

## **VIRGINIA'S STUDY OF YOUNG AFRICAN-AMERICAN MEN WHO HAVE SEX WITH MEN**

### *Executive Summary*

In August 2008, the Virginia Department of Health (VDH) Division of Disease Prevention (DDP) submitted a proposal to the Centers for Disease Control & Prevention (CDC) for special funding to conduct a Virginia-based needs assessment, provide recommendations, and draft a strategic plan geared towards decreasing the growing rates of incidence in Young African-American Men who have Sex with Men (YAAMSM) ages 16-24 in Virginia. Funds were received from the CDC in late 2008.

A goal of 100 completed surveys, hard-copy and internet-based was established. Ultimately, 110 surveys were completed and used for the assessment. To augment the brief survey, a structured Key Informant interview was also developed to provide an opportunity for more in-depth conversations about issues, concerns, health risks, protective factors, and resilience. Fourteen individuals participated in these interviews.

#### Key Findings

- Of the 110 survey respondents, 75% reported engaging in unprotected sex within the past three months and more than 40% reported engaging in unprotected receptive anal sex, the sexual activity with the highest risk for HIV transmission.
- Sixty-two percent of survey respondents reported having been tested for HIV within the past six months, with 84% reporting a negative result. In contrast, only 25% of respondents reported that they had been tested and/or treated for syphilis, herpes, Chlamydia, gonorrhea or Hepatitis C in the last 6 months.
- Thirty-eight percent of survey respondents reported meeting their potential sexual partners online.
- More than 15% of survey respondents did not complete high school compared with a nationwide average of just over 14% for African American males between the ages of 16-24.<sup>1</sup>
- Of the 14 young men who participated in the key informant interviews, five (36%) reported that they were living with HIV.
- Ten of the fourteen young men (71%) who participated in the key informant interviews reported that they had engaged in sex within the past three months. However, only two interviewees (one who was HIV-negative and one who was HIV-positive) reported that they had engaged in unprotected sex during that same time period.
- Anecdotal evidence and assumptions made prior to the survey led researchers to expect many YAAMSM to report a lack of family support. While this sampling and data is limited, the key informant interviews showed that many families are ultimately supportive and that, over time, parents and family members became more accepting and supportive. This is underscored by the percentage of YAAMSM who report in the surveys and interviews that they are currently living with family members.

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<sup>1</sup> U.S. Department of Commerce, Census Bureau, American Community Survey (ACS), 2007. (<http://nces.ed.gov/programs/coe/2009/section3/table-sde-1.asp>)

Following review of the results, recommendations were developed for improving HIV prevention services for YAAMSM. Recommendations included:

- (Short-Term) Direct a significant portion of new HIV prevention funding to programs that specifically target YAAMSM, implementing interventions that capitalize on the social networks of these young men.
- (Short-Term) Expand STI testing opportunities for YAAMSM through collaborative community events and support/replication of successful programs.
- (Long-Term) Explore collaborative efforts with parents of YAAMSM through sexual minority youth serving organizations and PFLAG.

**Virginia Department of Health  
Division of Disease Prevention**

**REPORT ON VIRGINIA'S STUDY OF  
YOUNG AFRICAN-AMERICAN  
MEN WHO HAVE SEX WITH MEN**

**March 26, 2010**



*Funding for this report was provided by the Centers for Disease Control and Prevention through  
Funding Opportunity # 04012, Cooperative Agreement U62/CCU323468*

# REPORT ON VIRGINIA'S STUDY OF YOUNG AFRICAN-AMERICAN MEN WHO HAVE SEX WITH MEN

## Introduction

In August 2008, the Virginia Department of Health (VDH) Division of Disease Prevention (DDP) submitted a proposal to the Centers for Disease Control & Prevention (CDC) for special funding to conduct a Virginia-based needs assessment, provide recommendations, and draft a strategic plan geared towards decreasing the growing rates of incidence in Young African-American Men who have Sex with Men (YAAMSM) ages 16-24 in Virginia. Funds were received from the CDC in late 2008.

The CDC created the solicitation in response to the increase in HIV incidence among MSM, especially YAAMSM. This increase has been reported in several Morbidity and Mortality Weekly Reports (MMWRs). Nationally, from 2001-2006, diagnoses increased 8.6% among all MSM; 12.4% among all African-American MSM; and, alarmingly, 93.1% among African-American men ages 13-24.<sup>2</sup> In 2006, 72% of new HIV infections in men were among MSM. Of these new cases, 46% were white, 35% were black, and 19% were Hispanic. Among MSM aged 13-29 years, the number of new HIV infections in blacks was 5,220, compared to 3,300 and 2,300 in whites and Hispanics, respectively. Among both males and females, the highest rates of new infections occurred among blacks (115.7 and 55.7 per 100,000, respectively). Among black males, the incidence rate was 5.9 times the rate among white males and the rate among black males aged 13-29 years was 7.1 times the rate among white males in the same age group.<sup>3</sup>

During that same time period in Virginia<sup>4</sup>:

- Of the 6,781 HIV/AIDS cases diagnosed in Virginia, between 2001 and 2006, a total of 2,378 (35%) were among men who have sex with men (MSM).
- MSM accounted for 50% (2,378) of Virginia diagnosed HIV/AIDS cases among males.
- Between 2001 and 2006, Virginia's Northern and Eastern regions accounted for 34% and 29%, respectively, of diagnosed HIV/AIDS cases among MSM.
- Men aged 25-44 years accounted for 63% (1,492) of Virginia HIV/AIDS cases diagnosed among MSM between 2001 and 2006.

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<sup>2</sup> Trends in HIV/AIDS Diagnoses Among Men Who Have Sex with Men --- 33 States, 2001—2006, MMWR Weekly, June 27, 2008, 57(2), 681-686)

<sup>3</sup> Subpopulation Estimates from the HIV Incidence Surveillance System --- United States, 2006, MMWR Weekly, September 12, 2008 57(36), 985-989 reported data from a new surveillance system:

<sup>4</sup> Comparison with National figures may be limited as the CDC uses statistical techniques to adjust/redistribute cases among risk categories, i.e. statistical formulas are used to reassign subjects without an identified risk factor into specific risk group, including MSM. Such adjustment has been conducted for 25% of HIV (not AIDS) cases reported to CDC. Similar statistical formulas are also used to adjust for delay in reporting of cases to CDC. Both adjustments methods are not used in Virginia data.

- Between 2001 and 2006, Blacks accounted for 48% (n=1,137) of Virginia diagnosed HIV/AIDS cases among MSM.
- From 2001 to 2006, while the increase in the number of Virginia diagnosed HIV/AIDS cases among all Black MSM was about 6% (from 180 in 2001 to 190 in 2007), the number of diagnosed cases among Black MSM aged 13-24 doubled (from 39 cases in 2001 to 78 in 2006).
- Between 2001 and 2006, about four times as many Virginia diagnoses occurred in Black MSM aged 13-24 years (325) compared to their White counterparts (83).

A more recent report presented data regarding young black MSM from Jackson, Mississippi, including suburban/rural counties. In a small, selective sample of 29 young men (median age 22, age range 17-25) most (69%) reported unprotected anal intercourse, but few (10%) thought that they were likely or very likely to acquire HIV in their lifetime. A majority (66%) self-identified as gay/homosexual, seven (24%) as bisexual, two (7%) as straight/heterosexual, and one (3%) as questioning. Three (10%) of the 29 surveyed reported having a female sex partner in the 12 months before receiving their HIV diagnoses, and 16 (55%) reported concurrent sexual relationships.<sup>5</sup>

This data shows the pressing need to explore both the risk and protective behaviors of this population in greater detail.

## **Background**

VDH currently provides funding through five grant programs to target MSM (see Attachment 1: MSM Resource Inventory). The MSM HIV Prevention Grant Program was established in 1998 after an analysis of programming showed that only 3% of funds were reaching MSM. Since that time, targeting of MSM has increased significantly. Projects specifically targeting MSM constitute approximately 25% (\$789,000) of the \$3,186,000 in HIV prevention funds awarded to community partners. This total does not include MSM targeted under the Prevention for Positives or the Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI) grant programs, which reach MSM living with HIV and men who engage in sex while incarcerated, respectively.

Populations targeted within MSM communities include African-Americans, Latinos, young MSM, and men who do not identify as gay or bisexual but who engage in same sex behavior. Contractors provide rapid testing, partner services, comprehensive risk counseling services, internet and street outreach, group and community level interventions, and social marketing. Diffusion of Effective Behavioral Intervention (DEBIs) utilized include Many Men, Many Voices, Popular Opinion Leader, Community Promise, and Mpowerment. The D-Up! Intervention targeting MSM will be conducted in 2010.

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<sup>5</sup> HIV Infection Among Young Black Men Who Have Sex with Men --- Jackson, Mississippi, 2006—2008, MMWR Weekly, February 6, 2009, 58(4), 77-91

Several contractors target African-American MSM, some target young MSM, and YAAMSM are also reached through many of these projects. However, there are no funded programs that have an exclusive focus on reaching YAAMSM. Of the men served through VDH programs in 2009 who reported MSM activity, 17% were YAAMSM<sup>6</sup>.

