lesbian, gay, bisexual, and transgendered people. In G. Nelson & I. Prilleltensky (Eds.), *Community psychology: In pursuit of liberation and well-being* (pp. 382–404). London: Palgrave Macmillan.
- Harper, G. W., Jamil, O. B., Hidalgo, M., & Torres, R. S. (2007, June). *Gay/bisexual/questioning youth of color: Sexual identity and the Internet*. Paper presented at the biennial meeting of the Society for Community Research and Action, Pasadena, CA.
- Harper, G. W., Riplinger, A. J., Hidalgo, M. A., Gehle, J. L., & Jamil, O. B. (2007, November). *Disparities in HIV prevention interventions for youth: What about the needs of gay youth?* Paper to be presented at the annual meeting of the American Public Health Association, Washington, DC.
- Harper, G. W., & Schneider, M. (2003). Oppression and discrimination among lesbian, gay, bisexual, and transgendered people and communities: A challenge for community psychology. *American Journal of Community Psychology*, 31(3–4), 243–252.
- Hart, T. A., & Heimberg, R. G. (2005). Social anxiety as a risk factor for unprotected intercourse among gay and bisexual male youth. *AIDS and Behavior*, 9(4), 505–512.
- Hart, T., & Peterson, J. L. (2004). Predictors of risky sexual behavior among young African American men who have sex with men. *American Journal of Public Health*, 94(7), 1122–1124.
- Herdt, G. (1992). *Gay culture in America: Essays from the field*. Boston: Beacon Press.

- Herdt, G. (1997). *Same sex, different cultures: Gays and lesbians across cultures*. Boulder, CO: Westview Press.
- Herdt, G., & Boxer, A. M. (1993). *Children of horizons: How gay and lesbian teens are leading a new way out of the closet*. Boston: Beacon Press.
- Herek, G. M. (1986). In heterosexual masculinity: Some psychical consequences of the social construction of gender and sexuality. *American Behavioral Scientist*, 29(5), 563–577.
- Herek, G. M. (1992). Psychological heterosexism and anti-gay violence: The social psychology of bigotry and bashing. In G. M. Herek & K. T. Berrill (Eds.), *Hate crimes: Confronting violence against lesbians and gay men* (pp. 149–169). London: Sage.
- Herek, G. M. (1995). Psychological heterosexism in the United States. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 321–346). New York: Oxford University Press.
- Hersker, A. L., & Leap, W. (1996). Representation, subjectivity and ethics in urban gay ethnography. *City & Society*, 8(1), 142–147.
- Holyoake, D. D. (2005). Boys performing masculinities: Exploring gender and sexual identity in nurse led boys groups. In J. W. Lee (Ed.), *Psychology of gender identity* (pp. 81–91). Hauppauge, NY: Nova Biomedical Books.
- Hunter, S., Shannon, C., Knox, J., & Martin, J. I. (1998). *Lesbian, gay, and bisexual youths and adults: Knowledge for human services practice*. Thousand Oaks, CA: Sage.
- Jamil, O. B. (2007). *Sexual and ethnic identity development among gay/bisexual/questioning male ethnic minority adolescents*. Unpublished master's thesis, DePaul University, Chicago, Illinois.
- Jemmott, L. S., Catan, V., Nyamathi, A., & Anastasia, J. (1995). African American women and HIV-risk-reduction issues. In A. O'Leary & L. S. Jemmott (Eds.), *Women at risk: Issues in the primary prevention of AIDS* (pp. 131–158). New York: Plenum Press.
- Kegeles, S. M., Hays, R. B., & Coates, T. J. (1996). The Mpowerment Project: A community level HIV prevention intervention for young gay men. *American Journal of Public Health*, 86, 1075–1076.
- Kegeles, S. M., Hays, R. B., Pollack, L. M., & Coates, T. J. (1999). Mobilizing young gay and bisexual men for HIV prevention: A two-community study. *AIDS*, 13(13), 1753–1762.
- Kelly, J. A., Murphy, D. A., Sikkema, K. J., & Kalichman, S. C. (1993). Psychological interventions to prevent HIV infection are urgently needed: New priorities for behavioral research in the second decade of AIDS. *American Psychologist*, 48, 1023–1034.
- Kim, M., Stanton, B., Li, X., Dickersin, K., & Galbraith, J. (1997). *Journal of Adolescent Health*, 20(3), 204–215.
- Kimmel, M. (1995). *Manhood in America: A cultural history*. New York: Free Press.
- Kimmel, M. S., & Mahler, M. (2003). Adolescent masculinity, homophobia, and violence: Random school shootings, 1982–2001. *American Behavioral Scientist*, 46(10), 1439–1458.
- Kotchick, B. A., Shaffer, A., Forehand, R., & Miller, K. S. (2001). Adolescent sexual risk behavior: A multi-system perspective. *Clinical Psychology Review*, 21(4), 493–519.
- Lasser, J., & Tharinger, D. (2003). Visibility management in school and beyond: A qualitative study of gay, lesbian, bisexual youth. *Journal of Adolescence*, 26(2), 233–244.
- Leap, W. L. (1994). Learning gay culture in “a desert of nothing”: Language as a resource in gender socialization. *High School Journal*, 77(1–2), 122–132.
- Leap, W. L. (1999). Language, socialization, and silence in gay adolescence. In M. Bucholtz, A. C. Lian, & L. A. Sutton (Eds.), *Reinventing identities: The gendered self in discourse* (pp. 259–272). New York: Oxford University Press.
- Levine, M. P. (1998). *Gay macho*. New York: NYU Press.
- Linné, R. (2003). Alternative textualities: Media culture and the proto-queer. *Qualitative Studies in Education*, 16(5), 669–689.
- Mane, P., & Aggleton, P. (2001). Gender and HIV/AIDS: What do men have to do with it? *Current Sociology*, 49, 23–37.
- Marsiglio, W. (1988). Adolescent male sexuality and heterosexual masculinity: A conceptual model and review. *Journal of Adolescent Research*, 3(3–4), 285–303.

