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Access (Acc)


The Gay, Lesbian, Bisexual, and Transgender (GLBT) Health Access Project is a unique public-private collaboration working to eliminate barriers to health care for the GLBT community, foster development of comprehensive, culturally appropriate health promotion policies and health care services for GLBT people and their families, and expand appropriate data collection on GLBT health. Funded by the Massachusetts Department of Public Health, the project developed community standards of practice for provision of quality health care services to GLBT clients. A health access training curriculum was developed and technical assistance was offered to health care providers implementing the standards, which cover personnel, clients' rights, intake and assessment, service delivery and planning, confidentiality, and community outreach and health promotion. Training participants (324 individuals from 89 agencies) reported positive though not statistically significant changes in attitude.


**BACKGROUND:** We measured receipt of age-appropriate preventive health services by lesbians and assessed whether provider and individual characteristics, including disclosure of sexual orientation, are independently associated with receipt of these services. **METHODS:** A questionnaire was printed in a national biweekly gay, lesbian, and bisexual news magazine, and self-identified lesbians living in all U. S. states (N =6935) responded to the survey. Main outcome variables were receipt of a Pap smear within the preceding 1 and 2 years and, for women aged > or= 50, receipt of a mammogram within the past 1 and 2 years. **RESULTS:** Fifty-four percent had Pap smears within 1 year and 71% within 2 years, with increasing rates among older and more educated respondents. Seventy percent of respondents aged > or = 50 had a mammogram in the past year, and 83% within 2 years; rates did not vary significantly controlling for education. Sixty percent had disclosed their sexual orientation to their regular health care provider. Controlling for patient and provider characteristics, disclosure was independently associated with receipt of Pap smears, but not mammograms. **CONCLUSIONS:** It is important for providers to identify their lesbian patients' unmet needs for preventive health care. Additionally, it is important for providers to provide complete and appropriate preventive health care for their lesbian patients. Further research is needed to determine why lesbians are not receiving Pap smears at the recommended rate and whether this disparity is reflective of aspects of cervical cancer screening or indicates a more general problem with access to health care including receipt of preventive services.

Lesbians may engage in behavior that places their health at risk and may delay health care and screening more than do their heterosexual counterparts. This article examines influences on lesbians' health risk factors and health-seeking behaviors. A statewide, self-administered survey of members of a lesbian community organization was performed. Univariate and bivariate analyses were calculated, and linear regression was used to examine models of health risks and health-seeking behavior. Of 324 respondents, 90% had disclosed sexual orientation to at least one provider, 22% reported seeking care without symptoms (preventive care), and 23% reported waiting until symptoms are at their worst or never seeking care. Young age, belief in the importance of lung cancer, difficulty of getting health care when needed, reliance on the partner for health support, and fewer male partners were all associated with greater health risk for lesbians. Difficulty obtaining health care, difficulty communicating with the primary care provider, discomfort in discussing depression, and degree of comfort in discussing menopause were all associated with a delay in seeking health care. Sensitive communication with lesbians and further identification of lesbians' specific barriers to care may improve health-seeking behavior and provide more opportunities for screening and risk factor counseling in this population.


Few researchers have studied how lesbians choose health and mental health care providers. Using a series of studies, the Lesbian Health Care Project of Western New York gathered region-specific information concerning lesbians' preferences and decision making. This article reports on community focus groups in which 33 working class, middle class, African American, young, and older lesbians, as well as lesbians who frequent bars, reported that decision making was based on their past experiences and their hopes for high quality care. They encountered a continuum of provider reactions that helped shape their decisions. The continuum and consisted of five categories: homophobia, heterosexism, tolerance, lesbian sensitivity, and lesbian affirmation. Each category is discussed and examples are provided.

**Alcohol Use (Alc)**


An elevated rate of alcohol problems is believed to exist in the gay and lesbian community. However, prevalence estimates suggesting this have generally been based on convenience samples which have over-represented bar patrons and clinical sources. Recent epidemiological studies examining risk factors for AIDS have gathered information on alcohol consumption as well as sexual orientation. Data based on improved sampling methods are now available for estimating drinking rates of lesbians and gay men. This study compares the drinking patterns of heterosexual women and lesbian/bisexual women who were recruited through a random sampling design in San Francisco, CA. Contrary to previous research, no statistically significant differences in alcohol consumption and drinking patterns between these two groups were found.


Since the publication of the 1986 article by Stall, McKusick, Wiley, Coates and Ostrow, the conclusion that drinking alcohol prior to or during erotic encounters increases the probability of engaging in high-risk sexual behavior has been widely accepted, despite some contradictory findings from research on this hypothesis. This paper presents the results of tests of the alcohol/risky-sex hypothesis in a cohort of gay men in Flanders, Belgium. Failing to find evidence to support the hypothesis of a general effect of alcohol on sexual risk taking, we argue that previous conclusions on this matter must be viewed with extreme caution, especially in light of the implications that this failure to replicate has for AIDS prevention programs. Cultural, social, and methodological factors that could account for this failure to replicate are discussed in the context of a review of the literature on this hypothesis.


There is growing awareness in the lesbian community about the prevalence of alcohol problems, and the meanings and values attached to alcohol use are currently undergoing change. Little research has focused on lesbians' life experiences and alcohol use practices, although in earlier decades a number of medical theories linked lesbianism with alcohol problems as copathologies. More recent theories from the social sciences also linked lesbianism with alcohol problems, but on the basis of sociocultural dynamics and consequent negative self-images. This article compares and contrasts medical theories about lesbians and alcohol with lesbians' own ideas about alcohol use and alcohol problems. Mutually
reinforcing themes in medical views and lesbians' experiences are identified. The analysis clarifies what is at stake in the current debates about alcohol, alcohol problems and recovery experiences in the lesbian community, and offers suggestions for research, theory, and practice regarding this significant health issue.


The findings of this ethnographic study of 35 San Francisco lesbians in long-term alcohol recovery describe their identification of alcohol problems, help-seeking experiences, and barriers to recovery in health care interactions. Multiple addictions and "core difficulties," such as childhood trauma, were common yet poorly addressed by health care providers. Lesbian clients mistrusted culturally ignorant providers who often inappropriately reversed therapeutic roles. Provider-client conceptual incongruence about alcohol problems often impeded recovery, while providers' persuasive styles (paternalistic, maternalistic, confrontational, and influential) were pivotal to recovery. The confrontational approach caused the most problems. It could precipitate crises, be interpreted by the women as social ostracism, and retraumatize those who had histories of childhood trauma. Consensus favored the influential style, characterized by flexibility, negotiation, support, and avoidance of ultimatums. Conclusions challenge the assumptions that alcoholics are manipulative, "in denial," and require coercion to attain and maintain recovery.


Narratives of lives disrupted by abuse are essential data sources for understanding women's survival and healing in contexts of childhood sexual abuse. In this qualitative, feminist study of lesbians recovering from alcohol problems who have histories of childhood sexual abuse, a multiethnic sample of 20 women narrated their life stories in a series of three in-depth interviews. The purpose of this paper is to focus on parental substance misuse as it affected these women when they were growing up. Conditions and consequences of surviving childhood sexual abuse and parental substance misuse are analysed using narrative strategies and described using excerpts from the women's narratives. Loss was the overarching core theme that integrated participants' storied descriptions of parental substance misuse. They incurred severe losses in the absence of basic necessities for safe and healthy passages through childhood. In their abusive homes, they were not allowed innocence, and protected from violence, nor nurtured, guided, and loved. As many said, they lost their very childhoods.

PURPOSE: To compare and contrast lesbians' and heterosexual women's experiences of sexual assault and to investigate relationships between sexual assault and alcohol abuse. METHODS: In-depth interviews were conducted with 63 lesbians and a demographically matched comparison group of 57 heterosexual women. Lesbians' and heterosexual women's experiences of sexual assault, drinking levels, and alcohol-abuse indicators were compared using descriptive statistics. LISREL analysis was used to test the effects of sexual assault on a latent measure of alcohol abuse. RESULTS: Lesbians reported more childhood sexual experiences, were more likely to meet the study definition for childhood sexual abuse (CSA), and were more likely to perceive themselves as having been sexually abused as children. CSA was associated with lifetime alcohol abuse in both lesbian and heterosexual women. However, adult sexual assault (ASA) was associated with alcohol abuse only in heterosexual women. IMPLICATIONS: Sexual assault is a common experience among both lesbians and heterosexual women. Findings emphasize the importance of asking about sexual assault in health histories, and assessing clients for substance abuse and other sequelae of sexual assault.


A review of the literature on the prevalence of alcohol use and problems among lesbians reveals that the few studies yielding information on this population are beset by design and methodological problems. Those factors possibly associated with higher risk status of lesbians are identified, as are gaps in the literature, and implications for clinical practice and research are discussed.


OBJECTIVE: This study describes changes over a 12-month period in prevalence and frequency of alcohol and other drug use and correlates of change at 12 months in a sample of gay/bisexual men entering gay-identified outpatient substance abuse treatment. METHOD: A sequential sample of gay/bisexual men (n = 455) were recruited for a study in which substance use, sexual risk and psychological factors were assessed every 3 months. Changes in substance use were evaluated in 321 men who
used in the 90 days before entering treatment and who completed at least one follow-up interview, whether or not they continued in treatment.

RESULTS: At baseline, 95% of the sample reported alcohol use in the prior 90 days; 64%, marijuana/hashish use; 46%, amphetamine use; 33%, inhalant nitrites use; and 31%, cocaine use. Most men were polydrug users: 10% reported using only one drug (including alcohol); 39% used ≥ 4 drugs. A marked reduction occurred in prevalence of use over time; declines on the order of 50% occurred in the first 90 days; prevalence then stabilized in remaining assessments. Frequency of usage by those reporting use of any given class of drugs also declined. No consistent predictors of reduction or cessation of use across different drug categories were found at 1 year.

CONCLUSIONS: Substance use declined considerably in this sample. Given the scope of substance abuse problems among gay/bisexual men, and linkages to the HIV epidemic, considerable resources need to be focused on treatment and prevention for gay/bisexual men.


The Trilogy Project is a longitudinal study of lesbian and gay people living in and around two metropolitan areas in a southern state. The study was specifically designed to provide (1) epidemiological data on the lifetime, past year, and past month prevalence rates for the use of 6 illicit, 4 psychotherapeutic, and 2 licit drugs, and (2) comparative data to the National Household Survey on Drug Abuse (NHSDA). Self-report data were collected on 1067 respondents using multiple sampling strategies and a research design that yielded response rates averaging over 50%. Results indicated some age group differences in the prevalence of certain drugs by gay men compared to lesbians. When comparisons were made to the NHSDA, Trilogy Project respondents were found to have significantly higher prevalence rates for the past year use of marijuana, inhalants, and alcohol but not cocaine. While lesbian and gay people drink alcohol more frequently during the month than NHSDA respondents, few differences occurred between the two samples for heavy alcohol consumption. Research questions suggested by the data and theoretical directions for future research are discussed.


The objective of this study is to describe the prevalence of alcohol and drug use and attitudes towards alcohol use in a group of New Zealand lesbian women. The method used is 1,222 copies of a postal questionnaire (the Lesbian Mental Health Survey [LMHS]) were distributed via lesbian newsletters over a 4-month period. Responses were received from 561 women, an estimated response rate of 50.8%. The respondents
were predominantly New Zealand European, highly educated, urban women in the 25- to 50-year age bracket; 30.1% smoked cigarettes, and 90.2% had drunk alcohol at some time in the past year, over half once per week or less. The median number of drinks per week was 1.5 drinks, equivalent to 22.5 ml alcohol per week. Despite a comparatively low reported use of alcohol, 48.1% of respondents expressed the view that alcohol is used excessively in the lesbian community; 75.8% had used cannabis at least once, 32.6% in the past year; 30.8% had used recreational drugs other than cannabis and alcohol at some time, 4.5% in the past year.


OBJECTIVES: To describe changes in alcohol and drug use between two independent samples of gay-bisexual men aged 25-29. METHODS: Comparisons between the 1984 San Francisco Men's Health Survey (SFMHS) and the 1992 San Francisco Young Men's Health Survey (SFYMHS). RESULTS: Heaviest levels of alcohol use decreased between the 1984 and 1992 samples as did most types of drug use, with the exception of an increase in the use of MDA. CONCLUSIONS: Important declines in heavy alcohol use and overall drug use occurred among young gay men between 1984 and 1992. However, levels of substance use still remain high and may constitute a continued threat to the health of gay-bisexual men.


BACKGROUND: Mounting evidence suggests that lesbians and bisexual women may be at especially elevated risk for the harmful health effects of alcohol and tobacco use. METHODS: We report findings from the California Women's Health Survey (1998-2000), a large, annual statewide health surveillance survey of California women that in 1998 began to include questions assessing same-gender sexual behavior. RESULTS: Overall, homosexually experienced women are more likely than exclusively heterosexual experienced women to currently smoke and to evidence higher levels of alcohol consumption, both in frequency and quantity. Focusing on age cohorts, the greatest sexual orientation disparity in alcohol use patterns appears clustered among women in the 26-35-year-old group. We also find that recently bisexually active women report higher and riskier alcohol use than women who are exclusively heterosexually active. By contrast, among homosexually experienced women, those who are recently exclusively homosexually active do not show consistent evidence of at-risk patterns of alcohol consumption. DISCUSSION: Findings underscore the importance of considering within-
group differences among homosexually experienced women in risk for tobacco and dysfunctional alcohol use.


Homosexual men and women have been described as at high risk for alcohol and drug abuse, due to psychosocial variables such as stress levels or the cultural importance of bar settings. However, there are few actual data in this regard. This paper presents the findings of a large (n = 3400) survey of a homosexual population regarding population characteristics and patterns of alcohol and drug use. Psychosocial variables that may account for substance use patterns both generally and in this population are discussed in an accompanying paper. Substantially higher proportions of the homosexual sample used alcohol, marijuana, or cocaine than was the case in the general population. Contrary to other reports, this was not accompanied by higher rates of heavy use, although homosexuals did show higher rates of alcohol problems. In the general population women consume less drugs and alcohol than do men, and substance use substantially declines with age. Neither of these patterns were found for the homosexual sample, thus creating overall higher rates of substance abuse. This may reflect differences between homosexuals and the general population in their adherence to sex-role stereotypes and age-related social role changes, as well as culturally specific stressors and vulnerability to substance use.


One hundred fifty-two self-identified lesbian and bisexual women participated in an exploratory study of lesbian health and high-risk sexual behaviors. These women were primarily White, middle class, and college educated. The relationship of alcohol and marijuana use to high-risk sexual behaviors and involvement in past or current abusive experiences was investigated. Having been involved in coercive sexual activities was related to some high-risk sexual activities and alcohol and marijuana use. The women in this sample were engaging in high-risk sexual activities, perhaps because of a lack of HIV-risk perception among lesbians in general, and in this sample in particular. These results demonstrate the need for HIV and safer-sex education even among highly educated women and awareness of the interrelationship between drug use and unsafe sexual activities.

The objective of this study was to evaluate the relation between drinking, drug use, and unprotected anal intercourse in young men who have sex with men. A cross-sectional analysis of first-visit data from a prospective cohort of 508 young gay men recruited from 1993 through 1994 from bars, college campuses, and the Fenway Community Health Center in Boston was performed. The major outcome measures were any unprotected anal intercourse, after drinking and when sober, stratified by type of sexual partner (steady or nonsteady) during the previous 6 months and during the most recent sexual encounter. The average age of the cohort was 23.3 years; 77.6% were white, and 76.4% were in college. These young men had a median of 10.5 male sexual partners in their lifetimes, and 3 sexual partners in the previous 6 months before enrollment. One hundred and thirty-four (26%) reported unprotected anal intercourse during the previous 6 months. Individuals who had unprotected anal intercourse were more likely to have a drinking problem (odds ratio [OR] = 1.95; 95% confidence interval [CI] = 1.26-3.01) and drank more (20.4 ml/day versus 13.9 ml/day; p < or = 0.01), compared with individuals who did not engage in unprotected anal intercourse. Overall, men were significantly less likely to have unprotected anal intercourse after alcohol or drug use, based on a series of paired analysis (OR = 0.27; 95% CI = 0.15-0.48). However, when we stratified by type of sexual partner, men were significantly more likely to have unprotected anal intercourse with their nonsteady sexual partners after drinking than when sober (OR = 4.33; 95% CI = 1.37-13.7), but were significantly less likely to have unprotected anal intercourse with steady partners (OR = 0.27; 95% CI = 0.15-0.48). The patterns observed as already mentioned for drinking were also found for substance use in general. Men who were more likely to have unprotected anal intercourse after substance use were significantly more likely to have a drinking problem (OR = 7.65; 95% CI = 2.34-24.59). These results suggest that the role of alcohol and unsafe sex in young gay men is complex, with the role of situational factors of paramount importance. Alcohol and substance use interventions designed to reduce HIV risk need to specify the role of substance use in the sexual context to be successful.


AIMS: To measure the prevalence and independent associations of heavy and problematic use of alcohol and recreational drugs among a household-based sample of urban MSM (men who have sex with men).

DESIGN: Cross-sectional survey. PARTICIPANTS: Men who identified as being gay or bisexual or who reported sex with another man in the prior 5 years were included in this analysis (n = 2172). SETTING: A probability
telephone sample of MSM was taken within Zip Codes of four large American cities (Chicago, Los Angeles, New York and San Francisco) estimated to have total concentrations of at least 4% of all households with one resident MSM. MEASUREMENTS: Standard measures of alcohol use, problems associated with alcohol use, and recreational drug use were administered by trained telephone interviewers. FINDINGS: Both recreational drug (52%) and alcohol use (85%) were highly prevalent among urban MSM, while current levels of multiple drug use (18%), three or more alcohol-related problems (12%), frequent drug use (19%) and heavy-frequent alcohol use (8%) were not uncommon. The associations of heavy and/or problematic substance use are complex, with independent multivariate associations found at the levels of demographics, adverse early life circumstances, current mental health status, social and sexual practices and connection to gay male culture. CONCLUSIONS: The complex pattern of associations with heavy and/or problematic substance use among urban MSM suggests that heavy and/or problematic substance use is grounded in multiple levels: the individual, the interpersonal and the socio-cultural.

Anal Cancer (Anal)


Some investigators have proposed screening homosexual men for anal cancer and its probable precursor, high grade anal intraepithelial neoplasia (AIN). Using widely accepted criteria for the introduction of screening programmes, this paper reviews the current evidence for screening for this condition in this high risk population and highlights areas where additional research is required. While it is accepted that the incidence of anal cancer is at least 20 times higher in homosexual men than the general population, the natural history of anal cancer and its precise relationship with AIN is not clearly understood. Anal intraepithelial neoplasia is a very highly prevalent disease among homosexual men, but little is known about what predicts progression to invasive disease. The screening tests, exfoliate cytology and high resolution anoscopy, have a sensitivity of between 45 and 70%. Treatment options for AIN are limited by morbidity and high recurrence rates and there are no randomised controlled trials studying the efficacy of therapeutic agents or surgery for high grade AIN, although immunotherapies show very early promise. Theoretically, early detection may lead to better treatment outcomes. Studies of the potential negative consequences of screening programmes on the homosexual population are needed. The currently available data does not support the implementation of a screening programme for AIN and anal cancer in homosexual men in Australia.