Decreases in both state and federal funding have hampered efforts to address the increases in HIV among MSM, especially YAAMSM. However, in Fall 2009, DDP combined funding from the HIV Prevention Cooperative Agreement and Syphilis Elimination to increase funding for MSM HIV Prevention and to increase focus on African-American MSM.

## **Methodology**

DDP convened a YAAMSM Advisory Committee (see Attachment 2: YAAMSM Committee Roster), comprised of diverse stakeholders to help guide the needs assessment and strategic plan processes. The group was created to provide feedback and insight into the development of the assessment, and recruit young MSM to participate in the survey and the key informant interviews (see Attachments 3 and 4 for the survey tools).

The Committee included VDH staff; staff and volunteers from community-based organizations (CBOs) and contract agencies that provide services to YAAMSM; members of the Virginia HIV Community Planning Group (CPG); volunteer community members with connections to sexual minority services agencies; college and universities; and African-American community organizations.

While the majority of the stakeholders were VDH contractors, there were also a number of community representatives. Of the 41 Advisory Committee members, 46% were MSM and 41% were African-American. All five health regions were strongly represented and included agencies that serve primarily rural areas. The Advisory Committee held monthly conference calls and met in person on two occasions. The committee assisted with the content of the plan and made recommendations once the data was compiled.

A consultant was hired to provide coordination through a community-based approach. The consultant was responsible for:

- Convening Advisory Committee members to discuss direction and plans for the community assessment
- Creating assessment tools for the paper and online surveys as well as the key informant interviews
- Interviewing participants for the key informant interviews
- Gathering and compiling data from the assessment to be included in the strategic plan
- Drafting the report

Through coordination with VDH staff and the project consultant, the Advisory Committee reviewed data and other information from VDH, CBOs, and other sources, to create a work plan.

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<sup>6</sup> This number does not include individuals reached through Testing and/or Outreach activities as those numbers are reported differently.

During formative discussions, recognizing the constraints of time and budget, stakeholders decided to utilize a self-administered survey to elicit responses from YAAMSM regarding sexual identity and behavior, substance use, HIV testing, condom use, and environmental issues impacting health and risks. The survey instrument was reviewed and revised multiple times with the input of the Advisory Committee and the CPG.

A goal of 100 completed surveys – hard-copy and internet-based (utilizing Survey Monkey) - was established. To augment the brief survey, estimated to take 20-30 minutes, a structured Key Informant interview was also developed to provide an opportunity for more in-depth conversations about issues, concerns, health risks, protective factors, and resilience.

Contractors under the MSM HIV Prevention grants program were provided supplemental funding to assist in collecting surveys and identifying candidates for the key informant interviews. The paper surveys were administered at venues frequented by YAAMSM including, but not limited to, bars, gay pride festivals, and CBOs. YAAMSM respondents were also able to complete the survey online and DDP advertised the link to its contractors and partner agencies through its list serve.

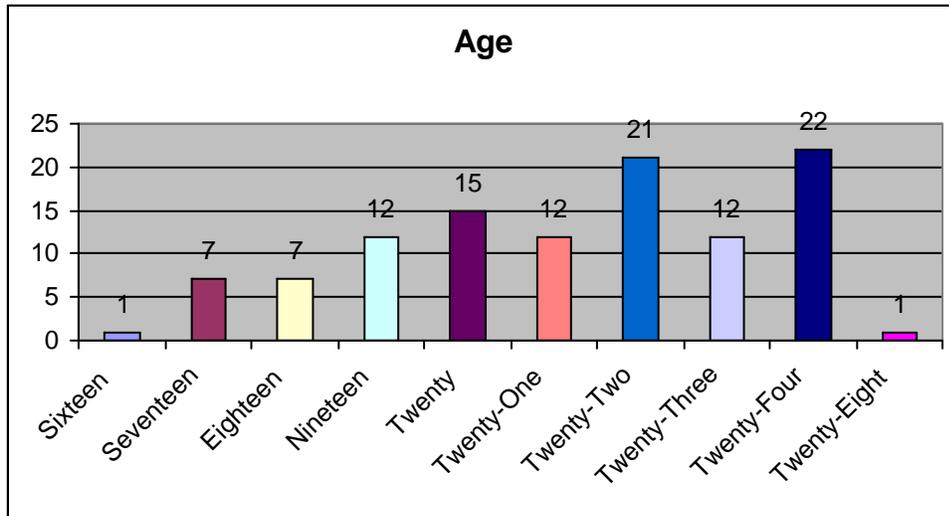
Contractors scheduled key informant interviews at their individual agencies. The consultant traveled to each site to conduct the interviews, which were digitally recorded and held in a private location in the office. The interviewees were read the instructions and signed a consent form.

To encourage participation, a gift card incentive was provided to individuals who completed an assessment. Participants could choose to participate in key informant interviews and/or complete an anonymous survey (only one incentive was given per person regardless of how many assessments they completed). Since the surveys were anonymous, it is not known how many participants chose to complete both assessments.

## **Survey Results**

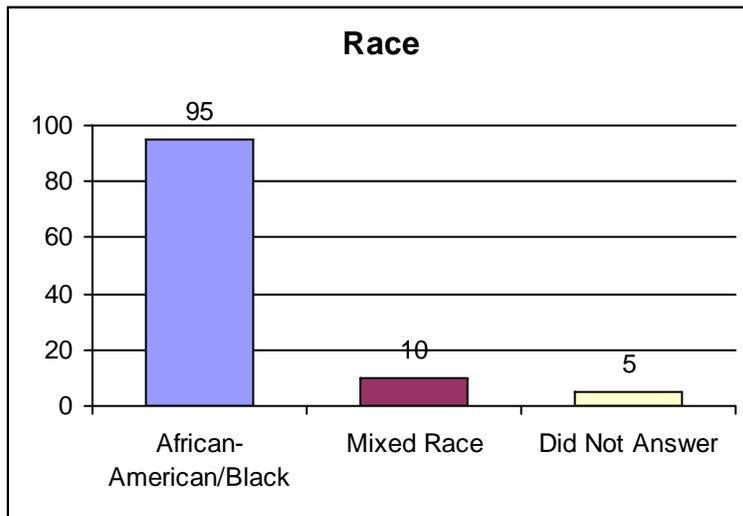
A total of 110 valid surveys (out of 118 submitted) were utilized for this data report.

Figure 1: Age of respondents



Of the 110 respondents, 38% were between the ages of 16-20 and 61% were between the ages of 21-24. One respondent (1%) was 28.

Figure 2: Race of respondents



Of the respondents, 86% were African-American, 9% were of mixed race, and 5% elected not to answer the question.

Figure 3: Regional representation of respondents

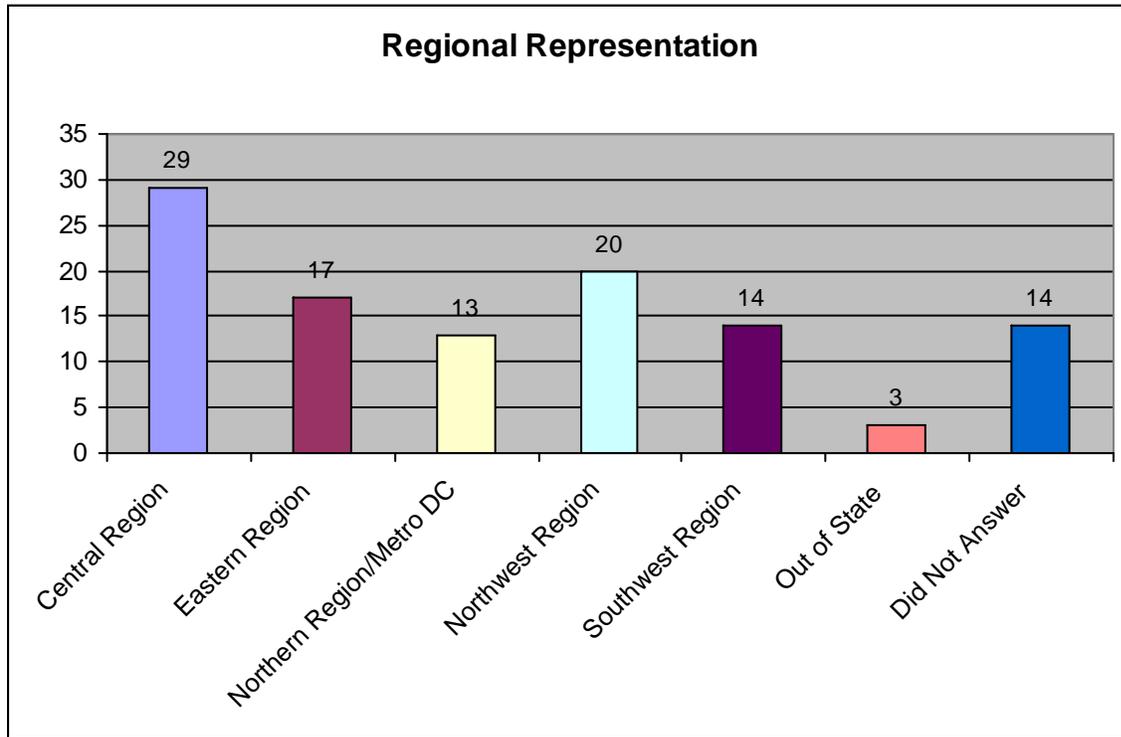
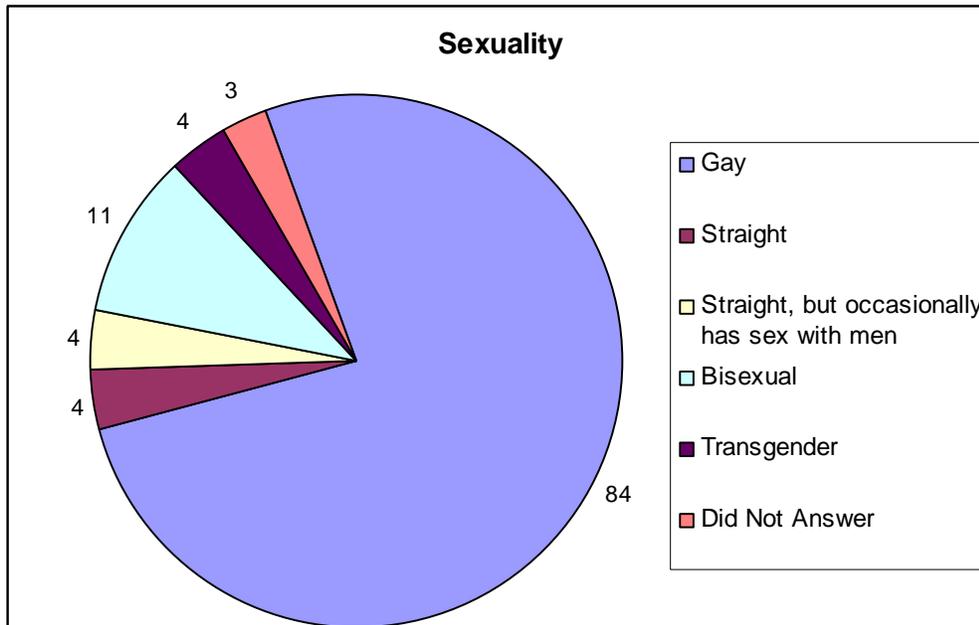