- Martinez, D. G., & Sullivan, S. C. (1998). African American gay men and lesbians: Examining the complexity of gay identity development. In L. A. See (Ed.), *Human behavior in the social environment from an African American perspective* (pp. 243–264). Binghamton, NY: Haworth Press.
- Mutchler, M. G. (2002). Client characteristics emerge from data. *Positive Living, 11*(3), 46.
- Ortiz-Torres, B., Serrano-Garcia, I., & Torres-Burgos, N. (2000). Subverting culture: Promoting HIV/AIDS prevention among Puerto Rican and Dominican women. *American Journal of Community Psychology, 28*(6), 859–881.
- Parham, T. A., & Helms, J. E. (1985). Attitudes of racial identity and self-esteem of Black students: An exploratory investigation. *Journal of College Student Personnel, 26*(2), 143–147.
- Parker, R. G. (1996). Empowerment, community mobilization and social change in the face of HIV/AIDS. *AIDS, 10*, S27–S31.
- Pedlow, P. T., & Carey, M. P. (2003). HIV sexual risk-reduction interventions for youth: A review and methodological critique of randomized controlled trials. *Behavior Modification, 27*(2), 135–190.
- Pedlow, P. T., & Carey, M. P. (2004). Developmentally appropriate sexual risk reduction interventions for adolescents: Rationale, review of interventions, and recommendations for research and practice. *Annals of Behavioral Medicine, 27*(3), 172–184.
- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*(3), 499–514.
- Phinney, J. S. (1991). Ethnic identity and self-esteem: A review and integration. *Hispanic Journal of Behavioral Sciences, 13*(2), 193–208.
- Phinney, J. S., & Chavira, V. (1992). Ethnic identity and self-esteem: An exploratory longitudinal study. *Journal of Adolescence, 15*(3), 271–281.
- Pleck, J. H., Sonenstein, F. L., & Ku, L. (1994). The dynamics of young men's condom use during and across relationships. *Family Planning Perspectives, 26*(6), 246–251.
- Plummer, D. C. (2001). The quest for modern manhood: Masculine stereotypes, peer culture and the social significance of homophobia. *Journal of Adolescence, 24*(1), 15–23.
- Pope, M. (1995). The “salad bowl” is big enough for us all: An argument for the inclusion of lesbians and gay men in any definition of multiculturalism. *Journal of Counseling & Development, 73*, 301–304.
- Raj, A., Amaro, H., & Reed, E. (2001). Culturally tailoring HIV/AIDS prevention programs: Why, when, and how. In S. S. Kazarian & D. R. Evans (Eds.), *Handbook of cultural health psychology* (pp. 195–239). San Diego, CA: Academic Press.
- Ramirez-Valles, J., & Díaz, R. M. (2005). Public health, race, and the AIDS movement: The profile and consequences of Latino gay men's community involvement. In A. M. Omoto (Ed.), *Processes of community change and social action* (pp. 51–66). Mahwah, NJ: Erlbaum.
- Rangel, M. C., Gavin, L., Reed, C., Fowler, M. G., & Lee, L. M. (2006). Epidemiology of HIV and AIDS among adolescents and young adults in the United States. *Journal of Adolescent Health, 39*(2), 156–163.
- Remafedi, G. (1994). Cognitive and behavioral adaptations to HIV/AIDS among gay and bisexual adolescents. *Journal of Adolescent Health, 15*(2), 142–148.
- Rivers, I., & D'Augelli, A. R. (2001). The victimization of lesbian, gay, and bisexual youths: Implications for intervention. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities and youths: Psychological perspectives* (pp. 199–223). New York: Oxford University Press.
- Robin, L., Dittus, P., Whitaker, D., Crosby, R., Ethier, K. A., Mezo, J., Miller, K., & Pappas-Deluca, K. (2004). Behavioral interventions to reduce incidence of HIV, STD, and pregnancy among adolescents: A decade in review. *Journal of Adolescent Health, 34*, 3–26.
- Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual youths: Stipulation and exploration of a model. *American Journal of Community Psychology, 29*(1), 133–160.
- Rosario, M., Rotheram-Borus, M. J., & Reid, H. (1996). Gay-related stress and its correlates among gay and bisexual male adolescents of predominantly Black and Hispanic background. *Journal of Community Psychology, 24*(2), 136–159.

- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity & Ethnic Minority Psychology, 10*, 215–228.
- Rosenberg, P. S., Biggar, R. J., & Goedert, J. J. (1994). Declining age at HIV infection in the United States. *New England Journal of Medicine, 330*(11), 789–790.
- Rotheram-Borus, M. J. (2000). Expanding the range of interventions to reduce HIV among adolescents. *AIDS, 14*(Suppl. 1), S33–S40.
- Rotheram-Borus, M. J., Murphy, D. A., Fernandez, M. I., & Srinivasan, S. (1998). A brief HIV intervention for adolescents and young adults. *American Journal of Orthopsychiatry, 68*(4), 553–564.
- Rotheram-Borus, M. J., O'Keefe, Z., Kracker, R., & Foo, H. H. (2000). Prevention of HIV among adolescents. *Prevention Science, 1*(1), 15–30.
- Rotheram-Borus, M. J., Reid, H., & Rosario, M. (1994). Factors mediating changes in sexual HIV risk behaviors among gay and bisexual male adolescents. *American Journal of Public Health, 84*(12), 1938–1946.
- Russell, S. T. (2002). Queer in America: Citizenship for sexual minority youth. *Applied Developmental Science, 6*(4), 258–263.
- Savin-Williams, R. C. (2001). A critique of research on sexual-minority youths. *Journal of Adolescence, 24*, 5–13.
- Savin-Williams, R. C. (2006). Who's gay? Does it matter? *Current Directions in Psychological Science, 15*(1), 40–44.
- Savin-Williams, R. C., & Diamond, L. M. (2000). Sexual identity trajectories among sexual-minority youths: Gender comparisons. *Archives of Sexual Behavior, 29*(6), 607–637.
- Smith, S. (2005). Sexually underrepresented youth: Understanding gay, lesbian, bisexual, transgendered, and questioning (GLBT-Q) youth. In J. L. Chin (Ed.), *The psychology of prejudice and discrimination: Bias based gender and sexual orientation* (Vol 3, pp. 151–199). Westport, CT: Praeger/Greenwood.
- Stanton, B., Kim, N., Galbraith, J., & Parrott, M. (1996). Design issues addressed in published evaluations of adolescent HIV-risk reduction interventions: A review. *Journal of Adolescent Health, 18*(6), 387–396.
- Stokes, J. P., Miller, R. L., & Mundhenk, R. (1998). Toward an understanding of behaviourally bisexual men: The influence of context and culture. *Canadian Journal of Human Sexuality, 7*(2), 101–113.
- Stoudt, B. G. (2006). "You're either in or you're out": School violence, peer discipline, and the (re)production of hegemonic masculinity. *Men and Masculinities, 8*(3), 273–287.
- Sumartojo, E., Doll, L., Holtgrave, D., Gayle, H., & Merson, M. (2000). Enriching the mix: Incorporating structural factors into HIV prevention. *AIDS, 14*(Suppl. 1), S1–S2.
- Thompson, E. H., Jr., & Pleck, J. H. (1995). Masculinity ideologies: A review of research instrumentation on men and masculinities. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 129–163). New York: Basic Books.
- Valleroy, L. A., MacKellar, D. A., Karon, J. M., Rosen, D. H., McFarland, W., Shehan, D. A. et al. (2000). HIV prevalence and associated risks in young men who have sex with men. *Journal of the American Medical Association, 284*(2), 198–204.
- Waldo, C. R., Hesson-McInnis, M. S., & D'Augelli, A. R. (1998). Antecedents and consequences of victimization of lesbian, gay, and bisexual young people: A structural model comparing rural university and urban samples. *American Journal of Community Psychology, 26*(2), 307–334.
- Waldo, C. R., McFarland, W., Katz, M. H., MacKellar, D., & Valleroy, L. A. (2000). Very young gay and bisexual men are at risk for HIV infection: The San Francisco Bay Area Young Men's Survey II. *Journal of AIDS, 24*(2), 168–174.
- Warren, J. C., Fernández, M. I., Harper, G. W., Hidalgo, M., Jamil, O., Torres, R. S., et al. (2007). Predictors of condom use among young African American, Hispanic, and White MSM: The importance of ethnicity and culture. *AIDS and Behavior*. Advance online publication. Retrieved September 27, 2007, from <http://springerlink.metapress.com/104828/doi:10.1007/s10461-007-9291-y>
- Watts, R. J., Abdul-Adil, J. K., & Pratt, T. (2002). Enhancing critical consciousness in young African American men: A psychoeducational approach. *Psychology of Men & Masculinity, 3*(1), 41–50.
- Watts, R. J., Williams, N. C., & Jagers, R. J. (2003). Sociopolitical development. *American Journal of Community Psychology, 31*(1–2), 185–194.