**BACKGROUND AND OBJECTIVE:** "High-risk" types of genital human papillomavirus (HPV) infections are associated with anogenital cancer. As these cancers occur more frequently in immunosuppressed individuals, we sought to better characterize type-specific prevalence, clinical spectrum, and risk factors for anal HPV infection among homosexual men.

**STUDY DESIGN:** Cross-sectional and follow-up study of 93 HIV-seropositive (HIV+) and 116 HIV-seronegative (HIV-) homosexual/bisexual men, with testing of anal swabs for HPV DNA by Virapap/Viratype assay.

**RESULTS:** Overall, 57 (61%) HIV+ and 20 (17%) HIV- men had anal HPV detected (P <.0001). HPV types 16/18 were most common, accounting for more than 50% of infections. Among HIV+ men, HPV prevalence increased with declining CD4 cell count: 33% with counts of more than 750, 56% with counts of 200 to 750, and 86% with counts less than 200 (P =.01). HPV infection was also associated with younger age and increasing numbers of lifetime sexual partners for all men. Most infections were subclinical, with clinically apparent infection (anal warts) accounting for 35% of infections in HIV- men, 33% in asymptomatic HIV+ men, and 52% in men with AIDS/ARC. For both HIV- and HIV+ men, rates of anal HPV detection (23% and 60%) were greater than those for the perianal area (5% and 37%) or penile shaft (2% and 7%) (P <.001). Persistence of anal HPV for 6 months was more common among men with AIDS/ARC (95%) than among asymptomatic HIV+ men (62%) or HIV- men (61%) (P <.05).

**CONCLUSIONS:** Anal HPV infections are common in homosexual/bisexual men and have a strong relationship to HIV-associated immunosuppression. Because most infections involve "high-risk" types of HPV, studies of their natural history are needed to clarify the risk of anal neoplasia in men with HIV infection.


**PURPOSE:** Patients diagnosed as having anal cancer and human immunodeficiency virus (HIV)-positive disease were evaluated for response to treatment and its associated toxicity.

**METHODS:** We studied nine HIV-positive patients with squamous-cell carcinoma of the anus. Among them, three patients had acquired immunodeficiency syndrome (AIDS). The stage of disease at presentation included: one Stage 0, two Stage I, two Stage II, and four Stage III patients. Seven patients received combined modality treatment, i.e., radiation therapy and chemotherapy, and two patients received radiation therapy alone. The radiation therapy field included the pelvis and a conedown boost. Chemotherapy consisted of two cycles of 5-fluorouracil and mitomycin C. Patients have been followed from 2 to 42 (median, 8) months.

**RESULTS:** Seven patients achieved a complete response clinically. All Stage I/II patients and one of...
four Stage III patients remain alive and have no evidence of disease. Radiation Therapy Oncology Group/European Organization for the Research and Treatment of Cancer Grades 3 and 4 skin toxicity were noted in six patients, and Grades 2 and 3 myelosuppression were noted in eight patients. The response rates achieved are comparable to the experience in non-HIV patients reported in the literature, but toxicity seems to be increased. CONCLUSION: It would seem reasonable to offer combined modality treatment to early stage, HIV-positive patients with good performance status and a history of minor opportunistic infections. The value of combined modality in AIDS patients and those who present with advanced stages of the disease is questionable.


BACKGROUND: Infection with human papillomavirus (HPV) is causally linked to the development of anal and cervical cancer. In the United States, the incidence of anal cancer among men who have sex with men (MSM) is higher than the incidence of cervical cancer among women. Anal squamous intraepithelial lesions (ASILs) are anal cancer precursors comprising low-grade squamous intraepithelial lesions (LSILs) and high-grade squamous intraepithelial lesions (HSILs). The prevalence of cervical cancer precursor lesions peaks at around 30 years of age. The age-related prevalence of ASILs in HIV-negative MSM is unknown.

METHODS: We conducted a cross-sectional analysis of the prevalence and determinants of ASILs in 1262 HIV-negative MSM aged 18-89 years recruited from four U.S. cities. Anal cytology and behavioral data were obtained. Anal HPV infection status was assessed by polymerase chain reaction. Independent predictors of ASILs were identified using logistic regression. All statistical tests were two-sided. RESULTS: The prevalences of LSILs and HSILs were 15% and 5%, respectively, and did not change with age. In a multivariable analysis, the risk of LSILs was associated with having more than five male receptive anal sex partners (P = .03), any use of poppers (alkyl nitrites) in the previous 6 months [odds ratio (OR) = 1.6, 95% confidence interval (CI) = 1.1 to 2.5; P = .03] or use of injection drugs two or more times per month during the previous 6 months [OR = 19, 95% CI = 1.3 to 277; P = .03], older age at first receptive anal intercourse (P = .004), and infection with a greater number of HPV types (P < .001 for linear trend). The risk of HSILs was associated with any anal HPV infection (OR = 3.2, 95% CI = 1.1 to 9.4; P = .039) and infection with an increasing number of HPV types (P < .001 for linear trend).

CONCLUSIONS: Sexually active HIV-negative MSM in all age groups have a high prevalence of ASILs, possibly reflecting their ongoing sexual exposure to HPV.

**BACKGROUND:** Incidence of anal cancer has increased in the United States during the past 30 years. This report describes the incidence of this rare cancer in the diverse California population. **METHODS:** Age-adjusted incidence rates (AAIR) were calculated by gender, race/ethnicity, county, and year of diagnosis for over 2100 cases of cancer of the anus diagnosed between 1995 and 1999. Age-adjusted incidence rates by time period 1973-1999 were calculated for San Francisco County. **RESULTS:** Age-adjusted incidence was higher for women than for men (AAIR 1.5 vs 1.2) in California, but men under age 40 and those classified as non-Hispanic Black had higher rates than women, and men had higher rates in San Francisco County (AAIR=8.7). Rates were higher among non-Hispanic Blacks and Whites than among Hispanics and Asian/Pacific Islanders. For all of California, there was an average 2% annual increase among non-Hispanic White men between 1988 and 1999. Incidence of this cancer among White males residing in San Francisco County more than doubled between the 1984-1990 and 1996-1999 time periods. Rates rose especially dramatically for San Francisco men ages 40 to 64, from 3.7 cases per 100,000 in 1973-1978 to 8.6 cases per 100,000 in 1984-1990 and to 20.6 cases per 100,000 in 1996-1999. **CONCLUSIONS:** Elevated incidence of anal cancer among White men residing in San Francisco County is likely to be related to the high proportion of men who have sex with men. Rates of anal cancer in this high-risk population increased during the past decade.


**OBJECTIVE:** To determine the risk of developing high grade anal squamous intraepithelial neoplasia (HG-AIN) in relation to HIV infection and immunosuppression, after controlling for the effects of human papillomavirus (HPV) infection. **DESIGN:** Prospective cohort study of 158 HIV-seropositive and 147 HIV-seronegative homosexual men presenting to a community-based clinic with initially negative anal cytologic and colposcopic findings. **METHODS:** Subjects completed self-administered questionnaires, underwent cytologic screening, and standardized unaided and colposcopic examination of the proximal anal canal for presence of abnormalities suggestive of AIN. Anal specimens were screened for HPV DNA. **RESULTS:** HG-AIN developed in eight (5.4%) and 24 (15.2%) HIV-seronegative and -seropositive men, respectively. Risk of HG-AIN among HIV-seronegative men was associated with detection of anal HPV types 16 or 18 by Southern transfer hybridization (STH), detection of HPV 16 or 18 at the lower levels by polymerase chain reaction but not by STH, and
with number of positive HPV tests; HG-AIN risk among HIV-seropositive men was associated with detection of HPV 16 or 18 only by STH, detection of HPV types other than 16 or 18, CD4 count < or = 500 x 10(6)/l, and number of positive HPV tests. HIV-induced immunosuppression remained an independent predictor of HG-AIN after adjusting for type and level of detection of HPV; HIV infection predicted HG-AIN risk after adjustment for number of positive HPV tests.

CONCLUSIONS: The association of HG-AIN with HIV, independent of HPV type, level of HPV detection and number of positive HPV tests, suggests that this increased risk cannot be entirely explained by an effect of HIV on HPV detection. Future studies focusing on factors more specific to the local microenvironment in the anal canal should help clarify these issues.


To elucidate the risk factors for anal cancer, we interviewed and obtained blood specimens from 148 persons with anal cancer and from 166 controls with colon cancer in whom these diseases were diagnosed during 1978-1985. We found that in men, a history of receptive anal intercourse (related to homosexual behavior) was strongly associated with the occurrence of anal cancer (relative risk, 33.1; 95 percent confidence interval, 4.0 to 272.1). Anal intercourse was only weakly associated with the risk of anal cancer in women (relative risk, 1.8; 95 percent confidence interval, 0.7 to 4.2). Among the subjects with squamous-cell anal cancer, 47.1 percent of homosexual men, 28.6 percent of heterosexual men, and 28.3 percent of women gave a history of genital warts, as compared with only 1 to 2 percent of controls and no patients with transitional-cell anal cancer. In patients without a history of warts, anal cancer was associated with a history of gonorrhea in heterosexual men (relative risk, 17.2; 95 percent confidence interval, 2.0 to 149.4) and with seropositivity for herpes simplex type 2 (relative risk, 4.1; 95 percent confidence interval, 1.9 to 8.8) and Chlamydia trachomatis (relative risk, 2.3; 95 percent confidence interval, 1.1 to 4.8) in women. Current cigarette smoking was a substantial risk factor in both women (relative risk, 7.7; 95 percent confidence interval, 3.5 to 17.2) and men (relative risk, 9.4; 95 percent confidence interval, 2.3 to 38.5). We conclude that homosexual behavior in men is a risk factor for anal cancer, and that squamous-cell anal cancer is also associated with a history of genital warts, an association suggesting that papillomavirus infection is a cause of anal cancer. Certain other genital infections and cigarette smoking are also associated with anal cancer.

To determine whether characteristics that are correlated with male homosexual behavior are associated with the incidence of cancer, the names of persons with a diagnosis of cancer in western Washington during 1974 to 1979 were linked to those in the state syphilis registry. Eight of 47 men with anal cancer were found to have had a reactive FTA test result; the expected number, based on the proportion of reactive cases among men with other sites of cancer, was only 0.40. Among men with anal cancer identified through ten population-based cancer-reporting systems in the United States, 24.4% had never been married, compared with 7.8% of men with colon and rectal cancer. Neither of these relationships was observed for women with anal cancer. Because in men, but not in women, having had syphilis and being single are associated with the practice of anal intercourse, our data suggest that anal intercourse may be a risk factor for anal cancer.


OBJECTIVE: We sought to determine if the introduction of highly active antiretroviral therapy (HAART) corresponded with changes in anal squamous cell cancer rates among men with AIDS. STUDY: We linked cancer registry data from 1988-2000 and AIDS registry data from 1981-July/2003 for San Diego County. We defined 1991-1995 and 1996-2000 as the pre- and post-HAART periods, respectively. RESULTS: The annual incidence of invasive anal cancer increased from zero per 100,000 men with AIDS aged 25 to 64 years (95% confidence interval [CI], 0-226) in 1991 to 224 per 100,000 (95% CI, 102-425) in the year 2000. Pre-HAART, the average annual incidence of invasive anal cancer was 49 per 100,000 men with AIDS aged 25 to 64 years (95% CI, 16-114) versus 144 per 100,000 (95% CI, 93-212) post-HAART. The relative risk of invasive anal cancer among men with AIDS compared with men without known HIV/AIDS was 98 (95% CI, 36-264) pre-HAART and 352 (95% CI, 186-669) post-HAART. The increased incidence of anal cancer among men with AIDS resulted in an increase in the overall rate of anal cancer among men in San Diego County. CONCLUSIONS: The rising incidence of anal cancer among men with AIDS may be related to increased longevity with HAART and the consequent increased time at risk for the development of malignancy and/or the result of greater use of cytologic screening.


PURPOSE: Homosexual and bisexual men are at an increased risk for human papillomavirus-induced squamous intraepithelial lesions and cancer of the anus. Our objective was to estimate the cost-effectiveness of
screening for anal squamous intraepithelial lesions in these high-risk patients. SUBJECTS AND METHODS: A Markov model was developed to evaluate alternative screening strategies using anal cytology in a hypothetical cohort of homosexual and bisexual men. Data were obtained from prospective cohort studies, national databases, Medicare reimbursement rates, and the published literature. Model outcomes included life expectancy, quality-adjusted life expectancy, total lifetime costs, and incremental cost-effectiveness ratios. RESULTS: The undiscounted life expectancy gain associated with anal cytology screening every 3 years was 5.5 months. Compared with no screening, screening every 3 years increased the discounted quality-adjusted life expectancy by 1.8 months and cost $7,000 per quality-adjusted life year (QALY) gained. Screening every 2 years cost $15,100 per QALY gained compared with screening every 3 years. Annual screening provided incremental benefits of less than 0.5 quality-adjusted months and had an incremental cost of $34,800 per QALY gained. Screening every 6 months provided little additional benefit (i.e., 5 days) over that of annual screening and had an incremental cost of $143,500 per QALY gained. CONCLUSION: In homosexual and bisexual men, screening every 2 or 3 years for anal squamous intraepithelial lesions with anal cytology would provide life-expectancy benefits comparable with other accepted preventive health measures, and would be cost-effective.

Risk factors for anal cancer include anal intercourse and infection with multiple strains of human papillomavirus, the causative agent of anal precancerous dysplasia. Several recent studies have shown that HIV-seropositive gay men are at greater risk for anal dysplastic lesions than seronegative gay men. Moreover, the risk for detection and progression of dysplastic lesions grows as the CD4+ cell count declines. A surgeon with a practice that includes gay men referred for anorectal disease presents data regarding the high prevalence of anal dysplasia in his patients.

Although not yet included in the Centers for Disease Control definition of AIDS, anal cancer clearly occurs more commonly in HIV-infected patients. An effective screening program for those groups who are at highest risk might be expected to impact rates of anal cancer just as significantly as did cervical Pap screening programs for the incidence of cervical cancer. Despite a relatively low rate of progression from AIN to invasive cancer, the scope of the problem is enormous based on the prevalence of anal HPV infection and the size of the HIV-infected, at-risk population. Thus, the potential benefits of screening, detection, and the development of
more effective therapy also are enormous. Currently, therapeutic HPV vaccines for AIN represent an exciting avenue of research in HPV-related anogenital disease. Invasive anal cancer and HSIL (which is believed to be the precursor lesion) are expected to become increasingly important health problems for both HIV-infected men and women as their life expectancy lengthens. Although HAART may have improved the ability of many to tolerate CMT, it appears that toxicity of this therapy continues to be a problem for a proportion of HIV-infected subjects. The acute side effects present specific challenges to the clinician and patient, have an immediate impact on the patient's plan of care and dose intensity of the treatment, and ultimately may impact the outcome of the planned treatment. Late toxicity may influence the long-term quality of life. Small patient numbers, variable radiation therapy doses, limited information about viral load, and a potential confounding effect of higher CD4+ levels make it difficult to draw any conclusions about the effect of HAART on anal cancer outcome. Large, prospective studies will be required before solid conclusions about the impact of various factors on anal cancer prognosis and outcome can be drawn.


Until now, the only cancers that have been strongly associated with AIDS are Kaposi's sarcoma and non-Hodgkin lymphoma. We used a linkage between AIDS (50,050 reports) and cancer (859,398 reports) registries in seven health departments in the USA to investigate the association between HIV infection and epidermoid anal cancer. We compared the numbers of observed cases and expected cases, calculated from general population rates with adjustment for age, sex, and race. The relative risk of anal cancer at and after AIDS diagnosis was 84.1 (95% CI 46.4-152) among homosexual patients (11 cases) and 37.7 (9.4-151) among non-homosexual patients (2 cases). The relative risk of anal cancer up to 5 years before the AIDS diagnosis (23 cases) was also increased; it was 13.9 (6.6-29.2) in the period 2-5 years before AIDS and 27.4 (15.9-47.2) during the 2 years before AIDS diagnosis (p for trend = 0.004). Among homosexual men, the relative risk of anal cancer was inversely related to age at AIDS onset (p for trend < 0.001). Excess risks were found in all geographical areas. This study establishes a strikingly increased risk of anal cancer among people with AIDS. These data are consistent with a previously hypothesized association between HIV-induced immunodeficiency and anal cancer development, but because homosexual men were at increased risk of anal cancer even before the AIDS epidemic, we cannot say how much of the increased risk is attributable to HIV infection. Nevertheless, clinicians should be aware that AIDS patients have an increased risk of anal cancer.

Anal cancer has been hypothesized to be associated with a sexually transmitted agent and, more recently, with the epidemic of human immunodeficiency virus (HIV). The authors used a descriptive incidence study to evaluate these hypotheses based on US data from the Surveillance, Epidemiology, and End Results (SEER) program for 1973-1989 and from the Connecticut Tumor Registry for 1940-1988. Since 1960, anal cancer incidence in Connecticut increased 1.9-fold among men and 2.3-fold among women. Based on information from SEER, the incidence was lowest among white men (1973-1989 average: 0.41/100,000) and highest among black women (1973-1989 average: 0.74/100,000). Residents of the metropolitan areas had a twofold risk of anal cancer compared with populations in less densely populated areas. The most dramatic change in incidence was observed for white men in the San Francisco Bay area, among whom the incidence increased from 0.5/100,000 in 1973-1975 to 1.2/100,000 in 1988-1989 (p trend < 0.001). The relative risks (95% confidence intervals) of anal cancer among never married men compared with ever married men in the urban areas rose from 5.8 (0.9-8.7) in 1973-1978 to 6.7 (4.7-9.5) in 1979-1984 and 10.3 (7.5-14.1) in 1985-1989 (p trend = 0.02). No significant difference was observed among women. In conclusion, anal cancer incidence in the United States has increased significantly during the past 30 years and is now higher in women than men, in blacks than whites, and in residents of metropolitan rather than rural areas. Some of this changing pattern clearly relates to the period prior to the acquired immunodeficiency syndrome (AIDS) epidemic and argues that behavioral changes are important in anal cancer development. However, the recent remarkable change in rates among never married men and men living in the San Francisco Bay area suggests that homosexual men are at special and increasing risk. The authors speculate whether part of this recent increase could be attributed to the AIDS epidemic.


Ninety-seven male homosexuals with the acquired immunodeficiency syndrome or other group IV human immunodeficiency virus disease were studied for anal human papillomavirus infection and intra-anal cytological abnormalities. Human papillomavirus DNA was detected in 52 subjects (54%), and 38 subjects (39%) were found to have abnormal anal cytological findings; anal intraepithelial neoplasia was detected in 15
specimens (15%). Abnormalities on anal cytological smear were significantly associated with the presence of human papillomavirus DNA, with a risk ratio of 4.6. Infection with multiple human papillomavirus types was common (12%) and was associated with a risk ratio for cytological abnormalities of 39.0. Median T4 counts of subjects with abnormal cytological findings were significantly lower than those with normal findings. These studies indicate that immunosuppressed male homosexuals have a high prevalence of anal human papillomavirus infection and anal intraepithelial neoplasia, and this population may be at significant risk for the development of anal cancer.