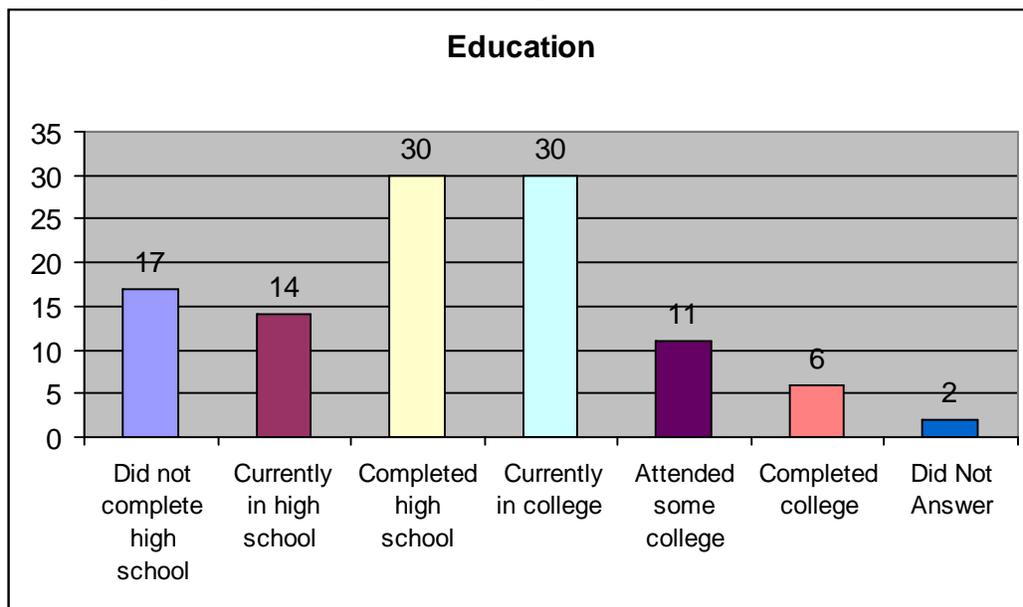
Figure 3 illustrates that survey participants were from all regions of Virginia: 18% of the respondents reported residence in the Northwest Region, 12% in the Northern Region/Metro DC, 13% in the Southwest Region, 26% in the Central Region, 15% in the Eastern Region, 3% from out of state, and 13% who chose not to answer the question. The out of state participants were included in the data analysis as they were interacting with YAAMSM in Virginia, visiting friends/lovers, and engaging in social events with other members of the target population. This sample is notable for inclusion of all regions of Virginia, including participation from largely rural regions (NW and SW). Although the sample is small, it does offer a snapshot of the demographics, knowledge, and behavior of YAAMSM ages 16-24 in Virginia.

Figure 4: Sexual identity of respondents



Of those surveyed, 76% of respondents identified as gay, 10% as bisexual, 4% as straight, 4% as straight but occasionally has sex with men, and 4% as transgender (male to female). Of the 8% who identified as straight or straight who occasionally has sex with men, 100% reported having same-sex sexual encounters in the last three months.

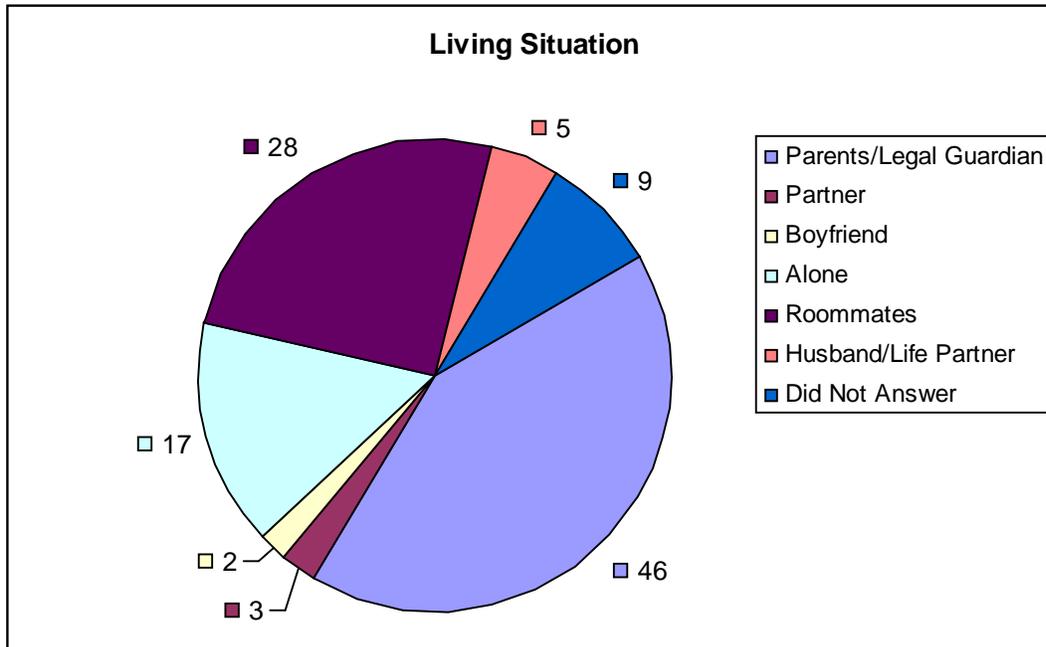
Figure 5: Highest level of education of respondents



As shown in Figure 5, more than 15% of the respondents indicated that they are in high school or have completed high school. An additional 33% are attending or have completed college. More than 15% did not complete high school and 10% did not complete college. Nationwide, the

Department of Education reports a 2007 drop-out rate of just over 14% for African American males between the ages of 16-24.<sup>7</sup>