Wilson, B. D. M., Harper, G. W., Hidalgo, M. A., Jamil, O. B., Torres, R. S., Fernandez, M. I., et al. (in press). Negotiating dominant masculinity ideology: Strategies used by gay, bisexual and questioning male adolescents. *American Journal of Community Psychology*.

Wilson, B. D. M., & Miller, R. L. (2002). Strategies for managing heterosexism used among African American gay and bisexual men. *Journal of Black Psychology*, 28, 371–391.

Wilson, B. D. M., & Miller, R. L. (2003). Examining strategies for culturally grounded HIV prevention: A review. *AIDS Education and Prevention*, 15(2), 184–202.

Wolfe, W. A. (2003). Overlooked role of African-American males' hypermasculinity in the epidemic of unintended

pregnancies and HIV/AIDS cases with young African-American women. *Journal of the National Medical Association*, 95, 846–852.

Ziff, M. A., Harper, G. W., Chutuape, K. S., Deeds, B. G., Futterman, D., Francisco, V. T., Ellen, J. M., & the Adolescent Medicine Trials Network for HIV/AIDS Intervention (2006). Laying the foundation for Connect to Protect: A multi-site community mobilization intervention to reduce HIV/AIDS incidence and prevalence among urban youth. *Journal of Urban Health*, 83(3), 506–522.