OBJECTIVES: The incidence of anal cancer among men who have sex with men (MSM) has continued to increase since the introduction of highly active antiretroviral therapy (HAART). The prevalence of the putative anal cancer precursor, anal intraepithelial neoplasia (AIN) was high among HIV-positive MSM prior to the availability of HAART but little is known about AIN since HAART was introduced. We characterized the prevalence of AIN among HIV-positive MSM and examined the association between AIN and various factors including use of HAART. DESIGN AND METHODS: A baseline point-prevalence analyses in a prospective cohort study of AIN was performed at a university-based research clinic. A total of 357 HIV-positive MSM with no history of anal cancer completed a questionnaire detailing behaviors and medical history, anal cytology and human papillomavirus (HPV) testing, and high-resolution anoscopy with biopsy for detection of AIN. RESULTS: Eighty-one percent of participants with available CD4+ cell counts at baseline had AIN of any grade; 52% had AIN 2 or 3; and 95% had anal HPV infection. In multivariate analysis, detection of > or = 6 HPV types [odds ratio (OR), 36; 95% confidence interval (CI), 7.4-171) and use of HAART (OR, 10; 95% CI, 2.6-38) were associated with AIN after adjustment for length of time participants were HIV-positive, CD4+ cell count and HIV viral load. CONCLUSIONS: The prevalence of AIN has remained high among HIV-positive MSM after the introduction of HAART. Our data indicate that HAART is not associated with a reduced prevalence of AIN and support measures to prevent anal cancer among HIV-positive MSM whether or not they are using HAART.


Anal cancer may be preceded by anal squamous intraepithelial lesions (ASIL), but the natural history of ASIL is poorly understood. In this report,
we characterize the 2-year incidence and progression of low-grade SIL (LSIL) and high-grade SIL (HSIL) in a cohort study in 346 HIV-positive and 262 HIV-negative homosexual or bisexual men. Subjects were studied at defined intervals using anal cytology, anoscopy with biopsy of visible lesions, human papillomavirus (HPV) testing, HIV serostatus, CD4 level, and data on medical history and lifestyle. The incidence of HSIL within 2 years was 20% in HIV-positive men and 8% in HIV-negative men who were normal at baseline. In total, 62% of HIV-positive and 36% of HIV-negative men with LSIL at baseline progressed to HSIL. The relative risk (RR) for anal disease progression in HIV-positive men was 2.4 (95% confidence interval [CI], 1.8-3.2) when compared with HIV-negative men. The RR increased to 3.1 (95% CI, 2.3-4.1) in HIV-positive men with CD4 counts <200/mm³. Infection with multiple HPV types was a risk factor for anal disease progression in both HIV-positive (RR = 2.0; 95% CI, 1.0-4.1) and HIV-negative (RR = 5.1; 95% CI, 2.3-11) men. The incidence of anal HSIL and progression of LSIL to HSIL within 2 years of follow-up is high in HIV-positive homosexual or bisexual men and to a lesser extent, in HIV-negative men. Men with the above risk factors may be at increased risk of developing anal cancer.


Anal cancer is more commonly found in homosexual and bisexual men than cervical cancer is in women. Invasive anal cancer may be preceded by anal squamous intraepithelial lesions (ASIL), and treatment of ASIL may prevent the development of anal cancer. We characterized the prevalence and risk factors for ASIL in 346 HIV-positive and 262 HIV-negative homosexual men. Anal cytology, biopsy of visible anal lesions, and human papillomavirus (HPV) tests were performed, and data on HIV serostatus, CD4 count, and medical and lifestyle history were collected. ASIL was diagnosed in 36% of HIV-positive men and 7% of HIV-negative men (relative risk [RR] = 5.7; 95% confidence interval [CI], 3.6-8.9). Among HIV-positive men, the RR for ASIL increased with lower CD4 levels but was elevated even in men with CD4 levels >500/mm³ (RR = 3.8; 95% CI, 2.1-6.7) when compared with HIV-negative men. High-level HPV infection, as measured by detection of both hybrid capture (HC) group A and group B types, was another significant risk factor for ASIL in both HIV-positive men (RR = 8.8; 95% CI, 2.3-35) and HIV-negative men (RR = 20; 95% CI, 5.5-71) when compared with HC-negative men. HIV-negative men with anal HPV infection and HIV-positive men, regardless of CD4 level, are at high risk for ASIL.

**OBJECTIVE:** The incidence of anal cancer among homosexual men exceeds that of cervical cancer in women, and HIV-positive homosexual men may be at even higher risk than HIV-negative men. Cervical cancer is preceded by high-grade squamous intra-epithelial lesions (HSIL) and anal HSIL may similarly be the precursor to anal cancer. In this study, we describe the incidence of and risk factors for HSIL in HIV-positive and HIV-negative homosexual and bisexual men. **DESIGN:** Prospective cohort study of HIV-positive and HIV-negative homosexual men. **SETTING:** The University of California, San Francisco. **PATIENTS:** 346 HIV-positive and 262 HIV-negative men enrolled at baseline, 277 HIV-positive and 221 HIV-negative homosexual men followed after baseline. **STUDY DESIGN:** A questionnaire was administered detailing lifestyle habits, medical history and sexual practices. Anal swabs for cytology and human papillomavirus studies were obtained, followed by biopsies of visible lesions. Human papillomavirus testing was performed using polymerase chain reaction (PCR) and 'hybrid capture'. Blood was obtained for HIV testing and measurement of CD4 levels. **MAIN OUTCOME MEASURES:** Incident HSIL. **RESULTS:** HIV-positive men were more likely to develop HSIL than HIV-negative men relative risk (RR), 3.7; 95% confidence interval (CI), 2.6-5.7. Life-table estimates of the 4-year incidence of HSIL was 49% (95% CI, 41-56) among HIV-positive men and 17% (95% CI, 12-23) among HIV-negative men. Among HIV-positive men, those with lower baseline CD4 counts ($P = 0.007$) and persistent infection with one or more human papillomavirus types, determined using PCR ($P = 0.0001$), were more likely to develop HSIL. **CONCLUSIONS:** HIV infection, lower CD4 levels and human papillomavirus infection were associated with high rates of incident HSIL among homosexual men. However, high rates were found at all CD4 levels among HIV-positive men and among HIV-negative men.


**BACKGROUND:** Anal cancer and its precursor lesion, anal squamous intraepithelial lesions (SILs), are associated with human papillomavirus (HPV) infection. Anal HPV infection and anal SIL are common in HIV-positive men who have sex with men; receptive anal intercourse is presumed to be the mode of acquisition of HPV. **OBJECTIVE:** To assess the prevalence and risk factors for anal HPV infection and anal SIL in HIV-positive men with no history of anal intercourse. **DESIGN:** Cross-sectional study. **SETTING:** Hopital Europeen Georges Pompidou outpatient clinic, Paris, France. **PATIENTS:** 118 HIV-infected men. **MEASUREMENTS:** 50 HIV-positive heterosexual male injection drug users with no history of anal intercourse and 67 HIV-infected men who had sex with men were
evaluated by using anal cytologic, anal histologic, and anal HPV DNA testing. RESULTS: 23 of the 50 heterosexual injection drug users (46%) had anal HPV infection. Low-grade SIL (LSIL) was found in 8 patients (16%) and high-grade SIL (HSIL) in 9 patients (18%). Among the 67 men who had sex with men, anal HPV infection was found in 57 patients (85%), LSIL in 33 patients (49%), and HSIL in 12 patients (18%). In univariate analysis, risk factors for abnormal anal cytologic or histologic findings included CD4+ cell counts less than 250 x 10(6) cells/L (odds ratio, 5.7 [95% CI, 1.6 to 20.4]), plasma HIV RNA viral load greater than 1.7 log copies/mL (odds ratio, 8.9 [CI, 1.1 to 76.0]), previous AIDS-defining event (odds ratio, 4.3 [CI, 1.2 to 15.6]), and anal HPV detection (odds ratio, 5.7 [CI, 1.6 to 20.4]). Risk factors among men who had sex with men included having more than 10 lifetime receptive anal intercourse episodes (odds ratio, 5.6 [CI, 1.6 to 19.8]) and anal HPV detection (odds ratio, 8.7 [CI, 1.9 to 39.0]). CONCLUSIONS: Anal HPV infection and anal SIL may be acquired in the absence of anal intercourse in HIV-positive men. The prevalence of HSIL is high among HIV-positive injection drug users. All HIV-positive men with CD4+ cell counts less than 500 x 10(6) cells/L, regardless of history of anal intercourse, should be considered for anal cytologic screening; however, additional studies are needed to determine the efficacy of this procedure to prevent anal cancer in these populations.


BACKGROUND & AIMS: The incidence of anal cancer is higher in patients with anal canal condyloma, a sexually transmitted disease, than in the general population. We determined the prevalence of anal dysplasia and cancer in patients with anal canal condyloma with respect to human immunodeficiency virus (HIV) status, immunity status, and human papillomavirus types. METHODS: In 174 consecutive patients (114 HIV positive, 60 HIV negative) with anal canal condyloma, lesions were cured, and the patients were then followed up prospectively. Langerhans cells (LCs) in normal anal mucosa were quantified, and viruses (Epstein-Barr virus, cytomegalovirus, human simplex virus 1, and various human papillomavirus [HPV] types) were characterized on inclusion. During follow-up (median 26 months), relapsed condylomas were resected and examined histologically. HIV load and CD4 T-lymphocyte counts in serum were determined at each visit. RESULTS: Several factors differed significantly between HIV-positive and HIV-negative patients: LCs/mm anal tissue (15 vs. 30), oncogenic HPV (27% vs. 13%), other current anal infections (44% vs. 0%), and sex ratio (93% vs. 73% male). During follow-up, condylomas relapsed in 75% of the HIV-positive patients, with 19 high-grade dysplasias (HGDs) and 1 invasive carcinoma, but in only 6% of HIV-negative patients, with 1 HGD. Male sex, HIV positivity, and <15 LCs/mm
tissue were independent risk factors for condyloma relapse. HIV positivity, HGD before inclusion, and condyloma relapse were independent risk factors for HGD and cancer. Serum HIV load was associated with relapse, whereas CD4 T-lymphocyte counts were not. CONCLUSIONS: The prevalence of HGD and carcinoma is higher in HIV-positive than in HIV-negative patients, probably because of HPV activity. HIV-positive patients with high serum HIV load and/or a history of anal dysplasia should be examined by anoscopy, and condylomas should be analyzed histologically.

Physician/Clinician Attitudes toward LGBT (Att)


It could be argued that the term homophobia may have an array of meanings, which makes it difficult to truly define. Therefore, the purpose of this article is to explore homophobia in nursing using concept analysis as described by Walker and Avant (1995). Definitions of homophobia in general terms will be identified together with a working definition of homophobia in nursing in order for the critical attributes to be explored and identified. The formation of model, borderline, and contrary cases will exemplify the key characteristics of what homophobia in nursing is and is not. The examination of the antecedents, consequences, and empirical referents allows for further refinement of the key attributes, which define homophobia in nursing.


Nursing is still a predominantly White profession, and many nursing students have had little experience with people of diverse races or sexual identities. The purpose of this study was to examine racial awareness and attitudes toward sexual minorities in incoming nursing students. The findings indicated that students had a low awareness of race issues but stated that they felt comfortable working with people of other races. Attitudes toward lesbian, gay, and bisexual people were more negative and fewer students reported feeling comfortable working with sexual minorities. Low racial awareness and negative attitudes about sexual minorities were related. Parental attitudes toward sexual minorities were related to student level of comfort working with sexual minorities, but parental attitudes about racial minorities were not related to student level of comfort with people of other races. The correlates of low racial awareness and negative attitudes about sexual minorities were similar.
Treatment counselors' attitudes about lesbian, gay, bisexual, and transgendersed (LGBT) clients can have important effects on these client's recovery. There is a common, but unexamined, perception that LGBT people are more accepted in urban areas (and thus urban treatment programs) and that urban counselors have greater knowledge of the needs of the LGBT community. This study examined the attitudes and knowledge of treatment counselors from two geographic regions: urban Chicago (n = 109) and rural Iowa (n = 242) in 2000. The instrument assessed demographic characteristics, knowledge, and experiences working with LGBT clients, and attitudes about LGBT clients (an adaptation of Herek's Attitudes about Lesbians and Gays rating scale). Only a few demographic differences between the urban and rural counselors were identified. Chicago counselors were more racially diverse and more likely to have grown up in an urban area than the Iowa counselors. The Iowa counselors had slightly higher levels of formal education. Although the Chicago providers reported having considerably more contact with LGBT clients and more formal and continuing education about LGBT people, they did not have more positive attitudes or report more knowledge of specific LGBT issues that might influence alcohol and drug treatment. Overall, both Chicago and Iowa counselors had very little formal education regarding the needs of LGBT clients, and nearly half reported negative or ambivalent attitudes. Many of the counselors lacked knowledge about legal issues such as domestic partnership and power of attorney, the concepts of domestic partnership and internalized homophobia, and issues related to family of origin and current family.


OBJECTIVES: The aim of this study was to assess the relationship between background and sociodemographic variables, attitudes toward controversial aspects of human sexuality and sex knowledge among medical and nursing students. METHOD: The study design was a questionnaire-based survey of medical and nursing students in Western Australia. Participants were first- through fifth-year medical students at the University of Western Australia and first- through third-year undergraduate nursing students at Edith Cowan University. Outcome measures were students' attitudes toward controversial aspects of human sexuality expressed on a five-point Likert scale and a modified version of the Kinsey
Institute/Roper Organization National Sex Knowledge Test. RESULTS: A significant relationship was found between certain background and sociodemographic variables, sexual attitudes and sex knowledge. The background variable most strongly related to both attitudes and knowledge was frequency of attendance at religious services of any religious denomination during the past month, with those attending three or more times more likely to express negative attitudes and have lower sex knowledge scores. Lower sex knowledge was related to negative attitudes toward gay/lesbian/bisexual behaviour, masturbation, premarital sex and contraception. Other important background and sociodemographic variables related to negative attitudes were: never having experienced sexual intercourse; right-wing political orientation; lower family income; gender and ethnicity. CONCLUSIONS: Negative attitudes toward controversial aspects of human sexuality and lower sex knowledge scores among medical and nursing students can be predicted on the basis of background and sociodemographic variables. Education aimed at increasing sex knowledge and modifying negative attitudes may increase students' ability to function more effectively as sexual history takers and sex counsellors.


PURPOSE: To examine the attitudes of physicians practicing in New Mexico toward gay and lesbian medical students, house officers, and physician colleagues. METHOD: In May 1996, the authors mailed a questionnaire with demographic and attitude questions to 1,949 non-federally employed physicians practicing in New Mexico. The questionnaire consisted of questions dealing with medical school admission, residency training, and referrals to colleagues. The response rate was 53.6%. RESULTS: Of all the responding physicians, 4.3% would refuse medical school admission to applicants known to be gay or lesbian. Respondents were most opposed to gay and lesbian physicians' seeking residency training in obstetrics and gynecology (10.1%), and least opposed to their seeking residency training in radiology (4.3%). Disclosure of homosexual orientation would also threaten referrals to gay and lesbian obstetrician-gynecologists (11.4%) more than to gay or lesbian physicians in other specialties. CONCLUSION: Physicians' attitudes toward gay and lesbian medical students, house officers, and physician colleagues seem to have improved considerably from those reported previously in the literature. However, gay men and lesbians in medicine continue to face opposition in their medical training and in their pursuit of specialty practice.

BACKGROUND: During the last decade, official policy and Swedish legislation have strengthened the legal rights of homosexuals and demanded tolerance for this group. There is evidence in the literature that homosexual patients have experienced negative attitudes and poor quality care from nurses, and may be unwilling to disclose their sexuality because of fears of discriminatory treatment. AIMS: The aim of this paper is to report a study that investigated the attitudes of nurses towards lesbians and gay men and nurses beliefs about the causes of homosexuality.

METHOD: The study had a descriptive, comparative design. The Attitudes Toward Homosexuality Scale was used, along with Causes of Homosexuality Questionnaire. The participants were Registered Nurses and Assistant Nurses from one infectious disease clinic in central Sweden (response rate 67%, n = 57), and students enrolled in a university nursing programme and in upper secondary assistant nurses’ training (response rate 62%, n = 165). RESULTS: In general, participants expressed positive attitudes (62%). Nurses expressed the most positive attitudes, whereas the assistant nursing students expressed the least positive attitudes. A minority of the sample (30%) expressed neither positive nor negative attitudes. The most common belief about the cause of homosexuality was that it was congenital. Those who held this belief expressed more positive attitudes towards homosexuality than those who believed that homosexuality was acquired. Limitations of the study were that the sample was relatively small and not randomly selected. CONCLUSION: This study demonstrated that attitudes have improved towards homosexuals compared with earlier international studies, although more needs to be done to increase the positive attitudes among the nursing staff and students with neutral attitudes (neither positive nor negative attitudes) to enhance the wellbeing of homosexual persons. General education about homosexuality is a necessary beginning to make homosexual patients visible, which is an important aspect of practical nursing ethics.


Studies have reported that homosexual patients fear they will not receive adequate care if they openly show their sexual orientation, for example, when introducing their partner. The aims of this study were to investigate the emotions of nursing staff and nursing students, and possible relations to cultural background and gender, towards homosexual patients; whether nursing staff and nursing students would choose to refrain from nursing homosexual patients, if the option existed; and, if so, how they express their wish to refrain from nursing this group of patients. All participants received verbal and written information before the study started. Returning a completed questionnaire indicated a participant's tacit consent. Approval was obtained from the heads of departments and persons in charge of nursing and nursing assistant programmes. The study had a descriptive,
comparative design, and an Affect Adjective Checklist (AAC) and specially
designed Nursing Behaviour Questionnaire (NBQ) were used. The
participants included nurses and assistant nurses from an infectious
disease clinic, and students enrolled in a university nursing programme
and upper secondary assistant nurses' training, all in central Sweden. The
findings showed that both professional nursing staff (response rate 67%, n
= 57), and students (response rate 62%, n = 165), expressed emotions of
homophobic anger, homophobic guilt and delight. Groups with a cultural
background other than Swedish expressed more homophobia. No gender
differences were indicated for homophobic emotions. In the professional
group, 36% would refrain from nursing for homosexual patients if given the
option. The corresponding figure for the students was 9%. The limitations
were that the sample was small and not randomly selected, and as
participation was anonymous no follow-up could be done. It was
concluded that the emotional factors of homosexual anger and
homosexual guilt might be of value in helping to explain and predict
attitudes towards homosexuals.

