

# Current Knowledge of Young Gay Men:

Review of Literature on Young Gay Men's Health

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Methods:

EBSCO databases used.

Search terms included young gay men, young gay men who have sex with men, and health.

Time period was limited to July 2012 to April 2013, however articles in 2011 that appeared in the search, were also included.

References follow APA style guidelines.

In the absence of key terms, the section was left blank.

Reference	Year	Location	Study Design	Population	Keywords	Key Findings
Vu, L., Choi, K., and Do, T. (2011). Correlates of Sexual, Ethnic, and Dual Identity: A study of young Asian and Pacific Islander men who have sex with men. <i>AIDS Education and Prevention</i> , 23(5), 423-436.	2011	USA  San Diego, California, Seattle, Washington from gay-identified public venues and special events (bars, clubs, parks, pride)	Quantitative, time-place sampling	15-25 year old Asian or Pacific Islanders that reported same-sex sexual contact in the past year		(a) sexual and ethnic identity were intertwined and mutually influential (b) a positive attitude toward sexual identity was associated with higher socioeconomic status, greater social support, and self-identified homosexual orientation (as opposed to straight/undecided") (c) a positive dual identity (being both gay/bi and Asian and Pacific Islander) was associated with higher socioeconomic status, greater social support, and levels of acculturation (being United States born and speaking English and another language equally) (d) a positive sexual identity and dual identity were associated with HIV testing
Outlaw, A.Y., Phillips, G. 2nd, Hightow-Weidman, L.B., Fields, S.D., Hidalgo, J., Halpern-Felsher, B., ... Young MSM of Color SPNS Initiative Study Group. (2011). Age of MSM sexual debut and risk factors: results from a multisite study of racial/ethnic minority YMSM living with HIV. <i>AIDS Patient Care and STDs</i> , 25(S1), S23-29.	2011	USA  Bronx, NY; Chapel Hill, NC; Chicago, IL; Detroit, MI; Houston, TX; Los Angeles, CA; Oakland, CA; and Rochester, NY	Quantitative, interview questionnaire	(1) born male, (2) HIV seropositive and not currently in care, (3) self-reported sex with males or intent to have sex with males, (4) self-identified as non-white, (5) between 13- and 24-years-old at the time of the baseline interview, and (6) able to provide written informed		Participants having a MSM sexual debut before the age of 16 reported more exchange sex; drug use (specifically marijuana); emotional/psychological problems related to substance use; and a history of suicide attempts, compared to participants with later MSM sexual debuts.
Peltzer, K., Simbayi, L., Banyini, M., and Kekana, Q. (2011). HIV Risk Reduction Intervention Among Traditionally Circumcised Young Men in South Africa: A Cluster Randomized Control Trial. <i>Journal of the Association of Nurses in AIDS Care</i> , 22(5), 397-406.	2011	South Africa	Quantitative, cluster-randomized design	Young gay men who had sex with men between the ages 18-35	cluster randomized controlled trial, HIV risk reduction, intervention counseling, South Africa, traditionally circumcised, young men	(a) behavioral intentions, risk-reduction skills, and male role norms did not change in the experimental compared to the control condition (b) however, HIV-related stigma beliefs were significantly reduced in both conditions over time (c) These findings show that one small-group HIV risk-reduction intervention did not reduce sexual risk behaviors in recently traditionally circumcised men at high risk for behavioral disinhibition

<p>Freeman, P., Walker, B.C., Harris, D.R., Garofalo, R., Willard, N., Ellen, J.M., and the Adolescent Trials Network for HIV/AIDS Interventions 016b Team. (2011). Methamphetamine Use and Risk for HIV Among Young Men Who Have Sex With Men in 8 US Cities. <i>Archives of Pediatrics &amp; Adolescent Medicine</i>, 165(8), 736-740.</p>	<p>2011</p>	<p>USA  Eight US cities (San Francisco, California; Los Angeles, California; San Diego, California; Chicago, Illinois; Philadelphia, Pennsylvania; Washington, DC; Baltimore, Maryland; and New York, New York)</p>	<p>Quantitative, Cross-sectional observational analysis</p>	<p>The YMSM were eligible if they reported their birth sex as male, were between the age of 12 and 24 years, and had engaged in voluntary  anal or oral sex with a male partner within the past 12 months</p>		<p>(a) Recent methamphetamine use was associated with a history of sexually transmitted diseases, 2 or more sex partners in the past 90 days, sex with an injection drug user, and sex with someone who has human immunodeficiency virus compared with individuals reporting no recent hard drug use (b) Recent users of methamphetamine were more likely to have a history of homelessness and were less likely to be currently attending school compared with individuals reporting no recent hard drug use</p>
<p>Kubicek, K., Carpineto, J., McDavitt, B., Weiss, G., and Kipke, M.D. (2011). Use and perceptions of the internet for sexual information and partners: a study of young men who have sex with men. <i>Archives of Sexual Behavior</i>, 40(4), 803-816.</p>	<p>2011</p>	<p>USA</p>	<p>Qualitative</p>	<p>YMSM (ages 18–24) in Los Angeles</p>	<p>young men who have sex with men, internet, gay/homosexual, relationships, sexual education</p>	<p>Qualitative interviews (N = 24) described not only the prevalence of using the Internet for finding sexual partners and the possible benefits and risks associated with that practice, but also the processes and perceptions of using this mechanism. The data indicate that YMSM used the Internet to find information related to sex and sexuality, seek friendships, sexual partners as well as "hook-ups" or casual sex. Findings were presented in relation to how YMSM researchers and interventionists can identify how to most effectively reach YMSM through online methods.</p>

<p>Clerkin, E.M., Newcomb, M.E., and Mustanski, B. (2011). Unpacking the racial disparity in HIV rates: the effect of race on risky sexual behavior among Black young men who have sex with men (YMSM). <i>Journal of Behavioral Medicine</i>, 34(4), 237-243.</p>	2011	USA	Quantitative	LGBT youth who were between the ages of 16 and 20	HIV disparity, YMSM, gay, race	<p>Results indicated that participants were less likely to have unprotected sex with Black partners, and this finding was not driven by a response bias (i.e., Black YMSM did not appear to be minimizing their reports of unprotected sex). Furthermore, there was support for the hypothesis that participants' sexual networks were partially determined by their race insofar as sexual partnerships were much more likely to be intra-racial (as opposed to interracial). It is possible that dyad- and sexual network-level factors may be needed to understand racial disparities in HIV among YMSM.</p>
<p>Foster, M.L., Arnold, E., Rebchook, G., and Kegeles, S.M. (2011). 'It's my inner strength': spirituality, religion and HIV in the lives of young African American men who have sex with men. <i>Culture, Health and Sexuality</i>, 13(9), 1103-1117.</p>	2011	USA	Qualitative	HIV-negative (or unknown status) and HIV-positive 18–30-year-old African American men who reported sexual contact with a man in the past six months and resided in the Oakland-San Francisco Bay Area	religion, spirituality, HIV prevention, MSM, black men who have sex with men, African American men who have sex with men, young gay men	<p>This paper examines the roles of religion and spirituality in men who have sex with men's lives, which is central in the lives of many African Americans. Six prominent themes emerged:</p> <ol style="list-style-type: none"> <li>(1) childhood participation in formal religious institutions,</li> <li>(2) the continued importance of spirituality among men who have sex with men,</li> <li>(3) homophobia and stigmatisation in traditional black churches,</li> <li>(4) tension between being a man who has sex with men and being a Christian,</li> <li>(5) religion and spirituality's impact on men's sense of personal empowerment and coping abilities and</li> <li>(6) treatment of others and building compassion.</li> </ol>