Figure 6: Current living situation of respondents



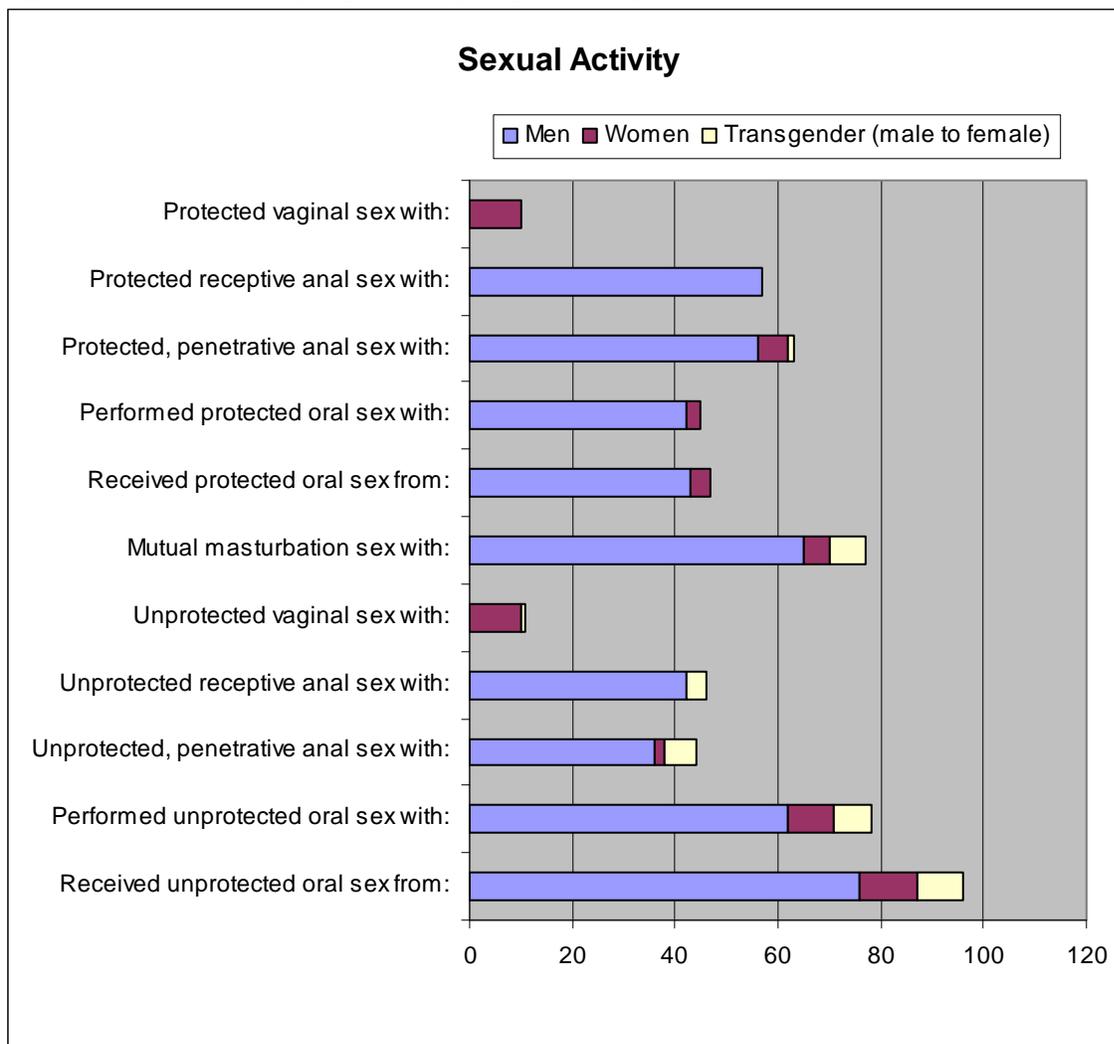
The majority of respondents live with a parent or guardian (42%) or with roommates (25%).

### Sexual Behavior

Of the total number of respondents, 88% reported engaging in sexual behavior in the last three months and, of those reporting sexual behavior, 82% reported that they engaged in unprotected sex (anal and/or oral). The following behaviors were acknowledged:

<sup>7</sup> U.S. Department of Commerce, Census Bureau, American Community Survey (ACS), 2007. (<http://nces.ed.gov/programs/coe/2009/section3/table-sde-1.asp>)

Figure 7: Sexual activity reported by respondents for last three months



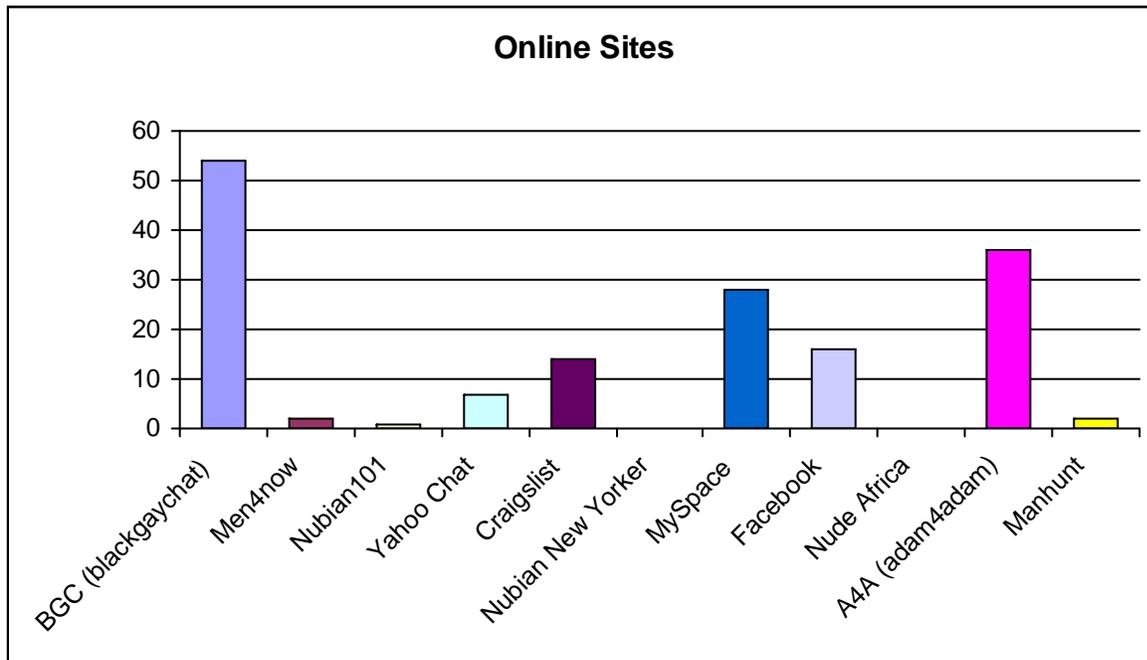
When asked how often they use condoms during sex, 34% of respondents replied that they had used condoms 100% of the time. However, of those reporting 100% condom use, 43% engaged in unprotected sex (anal and/or oral) within the past three months. Of the total number of respondents, 75% reported engaging in unprotected sex within the past three months and more than 40% reported engaging in unprotected receptive anal sex, the sexual activity with the highest risk for HIV transmission.

### Meeting Partners

Respondents reported meeting their potential sexual partners in a variety of ways including: through friends (39%), online (38%), and at bars/clubs (34%)<sup>8</sup>. Because the Internet has become a primary tool for meeting sexual partners and is being used more often for health communications and outreach, the Advisory Committee was interested to learn more about the use of the Internet among YAAMSM.

<sup>8</sup> Note that respondents could choose more than one answer so the percentages will not add up to 100%.

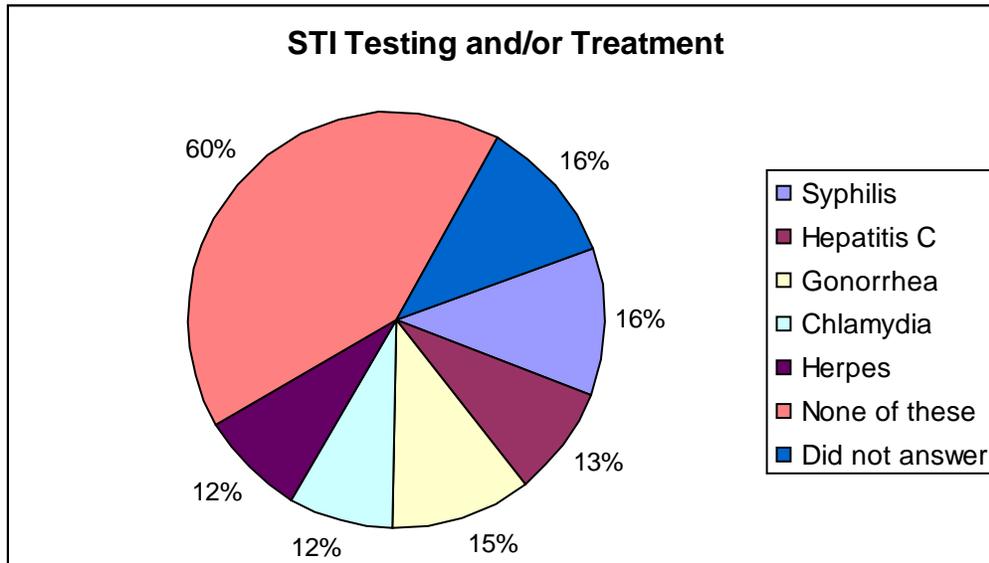
Figure 8: Internet sites identified as venues for sexual conversations, cruising, and/or activity



As shown in Figure 8, BGC, A4A, and MySpace were the most popular online sites reported for connecting with sexual partners. The Nubian New Yorker and Nude Africa were not identified by respondents as popular sites for connecting with partners and Men4now, Nubian 101, and Manhunt also had very few reports of usage by respondents. It is worth noting that popularity of websites and chat rooms can vary greatly depending on the demographics of the group being studied.