This participatory, qualitative study examines "what is lesbian" about
lesbians' experiences of cancer and cancer care. Twenty-six lesbians
were interviewed about their experiences of cancer diagnosis, treatment,
and support, and their feelings and perceptions about shifts in identity,
body, sexuality, and relationships. This paper highlights how homophobia
and heterosexism, in contemporary nursing practice and as historical
features of the health-care system, shape the experiences of lesbians with
cancer. A minority of participants were targeted, denied standard care, or
had aspects of their identity and social context relevant to cancer care
dismissed. The majority commented on the lack of attention to lesbian
realities in psychosocial support. A legacy of heterosexism appears to
prompt strategic efforts to avoid homophobia and also appears to foster
gratitude for equitable care. Nurse educators, practitioners, and policy-
makers have critical roles to play in the accessibility of cancer care.

during gynecologic care among lesbians and bisexuals." Am J Public Health
75(9): 1085-7.
Bisexuals (N = 424) and lesbians (N = 1,921) were surveyed regarding
their sources of gynecologic care, utilization patterns, openness with
physicians, and assessment of quality of care. About 40 per cent of each
group believed that physician knowledge about their sexual preference
would hinder the quality of medical care and about as many believed that
it would have no effect. About one-third in each group had not disclosed
their sexual behavior although they desired to do so. Physicians rarely

1. In 1975, the American Psychological Association stated that homosexuality was not a disorder and that homophobia was a form of prejudice based on stereotypes.
2. Because homophobia, like racism or sexism, is learned, it can be unlearned.
3. People who feel homosexuality is a choice hold more negative attitudes toward individuals who are gay, lesbian, bisexual, or transgendered.
4. Homophobia not only damages individuals who are gay, lesbian, bisexual, or transgendered, but also limits heterosexuals by locking them into rigid gender-based roles.


**Breast Cancer (Brst)**


This study examined the effects of a Supportive-Expressive group therapy intervention offered to lesbians with early stage breast cancer. Twenty lesbians diagnosed with breast cancer in the previous 12-months were recruited and assessed at baseline, and at 3, 6, and 12 months after the group intervention. During the 12-week intervention, group members focused on the problems of a new diagnosis, coping with the illness and treatment, mood changes, coping responses and self-efficacy, improving relationships with family, friends and physicians, the impact of the illness on life, pain and sleep, and changes in body image and sexuality. A within-subject slopes analysis was conducted on data collected for each woman over the first year. As predicted, women reported reduced emotional distress, intrusiveness, and avoidance, and improved coping.
There were significant changes in their social support, but in the unexpected direction. Instrumental support and informational support declined. However, conflict in family relations also declined, while trends were found towards more cohesiveness and expressiveness. Participants reported less pain and better sleep. There were no changes in body image, sexuality, or attitudes toward health-care providers. These results suggest that Supportive/Expressive group intervention appears to be helpful for lesbians with breast cancer.


In a study comparing lesbian and heterosexual women's response to newly diagnosed breast cancer, we compared data from 29 lesbians with 246 heterosexual women with breast cancer. Our hypotheses were that lesbian breast cancer patients would report higher scores of mood disturbance; suffer fewer problems with body image and sexual activity; show more expressiveness and cohesiveness and less conflict with their partners; would find social support from their partners and friends; and would have a poorer perception of the medical care system than heterosexual women. Our predictions regarding sexual orientation differences were supported for results regarding body image, social support, and medical care. There were no differences in mood, sexual activity or relational issues. Not predicted were differences in coping, indicating areas of emotional strength and vulnerability among the lesbian sample.


**Bacterial Vaginosis (BV)**


Sexual transmission of bacterial vaginosis (BV), a common syndrome in sexually active women, has not been previously established. Because no male counterpart for BV has been found, a population of lesbians is an ideal one in which to test the hypothesis that BV is sexually transmitted. We studied 103 homosexual women (lesbians) who sought gynecologic care at a community clinic and in a private gynecology practice in New York City. Participants were asked to refer their sexual partners for evaluation. In this cross-sectional prevalence study, all participants were evaluated for the presence of BV, and pairs of monogamous sexual partners were analyzed for concordance of their vaginal secretions.
Twenty-nine (28.7%) of the 101 participants from whom satisfactory vaginal wash samples were available had BV. There were 21 pairs of monogamous partners. Of 11 index women who had BV, eight (72.7%) had partners who also had BV. Of 10 index women who did not have BV, only one (10%) had a partner with BV. The likelihood of a partner’s having BV was 19.7 times greater if the index case had BV (P < .008; 95% CI, 2.1-588.0). We conclude that with respect to BV, lesbians in monogamous relationships usually have concordant vaginal secretions. This concordance probably reflects the sexual transmission of BV between lesbians.


The effect of non-heterosexual factors on the vaginal flora has been studied. Ninety-one lesbians attending a specialist genitourinary medicine service for lesbians were studied. Bacterial vaginosis (BV) was diagnosed in 51.6% of them. While most of the women had previously had a male sexual partner, the presence of BV was not associated with a male sexual partner in the previous 12 months. A detailed analysis of lesbian sexual practices in the group did not relate BV to any sexual practice which would have the propensity to pass vaginal secretions from one to the other.

**Child Abuse (CA)**


OBJECTIVE: The study objective was to determine the nature and prevalence of childhood maltreatment experiences among lesbian, gay, and bisexual adults and to compare findings to those obtained from similar heterosexual adults. METHOD: Data from the National Survey of Midlife Development in the United States (MIDUS), which measured both childhood experiences with parental emotional and physical maltreatment and adult sexual orientation, were used to compare childhood maltreatment experiences of 2,917 heterosexual, homosexual, and bisexual individuals, age 25-74 years, separately by gender. RESULTS: Homosexual/bisexual men reported higher rates than heterosexual men of childhood emotional and any physical maltreatment (including major physical maltreatment) by their mother/maternal guardian and major physical maltreatment by their father/paternal guardian. In contrast, homosexual/bisexual women, as compared to heterosexual women, reported higher rates of major physical maltreatment by both their mother/maternal guardian and their father/paternal guardian. Differences among individuals with differing sexual orientations were most pronounced for the more extreme forms of physical maltreatment. CONCLUSIONS:
Adult minority sexual orientation is a risk indicator for positive histories of experiencing parental maltreatment during childhood. While the reasons for this are beyond the scope of the current study, previous research suggests that childhood individual differences, including possibly gender atypicality, may be a causal factor.


There is a lack of consensus on how to define childhood sexual abuse (CSA). In this study we explore the perceptions of CSA among men who had such experiences. One hundred Latino men (predominately gay) who had childhood sexual experiences with an older partner (CSEOP) were asked whether they considered their experiences sexual abuse (41 said no; 59 said yes). Those who felt abused were younger when the events happened and were more likely to have been physically forced, physically hurt, threatened, and emotionally hurt. Negative correlates of CSEOP in adulthood were also explored. Men who considered themselves the victims of CSA differed from those without CSEOP in having more alcohol use, unprotected anal sex, and male sex partners.


From May 1989 through April 1990, 1,001 adult homosexual and bisexual men attending sexually transmitted disease clinics were interviewed regarding potentially abusive sexual contacts during childhood and adolescence. Thirty-seven percent of participants reported they had been encouraged or forced to have sexual contact before age 19 with an older or more powerful partner; 94% occurred with men. Median age of the participant at first contact was 10; median age difference between partners was 11 years. Fifty-one percent involved use of force; 33% involved anal sex. Black and Hispanic men were more likely than white men to report such sexual contact. Using developmentally-based criteria to define sexual abuse, 93% of participants reporting sexual contact with an older or more powerful partner were classified as sexually abused. Our data suggest the risk of sexual abuse may be high among some male youth and increased attention should be devoted to prevention as well as early identification and treatment.


This paper reports on the first national survey of adults concerning a history of childhood sexual abuse. Victimization was reported by 27% of
the women and 16% of the men. Higher rates of abuse were found among men who grew up in unhappy families, lived for some period with only their mothers, who were currently residing in the West and who came from English or Scandinavian heritage. Higher rates of abuse were found among women who grew up in unhappy families, lived for some period without one of their natural parents, received inadequate sex education, were currently residing in the West or who were born after 1925.

**Cancer (general/other) (Can)**


In the United States, New York City has had the greatest number of subjects at risk of AIDS for the longest period of time. This population therefore serves as an indicator of changes in cancer risk which may emerge among persons at risk from AIDS. Using a proportional incidence method, we surveyed cancers occurring among single (a surrogate for homosexual) young men and married young men in Manhattan, the rest of New York City, and the remainder of New York State. The baseline period was established earlier to be 1973-76, during which time no cases of Kaposi's sarcoma were observed among single men in Manhattan. By 1985, the frequency of Kaposi's sarcoma in this group was increased 1,850-fold (compared with expected cases derived from other registries). In the same group, the increase of non-Hodgkin's lymphoma was 6.2-fold (p for trend less than 0.0001), with excesses of Burkitt's lymphoma and immunoblastic lymphoma being most noticeable. Diagnoses of Hodgkin's disease increased markedly in 1985 but not earlier. Since this pattern did not follow that of the AIDS epidemic in this area, we suggest that Hodgkin's disease is not an AIDS-associated tumor. Hepatoma was diagnosed more frequently in single young men during the 1980s but similar increases also were observed in married men and thus may be unrelated to AIDS. Thus, only Kaposi's sarcoma and non-Hodgkin's lymphoma appear to be AIDS-associated tumors, at least so far. With better treatment and longer survival, it remains possible that other tumors will emerge as part of the AIDS epidemic.


Using a proportional morbidity analysis method, the authors examined changes in the risk of malignancy among never-married men 20-49 years old (a surrogate population for homosexual men) in a high AIDS-risk area (City of San Francisco) and other lower AIDS-risk areas. This approach easily detected increases in Kaposi's sarcoma (odds ratio (OR) comparing 1973-1978 to 1984: 2,479-fold, proportional increase = 99.9%) and in non-
Hodgkin's lymphomas (OR = 4.2-fold in 1984, p for trend less than 0.0001, proportional increase = 70%) in the City of San Francisco, with excesses especially in the Burkitt-like lymphomas and immunoblastic lymphomas. Extranodal lymphomas of the brain, but not other sites, were especially prominent (proportional increase = 96%). In addition, nonsignificant increases were seen for Hodgkin's disease (p for trend = 0.13) and for hepatoma (p for trend = 0.08). A posteriori, the authors noted increases in urinary tract tumors and acute lymphoblastic leukemia which warrant monitoring. Other tumors suggested to be AIDS-associated did not occur excessively in this population. Among single young men outside of San Francisco, Kaposi's sarcoma also increased significantly (OR = 182 in 1984), suggesting a lag of about three years behind the increases in the City of San Francisco. Some tumors may require a longer latent period before an association becomes manifest. In the meantime, however, these data indicate that the increases in AIDS-related cancers are limited to only a few malignancies.


OBJECTIVES: This study examined whether lesbians are at increased risk for certain cancers as a result of an accumulation of behavioral risk factors and difficulties in accessing health care. METHODS: Prevalence estimates of behavioral risk factors (nulliparity, obesity, smoking, and alcohol use), cancer screening behaviors, and self-reported breast cancer histories derived from 7 independently conducted surveys of lesbians/bisexual women (n = 11,876) were compared with national estimates for women. RESULTS: In comparison with adjusted estimates for the US female population, lesbians/bisexual women exhibited greater prevalence rates of obesity, alcohol use, and tobacco use and lower rates of parity and birth control pill use. These women were also less likely to have health insurance coverage or to have had a recent pelvic examination or mammogram. Self-reported histories of breast cancer, however, did not differ from adjusted US female population estimates. CONCLUSIONS: Lesbians and bisexual women differ from heterosexual women in patterns of health risk. These women would be expected to be at especially greater risk for chronic diseases linked to smoking and obesity.


Cancer patterns among broad populations of homosexual men and women have not been studied systematically. The authors followed 1,614 women and 3,391 men in Denmark for cancer from their first registration
for marriage-like homosexual partnership between 1989 and 1997. Ratios of observed to expected cancers measured relative risk. Women in homosexual partnerships had cancer risks similar to those of Danish women in general (overall relative risk (RR) = 0.9, 95% confidence interval (CI): 0.6, 1.4), but only one woman developed cervical carcinoma in situ versus 5.8 women expected (RR = 0.2, 95% CI: 0.0, 0.97). Overall, men in homosexual partnerships were at elevated cancer risk (RR = 2.1, 95% CI: 1.8, 2.5), due mainly to human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS)-associated Kaposi's sarcoma (RR = 136, 95% CI: 96, 186) and non-Hodgkin's lymphoma (RR = 15.1, 95% CI: 10.4, 21.4). Anal squamous carcinoma also occurred in excess (RR = 31.2, 95% CI: 8.4, 79.8). After exclusion of Kaposi's sarcoma, non-Hodgkin's lymphoma, and anal squamous carcinoma, no unusual cancer risk remained (RR = 1.0, 95% CI: 0.8, 1.3). With anal squamous carcinoma and HIV/AIDS-associated cancers as notable exceptions in men, cancer incidence rates among homosexual persons in marriage-like partnerships are similar to those prevailing in society at large.


BACKGROUND: Human immunodeficiency virus type 1 (HIV-1) infection is known to increase the incidence of Kaposi’s sarcoma and non-Hodgkin’s lymphoma. Parallels with other causes of immunodeficiency suggest a possible effect of HIV-1 on additional cancers. PURPOSE: This study was designed to determine the types and rates of cancers occurring in excess in the presence of HIV-1 infection. METHODS: We examined cancer incidence in a population-based open cohort with a high prevalence of HIV-1 infection. The study population was never-married men aged 25-54 years who resided in San Francisco, Calif., of whom an estimated 20,000 (24%) were HIV-1 seropositive as of late 1984. Cancer registration data covering 1,390,000 person-years of observation of these men from 1973 through 1990 were obtained from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. Standardized incidence rates and ratios of observed to expected cases (based on rates in the pre-acquired immunodeficiency syndrome [pre-AIDS] period [i.e., 1973-1979]) were calculated for cancers classified by site and by cell type. RESULTS: The incidence of Kaposi’s sarcoma in never-married men plateaued in 1988-1990 at 0.5% per year. The incidence of non-Hodgkin’s lymphoma increased 20-fold between 1973-1979 and 1988-1990; increases were most pronounced in tumors of higher grade histology and extranodal (especially central nervous system) primary sites. The incidence of Burkitt’s and Burkitt-like tumors peaked in 1985-1987, whereas that of large cell diffuse and immunoblastic lymphomas increased throughout the study period. The incidence of Hodgkin’s disease was 2.0 (95% confidence interval [CI] = 1.3-3.0) times
expected in 1988-1990. The incidence of anal cancer was 9.9 (95% CI = 4.5-18.7) times expected in 1973-1979 and 10.1 (95% CI = 5.0-18.0) times expected in 1988-1990. Ratios of observed to expected cancers of most other sites were 2.0 or less; the ratio of leiomyosarcomas (at any site) was 2.5 (95% CI = 0.5-7.4). CONCLUSIONS: As the HIV-1 epidemic has progressed, the increases in AIDS-related Kaposi's sarcoma, Burkitt's tumor, and other non-Hodgkin's lymphoma have followed different patterns. The effect of HIV-1 on other cancers has been nondetectable. In particular, HIV-1 is not related to the increased risk of anal cancer in homosexual men, which antedated the AIDS epidemic. IMPLICATIONS: These data suggest that the etiologic mechanisms of HIV-1-related malignancy differ for specific cancers and do not globally increase cancer risk. Control of HIV-1-related cancer remains an unsolved challenge in the management of HIV-1 infection.


This paper reports data on health related behaviors and cancer screening from the Boston Lesbian Health Project II (BLHP II), a replication of a national survey of lesbians on a variety of health-related variables completed in 1987. The findings suggest that lesbians have increased their use of primary care, including routine physical examinations, pap smear screening for cervical cancer, and mammography for breast cancer, but that rates continue to be lower than would be expected for women in general. Younger lesbians in this sample smoked at high rates. Smoking rates continue to be of concern in other age groups, although they are lower than national data from women in general. BLHP II data confirm other findings that lesbians are more likely to drink alcohol and to drink more heavily than other women. Implications for health care of lesbians and future research with this population are discussed.


**Children of LGBT Parents (Child)**


Courts determine custody and visitation on the basis of the "best interests of the child." Current judicial rulings in some jurisdictions reflect a bias against awarding custody or granting visitation rights to homosexual
parents, favoring the heterosexual parent or heterosexual relative of the child(ren). Should the sexual orientation of the parent play a part in the determination of custody or visitation in order to protect the child? This meta-analysis summarizes the available quantitative literature comparing the impact of heterosexual and homosexual parents, using a variety of measures, on the child(ren). The analyses examine parenting practices, the emotional well-being of the child, and the sexual orientation of the child. The results demonstrate no differences on any measures between the heterosexual and homosexual parents regarding parenting styles, emotional adjustment, and sexual orientation of the child(ren). In other words, the data fail to support the continuation of a bias against homosexual parents by any court.

Bernstein, F. (1998). "This child does have two mothers. and a sperm donor with visitation." NYU Rev Law Social Change 22(1).


Although the number of children in need of adoptive homes is growing, the number of prospective adoptive parents is decreasing. On the basis of an extensive review of relevant literature, the present study explored a potentially viable although controversial and little-researched option for increasing the pool of prospective parents: adoptions by gay men and lesbians. Data for this study were collected from child welfare workers and gay and lesbian adoptive and foster parents. A content analysis of the data suggests that gay men and lesbians experience considerable and seemingly unjustified obstacles in their efforts to become adoptive and foster parents. Major implications for practice and policy are offered, as are future directions for research.


In this second report from a longitudinal study of lesbian families in which the children were conceived by donor insemination, interviews yielded the following data: Most couples shared parenting co-equally; the majority felt closer to their family of origin; adoptive co-mothers felt greater legitimacy as parents; biology and nurture received the same ratings for mother-child bonding; and political and legal action had increased among many participants. The impact of these findings and that of homophobia on lesbian family life are discussed.
This third report from a longitudinal study of lesbian families presents data obtained from interviews with mothers of five-year-old children conceived by donor insemination. Results indicated that 87% of the children related well to peers, 18% had experienced homophobia from peers or teachers, and 63% had grandparents who frankly acknowledged their grandchild's lesbian family. Of the original couples, 31% had divorced. Of the remainder, 68% felt that their child was equally bonded to both mothers. Concerns of lesbian families are discussed.

Existing research on children with lesbian parents is limited by reliance on volunteer or convenience samples. The present study examined the quality of parent-child relationships and the socioemotional and gender development of a community sample of 7-year-old children with lesbian parents. Families were recruited through the Avon Longitudinal Study of Parents and Children, a geographic population study of 14,000 mothers and their children. Thirty-nine lesbian-mother families, 74 two-parent heterosexual families, and 60 families headed by single heterosexual mothers were compared on standardized interview and questionnaire measures administered to mothers, co-mothers/fathers, children, and teachers. Findings are in line with those of earlier investigations showing positive mother-child relationships and well-adjusted children.

A growing body of scientific literature demonstrates that children who grow up with 1 or 2 gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual. Children's optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural form it takes.

Play narratives can offer a unique insight into the child's internal world. This study compared the play narratives of children in 38 lesbian-mother families; 73 two-parent, heterosexual-mother families; and 58 single-heterosexual-mother families recruited from a general population sample. Findings indicated positive mother-child relationships and well-adjusted children. Girls' narratives showed more affection than boys' and were more strongly associated with mothers' interview measures, suggesting
that girls' play narratives reveal a more accurate picture of family relationships.