<p>Pappas, M.K., and Halkitis, P.N. (2011). Sexual risk taking and club drug use across three age cohorts of HIV-positive gay and bisexual men in New York City. <i>AIDS Care</i>, 23(11), 1410-1416.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>Eligibility required reporting to be: 18 or older, gay or bisexual, biologically male, and having engaged in club drug use six times in the previous year with at least one in combination with male-to-male sex in the previous six months</p>	<p>HIV, club drugs, unprotected anal intercourse (UAI), gay and bisexual, seropositive, aging</p>	<p>(a) The likelihood of engaging in UAI with seronegative casual partners was greater among those in their 20s than those in their 30s or 40s. Further, participants were equally likely to engage in unprotected receptive anal intercourse and unprotected insertive anal intercourse with each casual partner serostatus type.  (b) With regard to number of years living with HIV, those living longer with the disease were more likely to report UAI with casual partners with a seropositive status than with a negative or unknown serostatus.  (c) The findings suggest that UAI and club drug use is common among seropositive gay and bisexual men regardless of age category, but that differential patterns of risk emerge in relation to the number of years one has been living with HIV and age.</p>
<p>Phillips, G. 2nd, Outlaw, A.Y., Hightow-Weidman, L.B., Jones, K.C., Wohl, A.R., Futterman, D., ... YMSM of Color SPNS Initiative Study Group. (2011). Sexual Behaviors of Racial/Ethnic Minority Young Men Who Have Sex with Men. <i>AIDS Patient Care and STDs</i>, 25(S1), S47-S53.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>be born male; be HIV-positive and not currently in care; have sex with men, or the intend to have sex with men; self-identify as African-American or Latino; be between the ages of 13 and 24 years at the time of the first interview; and be willing and able to provide full written informed consent and a release of information to obtain medical records</p> <p>(Bronx, NY; Chapel Hill, NC; Chicago, IL; Detroit, MI; Houston, TX; Los</p>	<p>racial and ethnic minorities, YMSM, unprotected intercourse, risky sexual behaviours,</p>	<p>(a) Use of condoms during oral and anal sex increased significantly from baseline to 12-month follow-up.  (b) While unprotected anal sex significantly decreased among individuals who were new to care, it significantly increased among individuals who were previously in care.  (c) Overall, exchange sex decreased from 13.3% at baseline to 5.0% at 12 months. Despite reductions in unprotected sexual encounters and exchange sex through one year of follow-up, many participants continued to engage in high-risk sexual behaviors.</p>

				Angeles, CA; Oakland, CA; and Rochester, NY)		
Hidalgo, J., Coombs, E., Cobbs, W.O., Green-Jones, M., Phillips, G. 2nd, Wohl, A.R., ... Young MSM of Color SPNS Initiative Study Group. Roles and Challenges of Outreach Workers in HIV Clinical and Support Programs Serving Young Racial/Ethnic Minority Men Who Have Sex with Men. <i>AIDS Patient Care and STDs</i> , 25(S1), S15-22.	2011	USA	Mixed	Outreach workers from each study site (Bronx, NY; Chapel Hill, NC; Chicago, IL; Detroit, MI; Houston, TX; Los Angeles, CA; Oakland, CA; and Rochester, NY)		(a) A typical outreach worker was employed by their SPNS site for an average of 14 months, varying from 3 weeks to 3 years. Of the 51 outreach workers employed by the eight demonstration sites, 57% resigned or were terminated. (b) Managers stated that the combination of good salaries, high-quality benefits, and set hours increased outreach workers' investment in their jobs (c) Site managers reported that frequently outreach workers had difficulty in defining and negotiating boundaries between their work and social lives appropriately, which were major factors driving outreach worker terminations. (d) Workers themselves expressed dissatisfaction that they were the lowest paid team member, and often were asked to conduct outreach services in venues and neighborhoods where personal safety was not always assured.
Mustanski, B., Newcomb, M.E., and Clerkin, E.M. (2011). Relationship characteristics and sexual risk-taking in young men who have sex with men. <i>Health Psychology</i> , 30(5), 597-605.	2011	USA	Quantitative	YMSM (age 16-20 at baseline)	relationships and HIV risk, youth, internet, couples, prevention	(a) The largest effect was for considering the relationship to be serious, which was associated with nearly an eightfold increase in the rate of unprotected sex. (b) Other factors that increased risk behaviors included older partners, drug use prior to sex, physical violence, forced sex, and partnership lasting more than six months. (c) Partners met online were not associated with significantly more sexual risk.

<p>Flores, D.D. 3rd, Blake, B.J., and Sowell, R.L. (2011). "Get them while they're young": reflections of young gay men newly diagnosed with HIV infection. <i>Journal of the Association of Nurses in AIDS Care</i>, 22(5), 376-387.</p>	<p>2011</p>	<p>USA</p>	<p>Qualitative</p>	<p>male, 18-24 years of age, report having sex with other men, and disclose having an HIV diagnosis for 1 year or less at the time of the interview</p>	<p>childhood sexual abuse, HIV prevention, Internet, young men who have sex with men, sex education</p>	<p>Content analysis of the interview data revealed four major themes: personal risks, lack of relevant education, accessing the Internet, and the need for mentors. The informants in this study recommended the formulation of age-specific education interventions and the development of HIV prevention interventions that match the sophistication level and needs of today's gay youth to reduce the number of new HIV infections in YMSM.</p>
<p>Hightow-Weidman, L.B., Phillips, G. 2nd, Jones, K.C., Outlaw, A.Y., Fields, S.D., Smith, J.C., and YMSM of Color SPNS Initiative Study Group. (2011). Racial and sexual identity-related maltreatment among minority YMSM: prevalence, perceptions, and the association with emotional distress. <i>AIDS Patient Care and STDs</i>, 25(S1), S39-S45.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>(a) born male; (b) HIV-infected and not currently in care; (c) had sex with males or had intent or wish to have sex with males; (d) self-identified as nonwhite and nonheterosexual; (e) between 13 and 24 years at the time of the interview; and (f) able to provide written informed consent</p>		<p>(a) Overall 36% and 85% of participants experienced racial and sexuality-related bullying, respectively. (b) There was a significant association between experiencing a high level of sexuality-related bullying and depressive symptomatology, having attempted suicide, and reporting parental abuse. (c) No association was found between racial bullying and suicide attempts. (d) In a multivariable logistic regression model, experiencing any racial bullying and high sexuality-related bullying were significant predictors of having a CES-D score <math>\geq</math> 16; adjusted odds ratio (OR) 1.83 and 2.29, respectively.</p>

<p>Dorell, C.G., Sutton, M.Y., Oster, A.M., Hardnett, F., Thomas, P.E., Gaul, Z.J., ... Heffelfinger, J.D. (2011). Missed opportunities for HIV testing in health care settings among young African American men who have sex with men: implications for the HIV epidemic. <i>AIDS Patient Care and STDs</i>, 25(11), 657-664.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>African American males who had received a diagnosis of HIV infection between January 2006 and April 2008 (aged 16-25)</p>		<p>(a) Cases were more likely than controls to lack health insurance, lack a primary care provider, and to not have received advice about HIV or STI testing or prevention or disclose their sexual identity to a health care provider. (b) In multivariate analysis, lacking a primary health care provider and not disclosing sexual identity to a health care provider were independent risk factors for HIV infection among African American MSM.</p>
<p>MacKellar D.A., Hou, S.I., Whalen, C.C., Samuelsen, K., Valleroy, L.A., Secura, G.M., Behel, S., ... Young Men's Survey Study Group. (2011). HIV/AIDS Complacency and HIV Infection Among Young Men Who Have Sex With Men, and the Race-Specific Influence of Underlying HAART Beliefs. <i>Sexually Transmitted Diseases</i>, 38(8), 755-763.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>MSM aged 23 to 29 years who had never tested for HIV or had last tested HIV-negative (Baltimore, Dallas, Los Angeles, Miami, NY, and Seattle)</p>		<p>(a) Measured as strong endorsement for reduced HIV/AIDS concern due to HAART, HIV/AIDS complacency was associated with reporting <math>\geq 10</math> male sex partners, unprotected anal intercourse with an HIV-positive or HIV-unknown-status male partner, and testing HIV-positive. (b) Strong endorsement of the belief that HAART mitigates HIV/AIDS severity was more prevalent among black (21.8%) and Hispanic (21.3%) than white (9.6%) MSM, and was more strongly associated with testing HIV-positive among black and Hispanic than white MSM.</p>