## HIV and STI Testing and Status

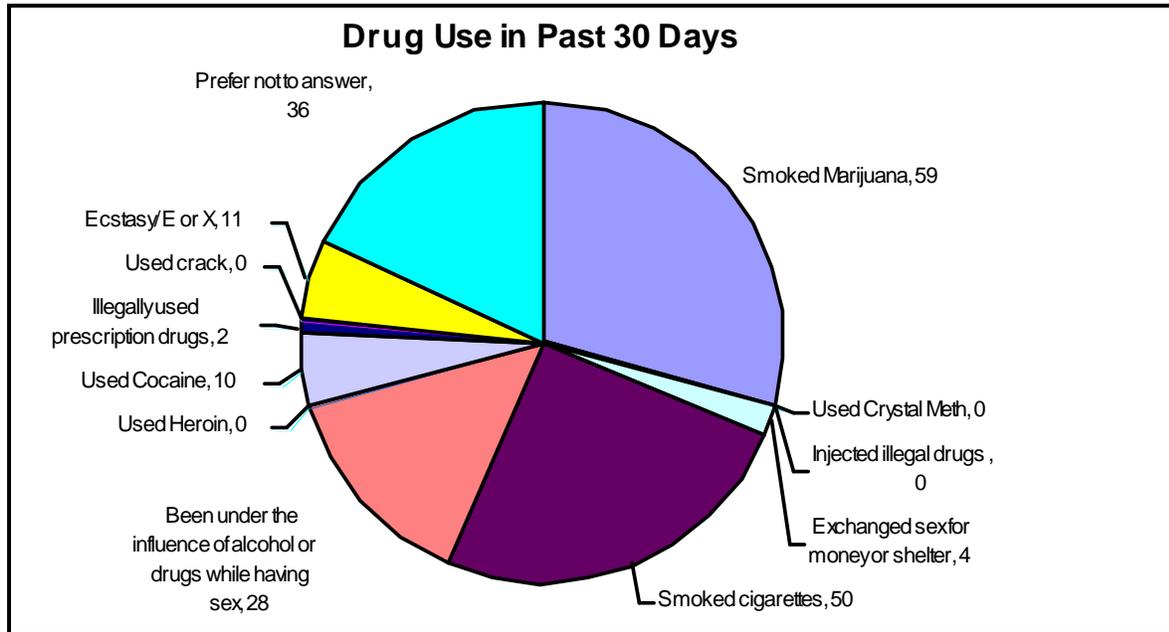
Figure 9: STI testing and/or treatment reported by respondents in last 6 months



Sixty-two percent of respondents reported having been tested for HIV within the past six months, with 84% reporting a negative result. In contrast, only 25% of respondents reported that they had been tested and/or treated for syphilis, herpes, Chlamydia, gonorrhea or Hepatitis C in the last 6 months.

Among those respondents who reported a negative HIV result, 78% reported engaging in unprotected sex (anal and/or oral) in the last three months. Of the HIV-positive respondents, 40% (4 of 10) reported having unprotected sex in the last three months. Although the number of HIV-positive respondents is far lower than those reporting negative results, a higher percentage of HIV-negative respondents (46%) than HIV-positive respondents (20%) reported having unprotected receptive anal sex. Additionally, more HIV-negative (39%) than HIV-positive respondents (20%) reported having unprotected penetrative anal sex.

Figure 10: Drug use reported by respondents in the last 30 days



As shown in Figure 10, in the last 30 days, 59 of the 110 respondents (54%) reported using marijuana and 28 (25%) reported being under the influence of alcohol and/or drugs while having sex. No respondents reported using crystal meth, heroin, crack, or injecting illegal drugs. A total of 4 respondents (4%) reported exchanging sex for money or shelter in the last 30 days.

### Key Informant Interview Results

A total of 14 individuals participated in the key informant interviews. The respondents who chose to be interviewed candidly discussed their life experiences; choices, both good and bad, that they had made; and their futures and opportunities. Of the 14 young men who participated in the key informant interviews, five (36%) reported that they were living with HIV. Ten of the fourteen young men (71%) reported that they had engaged in sex within the past three months. However, only two interviewees (one who was HIV-negative and one who was HIV-positive) reported that they had engaged in unprotected sex during that same time period.

The interviewees were also asked about the safe sex practices of their friends. Although most believe that their friends are using protection at least most of the time (especially for penetrative sex), they also report reasons friends may have for not protecting themselves. These reasons include: sex feeling better without a condom, sex occurring on the spur of the moment, trusting a partner and being in a committed relationship.

*“I’ve become much more cautious when it comes to who I decide to have sex with . . . when I have sex, which is rare, I use protection.”*

*“Since I’ve been positive, I’ve noticed the only time a condom is being used is when I bring it up. If I don’t say nothing, they don’t either.”*

*-Varying viewpoints from Key Informants*

Of the fourteen interviewees, four reported molestation or rape and two reported experiencing a rape attempt. One young man told the story of being in his high school choir. While traveling on high school trips on two different occasions, he was raped by members of his choral group. He never told anyone and eventually dropped out of the choir. Other young men spoke of being molested by older male relatives while they were young and of being forced to have sex in their late teens.

A majority of the key informants live with family members (9 of 14). The additional five interviewees live with a boyfriend (1), a roommate (3), or alone (1). When asked about their families' acceptance of their sexuality, most of the young men reported that though they were not supported initially, now at least some family members are supportive. One young man (who is transgender, but asks to be identified by using male pronouns) responds that he is bi-racial (African-American and Caucasian) and was raised by his white grandmother and his "white family" as he calls them. He speaks candidly about the difficulties of being gay and bi-racial and then later coming out as transgender.

*"I see myself in a stable career, living in my own house with a better car."*

*"I see myself being a well-known entertainer with a master's degree, still HIV-negative, and in a relationship."*

*-Multiple Key Informants speaking about future goals*

The young men also shared their experiences growing up and attending school. Many spoke of being bullied in school because their peers thought they were gay or feminine-acting. They were also called names which would often lead to physical altercations. One respondent reported that during one such altercation, he was the one disciplined and the student who was calling him names and started the fight was not. When asked what he did to protect himself, the respondent replied, "I learned how to fight good."

All of the young men interviewed had definite plans for the future. From the interviewee who hoped to own his own salon in another state to the couple of young men pursuing music careers to those committed to simply having a stable relationship, good health, and their own home; they were also able to share steps they were currently taking to reach their goals. All of the young men have at least one person who they share their goals with and who they feel supports them in their achievement of those goals.

## **Discussion**

Anecdotal evidence and assumptions made prior to the survey led researchers to expect many YAAMSM to report a lack of family support. While this sampling and data is limited, the key informant interviews showed that many families are ultimately supportive and that, over time, parents and family members became more accepting and supportive. This is underscored by the percentage of YAAMSM who report in the surveys and interviews that they are currently living with family members. This may also suggest an avenue for strengthening support for YAAMSM through working with families and organizations such as PFLAG.

*"Some girls came around my house and harassed and called me names and my grandmother came to the door and she stood up for me."*

*-Key Informant*

Additional information gathered, during this process suggests that many YAAMSM are going to “straight” clubs and venues, not just the traditionally gay sites previously targeted. This offers the opportunity to reach YAAMSM in different settings where they may be more receptive to services and education.

It is also worth noting where YAAMSM are locating their sexual partners and the importance of their social networks in choosing these partners. Since many meet partners through friends, HIV interventions that utilize social networks should be highlighted.

The internet should be further utilized by reaching out to popular websites (such as Black Gay Chat, Adam 4 Adam, and MySpace) to strategically place advertisements and messages that online users can see as they browse the sites. Additionally, internet outreach should be strengthened as a public health strategy for reaching YAAMSM.

Sexual abuse of some kind was described by 43% of the young men interviewed. Numerous studies show that individuals who have been sexually abused are at greater risk for HIV infection due to increased sexual risk taking, compulsive sexual behaviors, and substance abuse, all of which may be used to mask trauma and low self esteem. This is especially true among MSM. In a 1997 study conducted by VDH, 40% of high-risk men (MSM who had unprotected receptive anal or oral sex in the last three months) were sexually abused when they were children or teenagers, compared to 26% of the lowest risk group.<sup>9</sup> Resources for survivors of sexual abuse could be incorporated into the array of services for YAAMSM to help mitigate the effects of abuse that contribute to HIV risk.

It is encouraging that 100% of the key informants and 87% of those surveyed report having been tested for HIV and 100% of the key informants and 81% of those surveyed report being aware of their status. However, when asked what messages are out there to educate about the importance of HIV testing, many could not speak to one specific message. BET’s Wrap-It-Up Campaign was mentioned, but no others were specifically documented.

While the participants spoke of, and responded to, being knowledgeable of their HIV status, many had not been tested for other sexually transmitted infections such as syphilis, gonorrhea, Chlamydia, or hepatitis. The sexual risk behavior for this demographic is very high for STI and HIV. Therefore, opportunities should be increased to include STI testing in conjunction with HIV testing. Recently, Northern Virginia health districts and CBOs have collaborated to offer the “Rainbow Tuesdays Clinic” at the Alexandria Health Department. This initiative provides a welcoming, discreet, and gay-friendly environment for MSM to receive HIV and STI testing and education after hours when other health department operations are closed. While it is too early to determine the success and/or impact of the clinic, VDH will be following its progress closely.

For some respondents, there appears to be a disconnect between reported risk behaviors and reported protective behaviors. It is not known if this is due to participants responding the way they think they should i.e., an intention to use condoms that is not always followed through on,

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<sup>9</sup> Survey and Evaluation Research Laboratory at Virginia Commonwealth University’s Center for Public Policy. (January 1999, No. 1). Research Tips: Men who have sex with men at high-risk for HIV need special attention.

not understanding the need to use protection while engaging in oral as well as penetrative sex, or a general lack of awareness of personal risk. Regardless, the levels of unprotected sex suggest the need for enhanced HIV prevention services that include skills building components such as condom negotiation.

Some respondents also reported using influencing factors such as marijuana and alcohol before or during sex and with their sexual partners. This shows a need for further education regarding the long-term effects of alcohol and drugs and the restriction of inhibitions when making decisions.