In many countries fertility services still refuse to inseminate lesbian couples because they believe the child's welfare would be at stake. One of their concerns is that these children will be stigmatized because of their non-traditional family structure. In this follow-up study, we interviewed children from lesbian donor insemination (DI) families about how they present their 'non-traditional' family to people in their immediate social environment. We also explored whether or not children were teased or harassed about their lesbian family and whether or not coping with a non-traditional family constellation was reflected in their psychological well-being. According to this study, almost all children from lesbian DI families share the fact that they live in a two-mother unit spontaneously with close friends who react positively. Others are only informed about the non-traditional family structure when they asked questions about it. From the children's answers, we can conclude that for some peers it is hard to understand that someone can have two mothers without having a father somewhere. Compared with children from heterosexual families, these DI children are not more likely to be teased but they are more prone to family-related teasing incidents. However, introducing their non-traditional family into their peer group does not seem to interfere with their psychological well-being. Nonetheless, teachers indicate that children from lesbian families experience more attention problems compared with children from heterosexual households.

Definitions: LGBT (Def)


Measurement and definition of sexual orientations have increasingly become a central focus in both research design and public policy debates. This paper reviews major methods, and their theoretical underpinnings, for the definition and measurement of sexual orientation, highlighting their limitations and pitfalls, both practical and conceptual. The increasing politicization of this area is discussed and cautioned against. Recommendations, both general and geared toward measurement concerns with adolescent populations, are made. A specific measurement strategy, which can be utilized at a number of different levels, is detailed.


Men who have sex with men (MSM) and women who have sex with women (WSW) are purportedly neutral terms commonly used in public health discourse. However, they are problematic because they obscure social dimensions of sexuality; undermine the self-labeling of lesbian, gay, and bisexual people; and do not sufficiently describe variations in sexual behavior. MSM and WSW often imply a lack of lesbian or gay identity and an absence of community, networks, and relationships in which same-gender pairings mean more than merely sexual behavior. Overuse of the terms MSM and WSW adds to a history of scientific labeling of sexual minorities that reflects, and inadvertently advances, heterosexist notions. Public health professionals should adopt more nuanced and culturally relevant language in discussing members of sexual-minority groups.

Demographics (Dem)


This work provides an overview of standard social science data sources that now allow some systematic study of the gay and lesbian population in the United States. For each data source, we consider how sexual orientation can be defined, and we note the potential sample sizes. We give special attention to the important problem of measurement error, especially the extent to which individuals recorded as gay and lesbian are indeed recorded correctly. Our concern is that because gays and lesbians constitute a relatively small fraction of the population, modest measurement problems could lead to serious errors in inference. In examining gays and lesbians in multiple data sets we also achieve a second objective: We provide a set of statistics about this population that is relevant to several current policy debates.


Knowledge about the health status and health care needs of lesbians is limited by the lack of population-based studies, although recent survey methods research offers suggestions that may be relevant to involving
lesbians in more rigorous studies. To explore the transferability of findings about the general population to research on lesbian health, focus groups were conducted in 1997-1998 with self-identified lesbians in five U.S. urban areas. Videotaped telephone interviews stimulated discussion about methods for enhancing participation of lesbians in random digit dial telephone surveys. Results are useful for developing improved practices for conducting health surveys with lesbians.


OBJECTIVES: This study investigated the limitations of probability samples of men who have sex with men (MSM), limited to single cities and to the areas of highest concentrations of MSM ("gay ghettos").

METHODS: A probability sample of 2881 MSM in 4 American cities completed interviews by telephone. RESULTS: MSM who resided in ghettos differed from other MSM, although in different ways in each city. Non-ghetto-dwelling MSM were less involved in the gay and lesbian community. They were also less likely to have only male sexual partners, to identify as gay, and to have been tested for HIV. CONCLUSIONS: These differences between MSM who live in gay ghettos and those who live elsewhere have clear implications for HIV prevention efforts and health care planning.


In January 1999, the Institute of Medicine (IOM) released a report on lesbian health research that fulfills 3 goals: it provides an extensive review of much of the research that has been done on the health of women who have sex with other women, it addresses the methodological and ethical issues inherent in conducting research on this population, and it suggests avenues for further research. This report will likely help lesbian health researchers gain funding, publish further research in medical journals, and receive support and validation from medical and research institutions. To ensure that such research is useful, benefits the lesbian community, and expands the understanding of lesbian health conditions, particular attention needs to be paid to the methods and definitions used and to the involvement of the lesbian community in designing, implementing, and analyzing the research itself.


Self-report of sexual orientation and sexual behavior was compared for 12,978 reservation-based American-Indian and 11,356 rural Anglo-
American adolescents. Findings included a significantly higher prevalence of homosexual, bisexual, and unsure responses among American Indians. However, a larger nonresponse rate for American-Indian adolescents raises questions about the cultural relevance of the survey method, and underscores the need for development of more culturally sensitive research tools and methods.


Without scientifically obtained data and published reports, it is difficult to raise awareness and acquire adequate resources to address the health concerns of lesbian, gay, and bisexual Americans. The Department of Health and Human Services must recognize gaps in its information systems regarding sexual orientation data and take immediate steps to monitor and eliminate health disparities as delineated in Healthy People 2010. A paper supported by funding from the Office of the Assistant Secretary for Planning and Evaluation explores these concerns and suggests that the department (1) create work groups to examine the collection of sexual orientation data; (2) create a set of guiding principles to govern the process of selecting standard definitions and measures; (3) recognize that racial/ethnic, immigrant-status, age, socioeconomic, and geographic differences must be taken into account when standard measures of sexual orientation are selected; (4) select a minimum set of standard sexual orientation measures; and (5) develop a long-range strategic plan for the collection of sexual orientation data.


OBJECTIVES: This study addressed methodological issues influencing the feasibility of time-space sampling in HIV prevention studies targeting hard-to-reach populations of minority young men who have sex with men (MSM). METHODS: We conducted interviews with 400 men in 32 venues where young Latino MSM congregate in New York City. Response rates and demographic and sexual risk profiles are compared by venue type. RESULTS: More than 90% of the men approached were screened. Among eligible men, participation rates exceeded 82%. Participation was higher at special events and gay venues compared with nongay venues (P <.05). Young MSM in nongay venues were less likely to self-identify as gay (P <.01) or to report recent anal sex with a male (P <.10). Condom
use did not vary by venue type but was lower with women than with men. If surveys had been limited to gay venues, about half of the young MSM surveyed in nongay venues would have been missed. CONCLUSIONS: Time-space sampling of a relatively "hidden" minority young MSM population can be successful across a range of venues. However, the benefits of greater outreach must be weighed against the costs incurred recruiting participants in nongay venues.

Eating Disorders / Body Image (ED)


OBJECTIVE: Whereas gay culture's presumed emphasis on physical appearance may potentiate body dissatisfaction, lesbian culture's seeming lack of emphasis on appearance may protect against body dissatisfaction. We examined body dissatisfaction, associated psychosocial variables, and affiliation with the gay and lesbian community. METHOD: Self-report measures were administered to 257 subjects (69 lesbians, 72 heterosexual women, 58 gay men, and 58 heterosexual men). RESULTS: Compared with heterosexual men, gay men reported significantly more body dissatisfaction and more distress in many of the psychosocial areas related to body dissatisfaction. In contrast, lesbians and heterosexual women did not differ in these areas. Although affiliation with the gay community was associated with body dissatisfaction in gay men, affiliation with the lesbian community was unrelated to body dissatisfaction in lesbians. DISCUSSION: It seems that aspects of the gay community increase vulnerability to body dissatisfaction, yet the values of the lesbian community do not seem to be protective against body dissatisfaction.


OBJECTIVE: The authors describe the distribution of bulimia nervosa among males and identify characteristics that distinguish male bulimics from their female counterparts. METHOD: Potential references were identified through an English-language literature search using MEDLINE (1966 to April 1990) and through extensive manual searching of textbooks and reviews. All published works with original data or hypotheses concerning bulimia in males were included. RESULTS: Bulimia affects approximately 0.2% of adolescent boys and young adult men, and males account for 10%-15% of all bulimic subjects identified in community-based
studies. Compared to their female counterparts, male bulimics appear to have a later age of onset; higher prevalences of premorbid obesity, homosexuality, and asexuality; and less concern with strict weight control. These findings are discussed from biological, psychological, and cultural perspectives to develop a fuller understanding of the pathogenesis of bulimia in males. CONCLUSIONS: Bulimia in males has received relatively little attention in the literature. Future research should focus on more rigorous analytic studies that include matched comparison groups of female bulimic and male nonbulimic subjects. Such studies would not only benefit male bulimics but might provide insight into the nature of bulimia in both sexes.

OBJECTIVE: The goal of this study was to better understand the etiology, clinical characteristics, and prognosis of eating disorders in males.
METHOD: All males with eating disorders who had been treated at Massachusetts General Hospital from Jan. 1, 1980, to Dec. 31, 1994, were identified. Hospital charts and psychiatric departmental records were reviewed to verify that the eating disorders met DSM-IV criteria and to abstract demographic and clinical data. RESULTS: One hundred thirty-five males with eating disorders were identified, of whom 62 (46%) were bulimic, 30 (22%) were anorexic, and 43 (32%) met criteria for an eating disorder not otherwise specified. There were marked differences in sexual orientation by diagnostic group; 42% of the male bulimic patients were identified as either homosexual or bisexual, and 58% of the anorexic patients were identified as asexual. Comorbid psychiatric disorders were common, particularly major depressive disorder (54% of all patients), substance abuse (37%), and personality disorder (26%). Many patients had a family history of affective disorder (29%) or alcoholism (37%). CONCLUSIONS: While most characteristics of males and females with eating disorders are similar, homosexuality/bisexuality appears to be a specific risk factor for males, especially for those who develop bulimia nervosa. Future research on the link between sexual orientation and eating disorders would help guide prevention and treatment strategies.

Nine male patients formed approximately 5% of patients presenting with anorexia nervosa from a population area. Their clinical and family features and outcome at a mean of 5 1/2 yr from onset were similar to those of female patients. All patients lost libido during the syndrome. In four patients at average weight at follow-up the level of libido and sexual activity was related to testosterone level, other hormonal investigations being normal in post pubertal patients. All patients had a history of
increased attention to bodily appearance and/or diet before the onset of the illness (e.g. aberrant body size or appearance, close contact with an eating disorder patient).


A nonclinical sample of 43 homosexual and 32 heterosexual men completed two self-report inventories regarding weight, body satisfaction, eating attitudes, and behaviors. Subjects were also asked to select their current and ideal figures, the weight they felt would be most attractive to a potential partner, and the weight to which they would be most attracted in a potential partner from figures representing very thin to very heavy physiques. Heterosexual men were significantly heavier than homosexual men and desired a significantly heavier ideal weight. Although the current and ideal physiques selected by the homosexual and heterosexual men were almost identical, homosexual men were more likely to desire an underweight ideal. A heightened pursuit of thinness may place homosexual men at an increased risk for developing eating disorders.

Twenty-seven anorectic and bulimic males and 142 anorectic and bulimic females treated on an eating disorders unit were compared. Significantly more male patients reported experiencing sexual isolation, sexual inactivity, and conflicted homosexuality.

OBJECTIVE: This study was designed to assess the characteristics of men with eating disorders in the community. METHOD: The authors recruited 25 men meeting DSM-IV criteria for eating disorders and 25 comparison men through advertisements in college newspapers. A second comparison group comprised 33 women with bulimia nervosa who were recruited and interviewed with virtually identical methods. RESULTS: The men with eating disorders closely resembled the women with eating disorders but differed sharply from the comparison men in phenomenology of illness, rates of comorbid psychiatric disorders, and dissatisfaction with body image. Homosexuality did not appear to be a common feature of men with eating disorders in the community. Childhood physical and sexual abuse appeared slightly more common among the eating-
disordered men than among the comparison men. CONCLUSIONS: Eating disorders, although less common in men than in women, appear to display strikingly similar features in affected individuals of the two genders.

Comparing 15 consecutive male bulimic patients to a female bulimic control group, the authors found no differences on demography, associated psychopathology, family history, or treatment response. In contrast to a previous report, the authors found little evidence of increased homosexuality or "sexual conflict" in these men.

OBJECTIVE: The current study examined whether homosexuality is a specific risk factor for disordered eating in men. METHOD: Men (64 heterosexual and 58 homosexual) completed the Beck Depression Inventory (BDI), the Rosenberg Self-Esteem Scale (RSE), the Masculinity and Femininity scales of the Bem Sex-Role Inventory (BSRI), the Bulimia Test-Revised (BULIT-R), the Eating Attitudes Test (EAT-26), and the Body Shape Questionnaire (BSQ). RESULTS: Homosexual men had more pathological scores on the BDI, RSE, BULIT-R, EAT-26, and BSQ. Additionally, homosexual men reported greater discomfort with sexual orientation. After controlling for differences in depression, self-esteem, and comfort with sexual orientation, sexual orientation continued to account for significant variance in BULIT-R, EAT-26, and BSQ scores. DISCUSSION: Future research may benefit from exploring aspects of homosexuality that may contribute specifically to risk for disordered eating in men.

Although researchers have long hypothesized a relation between gender role orientation (i.e., masculinity and femininity) and body dissatisfaction, findings have been inconsistent. The current study employed a measure of recalled childhood gender nonconformity to examine gender role behaviors in association with body dissatisfaction among an ethnically diverse (76% Caucasian, 2% African American, 8% Asian, and 16.4% Hispanic American) group of predominantly college-aged males of both homosexual (n = 129) and heterosexual (n = 52) orientation. Consistent with past research, gay males reported more body dissatisfaction and recalled more childhood gender atypical behaviors (e.g., disliking athletics, playing with dolls). Group differences in body dissatisfaction, however, disappeared when childhood gender nonconformity was statistically controlled, suggesting childhood atypical gender role behavior may place
males at greater risk for adult body dissatisfaction. A within-group analysis also found that a "high femininerquo subtype of gay males had greater body dissatisfaction than "less femininerquo subtypes had. Results support the assertion that gender role behaviors may contribute to body dissatisfaction among gay males.

**Elder LGBT (Eld)**

Brotman, S., B. Ryan, et al. (2003). "The health and social service needs of gay and lesbian elders and their families in Canada." *Gerontologist* **43**(2): 192-202. PURPOSE: This article reports the findings of a study, undertaken in 2000, whose purpose was to gather information about the experiences and realities of gay and lesbian seniors and their families from across Canada in accessing a broad range of health and social services in the community, and to examine the role of health care and social service organizations in shaping access and service delivery. DESIGN AND METHODS: This study used a qualitative exploratory design based on focus group interviews. Perspectives of older gay men and lesbians and their families involved in organizations addressing these issues, as well as professionals from both gay and lesbian health organizations and mainstream elder care organizations were sought. RESULTS: Specific reference was made to the impact of discrimination on the health and access to health services of these populations. Issues relating to invisibility, historic and current barriers to care, and the nature of service options are identified. IMPLICATIONS: Recommendations for change are highlighted, including those related to best practice programs and policies in the long-term care sector.


Gay Community Attachment has proved a significant predictor of successful behavior change among gay-identifying men in response to HIV/AIDS. Related work at Macquarie University, Sydney, Australia, indicated that attachment to gay community is not a simple issue; rather, complex issues of sexual identity formation, the constraints of social inequality and localized sexual cultures inhibit the process of attachment and, therefore, successful HIV prevention. This paper discusses some of the findings from close-focus (qualitative) research on older homosexually active men which explore in depth the dynamic whereby these men attached themselves to gay community in terms of an analysis of class, generation, and the interplay with self-construction and masculinity.
During the past two decades, the number of people over the age of 65 in the United States has been increasing twice as fast as the rest of the population. Within this diverse group, gerontologists are increasingly aware that there also exists a large population of older lesbian, gay men, and bisexuals. Health professionals must learn to acknowledge and meet the needs of this population. This article assists in addressing the knowledge gap by acquainting the reader with the aging concerns of lesbian and gay men; the impact of homophobia on their health; common heterosexual practices and their impact on care; retirement and leisure issues; the hidden incidence of abuse and neglect; and some suggested strategies that will assist health and human services workers in providing quality care for lesbians and gays as they age.

The social support networks of 416 lesbian, gay, and bisexual adults aged 60 to 91 years were examined. Participants averaged 6 people in their support networks, most of whom were close friends. The gender composition of support networks was greatly influenced by the gender of the respondent. Most support network members knew about respondents' sexual orientation. The most common type of support provided by close friends and social acquaintances was socializing support, and the most common support provided by partners, siblings, and other relatives was emotional support. The sexual orientation, gender, and age of network members did not influence respondents' satisfaction with the support received. Participants were more satisfied with support from those who knew of their sexual orientation. The more satisfied respondents felt with the support they received, the less lonely they felt. Those living with domestic partners were less lonely and rated their physical and mental health more positively than those who lived alone.

CONTEXT: Little is known about older lesbian and bisexual women. Existing research rarely compares characteristics of these women with comparable heterosexual women. OBJECTIVE: To compare heterosexual
and nonheterosexual women 50 to 79 years on specific demographic characteristics, psychosocial risk factors, screening practices, and other health-related behaviors associated with increased risk for developing particular diseases or disease outcomes. DESIGN: Analysis of data from 93,311 participants in the Women's Health Initiative (WHI) study of health in postmenopausal women, comparing characteristics of 5 groups: heterosexuals, bisexuals, lifetime lesbians, adult lesbians, and those who never had sex as an adult. SETTING: Subjects were recruited at 40 WHI study centers nationwide representing a range of geographic and ethnic diversity. PARTICIPANTS: Postmenopausal women aged 50 to 79 years who met WHI eligibility criteria, signed an informed consent to participate in the WHI clinical trial(s) or observational study, and responded to the baseline questions on sexual orientation. MAIN OUTCOME MEASURES: Demographic characteristics, psychosocial risk factors, recency of screening tests, and other health-related behaviors as assessed on the WHI baseline questionnaire. RESULTS: Although of higher socioeconomic status than the heterosexuals, the lesbian and bisexual women more often used alcohol and cigarettes, exhibited other risk factors for reproductive cancers and cardiovascular disease, and scored lower on measures of mental health and social support. Notable is the 35% of lesbians and 81% of bisexual women who have been pregnant. Women reporting that they never had sex as an adult had lower rates of Papanicolaou screening and hormone replacement therapy use than other groups. CONCLUSIONS: This sample of older lesbian and bisexual women from WHI shows many of the same health behaviors, demographic, and psychosocial risk factors reported in the literature for their younger counterparts, despite their higher socioeconomic status and access to health care. The lower rates of recommended screening services and higher prevalence of obesity, smoking, alcohol use, and lower intake of fruit and vegetables among these women compared with heterosexual women indicate unmet needs that require effective interactions between care providers and nonheterosexual women.