<p>Phillips, G. 2nd, Wohl, A., Xavier, J., Jones, K., and Hidalgo, J. (2011). Epidemiologic data on young men of color who have sex with men. <i>AIDS Patient Care and STDs</i>, 25(S1), S3-8.</p>	<p>2011</p>	<p>USA</p>	<p>Review</p>	<p>HIV/AIDS Surveillance in the United States; Local HIV/AIDS Surveillance; National Studies</p>	<p>(a) Many multisite studies have yielded valuable information on the behaviors associated with HIV infection in adolescents, MSM, African-Americans, and Latinos. Studies among adolescents found a high prevalence of risky sexual behaviors, including having multiple partners and unprotected intercourse and frequent substance use.  (b) Multisite studies of MSM also found frequent reports of alcohol and drug abuse, and one study found that nearly one-half (48%) of HIV-positive MSM were unaware of their infection.  (c) Similarly, two multisite studies of YMSM found high rates of unprotected sex, substance use, and HIV-infection among YMSM of color.  (d) There is little data, especially multisite data, on male-to-female (MTF) transgender youth.</p>
<p>Hightow-Weidman, L.B., Jones, K., Wohl, A.R., Futterman, D., Outlaw, A., Phillips, G. 2nd, ... YMSM of Color SPNS Initiative Study Group. (2011). Early linkage and retention in care: findings from the outreach, linkage, and retention in care initiative among young men of color who have sex with men. <i>AIDS Patient Care and STDs</i>, 25(S1), S31-38.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>(a) born male; (b) HIV-infected and not currently in care; (c) self-reported sex with males; (d) self-identified as Hispanic ethnicity or nonwhite race; (e) between 13 and 24 years old at the time of the first interview</p> <p>(Bronx, NY; Chapel Hill, NC; Chicago, IL; Detroit, MI; Houston, TX; Los Angeles, CA; Oakland, CA; and Rochester, NY)</p>	<p>(a) While no patient-level characteristics were associated with early linkage, having the person who provided the positive HIV test result refer the patient to HIV care, specifically calling to make the appointment, was associated with earlier linkage.  (b) Retention of Latino participants (96.2%) was significantly higher than for the African-American (79.9%) youth .  (c) Overall, 221 participants had at least 1 year of possible follow-up and 82.8% of these participants were retained at 1 year.</p>

<p>Bocour, A., Renaud, T.C., Wong, M.R., Udeagu, C.C., and Shepard, C.W. (2011). Differences in risk behaviors and partnership patterns between younger and older men who have sex with men in New York City. <i>Journal of Acquired Immune Deficiency Syndromes</i>, 58(4), 417-423.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>NYC surveillance and partner services data for YMSM (&lt;30) and MSM (≥30 years old) newly diagnosed with HIV from January 2007 to December 2008</p>	<p>HIV/AIDS, men who have sex with men, partners, sexual behavior</p>	<p>(a) YMSM were more likely than older MSM to report gay sexual identity (70% vs. 58%), and a recent sexually transmitted infection (29% vs. 15%).  (b) More YMSM named ≥1 male partner for HIV notification (66% vs. 36%).  (c) YMSM were more likely than older MSM to name partners who were 5 or more years older (42% vs. 25%).  (d) More YMSM tested for HIV at least once in the past 2 years than older MSM (66% vs. 40%).</p>
<p>Oster, A.M., Pieniazek, D., Zhang, X., Switzer, W.M., Ziebell, R.A., Mena, L.A., ... Heffelfinger, J.D. (2011). Demographic but not geographic insularity in HIV transmission among young black MSM. <i>AIDS</i>, 25(17), 2157-2165.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>black MSM aged 16-25 years</p>	<p>African–Americans, HIV infections / epidemiology / transmission, homosexuality, male, molecular epidemiology, phylogeny, risk factors</p>	<p>(a) 82 phylogenetic clusters were identified, 21 (26%) of which included HIV strains from at least one young black MSM.  (b) Of the 69 persons in these clusters, 59 were black MSM and seven were black men with unknown transmission category; the remaining three were MSM of white or Hispanic race/ethnicity.  (c) Of these 21 clusters, 10 included residents of one geographic region of Mississippi, whereas 11 included residents of multiple regions or outside of the state.  (d) Phylogenetic clusters involving HIV-infected young black MSM were homogeneous with respect to demographic and risk characteristics, suggesting insularity of this population with respect to HIV transmission, but were geographically heterogeneous.</p>

<p>Straub, D.M., Arrington-Sanders, R., Harris, D.R., Willard, N., Kapogiannis, B., Emmanuel, P., ... Adolescent Trials Network for HIV/AIDS Interventions. (2011). Correlates of HIV testing history among urban youth recruited through venue-based testing in 15 US cities. <i>Sexually Transmitted Diseases</i>, 38(8), 691-696.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>sexually active youths, aged 12 to 24 years</p>		<p>(a) Of the 1457 participants, 72% reported having been previously tested for HIV (89% of whom were aware of their test results).  (b) Factors found to be predictive of testing typically reflect high risk for HIV, except for some high-risk partner characteristics, including having had a partner that made the youth have sex without a condom or had a partner with unknown HIV status.  (c) HIV testing seems to be more associated with sexually transmitted infection testing services than with primary care.</p>
<p>Williams, K.A., and Chapman, M.V. (2011). Comparing health and mental health needs, service use, and barriers to services among sexual minority youths and their peers. <i>Health &amp; Social Work</i>, 36(3), 197-206.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>Randomly selected sample from wave 1 data from the National Longitudinal Study of Adolescent Health (Add Health)</p>	<p>Health, LGB youths, mental health need, service use, sexual minority</p>	<p>(a) Compared with peers, sexual minority youth (SMY) self-reports indicated higher prevalence rates on all indicators of health and mental health need. SMYs reported more sexual activity, more sexually transmitted disease diagnoses, a higher perceived risk for HIV/AIDS, and more forgone medical care than peers.  (b) Also compared with peers, SMYs reported higher levels of anxiety depression, suicidality, and physical and sexual victimization and higher rates of unmet mental health need.  (c) SMYs also reported greater concerns about confidentiality and were less likely to use school-based services.  (d) The majority of SMYs reported same-sex attraction only.</p>

<p>Storholm, E.D., Halkitis, P.N., Siconolfi, D.E., and Moeller, R.W. (2011). Cigarette smoking as part of a syndemic among young men who have sex with men ages 13-29 in New York City. <i>Journal of Urban Health</i>, 88(4), 663-676.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>YMSM, ages 13–29, in New York City</p>	<p>YMSM, gay and bisexual, cigarette smoking, tobacco, sexual risk, drug use, syndemic</p>	<p>(a) Multivariate modeling suggests that Asian or Pacific Islander and White YMSM are more likely to report cigarette smoking than other racial and ethnic groups, as are men reporting a middle class socioeconomic status.  (b) Smoking was related to the likelihood of using a variety of illicit substances, as well as alcohol and pharmaceuticals without a prescription, during the period of assessment.  (c) YMSM who smoke cigarettes reported a greater number of casual sex partners and a greater number of transactional sex partners than non-smokers.  (d) Episodic analysis of sexual behaviors with casual partners indicated that smokers were more likely to engage in illicit drug and alcohol use immediately before or during sex than did non-smokers.</p>
<p>Hightow-Weidman, L.B., Jones, K., Phillips, G. 2nd, Wohl, A., Giordano, T.P., and YMSM of Color SPNS Initiative Study Group. (2011). Baseline clinical characteristics, antiretroviral therapy use, and viral load suppression among HIV-positive young men of color who have sex with men. <i>AIDS Patient Care and STDs</i>, 25(S1), S9-14.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>born male; HIV-infected and not currently in care; have sex with men, or the intent to have sex with men; self-identify as nonwhite, be between the ages of 13 and 24 years at the time of the first interview;</p>		<p>(a) Overall, 155 subjects had at least a baseline CD4 count recorded at study entry. There was a low rate of ART use in this population with only one-half of the cohort with CD4 counts &lt; 350 cells/mm3 being prescribed ART to treat their infection.  (b) Of those youth who were started on ART, the majority (74%) did achieve undetectable viral loads (&lt; 400 copies).</p>