## **Limitations**

One limitation of the paper survey was that many of the questionnaires returned were incomplete. In addition, numerous surveys were collected from young African-American men who neither identified as gay/bisexual nor acknowledged same sex behavior. Surveys with a large number of unanswered fields and those who did not identify as gay/bisexual or did not engage in same sex behavior were excluded.

It was anticipated that many men would be reached online as the internet is a popular medium among this age group. Prior experience surveying stigmatized and hidden populations in Virginia showed great success in gaining respondents through the internet. Unfortunately, only one agency posted the survey link, resulting in only three surveys completed online.

Additionally, as a large segment of the eligible population is not old enough to gain entrance to bars and clubs, the internet was not used as intended, and in many areas, there are no venues catering to either MSM or African-American MSM, the sample of men interviewed was most likely overrepresented by college students and men who are currently receiving services from contract agencies.

Other limitations included:

- Timing of the assessment delivery, as many of potential respondents were not in school or college during the summer, when the survey was conducted.
- In the middle of the process, there was a lack of motivation and follow-through with the stakeholders and committee members in getting the word out and administering the survey to potential respondents.
- The population is transient and tends to socialize only in their circles, precluding “outsiders” from accessing them.

## **Successes**

There were also successes during this process:

- The goal of 100 participants was surpassed.

*We all thought about it (AIDS) but it was like “oh that’s sad . . . it can’t happen to me” . . . You don’t know how much you really aren’t protected. Now I have books, I have pamphlets, I have everything. Right after I found out I had it they were doing this big thing on the radio and every talk show on TV was saying something about it (AIDS) and they were really putting it out there and I was like “where was this” (before I was positive)*

*- Key Informant*

- Members of the Advisory Committee were helpful in accessing the target population and distributing the surveys.
- The committee and staff worked very well together to achieve the goal of reaching the target population.
- The data obtained, although limited, will give VDH and its stakeholders some insight on what strategies need to be in place to reach YAAMSM.

## **Recommendations**

Following review of the survey results, both the Advisory Committee and the CPG developed recommendations for improving HIV prevention services for YAAMSM. As always, funding availability can limit the ability to implement new strategies.

### VDH-focused

- Proposing a sexual orientation demographics question for the Youth Risk Behavior Survey (YRBS)
- Pursuing funding to expand internet outreach while also looking to build relationships with owners and developers of the websites listed that were mostly frequented by YAAMSM, i.e. blackgaychat.com, adam4adam, myspace.com, etc
- Providing training to state-funded faith-based organizations on providing services to all people, regardless of their sexual orientation
- Providing more opportunities for STI testing in conjunction with HIV testing whenever possible. This may include creation of “gay friendly” clinic hours at STI clinics, more STI testing in outreach settings and more collaborative partnerships between CBOs and local health departments.
- Planning (alongside contractors) to ensure safe environments for YAAMSM to share their stories and challenges.
- Creating a “YAAMSM Resource List” similar to the “Transgender Resource List” to ensure that clients and contractors know where and how to access not only HIV services but other services needed by the clients.

### Community-focused

- Building relationships with LGBT organizations on college campuses across the state to offer opportunities to implement group level interventions to help reduce HIV/STI infection in YAAMSM.
- Providing education in “straight” venues as well as “gay” venues to reach YAAMSM who frequent both.
- Studying interventions that are working to determine how best to reach the target population
- Implementing programs that work towards overall healthy living (including HIV education, but not as the sole focus) to engage individuals who may not participate in programs solely focused on HIV.
- Looking at family importance in terms of protective factors and resilience and targeting supportive others (such as parents and partners) with interventions such as Can We Talk?
- Ensuring that internet resources are utilized while also finding ways to reach out to areas with limited internet access

- Attempting to build relationships with educators and possibly use teachers as peer educators
- Continuing conversations similar to the key informant interviews with YAAMSM
- Comparing data collected from YAAMSM to norms of young MSM in general
- Taking advantage of current programs (VDH and others, such as Take Back the Night) to introduce HIV information in other settings.

## **VDH Plan**

Based on the survey and interview results as well as the feedback and recommendations from the Advisory Committee and CPG, VDH staff established the following objectives to strengthen HIV prevention services for YAAMSM.

### **Short Term (Twelve-Month) Objectives**

- Direct a significant portion of any new HIV prevention funding to programs that specifically target YAAMSM, implementing interventions that capitalize on the social networks of these young men.
- Convene a statewide forum on the use of the internet for outreach, health education and partner services, highlighting best practices and generating ideas for using this medium more effectively.
- Begin development of an inventory/resource directory of “safe spaces” for YAAMSM.
- Expand STI testing opportunities for YAAMSM through collaborative community events and support/replication of the Alexandria Rainbow Tuesdays Clinic.
- Create messages encouraging YAAMSM to get vaccinated for Hepatitis A and B.
- Share needs assessment/strategic plan results with youth serving organizations to discuss opportunities to expand HIV prevention and sexual health efforts.

### **Long-Term Objectives**

- Explore collaborative efforts with colleges and universities to maximize opportunities to reach YAAMSM. Reevaluate the efficacy of testing on college campuses, especially historically black colleges and universities.
- Explore collaborative efforts with parents of YAAMSM through sexual minority youth serving organizations and PFLAG.
- Evaluate effectiveness of the Rainbow Tuesday Clinic and replicate in other areas should it prove successful.

VDH plans to utilize this document as the CPG moves forward in other needs assessment projects. The recommendations included here will be acted upon as feasible and the Advisory Committee will continue to play an active role in determining future objectives and tactics.

## YAAMSM Attachment List

- Attachment 1.* 2010 MSM HIV Prevention Services Resource Inventory
- Attachment 2.* YAAMSM Advisory Committee Roster
- Attachment 3.* YAAMSM Survey
- Attachment 4.* YAAMSM Key Informant Interview Questions

2010 MSM HIV Prevention Services Resource Inventory

Agency	Grant Program	Location of Services	MSM Population	Interventions	Funding	Timeframe	Scale
AIDS Services Group (ASG)	ASE	Charlottesville & Northwest	Rural MSM	Basic Street Outreach	\$8,000	January 1, 2010 - June 30, 2010	100
AIDS Services Group (ASG)	ASE	Charlottesville & Northwest	Rural MSM	Internet Outreach	\$8,000	January 1, 2010 - June 30, 2010	150
AIDS Services Group (ASG)	ASE	Charlottesville & Northwest	Rural MSM	Community PROMISE	\$16,500	January 1, 2010 - June 30, 2010	8 Role Model Stories, 15 peer advocates
Fan Free Clinic	ASE	Richmond Metro Area	Transgender, both MTF & FTM	TG Clinic	\$22,500	January 1, 2010 - June 30, 2010	250 individual patient visits through 40 clinics
Fan Free Clinic	ASE	Richmond Metro Area	Transgender, both MTF & FTM	HIV Testing	\$5,000	January 1, 2010 - June 30, 2010	opportunity to test provided to 100% of patients
Fan Free Clinic	ASE	Richmond Metro Area	Transgender, MTF	SISTAs Too	\$5,000	January 1, 2010 - June 30, 2010	20
Fan Free Clinic	ASE	Richmond Metro Area	Transgender, both MTF & FTM	VOICES	\$5,000	January 1, 2010 - June 30, 2010	90% of new clinic patients
AIDS Care Center for Education and Support Services (ACCESS)	CHT	Norfolk-Tidewater	MSM	Partner Counseling and Referral Services	\$7,000	January 1, 2010 - December 31, 2010	6 positives yielding - 15 Partners
AIDS Care Center for Education and Support Services (ACCESS)	CHT	Norfolk-Tidewater	MSM	Social Networking Strategy Program	\$7,000	January 1, 2010 - December 31, 2010	8 recruiters yielding 25 associates
AIDS Services Group (ASG)	CHT	Charlottesville & Northwest	MSM	Outreach	\$2,000	January 1, 2010 - December 31, 2010	250
AIDS Services Group (ASG)	CHT	Charlottesville & Northwest	MSM	Counseling and Testing	\$3,541	January 1, 2010 - December 31, 2010	250
AIDS Services Group (ASG)	CHT	Charlottesville & Northwest	MSM	Social Networking Strategy Program	\$2,000	January 1, 2010 - December 31, 2010	ASG will engage 50 persons who are in MSM Social Networks
AIDS Services Group (ASG)	CHT	Charlottesville & Northwest	MSM	Partner Counseling and referral Services	\$1,541	January 1, 2010 - December 31, 2010	3 positives yielding 10 Partners
Council of Community Services (CCS)	CHT	Roanoke Valley and surrounding areas	MSM	Outreach	\$5,050	January 1, 2010 - December 31, 2010	1,800
Council of Community Services (CCS)	CHT	Roanoke Valley and surrounding areas	MSM	Counseling and Testing	\$5,050	January 1, 2010 - December 31, 2010	300