Healthcare Experience (Exp)


BACKGROUND: The disclosure of sexual orientation to physicians is uncertain and the reasons are poorly understood. The current study was undertaken to describe the disclosure of sexual orientation among sexual
minority women with breast carcinoma. METHODS: Individual semi-structured interviews were conducted with a sample of 39 sexual minority women with a diagnosis of breast carcinoma who lived in New England. Transcribed interviews were analyzed using qualitative data analysis software. Through constant comparison methods, themes related to disclosure were identified from the narrative data. RESULTS: Sexual minority patient-provider relationships were marked by apprehension, and providers did not inquire about sexual orientation. The majority of women actively disclosed their sexual orientation, whereas 11 women passively refused disclosure. CONCLUSIONS: Providers should create opportunities for the disclosure of sexual orientation to provide more comprehensive care.


Surveys estimate that 3-6% of the patients seen by physicians are gay or lesbian. There are unique health risks of gays and lesbians that are important to the clinician in determining an accurate diagnosis, providing patient education, and arriving at an appropriate treatment plan. One of the most significant medical risks of these populations includes avoidance of routine health care and dissatisfaction with healthcare. Many of these healthcare risks are not addressed because of lack of communication based on a number of common assumptions including the assumption that the patient is heterosexual. This article includes a summary of the medical literature through computerized searches to March 2002 in MEDLINE, PsychInfo, HEALTHSTAR, and bibliographies in articles on health care with gay and lesbian patients. The search strategy included health care of gays and lesbians and clinician-patient communication, partner and family issues. Secondly, it will examine common communication barriers and provide strategies for enhancing communication with patients in a gender-neutral, non-judgmental manner including suggestions for enlisting the inclusion of patients' families.


This paper documents the experiences of health care access among gay, lesbian, bisexual and Two-Spirit (glbt-s) people in Canada. In particular, it addresses the importance of coming out as glbt-s to the development of good health and appropriate care. The paper reflects upon the impact of hiding one's sexual orientation on glbt-s people's experience of and use of health care resources and the responsibility of health care institutions to address homophobia and create supportive environments in order to facilitate the coming out process in health care settings. The central role of
health care policy makers with regard to the articulation of gay-positive policy and practice in health care institutions is highlighted.


Physicians' ability to diagnose and treat health care problems, particularly those with a psychosocial component, is facilitated by accurate information concerning the life-styles of their patients. White lesbians have been shown to be generally reluctant to disclose sexual orientation to their physicians, but little, if anything, is known about black lesbians. Black women, self-identified as bisexuals (N = 65) and lesbians (N = 529), were asked whether they had disclosed their homosexual behavior to their physicians. In the sample, only a third of the women had. Previous sexual experiences, both heterosexual and homosexual, were also queried to illuminate patterns of gynecologic health risk factors. Nearly all of the women reported previous heterosexual experiences.


BACKGROUND: Physicians frequently encounter patients who are at risk for HIV infection, but they often evaluate risk behaviors ineffectively. OBJECTIVE: To describe the barriers to and facilitators of comprehensive HIV risk evaluation in primary care office visits. DESIGN: Qualitative thematic and sequential analysis of videotaped patient-physician discussions about HIV risk. Tapes were reviewed independently by physician and patient and were coded by the research team. SETTING: Physicians' offices. PARTICIPANTS: Convenience sample of 17 family physicians and general internists. Twenty-six consenting patients 18 to 45 years of age who indicated concern about or risks for HIV infection on a 10-item questionnaire administered before the physician visit were included. MEASUREMENTS: A thematic coding scheme and a five-level description of the depth of HIV-related discussion. RESULTS: In 73% of the encounters, physicians did not elicit enough information to characterize patients' HIV risk status. The outcome of HIV-related discussions was substantially influenced by the manner in which the physician introduced the topic, handled awkward moments, and dealt with problematic language and the extent to which the physician sought the patient's perspective. Feelings of ineffectiveness and strong emotions interfered with some physicians' ability to assess HIV risk. Physicians easily recognized problematic communication during reviews of their own videotapes. CONCLUSIONS: Comprehensive HIV risk discussions included providing a rationale for discussion, effectively negotiating awkward moments, repairing problematic language, persevering with the topic, eliciting the patient's perspective, responding to fears and expectations, and being empathic. Educational programs should use
videotape review and should concentrate on physicians' personal reactions to discussing emotionally charged topics.


It is rare to find honest accounts of the difficulties and dilemmas encountered when conducting sensitive research with vulnerable research populations. This account explores some of the ethical issues raised by a qualitative interview study with lesbians and gay men about their experiences of nursing care. There is tension between the moral duty to conduct research with vulnerable and stigmatized groups in order to improve care, and the inevitable lack of resources that go with such a venture. This increases the risk of harm during the process of research. The risk of harm to both the researchers and the researched is explored and the need for a support structure for both groups is raised. There is a pressing need to develop further understanding about the ways in which the dissemination of research can potentially harm already vulnerable research populations.


Men who have sex with men often do not reveal their sexual practices or sexual orientation to their physician. Lack of disclosure from the patient, discomfort or inadequate training of the physician, perceived or real hostility from medical staff, and insufficient screening guidelines limit preventive care. Because of greater societal stresses, lack of emotional support, and practice of unsafe sex, men who have sex with men are at increased risk for sexually transmitted diseases (including human immunodeficiency virus infection), anal cancer, psychologic and behavioral disorders, drug abuse, and eating disorders. Recent trends indicate an increasing rate of sexual risk-taking among these men, particularly if they are young. Periodic screening should include a yearly health risk and physical assessment as well as a thorough sexual and psychologic history. The physician should ask questions about sexual orientation in a nonjudgmental manner; furthermore, confidentiality should be addressed and maintained. Office practices and staff should be similarly nonjudgmental, with confidentiality maintained. Targeted screening for sexually transmitted diseases, depression, substance abuse, and other disorders should be performed routinely. Screening guidelines,
while inconsistent and subject to change, offer some useful suggestions for the care of men who have sex with men.


Fenway Community Health was founded by community activists in 1971 in the Fenway neighborhood of Boston, Mass, and within a decade had rapidly expanded its medical services for gay men in response to the AIDS epidemic. Increased expertise and cultural competence in lesbian, gay, bisexual, and transgender (LGBT) care led to expansion of medical services to address broader community concerns, ranging from substance use to parenting issues to domestic and homophobic violence, as well as specialized programs for lesbians, bisexuals, and transgendered individuals. Fenway began as a grassroots neighborhood clinic. In 1975, the center recorded 5000 patient care visits; in 2000, Fenway's clinical departments recorded 50,850 visits by 8361 individuals, including more than 1100 individuals receiving HIV-associated care. The center now has more than 170 staff people responsible for clinical programs, community education, research, administration, planning, and development. Over the past few years, Fenway's annual budget has exceeded $10 million. Fenway has established standards for improved cultural competence about LGBT health issues for other health providers and has developed programs to educate the general community about specific LGBT health concerns. This health center may provide a model of comprehensive LGBT health services that have a local impact.


As a consequence of bias and ignorance within the medical profession, lesbians and gay men frequently receive suboptimal health care. Knowledge of each patient's sexual orientation and behaviors is critical for the development of a productive therapeutic relationship, accurate risk assessment, and the provision of pertinent preventive counseling. However, clinicians often forget to ask about this information, and many lesbians and gay men are reticent to reveal the truth. I present vignettes from my personal experiences as a lesbian patient and doctor to illustrate the importance of creating an environment in which such disclosure can occur and to portray the challenges and rewards of coming out as a gay physician.


An emerging body of research shows that lesbians and bisexual women face multiple barriers to health care and are in a vulnerable position when accessing care and interacting with health care providers. Young women's experiences have been only marginally researched, however. This article describes findings from a qualitative study that explored the health-related
experiences of eight young lesbian and bisexual women ages 18-21 in San Francisco, California, USA, and focuses on how participants negotiated the health care interaction. The negotiations highlight (1) the agency exercised by these young women; (2) the impact of health care providers on young lesbian and bisexual women's access to and utilization of medical care; and (3) the ways the health care interaction reflects larger power dynamics in society.


In this feminist narrative study using in-depth interviews and focus groups, a racially and economically diverse sample of 45 lesbians described their access to and experience with health care. The multistaged narrative analysis revealed structural and interpersonal conditions uniquely faced by lesbians in obtaining health care services. At the macrolevel, heterosexist structuring of health care delivery was obstructive to lesbians' health care seeking, health knowledge, and health behaviors. At the micro, or individual level, health care providers' heterosexual assumptions competed against potentially supportive interactions with lesbian clients.


**Family Dynamics (Fam)**


While heterosexist family undermining has been demonstrated to be a developmental risk factor in the life of persons with same-gender
orientation, the issue of protective family factors is both controversial and relatively neglected. In this study of Israeli gay males (N = 114), we focused on the interrelations of family support, family acceptance and family knowledge of gay orientation, and gay male identity formation, and their effects on mental health and self-esteem. A path model was proposed based on the hypotheses that family support, family acceptance, family knowledge, and gay identity formation have an impact on psychological adjustment, and that family support has an effect on gay identity formation that is mediated by family acceptance. The assessment of gay identity formation was based on an established stage model that was streamlined for cross-cultural practice by defining three basic processes of same-gender identity formation: self-definition, self-acceptance, and disclosure (Elizur & Mintzer, 2001). The testing of our conceptual path model demonstrated an excellent fit with the data. An alternative model that hypothesized effects of gay male identity on family acceptance and family knowledge did not fit the data. Interpreting these results, we propose that the main effect of family support/acceptance on gay identity is related to the process of disclosure, and that both general family support and family acceptance of same-gender orientation play a significant role in the psychological adjustment of gay men.


This study examines the full range of family care responsibilities among lesbians and gay men, including caring for children and adults with an illness or disability. Thirty-two percent of the gay men and lesbians in this study were providing some type of caregiving assistance. Lesbians, compared with gay men, were significantly more likely to be caring for children and elderly people, whereas gay men were more likely to be assisting working-age adults with an illness or disability. After controlling for the sociodemographic characteristics of the caregivers, having child care responsibilities was a significant predictor of not being openly identified as gay or lesbian, but child care and adult care responsibilities were not significant predictors of degree of support received from biological family members or of harassment experienced. These findings have implications for the development of human services practices and policies that are responsive to the unique needs of lesbians and gay men and their families.


This paper seeks to review the history of discussions about lesbian and gay male sexuality in family therapy theory and practice. It examines whether homophobic and heterosexist attitudes are present in family therapy thinking. Possible connections are explored between attitudes towards lesbian and gay issues and the professional backgrounds of family therapists, wider debates on homosexuality within society, and conceptualizations of the family life cycle. The question of why relatively little has been written on the issues raised by lesbians, bisexuals and gay men in therapy is discussed. The implications of this oversight on practice are addressed and suggestions made for future work.

This paper discusses a questionnaire survey done with a sample of 130 systemic family therapists, which investigated their training in, and experience of, working with lesbian and gay male clients and attitudes towards lesbians and gay men using the Index of Attitudes to Homosexuals. The findings indicate that the majority of respondents had received relatively little training in working with this client group within their systemic training. It also indicated that their attitudes towards lesbians and gay men generally may have been influenced by the degree of social, professional or familial contact that they had with them.

The development of a gay or lesbian identity (often referred to as the coming out process) has been widely studied in adults; however, few studies have examined the process in gay adolescents. Even among these studies, little research has investigated the effects of race or family
values on the coming out process. A small sample of African-American, Hispanic/Latino, Asian/Eurasian, and Caucasian gay male adolescents participated in this survey study. Coming out was operationalized in three stages: sensitization; awareness with confusion, denial, guilt, and shame; and acceptance. The majority of respondents reported feeling different from other boys as children. The average age of first crush on another boy was 12.7 years; average age for realizing they were gay was 12.5 years. Most respondents reported feeling confused during their first awareness that they were gay. Denial of identity was a coping strategy for about half the sample. Traditional family values played a greater role in predicting coming out experiences than did race. Families were categorized as having high or low traditional values based upon (1) the importance of religion, (2) emphasis on marriage, (3) emphasis on having children, and (4) whether a non-English language was spoken in the home. Families with a strong emphasis on traditional values were perceived as less accepting of homosexuality than were the low traditional families. Those who work with adolescents need to be aware that some will recognize their sexual orientation as gay, lesbian, or bisexual during this time of their lives. These youth need support in the coming out process because they may encounter stigmatization and disapproval not only from the larger society, but also from their families, peers, and sometimes the gay community itself.


Oswald, R. F. (2002). "Inclusion and belonging in the family rituals of gay and lesbian people." J Fam Psychol 16(4): 428-36. Survey data collected from 400 non-metropolitan gay men and lesbians were used to examine what factors lead them to attend a family-of-origin ritual and affect their sense of belonging during the event. The present study was inspired by qualitative findings regarding the production of outsider status during rituals. Attendance and belonging were both predicted by type of ritual and the quality of relationships with families of origin. Also, partners were more likely to be invited when the couple relationship was more visible. Residential community climate, age, income, and gender were not significant. The family membership complexities of gay and lesbian people are discussed, and a more nuanced understanding of membership during ritual is encouraged.

This article reviews the literature on gay and lesbian family networks as a way to identify the resilience processes that enable members to create and strengthen their family networks. Two processes, intentionality and redefinition, were identified. Intentionality refers to behavioral strategies that legitimize and support relationships. Redefinition refers to meaning making strategies that create linguistic and symbolic structures to affirm one's network. Brief comparisons are made to the literature on resilience in ethnic minority families, and careful study of the similarities and differences between gay and lesbian family networks, and other marginalized families, is urged.


The family lives of lesbian and gay people have been a source of controversy during the past decade. Despite prejudice and discrimination, lesbians and gay men have often succeeded in creating and sustaining family relationships. Research on same-gender couple relationships, parent-child relationships, and other family relationships is reviewed here. In general, the picture of lesbian and gay relationships emerging from this body of work is one of positive adjustment, even in the face of stressful conditions. Research is also beginning to address questions about individual differences among the family relationships of lesbians and gay men. Future work in this area has the potential to affect lesbian and gay lives, influence developmental and family theory, and inform public policies in the decade ahead.


This study aimed to examine how lesbian mothers deal with their 5-9-year-old children's growing realizations about the unusual nature of their family. Using standardized interviews with 38 mothers, the study examined how open lesbian mothers are with their children and others about their sexual orientation and about the child's conception, where this was by donor insemination (DI). The study also looked at how much the children seemed to understand and how the knowledge may have affected them. Half of the 38 children were fully aware of their mother's sexual orientation and only two were completely unaware. The majority of children developed awareness gradually, rather than being told. No children reacted negatively to finding out. Comparisons with earlier studies suggest these children have a greater awareness than their counterparts from 30 years ago. Ten children had been conceived by DI while the remainder were conceived in heterosexual relationships with the mother later identifying as lesbian. All DI mothers had told (n=9) or planned to tell (n=1) their children about their conception.

The quantitative and qualitative data of this study on family functioning in lesbian donor insemination families reveal that according to both parents and children, the quality of children's relationship with the social mother is comparable to that with the biological mother. Unlike fathers in heterosexual families, the lesbian social mother is as much involved in child activities as is the biological mother. Furthermore, the lesbian social mother has as much authority as does the father in heterosexual families.

**LGBT Health Review / General Article (Gen)**


**OBJECTIVES:** This study compared the prevalence of health behaviors among lesbians and in the general population of women. **METHODS:** We used a cross-sectional community-based survey of 1010 self-identified lesbians 18 years or older. **RESULTS:** Compared with the general population of women, lesbians were more likely to report cigarette use, alcohol use, and heavy alcohol use. A higher percentage of lesbians were categorized as overweight, and lesbians were more likely to participate in vigorous physical activity. They were less likely to report having had a Papanicolaou test within the past 2 years but more likely to report ever having had a mammogram. **CONCLUSIONS:** While there may be differences in health behaviors between lesbians and the general population of women, how these differences influence the risk of subsequent disease is unknown.


Selected sociodemographic, psychosocial, and behavioral variables were used to predict maintenance or relapse in sexual practices over a 1-year interval in a cohort of homosexual men in Chicago. Univariate analyses and multivariate logistic regression were used to define predictive models for safer practices separately for insertive and receptive sex. Demographic and psychosocial variables were not associated with subsequent relapse. Neither was HIV serostatus. Using more rigorous multiple logistic regression, only monogamous relationships, less peer support, and less assertiveness in negotiating safer sex appeared to predict relapse to less safe practices. The importance of interpersonal variables and social norms for future interventions among homosexual men is discussed.

Objectives. This study determined to what extent lesbian, gay, bisexual, and transgender (LGBT) populations have been studied over the past 20 years of public health research. Methods. From MEDLINE English-language articles on human subjects published between 1980 and 1999, I identified articles that included LGBT individuals. The abstracts were analyzed with a coding procedure that categorized the content by topic, sexual orientation, and race/ethnicity. Results. LGBT issues were addressed by 3777 articles, or 0.1% of all Medline articles; 61% of the articles were disease-specific, and 85% omitted reference to race/ethnicity. Research unrelated to sexually transmitted diseases addressed lesbians and gay men with similar frequency, whereas bisexual persons were less frequently considered, and the least amount of research focused on transgender individuals. Conclusions. Findings supported that LGBT issues have been neglected by public health research and that research unrelated to sexually transmitted diseases is lacking.


Health care for gay men is a complicated mix of physical, psychosocial, and cultural phenomena that needs further empirical study and research. Gay men's health issues are unique and need to be incorporated into clinical practice to provide comprehensive and culturally appropriate care to MSM.

A significant proportion of the population is predominantly gay or lesbian, but the unique health care needs of these patients and their families often are ignored. The most significant health risk for lesbians and gays may be that they avoid routine health care. Families that include gay members may have special needs, largely related to how homosexuality is perceived. Physicians can improve the health care of gay and bisexual men and women and their families by maintaining a non-homophobic attitude, being sure to distinguish sexual behavior from sexual identity, communicating clearly and sensitively by using gender-neutral terms, and being aware of how their own attitudes affect clinical judgment.


In some circles of nursing practice and research, "women's health" is seen to stand for "women's reproductive and heterosexual health." In this article we offer a view of women's health that makes central the contextualized reality of the material, social, and discursive experiences of women's lives. We suggest that the barriers to adopting broader conceptualizations of health are grounded in pervasive ideologies that privilege biology and a traditional model of health over nonmedical determinants of health. Lesbian disclosure is a central experience in lesbian life, and, as such, is seen as an exemplar of research questions that challenges our taken-for-granted ideologies and contextualizes women's health experiences.

BACKGROUND: Many physicians are not prepared to deal with the health care concerns of their lesbian and gay patients. PURPOSE: To examine the impact of a seminar on the self-reported level of preparedness and comfort in dealing with lesbian and gay patients among general internal medicine residents. METHODS: General internal medicine residents at Rhode Island Hospital, Brown University participated in the 3-hr seminar. Residents voluntarily filled out preseminar and postseminar surveys measuring their self-reported level of preparedness and comfort in dealing with the health care, psychosocial, and sexual issues of lesbians and gay men. RESULTS: There was improvement in residents' self-reported level of preparation and comfort after the seminar. CONCLUSIONS: The results of the seminar are promising. Future evaluations of educational programs are needed to address whether improvements in preparation and comfort result in lasting changes and whether an educational intervention can improve the patient-physician interaction.