<p>Wohl, A.R., Garland, W.H., Wu, J., Au, C.W., Boger, A., Dierst-Davies, R., ... and Jordan, W. (2011). A youth-focused case management intervention to engage and retain young gay men of color in HIV care. <i>AIDS Care</i>, 23(8), 988-997.</p>	<p>2011</p>	<p>USA</p>	<p>Quantitative</p>	<p>HIV-positive Latino and African-American YMSM, ages 18-24, who were newly diagnosed with HIV or in intermittent HIV care</p>	<p>adolescents, MSM, HIV/AIDS, Latinos, African-Americans, interventions</p>	<p>From April 2006 to April 2009, 61 HIV-positive participants were enrolled into the intervention (54% African-American, 46% Latino; mean age 21 years). At the time of enrollment into the intervention, 78% of the YMSM had a critical or immediate need for stable housing, nutrition support, substance abuse treatment, or mental health services.</p> <p>(a) Among intervention participants (n=61), 90% were retained in primary HIV care at three months and 70% at six months.</p> <p>(b) Among those who had previously been in intermittent care (n=33), the proportion attending all HIV primary care visits in the previous six months increased from 7% to 73% following participation in the intervention.</p> <p>(c) Retention in HIV care at six months was associated with increased number of intervention visits, more hours in the intervention, and prescription of HAART.</p>
<p>Fields, E.L., Bogart, L.M., Smith, K.C., Malebranche, D.J., Ellen, J. and Schuster, M.A. (2012). HIV Risk and Perceptions of Masculinity Among Young Black Men Who Have Sex With Men. <i>Journal of Adolescent Health</i>, 50(3), 296-303.</p>	<p>2012</p>	<p>USA New York City, Upstate New York and Atlanta</p>	<p>Qualitative, semi-structured interviews</p>	<p>18-24 year old young black MSM</p>	<p>Black/African American, MSM, young adult/adolescent, masculinity, HIV/AIDS, Prevention heuristics, sexual risk behavior, HIV risk</p>	<p>Perceptions of masculinity emerged as a primary contextual factor influencing risk assessment, partner selection, and decision-making with regard to condom usage.</p> <p>Four primary themes emerged:</p> <ol style="list-style-type: none"> <li>(1) greater preference for partners perceived as masculine</li> <li>(2) discomfort with allowing men perceived as feminine to be the insertive partner in anal intercourse</li> <li>(3) a power dynamic such that partners perceived as more masculine made condom-use decisions within the dyad</li> <li>(4) use of potential partners' perceived masculinity to assess HIV risk.</li> </ol>

Lyons, A., Pitts, M., Grierson, J., Smith, A., McNally, S., and Couch, M. (2012). Age at first anal sex and HIV/STI vulnerability among gay men in Australia. <i>Sexually transmitted infections</i> , 88(4), 252-257.	2012	Australia (Every state and territory covered)	Quantitative, online survey, cross-sectional	Australian gay men born between 1944-1993		(a) median age at first anal intercourse (AFAI) fell from 35 years for men born between 1944 and 1953 to 18 years for men born between 1984 and 1993 (b) of those who reported having had anal intercourse, HIV-positive men were found to be significantly younger on average when they first had anal intercourse compared with HIV-negative men (18.5 vs. 21.3 years) (c) men with a history of other STIs were also significantly younger (d) engaging in higher risk sexual behaviour is a likely factor, with AFAI generally younger among men who reported >10 sexual partners in the past year and who engaged in group sex, receptive anal intercourse or were drug or alcohol affected during their most recent sexual encounter
Pollock, J.A., Halkitis, P.N., Moeller, R.W., Solomon, T.M., Barton, S.C., Blachman-Forshay, J., ... Love, H.T. (2012). Alcohol Use Among Young Men Who Have Sex With Men. <i>Substance Use and Misuse</i> , 47(1), 12-21.	2012	USA New York City	Mixed methods, cross-sectional	(1) between the ages of 13 and 29 years and (2) self-identify as a man who has sex with other men	alcohol, alcohol intoxication, young men who have sex with men, gay, bisexual, sexual risk-taking	a) Alcohol use varied by race/ethnicity, with White YMSM consuming significantly more alcohol than other races/ethnicities (b) Participants over the age of 21 drank significantly more alcohol than participants ages 13–20 (c) Alcohol use was not found to be associated with sexual risk-taking activity
Nyamathi, A., Salem, B., Reback, C.J., Shoptaw, S., Branson, C.M., Idemudia, F.E., Kennedy, B., Khalilifard, F., Marfisee, M., and Liu, Y. (2012). Correlates of Hepatitis B Virus and HIV Knowledge Among Gay and Bisexual Homeless Young Adults in Hollywood. <i>American Journal of Men's Health</i> , XX(X), 1-9.	2012	USA	Quantitative, correlational design	18-39 year old homeless gay and bisexual MSM active methamphetamine, cocaine, and crack-using homeless men enrolled in a longitudinal trial	hepatitis B virus, HIV, gay/bisexual homeless young men	(a) previous hepatitis education delivered to homeless gay and bisexual men (G/B) was associated with higher levels of HIV/AIDS and hepatitis knowledge (b) higher HIV/AIDS knowledge was associated with combining sex and drinking alcohol (c) associations with hepatitis B knowledge was found among G/B men who were engaging in sex while under the influence of marijuana, who were receiving support from non-drug users, and who had been homeless in the last 4 months
Liu, R.T. and Mustanski, B. (2012). Suicidal Ideation and Self-Harm in Lesbian, Gay, Bisexual, and Transgender Youth. <i>American Journal of Preventive Medicine</i> , 42(3), 221-228.	2012	USA	Quantitative	16-20 LGBT youth		(a) a history of attempted suicide, impulsivity, and prospective LGBT victimization and low social support were associated with increased risk for suicidal ideation (b) suicide attempt history, sensation-seeking, female gender, childhood gender nonconformity, and prospective hopelessness and victimization were associated with greater self-harm

Weerakoon, A.P., Chen, M.Y., Read, T.R., Bradshaw, C., and Fairley, C.K. (2012). Immunity to hepatitis A when outbreaks of infection in men who have sex with men (MSM) are rare. <i>Vaccine</i> , 30(23), 3430-3434.	2012	Australia	Quantitative, retrospective and archival	MSM, notifications of Hepatitis A in Victoria from 1991 to 2010, serological testing for hepatitis A among MSM attending Melbourne Sexual Health Centre (MSHC), and vaccination records among MSM attending MSHC	hepatitis A, immunity, vaccination coverage, men who have sex with men (MSM)	Hepatitis A is rare in MSM in Victoria where levels of immunity are about 40–50%. As outbreaks have occurred when levels of immunity were around 30%, maintaining vaccination levels over 40–50% is important if outbreaks are to be prevented. The lower levels of immunity in younger MSM create the potential for outbreaks in this sub-group.
Bregman, H.R., Malik, N.M., Page, M.J., Makynen, E., and Lindahl, K.M. (2012). Identity Profiles in Lesbian, Gay, and Bisexual Youth: The Role of Family Influences. <i>Journal of Youth and Adolescence</i> , doi:10.1007/s10964-012-9798-z.	2012	USA	Quantitative, latent profile analysis	LGBT youth 14-24	gay, lesbian, bisexual, sexual minority, parental rejection, social support	(a) Using latent profile analysis (LPA), two profiles were identified, indicating that youth experience both affirmed and struggling identities. (b) Results indicated that parental rejection and sexuality-specific social support from families were salient links to LGB identity profile classification, while non-sexuality specific social support was unrelated.
McDermott, E., and Roen, K. (2012). Youth on the virtual edge: researching marginalized sexualities and genders online. <i>Qualitative Health Research</i> , 22(4), 560-570.	2012	UK	Qualitative	LGBTIQ 16-25 years old	adolescents / youth, at-risk, bisexuals, gays and lesbians, gender, interviews, electronic, minorities, research, access to participants, research, online, research, qualitative, self-harm, sensitive topics, sexuality / sexual health, social identity, suicide, transsexuals, vulnerable populations, young	Virtual methodology was effective in recruiting young LGBT participants who might otherwise not take part in research. Online interviewing successfully produced in-depth, “immediate” data that potentially gave access to insights that might not emerge through face-to face interviews.

					adults	
Traube, D.E., Holloway, I.W., Schragger, S.M., and Kipke, M.D. (2012). Utilizing Social Action Theory as a framework to determine correlates of illicit drug use among young men who have sex with men. <i>Psychology of Addictive Behaviors</i> , 26(1), 78-88.	2012	USA	Quantitative	(1) were male; (2) were between 18 and 24 years of age; (3) were Latino of Mexican descent, Black, or White; (4) identified as gay or bisexual or reported previous sexual experience with men; and (5) lived in Los Angeles County and planned to live in the area for at least 6 months following baseline assessment	young men who have sex with men (YMSM), social action theory, illicit drug use, emerging adults	This study utilizes Social Action Theory (SAT) as a framework to address gaps in research by documenting the social, behavioral, and demographic risk factors associated with illicit drug use among YMSM. Structural equation modeling was used to apply SAT to a cross-sectional sample of 526 men from the Healthy Young Men Study, a longitudinal study of substance use and sexual risk behavior among YMSM in Los Angeles. The final model possessed very good fit statistics (Comparative Fit Index (CFI) = 0.936, Tucker-Lewis Index (TLI) = 0.925, Root Mean Square Error of Approximation (RMSEA) = 0.040) indicating that SAT is appropriate for use with YMSM.