2010 MSM HIV Prevention Services Resource Inventory

Agency	Grant Program	Location of Services	MSM Population	Interventions	Funding	Timeframe	Scale
Council of Community Services (CCS)	CHT	Roanoke Valley and surrounding areas	MSM	Social Networking Strategy Program	\$5,000	January 1, 2010 - December 31, 2010	10 Associates yielding 40 high risk individuals
Council of Community Services (CCS)	CHT	Roanoke Valley and surrounding areas	MSM	Partner Counseling and Referral Services	\$5,000	January 1, 2010 - December 31, 2010	7 positives yielding 20 Partners
Fan Free Clinic	CHT	Richmond Metro Area	MSM	HERR, Intensive Club and Bar Outreach/counseling and testing	\$12,037.50	January 1, 2010 - December 31, 2010	200
Fan Free Clinic	CHT	Richmond Metro Area	MSM	Social Networking Strategy Program	\$12,037.50	January 1, 2010 - December 31, 2010	25 recruiters yielding 75 network contacts
Fan Free Clinic	CHT	Richmond Metro Area	Female Partners of MSM	HERR Intensive Community Outreach/counseling and testing	\$10,037.50	January 1, 2010 - December 31, 2010	60
Fan Free Clinic	CHT	Richmond Metro Area	MSM	Partner Counseling and Referral Services	\$2,000	January 1, 2010 - December 31, 2010	7 positives yielding 20 Partners
Karing with Individuality, Inc. (K.I. Services)	CHT	Northern Virginia	MSM	Partner Counseling and Referral Services	\$2,000	January 1, 2010 - December 31, 2010	5 positives yielding 15 partners
Karing with Individuality, Inc. (K.I. Services)	CHT	Northern Virginia	MSM	Outreach	\$8,875	January 1, 2010 - December 31, 2010	90
Karing with Individuality, Inc. (K.I. Services)	CHT	Northern Virginia	MSM	Counseling and Testing	\$10,875	January 1, 2010 - December 31, 2010	60
Tidewater AIDS Community Taskforce (TACT)	CHT	Norfolk	MSM	Partner Counseling and Referral Services	\$7,000	January 1, 2010 - December 31, 2010	5 positives yielding 15 partners
Tidewater AIDS Community Taskforce (TACT)	CHT	Norfolk	MSM	Outreach	\$7,252	January 1, 2010 - December 31, 2010	750
Tidewater AIDS Community Taskforce (TACT)	CHT	Norfolk	MSM	Counseling and Testing	\$10,253	January 1, 2010 - December 31, 2010	100
Tidewater AIDS Community Taskforce (TACT)	CHT	Norfolk	MSM	Social Networking Strategy Program	\$2,500	January 1, 2010 - December 31, 2010	3 recruiters yielding 30 associates
Northern Virginia AIDS Ministry (NOVAM)	HRYA	Fairfax, Alexandria, Arlington	High school & college-aged LGBTQ youth & straight allies	ORION - peer education	\$19,000	January 1, 2010 - December 31, 2010	25

2010 MSM HIV Prevention Services Resource Inventory

Agency	Grant Program	Location of Services	MSM Population	Interventions	Funding	Timeframe	Scale
Northern Virginia AIDS Ministry (NOVAM)	HRYA	Fairfax, Alexandria, Arlington	High school & college-aged MSM	ORION - ILI	\$19,000	January 1, 2010 - December 31, 2010	15
Northern Virginia AIDS Ministry (NOVAM)	HRYA	Fairfax, Alexandria, Arlington	High school & college-aged LGBTQ youth & straight allies	ORION - HC/PI	\$19,000	January 1, 2010 - December 31, 2010	450
Tidewater AIDS Community Taskforce (TACT)	HRYA	Norfolk	Transgender MTF who trade sex for money or drugs & their partners & community	Community PROMISE	\$36,000	January 1, 2010 - December 31, 2010	8 Role Model Stories, 11 business advocates, 15 peer advocates
AIDS Care Center for Education and Support Services (ACCESS)	MAP	Norfolk-Tidewater	African-American Transgender MTF	Community Promise, Transgender Clinic	\$53,000	January 1, 2010 - December 31, 2010	850
Karing with Individuality, Inc. (K.I. Services)	MAP	Northern Virginia	African-American MSM, Latino MSM	Basic Street Outreach, Intensive Street Outreach	\$40,757	January 1, 2010 - December 31, 2010	900
Minority Health Consortium	MAP	Richmond-Petersburg	African-American MSM, Latino MSM	Basic Street Outreach, Counseling and Testing	\$15,000	January 1, 2010 - December 31, 2010	No workplan as of 12/23/09
Northern Virginia AIDS Ministry (NOVAM)	MAP	Fairfax, Alexandria, Arlington	African-American MSM, Latino MSM	Internet Outreach, Basic Street Outreach	\$45,000	January 1, 2010 - December 31, 2010	720
AIDS Care Center for Education and Support Services (ACCESS)	MSM	Norfolk-Tidewater	African American MSM	d-Up!	\$56,000	January 1, 2010 - December 31, 2010	4 Opinion Leader trainings reaching 30 people with 80% of the Opinion Leaders conducting at least 14 risk reduction conversations
AIDS Care Center for Education and Support Services (ACCESS)	MSM	Norfolk-Tidewater	African American MSM	Syphilis Education and Screening	\$35,000	January 1, 2010 - December 31, 2010	Street Outreach - 100/6 community screenings with VERT

2010 MSM HIV Prevention Services Resource Inventory

Agency	Grant Program	Location of Services	MSM Population	Interventions	Funding	Timeframe	Scale
Council of Community Services (CCS)	MSM	Roanoke Valley and surrounding areas	MSM (including Black MSM) ages 16- 45 who identify as gay, bisexual and those who do not identify as having sex with other men	Basic Outreach/Many Men, Many Voices (3MV)/ Personalized Cognitive Risk Reduction Counseling (COG)	\$43,000	January 1, 2010 - December 31, 2010	Basic Outreach - 24 sessions reaching 2,400 MSM/3MV - Four cycles reaching 24 MSM/COG - 60 MSM
Fan Free Clinic	MSM	Richmond Metro Area	MSM and Transgender (TG/MTF)	Mpowerment/Street Outreach/Online Outreach/ HIV Testing	\$55,000	January 1, 2010 - December 31, 2010	Street Outreach - 800 MSM and 400 MTF TG/ Online Outreach - 400 MSM/Testing - 75 MSM and 25 MTF TG
Fan Free Clinic	MSM	Richmond Metro Area	MSM and Transgender (TG/MTF)	Syphilis Prevention	\$20,000	January 1, 2010 - December 31, 2010	Syphilis Street Outreach - 800 MSM and 400 TG/Syphilis Online Outreach - 160 MSM 80 TG/ Syphilis Testing - 6 testing events with VERT
Fredericksburg Area HIV/AIDS Support Services (FAHASS)	MSM	Fredericksburg and Winchester	MSM (gay, bisexual, and those who do not self-identify) and Transgender persons	Community Promise	\$66,000	January 1, 2010 - December 31, 2010	4 Peer Advocates distributing 5 role model stories reaching 30 MSM
Tidewater AIDS Community Taskforce (TACT)	MSM	Norfolk	MSM including MSM ages 16 - 25 who identify as gay, bisexual and those who do not self-identify	Mpowerment/ HIV Testing	\$55,000	January 1, 2010 - December 31, 2010	Mpowerment - Basic Outreach - 2,000 MSM, Internet Outreach - 90, one small scale event per month reaching a total of 80 MSM, 8 M-Group session reaching 40 MSM/ Counseling and Testing - 100 MSM

2010 MSM HIV Prevention Services Resource Inventory

Agency	Grant Program	Location of Services	MSM Population	Interventions	Funding	Timeframe	Scale
Tidewater AIDS Community Taskforce (TACT)	MSM	Norfolk	MSM including MSM ages 16 - 25 who identify as gay, bisexual and those who do not self-identify	Syphilis Education and Referral	\$15,000	January 1, 2010 - December 31, 2010	Basic Outreach - 600 contacts, conduct 6 community health events for syphilis testing with VERT reaching a total of 90 MSM
					<b>Total</b>	<b>\$789,807</b>	

## Young African American MSM Advisory Committee Roster

Name	Affiliation
Ignacio Aquirre	Northern Virginia AIDS Ministry
Odile Attiglah	African Wellness Center
Walter Backus	Virginia Department of Health
Melissa Baker	Community Representative
Shimeles Bekele	Ethiopian Community Development Council
Cindy Bray	Gay Community Center of Richmond
Rhonda Callaham	Central Virginia Community Services Board
Ashley Carter	Virginia Department of Health
Seth Croft	Richmond Organization for Sexual Minority Youth (ROSMY)
Rosalyn Cousar	Inova Juniper Health System
Jerome Cuffee	Tidewater AIDS Community Taskforce (TACT)
Hugo Delgado	Community Representative
Pierre Diaz	International Black Women's Congress
Jennifer Flannagan	Virginia Department of Health
Gregory Fordham	AIDS Care Center for Education and Support Services (ACCESS)
Janet Hall	Community Representative
Richard Hall	Virginia Department of Health
Augustus Harper	AIDS/HIV Services Group
Robert Hewitt	Virginia Beach Community Services Board
Cheryl Hoffman	Fredericksburg Area HIV/AIDS Support Services
Bernard Jackson	Northern Virginia AIDS Ministry
Carl Jones	Council of Community Services
Anthony Kellam	AIDS Care Center for Education and Support Services (ACCESS)
Mike King	Fredericksburg Area HIV/AIDS Support Services
Christopher Lane	Program Consultant
Martha Lees	Virginia Department of Health
Elaine Martin	Virginia Department of Health
Nicholas Mattson	Virginia Department of Health
Pam Meador	Council of Community Services
Shawn McNulty	Fan Free Clinic
Rachel Rees	Virginia Department of Health
Ruth Royster	AIDS Care Center for Education and Support Services (ACCESS)
Thomas Salyer	West Piedmont AIDS Taskforce
Edward Strickler	University of Virginia
Bruce Taylor	Community Planning Group Co-Chair
Chauntele Taylor	Virginia Department of Health
Shelley Taylor-Donahue	Virginia Department of Health
Adam Thompson	HIV/AIDS Services Group
Silvia Villacampa	Community Representative
Donald Walker	Hampton/Newport News Community Services Board
Tim Welborn	Tidewater AIDS Community Taskforce (TACT)
Yvonne Williams	K.I Services
Shannon Young	Tidewater AIDS Community Taskforce (TACT)

# Virginia Young African American Men Questionnaire

1.