OBJECTIVE: To define the special health care needs of Canadian lesbians. DESIGN: A questionnaire containing 61 yes-or-no and multiple-choice questions sought information on six areas: demographics; health care use; habits, diet, and exercise; preventive care; mental health; and physical health. SETTING: The organizational meeting of a lesbian softball league in Toronto. PARTICIPANTS: Of 360 women eligible for the meeting, 205 attended and 195 completed the survey. Questionnaires used for analysis were those of the 186 women who answered yes to the question, "Are you a lesbian?" MAIN OUTCOME MEASURES: How lesbian health care needs differ from those of women in general. Results of the survey were compared with results of the 1991 Canadian General Health Survey and the 1986 Health Promotion Survey (for comparable sex and age groups). RESULTS: The lesbians were young, white, and middle class. They visited the same health care professionals as other Canadian women but for different reasons. They smoked, drank alcohol, used caffeine, and exercised somewhat more than other women, but they were not very knowledgeable about healthy diets. The lesbians got Pap smears less often than other Canadian women, even if they were at high risk. They examined their breasts less frequently, but got their blood pressure checked with comparable frequency. Lesbians had a high incidence of mental health problems and often had nontraditional support systems. Lesbians were less prone to gynecologic complaints, especially infectious diseases, but had about the same incidence of common chronic illnesses. CONCLUSIONS: Although lesbians are not afflicted uniquely by any illness, they do have special health care needs. Canadian family physicians should be aware that lesbians are part of family practice and
that, like other identifiable group, they have common health concerns that differ from those of the general population.

A significant number of men presenting to any primary care physician are gay or have had sexual encounters with members of their own sex. It is important, therefore, that the physician be familiar with particular medical care issues commonly encountered in this population and that she or he also be aware of psychosocial issues that impact on the gay patient's well-being and on the physician's ability to provide competent primary care.

Prior to 1990 lesbians were "invisible" in health care research. Researchers who asked questions specifically about lesbian health concerns were rare, and the burgeoning research on women's health seldom included variables that measured sexual orientation or behavior. In the last decade, however, lesbian health has emerged as a major area of study. A 1999 Institute of Medicine (IOM) report on Lesbian Health has outlined the challenges and gaps in this area of research and has called for focus and funding on specific areas of need. In this article I review research on lesbian health, discuss methodological issues specific to this area of research, and summarize the recommendations of the IOM report.

A growing number of hospitals nationwide are marketing inpatient, outpatient and referral programs targeted specifically at lesbians and gay men, groups many hospitals are recognizing as underserved. Meanwhile, meetings of healthcare professionals are increasingly incorporating gay healthcare concerns in their agendas, and national gay and lesbian groups are seeking a stronger voice in the healthcare reform debate.


Gonorrhea (Gon)


OBJECTIVES: Gonorrhea cases among men who have sex with men (MSM) declined in the early years of the HIV epidemic. We evaluated more recent trends in gonorrhea among MSM through the Centers for Disease Control and Prevention's Gonococcal Isolate Surveillance Project.

METHODS: Isolates and case information were collected from 29 US sexually transmitted disease (STD) clinics. Gonococcal urethritis cases among MSM were compared with those among heterosexual men, and cases among MSM in 1995 to 1999 were compared with earlier MSM cases.

RESULTS: Of 34,942 cases, the proportion represented by MSM increased from 4.5% in 1992 to 13.2% in 1999 (P <.001). Compared with heterosexuals, MSM were older, more often White, and more often had had gonorrhea previously, although fewer had had gonorrhea in the past year. MSM with gonorrhea in 1995 to 1999 were slightly older than those with gonorrhea in 1992 to 1994, and a higher proportion had had gonorrhea in the past year.

CONCLUSIONS: MSM account for an increasing proportion of gonococcal urethritis cases in STD clinics. Given recent evidence that gonorrhea may facilitate HIV transmission, these trends demand increased attention to safe sexual behaviors and reducing STDs among MSM.

**Hate Crimes and Violence (Hate)**


**OBJECTIVE:** To examine the relationship between the number of male sexual partners of adolescent males and the frequency of victimization at school, missed school because of fear, used drugs at school, and engagement of fighting and weapon carrying both in and out of school.

**STUDY DESIGN:** Sexually active male adolescents (N = 3886) in 8th through 12th grades were administered the 1995 Vermont Youth Risk Behavior Survey. **RESULTS:** A total of 8.7% of male adolescents reported one or more male sexual partners. Alcohol, marijuana, and smokeless tobacco use at school, not attending school because of fear, having been threatened or injured with a weapon at school, and weapon carrying at school accounted for 15.8% of the variation in the number of male sexual partners (p < 0.0001). Suicide attempts, school absence because of fear, cigarette smoking, alcohol use, and smokeless tobacco use at school, frequency of fighting requiring medical treatment, carrying a weapon and carrying a weapon at school accounted for 17.2% out of 100% of the variation in the number of male sexual partners (p < 0.00001).

**CONCLUSION:** The number of male sexual partners reported by sexually active male adolescents correlated with a higher frequency of victimization, use of violence and drug use at school. Frequency of suicide attempts and fighting outside of school were also correlated with the number of same-sex sexual partners.


Antigay hate crimes (words or actions that are intended to harm or intimidate individuals because they are lesbian or gay) constitute a serious national problem. In recent surveys, as many as 92% of lesbians and gay men report that they have been the targets of antigay verbal abuse or threats, and as many as 24% report physical attacks because of their sexual orientation. Assaults may have increased in frequency during the last few years, with many incidents now including spoken references to the acquired immunodeficiency syndrome by the assailants. Trends cannot be assessed, however, because most antigay hate crimes are never reported and no comprehensive national surveys of antigay victimization have been conducted. Suggestions are offered for research and policy.


College and university communities recently have begun to confront the problems of harassment, discrimination, and violence against lesbians, gay men, and bisexual people on campus. A first step in responding to attacks against gay and bisexual people is to document their frequency and the forms that they take. The present article reports the methodology and results of a survey conducted at Yale University in 1986, which subsequently has been replicated on several other campuses. The Yale survey revealed that many lesbians, gay men, and bisexual people on campus lived in a world of secretiveness and fear. Although experiences of physical assault on campus were relatively infrequent, many respondents reported other forms of discrimination and harassment. A majority reported that they feared antigay violence and harassment on campus, and that such fears affected their behavior. Replications on other
As the United States has become more multicultural and diverse, there has been an increase in violence motivated by hate. Hate crimes against gay males are the most prevalent of the hate crimes based on sexual orientation. Hate crimes have their roots in normative, individual, and societal attitudes and ideologies that lead to intimidation, bullying, teasing, physical assault, rape, and murder. This paper provides an overview of the issues specific to hate crime assaults against gay males. Mental
health nurses may find this knowledge useful in developing further nursing inquiry, education, and clinical practice related to hate crime and violence prevention.

Hepatitis (Hep)


OBJECTIVES: We studied the prevalence and incidence of hepatitis C virus (HCV) infection in the ongoing Omega Cohort Study of men who have sex with men (MSM). METHODS: From January to September 2001, consenting men (n = 1085) attending a follow-up visit to the ongoing Omega Cohort Study were tested for HCV. If the test results were positive for HCV, we compared them with test results from previous serum samples collected from the time of entry into the original cohort study to determine the time of infection. RESULTS: HCV prevalence at entry was 2.9% and was strongly associated with injection drug use (32.9% vs 0.3%, P<.0001). Only 1 seroconversion was identified in 2653 person-years of follow-up (incidence rate = 0.038 per 100 person-years). The seroconverter was an active injection drug user who reported needle sharing. CONCLUSIONS: Sexual transmission of HCV among MSM appears to be rare.


OBJECTIVES: This study investigated hepatitis B immunization coverage and the extent of hepatitis B virus (HBV) infection among young men who have sex with men (MSM), a group for whom hepatitis B vaccine has been recommended since 1982. METHODS: We analyzed data from 3432 MSM, aged 15 to 22 years, randomly sampled at 194 gay-identified venues in 7 US metropolitan areas from 1994 through 1998. Participants were interviewed, counseled, and tested for serologic markers of HBV infection. RESULTS: Immunization coverage was 9% and the prevalence of markers of HBV infection was 11%. HBV infection ranged from 2% among 15-year-olds to 17% among 22-year-olds. Among participants susceptible to HBV infection, 96% used a regular source of health care or accessed the health care system for HIV or sexually transmitted disease testing. CONCLUSIONS: Despite the availability of an effective vaccine for nearly 2 decades, our findings suggest that few adolescent and young adult MSM in the United States are vaccinated against hepatitis B. Health care providers should intensify their efforts to identify and vaccinate young MSM who are susceptible to HBV.

BACKGROUND: Hepatitis C virus (HCV) infection is a major cause of morbidity throughout the world. Parenteral exposure to infected blood accounts for the majority of cases. Sexual transmission is suggested by the higher prevalence of infection in sex workers and homosexual men. Sexual practices which contribute to HCV infection need to be identified. METHODS: The social and medical history, and HCV serostatus of 1058 homosexual men in the Pittsburgh arm of the Multicenter AIDS Cohort Study were analysed. Multivariate analysis was used to determine risk factors for HCV seropositivity. RESULTS: 31 men were HCV seropositive by enzyme immunoassay and recombinant immunoblot assay (2.9%). They were more likely to be HIV seropositive (39%) than the HCV seronegative men (19%). Needle sharing and illegal drug use were the most important risk factors for HCV seropositivity. Statistically significant sexual factors (p < 0.05) included a history of syphilis, rectal gonorrhea, anal insertive intercourse with ejaculation, and douche or enema use before anal receptive intercourse. The number of sexual partners was not a significant risk factor. CONCLUSIONS: HCV infection is associated with specific sexually transmitted diseases (STDs) and sexual practices in the male homosexual population. The evidence of high risk behavior should be incorporated into ongoing educational efforts to decrease the incidence of STDs.
HIV/AIDS (HIV)


HIV-positive women who have sex with women (WSW) have been routinely overlooked by government researchers, health care providers, and the AIDS service community. In addition to stigmas against homosexuality and HIV in larger society, low-income African American and Latina HIV-positive WSW in particular face culturally based stigmas and are disproportionately affected by poverty, drug addiction, homelessness, sex work, and abuse. By analyzing 16 intensive interviews with low-income HIV-positive WSW of color, the author examined the physical, emotional, and psychological needs of this population and their methods of coping with HIV. Also examined were the participants' perceptions of available support networks, which were examined in order to raise awareness of the complex battle fought by these women against HIV and homophobia in the face of greater social, cultural, and economic strife.


It has been proposed that human immunodeficiency virus (HIV) antibody testing and counseling are effective means of altering sexual behavior among individuals at risk of HIV infection and transmission. However, the evidence supporting this hypothesis is inconclusive. This study examines the factors associated with sexual behavior change among a group of participants in the Chicago MACS/Coping and Change Study (CMACS/CCS) who requested their HIV antibody status when they were first given the opportunity, between 1985 and 1986. A set of demographic and psychosocial predictors were tested in association with 4 possible outcome patterns of sexual behavior change during the time of antibody status disclosure. For comparative purposes, a randomly selected sample of men who did not request disclosure of their HIV antibody status was analyzed. The results revealed that, among the 177 individuals who requested disclosure, the group experiencing an adverse sexual behavior change (i.e., from low risk before disclosure to high risk after disclosure) reported, before disclosure, the highest level of mental distress and denial-fatalism coping strategies and had the lowest levels of social support compared with other groups being analyzed. The psychosocial predictor most strongly associated with adverse sexual behavior change
appears to be the use of denial-fatalism coping. Such an association was not found among the nondisclosed comparison group. These results suggest that a subgroup of at-risk, well-educated, white men, with overall high knowledge of HIV transmission, may not benefit from current HIV counseling and testing. Such men at risk for adverse behavioral outcomes might be identified in advance of HIV-1 antibody testing by their psychosocial profile, and thus appropriate counseling resources could be targeted to them.


OBJECTIVES: This study compared sexual risk behaviors of gay, lesbian, and bisexual (GLB) and heterosexual adolescents and evaluated associations between gay-sensitive HIV instruction and risk behaviors of GLB youths. METHODS: A random sample of high school students and HIV education teachers completed surveys. Self-reported risk behaviors of heterosexual and GLB adolescents were compared, with control for student and community demographic characteristics. Sexual risk behaviors of GLB youths in schools with and without gay-sensitive instruction were compared. RESULTS: GLB youths reported more substance use, high-risk sexual behaviors, suicidal thoughts or attempts, and personal safety issues than did heterosexual youths (P <.001). Among those who were sexually active, GLB youths reported more lifetime and recent sexual partners than did heterosexuals (P <.001), and more of them reported alcohol use before last sex (P <.01) and a history of pregnancy (P <.001). GLB youths in schools with gay-sensitive instruction reported fewer sexual partners, less recent sex, and less substance use before last sex than did GLB youths in other schools (P <.05).

CONCLUSIONS: The findings document increased risk behaviors among GLB youths and demonstrate the potential benefits of providing gay-sensitive HIV instruction in schools.


In this study it was assessed whether homosexual men who practiced unprotected anogenital intercourse with steady and non-steady partners subjectively perceived their behaviors to be risky. Data were collected from 165 homosexual participants in an ongoing cohort study who reported unprotected anal sex. A variety of psychological factors which could possibly explain why some men were at risk but did not perceive their behavior as such, were investigated. This study showed that the majority of men who engaged in sexual risk behaviors within their primary relationship did not subjectively appraise their behavior as risky. The
factors found to explain this discrepancy were not having had sex with a partner known to be HIV infected or to have AIDS (for couples of unknown serostatus) and not having had friends or relatives who were ill or had died (for seronegative couples). Homosexual men who had unprotected anal sex with casual partners generally were aware of the risk involved in their behavior.


BACKGROUND: Highly active antiretroviral therapy (HAART) has reduced the incidence and improved the survival of patients with Kaposi sarcoma and AIDS-related non-Hodgkin lymphoma. We wished to evaluate its effects on incidence and survival in HIV-associated anal cancer.

METHODS: We measured the incidence and survival of patients with invasive anal cancer from our prospective cohort of 8640 HIV-seropositive individuals. RESULTS: In our cohort of 8640 HIV-seropositive individuals, the incidence of invasive anal cancer (diagnosed in 26 patients) is 60 per 100,000 patient-years. This is 120 times higher than in the age- and gender-matched general population. The incidence of invasive anal cancer in the HIV cohort was 35 (95% confidence interval CI: 15-72) per 100,000 patient-years of follow-up in the pre-HAARTera (1984-1995) and 92 (95% CI: 52-149) per 100,000 patient-years of follow-up in the post-HAARTera (1996-2003) (P > 0.05). These figures are significantly higher than those for the general population (P < 0.001 for both) and give a relative risk of 67 and 176 in the pre- and post-HAART eras, respectively, compared with the general population. The 5-year overall survival is 47% (95% CI: 24%-70%), and the 5-year disease-free survival is 66% (95% CI: 45%-87%). There is no difference in overall survival between the pre- and post-HAART eras (log rank P = 0.19). CONCLUSIONS: Unlike other HIV-associated cancers, there has been no significant change in the incidence, clinical features, or overall survival since the introduction of HAART.


This study explored whether homosexually active men who were sexually abused in childhood were more likely to engage in HIV-risk sexual behavior than men who were not sexually abused. Participants were 182 adult men of Puerto Rican ancestry living in New York City who had had
sex with other men or with men and women. Quantitative and qualitative methods of exploration were used. Three groups were determined: (a) Abuse group (AB), formed by men who before age 13, had sex with a partner at least 4 years their senior and who felt hurt by the experience and/or were unwilling to participate in it; (b) Willing/not hurt group (W), consisting of men who had an older sexual partner before age 13 but did not feel hurt by the experience and were willing to participate; and (c) No- older-partner group (NOP). The results showed that men in the AB group were significantly more likely than men in the NOP group to engage in receptive anal sex and to do so without protection. Men in the W group were ranked between the other two groups in terms of their unsafe behavior. Age and education were cofactors both for receptive anal sex and for unprotected receptive anal sex. It is concluded that given the need to improve HIV prevention among Puerto Rican men who have sex with men, sexual abuse in childhood may constitute a marker to identify men at increased risk.


OBJECTIVES: This study characterized the AIDS epidemic among urban men who have sex with men (MSM). METHODS: A probability sample of MSM was obtained in 1997 (n = 2881; 18 years and older) from New York, Los Angeles, Chicago, and San Francisco, and HIV status was determined through self-report and biological measures. RESULTS: HIV prevalence was 17% (95% confidence interval = 15%, 19%) overall, with extremely high levels in African Americans (29%), MSM who used injection drugs (40%), "ultraheavy" noninjection drug users (32%), and less educated men (< high school, 37%). City-level HIV differences were non-significant once these other factors were controlled for. In comparing the present findings with historical data based on public records and modeling, HIV prevalence appears to have declined as a result of high mortality (69%) and stable, but high, incidence rates (1%-2%). CONCLUSIONS: Although the findings suggest that HIV prevalence has declined significantly from the mid-1980s, current levels among urban MSM in the United States approximate those of sub-Saharan countries (e.g., 14%-25%) and are extremely high in many population subsegments. Despite years of progress, the AIDS epidemic continues unabated among subsegments of the MSM community.


During the 7th annual follow-up of our cohort of homosexual men in 1989, we tested the hypotheses that infection with human immunodeficiency virus (HIV) may enhance the expression of human papilloma virus (HPV)
and that the development of anal epithelial abnormality is related to a biologic interaction between these two viruses. Overall, 41 (39%) of the 105 men had anal swabs positive for one or more genotypes of HPV 6/11, 16/18 or 31/33/35. Twenty-three (53%) of the 43 HIV-positive subjects harbored HPV compared to 18 (29%) of the 64 HIV-negative subjects (p = 0.012), including higher prevalence rates for HPV genotypes 16/18 (p = 0.01), 6/11 (p = 0.007), and 31/33/35 (p = 0.07). Multivariate logistic regression analysis of the HIV-positive subjects showed low CD4+ cell counts to be an independent risk factor for detection of HPV (p = 0.04) and in particular for HPV genotypes 31/33/35 (p = 0.02) and 6/11 (p = 0.07). In contrast, similar analysis of the HIV-negative subset showed that a positive antibody test for syphilis was associated with HPV (p = 0.03). Anal epithelial abnormalities were found in 13 (14%) of 92 technically adequate cytologic smears and were strongly associated with detection of any HPV genotypes by the dot-blot method (p = 0.01), and in particular with HPV genotypes 6/11 (p = 0.001). None of 15 subjects with HPV detected only by PCR had anal epithelial abnormality. We propose a viral interaction model, in which HIV-related immune deficiency allows reactivation of HPV, with a subsequent or concomitant appearance of epithelial abnormality.