<p>Bird, J.D., Kuhns, L., and Garofalo, R. (2012). The impact of role models on health outcomes for lesbian, gay, bisexual, and transgender youth. <i>Journal of Adolescent Health</i>, 50(4), 353-357.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative, computer-assisted interview</p>	<p>16–24-year old LGBT youth residing in Chicago</p>	<p>LGBT, adolescents, health risks, risk behaviors, role models, mentoring</p>	<p>(a) Sixty percent of the participants reported having a role model, with younger participants significantly more likely to report having a role model.  (b) A majority of the participants reported having inaccessible role models, especially among younger participants.  (c) The presence and accessibility of a role model did not have a significant relationship to binge drinking, drug use, or sexually transmitted infection diagnoses; however, participants with inaccessible role models showed increased psychological distress versus those with accessible or no role models.</p>
<p>Lindley, L.L., Walsemann, K.M., and Carter, J.W. Jr. (2012). The association of sexual orientation measures with young adults' health-related outcomes. <i>American Journal of Public Health</i>, 102(6), 1177-1185.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>Wave IV (2007-2008) restricted data from the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative sample of individuals who were enrolled in Grades 7 through 12 in 1994-1995. Respondents were aged 24 to 32 years in 2007-2008.</p>		<p>Strength of associations differed by gender and sexual orientation measure.  (a) Among women, being attracted to both sexes, identifying as “mostly straight” or “bisexual,” and having mostly opposite-sex sexual partners was associated with greater risk for all indicators.  (b) Among men, sexual attraction was unrelated to health indicators. Men who were “mostly straight” were at greater risk for some, but not all, indicators. Men who had sexual partners of the same-sex or both sexes were at lower risk for binge drinking.</p>

<p>Austin, E.L., and Bozick, R. (2012). Sexual orientation, partnership formation, and substance use in the transition to adulthood. <i>Journal of Youth and Adolescence</i>, 41(2), 167-178.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>National Longitudinal Study of Adolescent Health (Add Health)</p> <p>Wave 1 (1994–1995) and Wave 3 (2001–2002) in-home interviews, conducted when participants were 10–18 and 18–26 years of age, respectively</p>	<p>transition to adulthood, substance use, lesbian/gay, marriage, partnership formation</p>	<p>The formation of more serious partnerships (e.g., cohabitation, marriage) is associated with less frequent substance use among heterosexual young adults, though this pattern does not hold for lesbian and gay young adults.</p>
<p>Brewster, K.L., and Tillman, K.H. (2012). Sexual Orientation and Substance Use Among Adolescents and Young Adults. <i>American Journal of Public Health</i>, 102(6), 1168-1176.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>National Survey of Family Growth Cycle 6 data set (analyses are based on 2513 females and 2059 males aged 15 to 24 years)</p>		<p>(a) There was a lack of concordance among the different dimensions of sexual orientation. More youths reported same-gender sexual attraction and same-gender sexual experiences than identified as lesbian, gay, or bisexual.</p> <p>(b) Estimates of substance use prevalence differed significantly by gender and across dimensions of sexual orientation. Sexual experience was the most consistent predictor of substance use. Women and men with no sexual experience had the lowest odds of all forms of substance use; those reporting sexual experience with partners of both genders had the highest odds.</p>

<p>Needham, B.L. (2012). Sexual attraction and trajectories of mental health and substance use during the transition from adolescence to adulthood. <i>Journal of Youth and Adolescence</i>, 41(2), 179-190.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>National Longitudinal Study of Adolescent Health (Add Health) Waves 1-4</p>	<p>sexual orientation, mental health, substance use, transition to adulthood</p>	<p>(a) Among women and men, sexual orientation disparities in depressive symptoms and suicidal thoughts persist, but do not increase, during the transition from adolescence to adulthood. The same pattern is observed for disparities in smoking, heavy drinking, and marijuana use among women. (b) Among men, disparities in substance use are only observed between those who report consistent heterosexual attraction and those who transition to heterosexual attraction. Disparities between these groups persist over time for heavy drinking and marijuana use but decrease over time for smoking. (c) While this study finds evidence of numerous disparities in mental health and substance use outcomes during adolescence and young adulthood, particularly among young women, there is no indication that these disparities get larger over time.</p>
<p>Kubicek, K., Beyer, W., Weiss, G., and Kipke, M.D. (2012). Photovoice as a tool to adapt an HIV prevention intervention for African American young men who have sex with men. <i>Health Promotion Practice</i>, 13(4), 535-543.</p>	<p>2012</p>	<p>USA</p>	<p>Qualitative</p>	<p>YMSM and African American young men who have sex with men (AAYMSM)</p>	<p>HIV/AIDS, Black / African American, minority health, LGBT, qualitative research, health research</p>	<p>Through Photovoice discussions, the researchers identified a new focus for the adapted intervention, Young Men's Adult Identity Mentoring (YM-AIM): development and maintenance of healthy intimate relationships. This new focus and the resulting curriculum are rooted in the voices and perceptions of the target population.</p>

<p>Zheng, J., Wu, Z., Poundstone, K.E., Pang, L., and Rou, K. (2012). HIV, syphilis infection, and risky sexual behaviors among male university students who have sex with men in Beijing, China: a cross-sectional study. <i>AIDS Education and Prevention</i>, 24(1), 78-88.</p>	<p>2012</p>	<p>China</p>	<p>Quantitative</p>	<p>Current university students who have had sex with at least one man in their lifetime and agree to informed consent</p>		<p>(a) Among 157 study participants, HIV and syphilis prevalence were 2.5% and 7.0%, respectively.  (b) The researchers found a high prevalence of UAI in the study population.  (c) Multiple logistic regression analysis revealed two significant predictors of UAI: believing it is not necessary to use a condom with a regular sex partner and not feeling anxious about being gay. Not using a condom during first sexual experience with a man was a marginally significant predictor of UAI.</p>
<p>Johns, M.M., Pingel, E., Eisenberg, A., Santana, M.L., and Bauermeister, J. (2012). Butch tops and femme bottoms? Sexual positioning, sexual decision making, and gender roles among young gay men. <i>American Journal of Men's Health</i>, 6(6), 505-518.</p>	<p>2012</p>	<p>USA</p>	<p>Qualitative</p>	<p>34 young gay men (aged 18-24)</p>	<p>gay men, sexual decision making, gender roles, sexuality, HIV/AIDS, relationships</p>	<p>The results highlight the diversity of YGM's sexual preferences, as well as the high degree of sexual fluidity. Ideas of gender appear to inform part of this process; however, YGM critiqued conventional gender norms and emphasized the centrality of relationships (i.e., casual vs. romantic) in their sexual decision making.</p>