1. How old are you?

2. How would you describe yourself?

African-American/Black

Latino

Hispanic

Mixed Race

Other (please specify)

3. How do you identify?

Gay

Straight

Straight, but occasionally have sex with men

Bisexual

Transgender

Other (please specify)

4. What city and/or county do you live in?

5. What is your highest level of education?

Currently in high school (if yes, please enter grade in "other" box)

Did not complete high school

Currently in college (if yes, please enter year in "other" box)

Attended some college

Completed college

Completed high school

Other (please specify)

# Virginia Young African American Men Questionnaire

6. With whom do you currently live?

Parents/Legal Guardian

Partner

Boyfriend

Alone

Roommates

Girlfriend

Wife

Husband/Life partner

Sleep where ever I can

Step parents

Other relatives (please specify)

7. In the last 3 months, have you engaged in sex?

Yes

No

# Virginia Young African American Men Questionnaire

8. If yes, what type of sex did you engage in? Check ALL that apply.

	Men	Women	Transgender (male to female)	Transgender (female to male)
I received unprotected oral sex from:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I performed unprotected oral sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in unprotected, penetrative (Top) anal sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in unprotected receptive anal sex (Bottom) with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in unprotected vaginal sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in mutual masturbation sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received protected oral sex from:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I performed protected oral sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in protected, penetrative (Top) anal sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in protected receptive anal sex (Bottom) with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in protected vaginal sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I engaged in mutual masturbation sex with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In the last 3 months, were most of your sex partners:

- Near your age
- Slightly older
- Much older
- Much younger
- Have not had sex in the past 3 months

# Virginia Young African American Men Questionnaire

10. If you have had sex, where do you usually find your sex partners?  
Check ALL that apply.

- Online
- Bars or clubs
- Phone or chat lines
- Through a friend
- School/College

Other (please specify)

11. If you choose to find sexual partners online, what sites do you mostly use? Check ALL that apply.

- BGC (blackgaychat)
- Men4now
- Nubian101
- Yahoo Chat
- Craigslist
- Nubian New Yorker
- MySpace
- Facebook
- Nude Africa
- A4A (adam4adam)
- Manhunt

Other (please specify)

12. When you have sex, do you use condoms:

- Always (100% of time)
- Most of the time (over 50%)
- Sometimes (under 50%)
- Never (0%)

# Virginia Young African American Men Questionnaire

13. Have you ever been tested for HIV?

Yes

No

14. If yes, how long ago?

Month or less

2-3 months

4-6 months

More than a year

15. What was your result?

Negative

Positive

Inconclusive/undetermined

Prefer not to answer

Did not get results

Other (please specify)

## Virginia Young African American Men Questionnaire

16. If you have not been tested for HIV, what is your reason? (check ALL that apply)

- I have been tested
- I use condoms EVERY time that I have sex
- I am afraid
- I am not sexually active
- I do not feel that I am at risk
- I am afraid people may think that I am gay
- I do not know where to get tested
- No transportation
- I feel as though I will get it eventually, so why bother
- I do not think it would be truly confidential
- I do not have money to pay
- I found out from my partner's test result

Other (please specify)

17. In the last 6 months, have you been tested/treated for:

- Syphilis
- Hepatitis C
- Gonorrhea
- Chlamydia
- Herpes
- None of these
- Prefer not to answer

Other (please specify)

# Virginia Young African American Men Questionnaire

18. In the last 30 days, have you: (Check ALL that apply)

- Smoked Marijuana
- Used Crystal Meth
- Injected illegal drugs with a needle
- Exchanged sex for money or shelter
- Smoked cigarettes
- Been under the influence of alcohol or drugs while having sex
- Used Heroin
- Used Cocaine
- Illegally used prescription drugs
- Used crack
- Ecstasy/ E or X
- Prefer not to answer

19. In the last 30 days, have you: (Check ALL that apply)

- Seen a counselor or therapist
- Been Incarcerated (jail, juvenile detention, detained in a correctional setting)
- Exchanged sex for something you needed
- Been forced to have sex that you did not want
- Forced someone else to have sex they did not want
- Visited a local health department
- Talked with anyone about your sexual orientation
- Been treated for any health/mental health problems

20. You can be paid a \$10 incentive for your time to complete this survey. To receive the incentive, it is necessary for you to provide personal information, in order for us to mail the incentive to you. Please include your first and last name and mailing address. Name and addresses provided for receipt of incentives will not be associated with survey responses.

**Virginia Young African-American Men's Key Informant Interview Protocol**  
**Focus Group Interviewing Guide**  
**General Questions**

1. How old were you when you first felt attracted to men?

**Probing**

- a. How did you deal with this awareness?
  - b. Did you share this information with anyone?
  - c. Were some people supportive of you; how they were supportive? Were some people not supportive of you; how where they not supportive?
  - d. How do you feel about your sexuality now?
  - e. Would you share an experience when you felt really proud of yourself?
  - f. Would you share an experience when you were not so proud of yourself?
  - g. Discuss an experience were you felt really supported by friends, relatives, etc.
  - h. Have you ever been screened for mental health services?
  - i. Have you ever been screened for substance abuse services?
2. Where do you currently live?
    - a. With whom do you live?
    - b. Have you ever been homeless or not have a specific place to stay or sleep? How many different times?
    - c. If so, what did you do to find a place to stay or sleep? [Disclosure of these experiences may need further probing questions; might we find some questionnaires about experiences of homeless with youth from runaway or homeless youth organizations?]
  3. What is your highest level of education?
    - a. What would you say about your educational experience?
    - b. Have you ever been teased or bullied at school or in the community?
    - c. Have you ever been teased or bullied because of your perceived sexual orientation?

**Sexual Behavior**

1. When was the last time you engaged in any sexual behavior [If participant appears confused, explain: performed or received oral sex, penetrative or receptive anal sex, vaginal sex, etc]?

2. What was the gender of the person with whom you engaged in sexual activity with? [If participant appears confused: male? female? transgender?]
  - a. Is this person someone you are dating? (a boyfriend or girlfriend)
3. Did you do anything to protect against sexually transmitted infections? What did you do?
  - a. Do your friends do anything to protect against sexually transmitted infections during sex? What do they do?
  - b. What are some reasons that your friends don't use protection?
4. How did you meet this sexual partner?
  - a. Where do you usually meet your sexual partners?
  - b. Where do your friends usually meet their sexual partners?
5. Do you ever use the internet to meet sexual partners? If so, what sites do you use?
  - a. When you have used the internet to meet sexual partners, would you say that you usually meet them the same day, the same week, meet them one time only, or meet them more than one time?
  - b. The last time you met a sexual partner off the internet, how are you feeling? On other occasions when you've met a partner off the internet, where you feeling the same way?
  - c. How often do you go online specifically to meet a sexual partner?
6. Have you ever used drugs or alcohol right before having sex?
  - a. If so, what alcohol or drugs have you used?
  - b. How often would you say that you use alcohol or drugs before having sex?
  - c. Have you and your sexual partner ever used drugs or alcohol together?
  - d. How often would you say that both you and your sexual partner use alcohol or drugs together?
7. Have you ever been forced to have sex against your will?
  - a. Have you ever forced someone to have sex against their will?
  - b. What is the age range of your sexual partners?

8. Have you ever had sex in exchange for somewhere to stay or sleep, in exchange for money, in exchange for alcohol or drugs, in exchange for something else?

### **Health Prevention and Knowledge**

1. What do you know about HIV and sexually transmitted infections (STI)?
2. Do you feel that you are at risk for contracting HIV or STI's? If so, why?
3. Would you know where to go to get tested for HIV or STI's?
4. Have you ever been tested for HIV or STI's? If so, are you comfortable sharing what were you tested for and what were the results?
  - a. If positive result, who did you share the information with?
  - b. Are you currently on medication or took medication?
  - c. What are you doing differently to protect yourself and others?
5. Do you feel that you and your peers know enough about HIV or STI's to protect yourselves?
6. How often do you see or hear information about protecting yourself from contracting HIV or STI's? Where have you seen or heard this information?
7. What messages about HIV or STIs really capture your attention? What messages turn you off or fail to make an impact?
8. What agencies in your community do you know of that you can receive accurate information about protecting yourself and supporting your sexuality? Have you ever gone to any of them to get information? If yes, when was that? If no, why not?

### **Future Goals**

1. Where do you see yourself five (5) years from now?
2. What are you currently doing to reach your goals?
3. Have you talked about you goals with anyone? Who?
4. Who is helping you to achieve those goals?
5. How could others help you achieve your goals?