<p>Bruce, D., Harper, G.W., Fernández, M.I., Jamil, O.B., and Adolescent Medicine Trials Network for HIV/AIDS Interventions. (2012). Age-concordant and age-discordant sexual behavior among gay and bisexual male adolescents. <i>Archive of Sexual Behavior</i>, 41(2), 441-448.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>gay and bisexual male youth (15-22 years old) in Chicago and Miami</p>	<p>adolescents, gay, bisexual, sexual behavior, older sexual partners</p>	<p>(a) A general pattern of progression from oral sex with men to both receptive and insertive anal sex with men appeared to characterize the sample during their adolescence.  (b) There appeared to be a high degree of "versatile" positioning among the sexually active gay and bisexual young men, in both age-discrepant and age-concordant dyads.  (c) Risk analysis revealed having primarily age-concordant partners to be a significant predictor of sexual risk behavior.  (d) HIV risk among young gay and bisexual men engaging in sexual activity with older men may occur not only within a distinct biological context from their heterosexual counterparts, but also in a social context that may not as rigidly bound to traditional assumptions about age, gender, and power.</p>
<p>Allen, K.D., Hammack, P.L., and Himes, H.L. (2012). Analysis of GLBTQ youth community-based programs in the United States. <i>Journal of Homosexuality</i>, 59(9), 1289-1306.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative, internet-based survey</p>	<p>Community-based GLBTQ youth programs (identified through GLBT Central, CenterLink, and Safe School Coalitions)</p> <p>A program had to provide direct services to youth in the age range of 10–24 years. Programs such as Safe School Coalitions that include adults working to improve youth programs were not included in the study.</p>	<p>sexual minority youth, GLBTQ youth, peer support, community youth programs</p>	<p>The results revealed the community-based youth programs provide critical and unique programs and services that can promote the mental and physical health of GLBTQ youth.</p> <p>Programs/services included ...  Drop-in center  Peer support groups  Educational programs  Mentoring program  Programs for transgender youth  Psychological referrals for transgender youth  Psychological referrals for LGBQ youth  Medical referrals for transgender youth  Medical referrals for LGBQ youth  Referrals to GLBTQ friendly legal services  Referrals to HIV testing sites  Referrals to suicide prevention hotlines</p>

<p>Newcomb, M.E., Heinz, A.J., and Mustanski, B. (2012). Examining risk and protective factors for alcohol use in lesbian, gay, bisexual, and transgender youth: a longitudinal multilevel analysis. <i>Journal of Studies on Alcohol and Drugs</i>, 73(5), 783-793.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>16-20 year old LGBT youth in Chicago</p>		<p>(a) Drinking increased significantly over time in a linear fashion, although it tended to increase more rapidly among male LGBT youth compared with females.  (b) Analyses of group differences revealed lower average rates of drinking for African American and female LGBT youth, and there were no differences between bisexual youth and gay/lesbian youth.  (c) Psychological distress and sexual orientation–based victimization were associated with increased alcohol use at each wave of data collection for female LGBT youth only.  (d) Perceived family support at each wave was negatively associated with alcohol use for all LGBT youth.</p>
<p>Woodford, M.R., Howell, M.L., Silverschanz, P., and Yu, L. (2012). "That's so gay!": Examining the covariates of hearing this expression among gay, lesbian, and bisexual college students. <i>Journal of American College Health</i>, 60(6), 429-434.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative (online)</p>	<p>students at a large public university in the Midwest in the winter of 2009</p>	<p>campus climate, gay, lesbian, and bisexual, heterosexism, language, sexual minority</p>	<p>Participants' social and physical well-being was negatively associated with hearing this phrase, specifically feeling isolated and experiencing physical health symptoms (ie, headaches, poor appetite, or eating problems).</p>

<p>Walker, J.J., and Longmire-Avital, B. (2012). The Impact of Religious Faith and Internalized Homonegativity on Resiliency for Black Lesbian, Gay, and Bisexual Emerging Adults. <i>Developmental Psychology</i>, doi:10.1037/a0031059</p>	2012	USA	Quantitative	Black LGB adults between 18 and 25 years old	Black, lesbian–gay–bisexual (LGB), religion, resilience, internalized homonegativity	Utilizing hierarchical linear regression, the researchers found that internalized homonegativity moderated the relationship between religious faith and resiliency. Religious faith was a significant contributor to resiliency when the participant concurrently reported high internalized homonegativity.
<p>Wang, C., Wang, Y., Huang, X., Li, X., Zhang, T., Song, M., ... Wang, W. (2012). Prevalence and Factors Associated with Hepatitis B Immunization and Infection among Men Who Have Sex with Men in Beijing, China. <i>PLoS ONE</i>, 7(10), e48219. doi:10.1371/journal.pone.0048219</p>	2012	China	Quantitative	MSM in Beijing China		<p>Laboratory data were available for 1,111 participants (99.7%), the prevalence of hepatitis B immunization was 38.9%, and 26.5% had serologic markers of HBV infection.</p> <p>(a) Multivariate analyses indicated that higher education level, smaller number of male sex partners in the past 12 months, reported diagnosis of sexually transmitted disease (STD), and history of blood donation were independently associated with HBV immunization.</p> <p>(b) Absence of steady male sex partner(s) in the past 12 months, and reported diagnosis of STD were shown to be independently associated with HBV infection.</p> <p>(c) MSM positive for HBV infection were more likely to have past or current syphilis infection.</p>

<p>Ober, A.J., Martino, S.C., Ewing, B., and Tucker, J.S. (2012). If you provide the test, they will take it: factors associated with HIV/STI Testing in a representative sample of homeless youth in Los Angeles. <i>AIDS Education and Prevention</i>, 24(4), 350-362.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>Homeless youth in Los Angeles County from shelters, drop-in centers, and street venues between October 2008 and August 2009</p>		<p>(a) Most youth (85%) had ever been tested and 47% had been tested in the past 3 months.  (b) Recent testing was significantly more likely among youth who self-identified as gay, were Hispanic, injected drugs, and used drop-in centers, and marginally more likely among youth with more depressive symptoms.  (c) Drop-in center use mediated the association of injection drug use with HIV/STI testing.</p>
<p>Hillier, L., Mitchell, K.J., and Ybarra, M.L. (2012). The Internet as a safety net: Findings from a series of online focus groups with LGB and non-LGB young people in the United States. <i>Journal of LGBT Youth</i>, 9(3), 225-246.</p>	<p>2012</p>	<p>USA</p>	<p>Qualitative</p>	<p>LGB youth and non-LGB youth 13 to 18 years of age and used the Internet at least once in the past six months</p>	<p>sexual minority youth, Internet, adolescent sexuality, homophobia, sexual attraction</p>	<p>The LGB young people were more adventurous in their internet use than non LGB young people, including meeting new people online.</p>

<p>Pinsky, L., Chiarilli, D.B., Klausner, J.D., Kull, R.M., O'Keefe, R., Heffer, C., and Seward, S.L. Jr. (2012). Rates of asymptomatic nonurethral gonorrhea and chlamydia in a population of university men who have sex with men. <i>Journal of American College Health</i>, 60(6), 481-484.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>MSM seen at Columbia University Health Service (March 2007 to May 2010)</p>	<p>men who have sex with men (MSM) sexual health, nonurethral chlamydia, nonurethral gonorrhea, nucleic acid amplification testing (NAAT), sexually transmitted infections (STIs) in MSM</p>	<p>(a) Specimens were tested using culture and nucleic acid amplification testing (NAAT): 3.5% (n = 7) tested positive for pharyngeal gonorrhea by NAAT, none were positive by culture; 3% (n = 6) tested positive for rectal chlamydia by NAAT and 0.5% (n = 1) by culture.</p> <p>(b) NAAT is more sensitive than culture for nonurethral gonorrhea and chlamydia.</p>
<p>Balaji, A.B., Oster, A.M., Viall, A.H., Heffelfinger, J.D., Mena, L.A., and Toledo, C.A. (2012). Role flexing: how community, religion, and family shape the experiences of young black men who have sex with men. <i>AIDS Patient Care and STDs</i>, 26(12), 730-737.</p>	<p>2012</p>	<p>USA</p>	<p>Qualitative</p>	<p>19- to 24-year-old black MSM in the Jackson, Mississippi area</p>		<p>(a) Results suggest that overall, homosexuality remains highly stigmatized by the men's families, religious community, and the African American community.</p> <p>(b) To manage this stigma, many of the participants engaged in a process of "role flexing," in which individuals modified their behavior in order to adapt to a particular situation.</p> <p>(c) The data also provided evidence of internalized homophobia among a number of the participants.</p>

<p>Black, W.W., Fedewa, A.L., and Gonzalez, K.A. (2012). Effects of “Safe School” Programs and Policies on the Social Climate for Sexual-Minority Youth: A Review of the Literature. <i>Journal of LGBT Youth</i>, 9(4), 321-339.</p>	<p>2012</p>		<p>Review</p>	<p>The search for relevant studies in this literature review included both published and unpublished literature based on a computerized search of relevant databases including Academic Search Premier, the Education Resources Information Center (ERIC), MEDLINE, Teacher Reference Center (TRC), PsycINFO, and ProQuest Databases and Theses.</p>	<p>Adolescents, educational policies, gay, harassment, heterosexism, intervention strategies, lesbian, safe school policy, safe school program, school climate, sexual-minority youth, victimization</p>	<p>The review examined both quantitative and qualitative studies of safe school policies and programs in regards to their effectiveness in improving physical, social, and mental health outcomes for sexual-minority adolescents.</p> <p>The results of this study indicated that intervention outcomes fall into three themes: psychological, social, and physical. Of the 17 studies, eight studies highlighted the importance of support factors in combination with safe school policies and programs. These support factors included perceived staff or faculty support, perceived peer support, school support of inclusive curriculum, and enforcement of safe school policies.</p>
<p>McClelland, A., Flicker, S., Nepveux, D., Nixon, S., Vo, T., Wilson, C., ... Proudfoot, D. (2012). Seeking safer sexual spaces: queer and trans young people labeled with intellectual disabilities and the paradoxical risks of restriction. <i>Journal of Homosexuality</i>, 59(6), 808-819.</p>	<p>2012</p>	<p>Canada</p>	<p>Qualitative</p>	<p>LGBT youth from the Griffin Centre ReachOUT program</p>	<p>intellectual disability, HIV, sexual health, youth</p>	<p>(a) Participants reported multiple limitations on their autonomy that resulted in having sex in places where they did not feel comfortable and were unlikely to practice safer sex.</p> <p>(b) Attempts by authority figures to protect youth through limits on their autonomy may be unintentionally leading to negative sexual health outcomes.</p>

<p>Blosnich, J., and Bossarte, R. (2012). Drivers of disparity: differences in socially based risk factors of self-injurious and suicidal behaviors among sexual minority college students. <i>Journal of American College Health</i>, 60(2), 141-149.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>A national sample of college-attending 18- to 24-year-olds</p>	<p>bisexuality, homosexuality, self-injurious behavior, mental health</p>	<p>(a) Sexual minorities reported more socially based stressors than heterosexuals.  (b) Bisexuals exhibited greatest prevalence of self-injurious and suicidal behaviors.  (c) In adjusted models, intimate partner violence was most consistently associated with self-injurious behaviors.</p>
<p>Chen, Y.H., Vallabhaneni, S., Raymond, H.F., and McFarland, W. (2012). Predictors of serosorting and intention to serosort among men who have sex with men, San Francisco. <i>AIDS Education and Prevention</i>, 24(6), 564-573.</p>	<p>2012</p>	<p>USA</p>	<p>Quantitative</p>	<p>HIV-negative and HIV-positive MSM were recruited by time-location sampling (TLS) into a longitudinal study of seroadaptive behaviors in San Francisco</p>		<p>(a) HIV-negative frequent methamphetamine users were less likely and HIV-positive frequent methamphetamine users were more likely to intend to serosort than nonusers.  (b) Among HIV-positive and HIV-negative MSM with intent to serosort, those who frequently used alcohol, methamphetamine, or “downers” had significantly more episodes of PDUAI compared to nonusers.  (c) Those aged 18 to 24 were less likely to express intention to serosort and were more likely to fail even if they had intent.</p>

Wagner, G.J., Aunon, F.M., Kaplan, R.L., Rana, Y., Khouri, D., Tohme, J., and Mokhbat, J. (2012). A Qualitative Exploration of Sexual Risk and HIV Testing Behaviors among Men Who Have Sex with Men in Beirut, Lebanon. PLoS ONE, 7(9). e45566. doi:10.1371/journal.pone.0045566	2012	Lebanon	Qualitative	MSM living in Beirut  Participants were eligible if they were male, age 18 years or older, and reported engaging in any sexual activity with another male in the past year.		(a) Condoms were more likely to be used with casual partners, partners believed to be HIV-positive, and with partners met online where men found it easier to candidly discuss HIV risk. (b) Fear of infection motivated many to get HIV tested and use condoms, but such affect also led some to avoid HIV testing in fear of disease and social stigma if found to be infected. (c) Respondents who were very comfortable with their sexual orientation and who had disclosed their sexuality to family and parents tended to be more likely to use condoms consistently and be tested for HIV.
Peate, I. (2012). Sexually transmitted infections in men who have sex with men. British Journal of Nursing, 21(13), 811-815.	2012	England	Quantitative	The data used to inform overall trends in diagnoses of STIs in England are compiled using data from genitourinary medicine (GUM) clinics and community-based settings screening for chlamydia including the National Chlamydia Screening Programme	sexual health, men who have sex with men, infection prevention and control, information giving	STIs are still on the increase in men who have sex with men.
Bauermeister, J.A. (2012). Romantic ideation, partner-seeking, and HIV risk among young gay and bisexual men. Archives of Sexual Behavior, 41(2), 431-440.	2012 April	USA  Covered 44/50 U.S. States or territories, including Puerto Rico	Quantitative	To be eligible for participation , men had to be between the ages of 18 and 24 and report having used a dating website in the past three months, had	love, HIV, gay, bisexual, dating, partners, relationship	(a) Young gay and bisexual men (YGBM) who placed greater importance on commitment were less likely to report having had multiple UAI partners. Commitment importance was unrelated to total number of partners. (b) Intimacy and passion was not associated with UAI. (c) Participants who rated relationship exclusivity as an important characteristic reported fewer partners. (d) These associations persisted after accounting for

				been sexually active with a male partner met on a dating website in the past six months, and be single		age, race/ethnicity, sexual identity, and hours spent seeking casual/romantic partners online. (e) Spending more time seeking casual partners online was associated with a greater number of sexual partners. (f) There was no significant association between number of partners and time spent seeking romantic partners online.
McLaren, S., Gibbs, P.M., and Watts, E. (2013). The interrelations between age, sense of belonging, and depressive symptoms among Australian gay men and lesbians. <i>Journal of Homosexuality</i> , 60(1), 1-15.	2013	Australia	Quantitative	self-identified gay men (18-83 years)	depressive symptoms, sense of belonging, age, gay men, lesbians	Age and sense of belonging to the gay community were directly and independently related to depressive symptoms among gay men.
Calzo, J.P., Corliss, H.L., Blood, E.A., Field, A.E., and Austin, S.B. (2013). Development of muscularity and weight concerns in heterosexual and sexual minority males. <i>Health Psychology</i> , 32(1), 42-51.	2013	USA	Quantitative	males from the Growing Up Today Study, a U.S. prospective cohort spanning ages 9–25 years  The present analysis included male participants if they provided at least one wave of data about their sexual orientation between 1999 and 2005, one wave of height and weight data for the	body image, muscularity/weight concern, gay/bisexual, masculinity, adolescence	(a) Gay and bisexual participants reported greater desire for toned muscles than completely and mostly heterosexual males. Desire for toned muscles did not change with age. (b) Sexual minority participants were 20% less likely to report weight gain attempts than completely heterosexual participants. (c) Weight and shape concern increased with age, with gay and bisexual participants experiencing a significantly greater increase than heterosexual males. (d) Desire for bigger muscles increased slightly each year across adolescence, regardless of sexual orientation.

				calculation of body mass index (BMI), and at least one wave of data for each of the key muscularity and weight concern variables		
Austin, S.B., Nelson, L.A., Birkett, M.A., Calzo, J.P., and Everett, B. (2013). Eating disorder symptoms and obesity at the intersections of gender, ethnicity, and sexual orientation in US high school students. <i>American Journal of Public Health</i> , 103(2), e16-e22.	2013	USA	Quantitative	Youth Risk Behavioral Surveillance System Survey in 2005 and 2007		(a) Lesbian, gay, and bisexual (LGB) identity was associated with substantially elevated odds of purging and diet pill use in both girls and boys. (b) Bisexual girls and boys were also at elevated odds of obesity compared to same-gender heterosexuals.
Clyman, J.A., and Pachankis, J.E. (2013). The Relationship Between Objectively Coded Explanatory Style and Mental Health in the Stigma-Related Narratives of Young Gay Men. <i>Psychology of Men and Masculinity</i> . doi:10.1037/a0031500	2013	USA	Qualitative	Gay male college students from 22 US Universities	explanatory style, narrative, stigma, expressive writing, minority stress	(a) Viewing stigma-related experiences as temporary and external to oneself, for example, was expected to be associated with positive mental health outcomes. Results, in fact, indicated a significant association between evincing such optimistic perspectives in personal stigma-related narratives and overall psychological well-being. (b) In addition, participants whose narratives contained more optimism experienced a marginally significant reduction in depressive symptoms after writing that narrative, providing preliminary support for the possibility that optimism-enhancing interventions can protect against the negative mental health effects of stigma-related stress.

<p>Chaplic, K.C., and Allen, P.J. (2013). Best Practices to Identify Gay, Lesbian, Bisexual, or Questioning Youth In Primary Care. <i>Pediatric Nursing</i>, 39(2), 99-103.</p>	<p>2013</p>		<p>Review</p>	<p>English articles from Google Scholar, MEDLINE, CINAHL, PsycINFO, and Scopus on adolescence, homosexuality, mental health, and primary health care published between 2000 and 2012; however, key examples of literature older than 10 years were included.</p>	<p>(a) Compared to heterosexual youth, GLBQ adolescents engage disproportionately in a variety of health risk behaviors and are at risk for numerous negative health outcomes.  (b) Adolescents reporting same-sex sexual attraction, romantic relationships, and sexual experience are also at increased risk, regardless of self-identified sexual orientation.  (c) Current American Academy of Pediatrics (AAP) recommendations and provider practices are not effective in identifying GLBQ youth in the primary care setting.  (d) Extant literature indicates that by integrating social and sexual history-taking techniques into preventative care encounters with all adolescents, primary care providers can increase identification of GLBQ adolescents to better serve the needs of this population.</p>
<p>Muessig, K.E., Pike, E.C., Fowler, B., Legrand, S., Parsons, J.T., Bull, S.S., ... Hightow-Weidman, L.B. (2013). Putting Prevention in Their Pockets: Developing Mobile Phone-Based HIV Interventions for Black Men Who Have Sex with Men. <i>AIDS Patient Care and STDs</i>, 27(4), 211-222.</p>	<p>2013</p>	<p>USA</p>	<p>Qualitative</p>	<p>18-30 year old black MSM at three sites in North Carolina</p>	<p>(a) Phones were integral to participants' lives and were a primary means of Internet access.  (b) Communication was primarily through text messaging and Internet (on-line chatting, social networking sites) rather than calls.  (c) Apps were used daily for entertainment, information, productivity, and social networking.  (d) Half of participants used their phones to find sex partners; over half used phones to find health information.  (e) For an HIV-related app, participants requested user-friendly content about test site locators, sexually transmitted diseases, symptom evaluation, drug and alcohol risk, safe sex, sexuality and relationships, gay-friendly health providers, and connection to other gay/HIV-positive men.  (f) For young black MSM in this qualitative study, mobile technologies were a widely used, acceptable means for HIV intervention.</p>

<p>Blas, M.M., Menacho, L.A., Alva, I.E., Cabello, R., and Orellana, E.R. (2013). Motivating Men Who Have Sex with Men to Get Tested for HIV through the Internet and Mobile Phones: A Qualitative Study. PLoS ONE, 8(1), e54012. doi:10.1371/journal.pone.0054012</p>	<p>2013</p>	<p>Peru</p>	<p>Qualitative</p>	<p>MSM in Lima, Peru (October 2010 and February 2011)</p>		<p>(a) Participants reported that in order to motivate HIV testing among MSM, interventions need to be based on motivational messages that encourage participants to overcome the fear of getting tested. (b) Messages should increase the HIV risk perception (of participants who do not consider themselves at risk) by eliciting risky situations experienced by MSM. (c) Messages should emphasize confidentiality, respect and the professionalism of the personnel conducting the counseling and testing. (d) A thorough explanation of the process of HIV testing and the steps to follow after receiving the results should be provided. (e) Messages should contain information about the venue where the test will be conducted in terms of client characteristics, location, hours of operation and personnel. (f) Stigmatizing and stereotyping messages or images about “being gay” should not be included, as they act as deterrents for getting tested.</p>
<p>Lanier, Y., and Sutton, M.Y. (2013). Reframing the context of preventive health care services and prevention of HIV and other sexually transmitted infections for young men: new opportunities to reduce racial/ethnic sexual health disparities. American Journal of Public Health, 103(2), 262-269.</p>	<p>2013</p>	<p>USA</p>	<p>Overview</p>	<p>Screening protocols, organizations working with people of colour, surveillance data,</p>		<p>With the introduction of health reform in the United States, there is a new opportunity to set the stage for routine, preventive health checks for young men that should include routine HIV and STI screening and nonjudgmental sexual health discussions that include HIV- and STI-prevention messages that are inclusive of same-sex behaviors.</p>

<p>Roberts, A.L., Rosario, M., Corliss, H.L., Wypij, D., Lightdale, J.R., and Austin, S.B. (2013). Sexual orientation and functional pain in U.S. young adults: the mediating role of childhood abuse. PLoS ONE, 8(1), e54702. doi: 10.1371/journal.pone.0054702</p>	<p>2013</p>	<p>USA</p>	<p>Quantitative</p>	<p>Growing Up Today Study, a U.S. longitudinal cohort; this paper reports data primarily from the 2007 wave, when respondents were 19 to 27 years old</p>		<p>(a) Sexual minority youth, except for gays and lesbians, were at higher risk of functional pelvic and abdominal pain and multiple sites of pain than heterosexuals. (b) Gay and lesbian youth had elevated prevalence only of abdominal pain.</p>
<p>Pakula, B., and Shoveller, J.A. (2013). Sexual orientation and self-reported mood disorder diagnosis among Canadian adults. BMC Public Health, 13(209). doi:10.1186/1471-2458-13-209</p>	<p>2013</p>	<p>Canada</p>	<p>Quantitative</p>	<p>data from the 2007–2008 Canadian Community Health Survey</p>	<p>mood disorders, mental health, sexual orientation, sexual minority</p>	<p>(a) Among respondents who identified as LGB, 17.1% self-reported having a current mood disorder while 6.9% of heterosexuals reported having a current mood disorder. (b) After adjusting for potential confounders, LGB respondents remained more likely to report mood disorder as compared to heterosexual respondents. (c) Gay and bisexual males were at elevated odds of reporting mood disorders compared to heterosexual males. (d) Young LGB respondents (ages 18–29) had higher odds, compared to same-age heterosexuals.</p>

<p>Halkitis, P.N., and Figueroa, R.P. (2013). Sociodemographic characteristics explain differences in unprotected sexual behavior among young HIV-negative gay, bisexual, and other YMSM in New York City. <i>AIDS Patient Care and STDs</i>, 27(3), 181-190.</p>	<p>2013</p>	<p>USA</p>	<p>Quantitative</p>	<p>18–19 years old male, residing in the New York City metropolitan area, having sex (any physical contact that could lead to orgasm) with a man and reporting a seronegative or unknown HIV status at baseline</p>		<p>(a) A high level of association was demonstrated for each of the demographic factors with unprotected sexual behaviors. Multinomial logistic regression analyses were undertaken to examine associations between demographic covariates with the likelihood of engaging in unprotected sexual behaviors with male partners (any unprotected anal intercourse, as well as unprotected receptive anal, insertive anal, and receptive oral intercourse) irrespective of partner serostatus, in the month prior to assessment. (c) U.S-born status and perceived socioeconomic status consistently were significant in differentiating risk behaviors. Being born outside the U.S. and perceiving a lower SES was associated with greater levels of risk.</p>
<p>van Bergen DD, Bos HM, van Lisdonk J, Keuzenkamp S, Sandfort TG. (2013). Victimization and suicidality among Dutch lesbian, gay, and bisexual youths. <i>American Journal of Public Health</i>, 103(1), 70-72.</p>	<p>2013</p>	<p>Netherlands</p>	<p>Quantitative</p>	<p>LGB youth in the Netherlands</p>		<p>(a) Victimization at school was associated with suicidal ideation and actual suicide attempts. (b) Homophobic rejection by parents was also associated with actual suicide attempts.</p>