There is an increased frequency of invasive anal cancer in HIV-seropositive men. Early treatment strategies in this patient group employed reduced dosages of chemotherapy or radiotherapy alone to reduce toxicity. Since 1989 we have used combined modality treatment consisting of chemotherapy 5-fluorouracil (5-FU) and mitomycin C, and concomitant radical radiotherapy to the pelvis (38-51 Gy in 20-30 fractions), with most patients receiving a perineal boost (10-18 Gy). 12 homosexual HIV-positive men have been treated. The median CD4 count at diagnosis of anal cancer was 209 cells/microl (range: 29-380 cells/microl), 5 had prior AIDS defining diagnoses. No patients had metastatic disease. Complete remissions were obtained in 9/11 evaluable patients and in 1 further patient following surgery. 2 patients relapsed both within 6 months of diagnosis. At a median follow-up of 4.8 years (range: 0.4-10 years), 4 patients have died (2 from anal cancer, 1 from treatment-related consequences and 1 from opportunistic infection in remission). Actuarial 2-year survival is 60% (95% confidence interval (CI): 29-91%). Grade 3 haematological toxicity was recorded in 3 patients, grade 4 and 5 gastrointestinal toxicity in 1 patient each and grade 3 skin toxicity in 1 patient. Radical chemoradiation may be given safely at conventional doses in HIV-positive patients, with a high complete response rate.


This study was an examination of community, age, race and ethnicity. Individual behavior and health promotion was critically examined within the context of (HIV) Human Immunodeficiency Virus and AIDS (Acquired Immuno Deficiency Syndrome) among young African-American men who have sex with men. Examples from the literature provided empirical illustrations of how these concepts have been defined conceptually and measured with respect to HIV/AIDS; particularly among this population from a public health perspective. Additionally, a conceptual model depicting the interplay of these concepts was reviewed and is provided and discussed to shed further light on the conceptual link between these concepts and healthy behaviors among sexually active African-American young men who have sex with men. The concepts are discussed in an integrative format throughout the paper within the backdrop of the proposed model for understanding the wave of HIV/AIDS within this subculture from a public health nursing perspective.

This analysis was undertaken to identify (a) the level of HIV sexual risk behaviors of men who drop out of treatment and (b) baseline variables associated with later treatment dropout. A cross-sectional sample of 340 gay/bisexual men were recruited from an outpatient substance abuse treatment facility in San Francisco. We compared participants who completed less than 15 visits with participants who graduated from the program. Men who dropped out were more likely than treatment graduates to report injection drug use, social problems related to substance use, self-blaming coping strategies, and more recent substance use prior to entering treatment and less likely to have a college degree, report using sex for tension relief, and have previously attended Alcoholics Anonymous or Narcotics Anonymous. Given the strong link between the substance abuse and HIV epidemics, substance abuse treatment agencies have been forced into addressing the issues of HIV sexual risk taking with their clients. Strategies toward reducing substance use relapse and HIV risk reduction are offered.


**OBJECTIVES:** We sought to determine the prevalence and predictors of unprotected anal intercourse (UAI) among HIV-positive men who have a single steady male partner with negative or unknown HIV serostatus.

**METHODS:** We analyzed behavioral surveillance data from HIV-positive men who have sex with men (MSM) interviewed in 12 states between 1995 and 2000. **RESULTS:** Of 970 HIV-positive MSM who had a single steady male sex partner with negative or unknown serostatus, 278 (29%) reported UAI during the previous year. In a subset of 674 men who were aware of their infection, 144 (21%) had UAI. Among the men who were aware of their infection, factors found to be predictive of UAI in multivariate modeling were heterosexual self-identification, crack cocaine use, no education beyond high school, and a partner with unknown serostatus.

**CONCLUSIONS:** Even after learning of their infection, one fifth of HIV-positive MSM who had a single steady male partner with negative or unknown serostatus engaged in UAI, underscoring the need to expand HIV prevention interventions among these men.

The objective of this report is to identify psychosocial correlates of unprotected anal sex among attendants at a support group for HIV-negative gay and bisexual men. Presupport group measures were given to 55 self-identified urban HIV-negative gay and bisexual men in a high-incidence HIV location (San Francisco) attending a 10-week, weekly, 2-hour support group at the University of California at San Francisco (UCSF) AIDS Health Project. Participants completed self-administered questionnaires that included measures of perceived risk, condom self-efficacy, social support, HIV knowledge, and depression. At baseline, 25% of the participants reported unprotected anal sex (receptive or insertive) in the two months preceding enrollment. This finding was independent of whether the participant was single or involved in a relationship, and whether or not the participant's partner was infected with HIV. Participants were found to generally have very high AIDS knowledge and low depression scores. In bivariate analysis, unprotected anal sex was associated with low condom self-efficacy, low AIDS knowledge, dissatisfaction with social support, and lower commitment to safer sex. In multivariate analysis, unprotected anal sex was independently associated with low condom self-efficacy (p = .006), and low AIDS knowledge (p = .007). Additionally, a borderline significant result was found when measuring satisfaction with social support (p = .085). No association was found between depression scores and unprotected sexual activity.


OBJECTIVE: To examine whether gay men in a relationship have adopted negotiated safety as an HIV risk reduction strategy. METHODS: A confidential, anonymous questionnaire was completed by 1004 gay men attending gyms in central London in September-October 1997. Information was sought on sociodemographic characteristics, HIV testing and sexual risk behaviour. Men reporting unprotected anal intercourse (UAI) in the previous 3 months were classified as 'status-unknown' if they did not know their own HIV status, that of their UAI partner(s) or both. Men who knew their own and their UAI partner's HIV status were classified as 'status-known'. RESULTS: Of the 1004 men surveyed, 986 provided complete information on relationship, personal HIV test history and HIV status of UAI partner. Over half (539) said they were currently in a relationship with another man, of whom 173 reported UAI in the previous 3 months; 140 (80.9%) with their main partner only, 18 (10.4%) with a casual partner only and 15 (8.7%) with both their main and casual partners. Of the 140 men reporting UAI only with their main partner, 62 (44.3%) did not know their
own HIV status or that of their partner. Overall, a quarter (26.0%) of the men in a relationship reported UAI only with their main partner in the previous 3 months; 11.5% status-unknown UAI, 14.5% status-known UAI. In a multivariate logistic model, both age and being in a relationship were significantly associated with UAI (status-unknown and status-known).

CONCLUSION: Gay men in a relationship, surveyed in central London gyms, have for the most part adopted the first principle of negotiated safety: only to have UAI with their main partner. However, not all have embraced the second principle: to establish HIV seroconcordance. Nearly half the men reporting UAI only with their main partner were unaware of their own HIV status, their partner's or both. As a consequence, more than one in 10 men in a relationship reported high-risk (i.e. status-unknown) UAI with their main partner. Because the study population, from central London gyms, was not randomly selected, these findings may not be generalizable to all gay men in London. Nonetheless, HIV prevention programmes should continue to encourage gay men in a relationship to seek an HIV test and establish seroconcordance if they wish to have UAI with each other.

Fishman, S. J. and E. H. Anderson (2003). "Perception of HIV and safer sexual behaviors among lesbians." J Assoc Nurses AIDS Care 14(6): 48-55. There is little data on female-to-female transmission of HIV. Some women who have sex with women (WSW) have other high-risk behaviors that could lead to HIV infection. The belief that WSW are at no risk may lead to unsafe sexual practices. In this study, a convenience sample of 78 women was surveyed in order to explore the perception of HIV risk among lesbians, their sexual behaviors, and their sources of information about safer sex. Fifty-three percent reported they were at low risk for contracting HIV. Women reported knowledge of barrier methods (89% to 99%) and no sex during menstruation (92%). However, 35% to 40% reported no knowledge of less common safer sex practices. Women reported their source of knowledge as media (36%), workshops (22%), and friends (12%). Eighty-five percent stated that their health care provider knew they were lesbian, but only 15% reported receiving safer sex education. Nurses and nurse practitioners are aptly poised to provide critical HIV education and health care for this population.

MEASURES--HIV treatment experience, willingness to treat HIV-infected patients, negative attitudes toward homosexuals and intravenous drug users, fear of contagion of the acquired immunodeficiency syndrome (AIDS), perceived lack of information about AIDS, and time demands of HIV care. RESULTS--Most physicians (75%) had treated one or more patients with HIV infection. A majority (68%) believed that they had a responsibility to treat people with HIV infection, yet half (50%) indicated that they would not, if given a choice. Over 80% of respondents believed that they lacked information about AIDS and that caring for people with AIDS is time consuming. Further, 35% of respondents agreed that they "would feel nervous among a group of homosexuals" and 55% expressed discomfort about having intravenous drug users in their practice. Physicians who had treated 10 or more HIV-infected patients expressed less negativity toward members of these stigmatized groups who are likely to be HIV infected. CONCLUSIONS--These data suggest that many primary care physicians are responding professionally to the AIDS epidemic but that attitudinal barriers may be hindering some physicians from providing treatment to HIV-infected patients.


BACKGROUND: To clarify which types of cancer result from AIDS, we compared the cancer experiences of people with AIDS with those of the general population by matching population-based cancer and AIDS registries in the USA and Puerto Rico. METHODS: We used a probabilistic matching algorithm to compare names, birth dates, and, where available, social-security numbers of 98,336 people with AIDS and 1,125,098 people with cancer aged less than 70 years. We defined AIDS-related cancers as those with both significantly raised incidence post-AIDS and increasing prevalence from 5 years pre-AIDS to 2 years post-AIDS. FINDINGS: Among people with AIDS, we found 7028 cases of Kaposi's sarcoma (KS), 1793 of non-Hodgkin lymphoma (NHL), and 712 other cases of histologically defined cancer. Incidence rates among people with AIDS were increased 310-fold for KS, 113-fold for NHL, and 1.9-fold (95% CI 1.5-2.3) for other cancers. Of 38 malignant disorders other than KS and NHL, only angiosarcoma (36.7-fold), Hodgkin's disease (7.6-fold), multiple myeloma (4.5-fold), brain cancer (3.5-fold), and seminoma (2.9-fold) were raised and increasing significantly (p<0.02) from the pre-AIDS to the post-AIDS period. INTERPRETATION: Interpretation is complicated by screening and shared risk factors, such as sexual behaviour and cigarette smoking. However, our data indicate that AIDS leads to a significantly increased risk of Hodgkin's disease, multiple myeloma, brain cancer, and seminoma. Immunological failure to control herpes or other viral infections may contribute to these malignant diseases.
Gold, R. S. and D. T. Ridge (2001). ""I will start treatment when I think the time is right": HIV-positive gay men talk about their decision not to access antiretroviral therapy." *AIDS Care* 13(6): 693-708.

In a qualitative study, 20 HIV-infected Australian gay men were interviewed about their decision not to access antiretroviral drug therapy. The main reasons given for the decision were fear of side effects; fear of long-term damage to body organs; the inconvenience of the treatment regimens; belief that the regimen's demands would be a threat to morale; and belief that there was no reason to start therapy in the absence of AIDS-related symptoms. Actions taken by the men to monitor and maintain their health included seeing a doctor regularly; having regular T-cell and viral load tests; and trying to maintain a positive outlook by not letting HIV/AIDS 'take over' their lives. Almost half the men considered they had been subjected to unreasonable pressure to access therapy and there was considerable pride at having resisted this pressure. The findings suggest that the men disagreed with the biomedical model for managing HIV/AIDS only on the question of if and when to access therapy. They also suggest that underlying the men's dissent from the biomedical model was a different mode of thinking than is required by the model: while the model demands thinking that is abstract, the men focused strongly on factors close to the 'here and now' of immediate experience. The practical implications of the findings are explored.


OBJECTIVES: A high incidence of HIV continues among men who have sex with men (MSM) in industrialised nations and research indicates many MSM do not disclose their HIV status to sex partners. Themes as to why MSM attending sexually transmitted infection (STI) clinics in Los Angeles and Seattle do and do not disclose their HIV status are identified.

METHODS: 55 HIV positive MSM (24 in Seattle, 31 in Los Angeles) reporting recent STI or unprotected anal intercourse with a serostatus negative or unknown partner from STI clinics underwent in-depth interviews about their disclosure practices that were tape recorded, transcribed verbatim, coded, and content analysed. RESULTS: HIV disclosure themes fell into a continuum from unlikely to likely. Themes for "unlikely to disclose" were HIV is "nobody's business," being in denial, having a low viral load, fear of rejection, "it's just sex," using drugs, and sex in public places. Themes for "possible disclosure" were type of sex practised and partners asking/disclosing first. Themes for "likely to disclose" were feelings for partner, feeling responsible for partner's health, and fearing arrest. Many reported non-verbal disclosure methods. Some thought partners should ask for HIV status; many assumed if not asked then their partner must be positive. CONCLUSIONS: HIV positive MSM's
decision to disclose their HIV status to sex partners is complex, and is influenced by a sense of responsibility to partners, acceptance of being HIV positive, the perceived transmission risk, and the context and meaning of sex. Efforts to promote disclosure will need to address these complex issues.

Guest, G., E. McLellan-Lemal, et al. (2005). "HIV vaccine efficacy trial participation: men who have sex with men's experiences of risk reduction counselling and perceptions of risk behaviour change." AIDS Care 17(1): 46-57. Qualitative interviews were conducted with 35 men who have sex with men, enrolled in the world's first phase III HIV vaccine efficacy trial at five US sites, regarding their risk reduction counselling experiences and their perceptions of its impact on risk behaviour. Respondents ranged in age from 20 to 58 years and were predominately white (71.4%) in racial/ethnic origin. Systematic qualitative analysis revealed that a positive counselling experience meant having good rapport with clinic staff. Differences in attitudes toward counselling were related to either a personal approach of balancing an enjoyable sex life with safe sex behaviours (balancing risks) or accepting the consequences of risky sexual behaviour rather than making changes (risk homeostasis). Respondents seeking to balance risks indicated that they saw themselves engaging in safer sexual behaviour almost twice as often as in riskier behaviours. They perceived counselling and behavioural risk assessments to help increase their awareness of personal risk-taking behaviours. Conversely, those with a risk homeostasis approach reported that they had established sexual boundaries prior to trial participation that had thus far proven to be effective in avoiding HIV infection, and that they were comfortable with the level of risk taken. Thus, risk reduction counselling had little to no influence on their sexual practices. Some of these men also indicated that while they had not found the risk reduction information imparted to them by clinic staff to be novel, counselling was beneficial in reinforcing their HIV/AIDS and safe sex knowledge base.


The purpose of this descriptive correlational study using the transtheoretical model was to determine the relationship between stages of change and condom use among gay and bisexual men with primary (steady) and casual (occasional) partners. A convenience sample of 241 gay and bisexual men was recruited from the Internet. The majority of men (n = 198, 82%) never used condoms during anal, vaginal, or oral intercourse with primary partners, indicating they were in the first of five stages of change (precontemplation). Thirty percent (n = 71) of men reported using condoms every time during anal intercourse with casual
partners and were in the last stage of change (maintenance). Multiple regression analysis revealed that older bisexual men who informed partners of their HIV status and who were confident and perceived more advantages in using condoms were in higher stages of change. By placing participants into various stages of change, stage specific interventions can be designed.


Annual incidence rates for 1975-1985 were derived for Kaposi's sarcoma, non-Hodgkin's lymphomas, and seven other malignancies. Never-married men in the San Francisco Bay area constituted the study population. The pattern of increase in incidence of non-Hodgkin's lymphoma among men aged 25-44 years was similar to that seen for Kaposi's sarcoma; both increased significantly in San Francisco between 1980 and 1985 (p less than 0.001), with an increase among census tracts with high incidence of acquired immunodeficiency syndrome (AIDS) that was greater than the increase seen in other San Francisco census tracts. Among men in tracts with a high incidence of AIDS, non-Hodgkin's lymphoma reached an incidence in 1985 that was five times greater than preepidemic rates. These increased rates support the conclusion of clinical studies that non-Hodgkin's lymphoma is an additional manifestation of AIDS. Similar increases in incidence rates were not observed for other malignancies, suggesting that reports of these malignancies in homosexuals may be isolated incidents. Whether rates of non-Hodgkin's lymphoma will continue to increase and whether rates of other potentially AIDS-associated malignancies will increase in the future may depend on the latency of these malignancies and the survival period of AIDS patients.


PURPOSE: To assess the outcome and tolerance of HIV-positive patients with anal cancer to standard therapy based on their pretreatment CD4 count. METHODS AND MATERIALS: Between 1991 and 1997, 17 HIV-positive patients with anal cancer and documented pretreatment CD4 counts were treated at the University of California, San Francisco or its affiliated hospitals with either concurrent chemotherapy and radiation or radiation alone. The outcome and complications of treatment were correlated with the patients' pretreatment CD4 count. RESULTS: Disease for all 9 patients with pretreatment CD4 counts > or = 200 was controlled with chemoradiation. Although four required a treatment break of 2 weeks because of toxicity, none required hospitalization. Of the 8 patients with
pretreatment CD4 counts < 200, 4 experienced decreased counts, intractable diarrhea, or moist desquamation requiring hospitalization. Additionally, 4 of these 8 ultimately required a colostomy either for a therapy-related complication or for salvage. Nevertheless, 6/7 in this group who received concurrent chemotherapy and radiation had their disease controlled, whereas the patient treated with radiation alone failed and required a colostomy for salvage. CONCLUSION: Patients with CD4 > or = 200 had excellent disease control with acceptable morbidity. Patients with CD4 < 200 had markedly increased morbidity; however, disease was ultimately controlled in 7/8 patients.


The black population is disproportionately affected by acquired immune deficiency syndrome (AIDS). Among those black people most at risk of becoming infected with the human immunodeficiency virus are black men who use intravenous drugs and black men who are gay. This article explores the complex cultural, economic, and social factors obstructing the reduction of the AIDS rate among these men. Implications and recommendations are made for developing effective AIDS prevention efforts by highlighting race-specific resources and supports for high-risk black men.


OBJECTIVE: To assess the psychological and behavioral characteristics of gay and bisexual men who intend to use antiretroviral post-exposure prophylaxis (PEP) to prevent HIV infection. METHODS: Gay and bisexual men who had not tested HIV seropositive and were not in long-term exclusive sexual relationships (n = 327) completed anonymous surveys consisting of demographic characteristics, gay community acculturation, experience with and attitudes toward PEP, substance use, and sexual behavior in the past 6 months. SETTING: A large annual Gay Pride festival in Atlanta, Georgia. RESULTS: There were 8 (3%) men who had already used PEP and 85 (26%) who planned to use PEP to prevent themselves from becoming HIV infected. Compared to the 242 (74%) men who did not indicate plans to use PEP, those planning to use PEP were younger, less well educated, more likely to have used illicit substances in the past 6 months, and were more likely to have a history of injection drug
use. Men intending to use PEP were also more likely to have practiced unprotected anal and oral intercourse as the receptive partner and were more likely to have multiple anal intercourse partners with whom they were receptive. CONCLUSIONS: Gay and bisexual men are generally supportive of the immediate use of PEP and a significant number of men are planning to use PEP, particularly less educated men who use multiple substances and practice the highest-risk sexual behaviors. Concurrent behavioral interventions must, therefore, be considered critical in the advancement of PEP.


HIV antibody testing is a critical facet of national AIDS prevention strategies and increasing numbers of persons are tested each year. Research has shown that a significant number of men who have sex with men are repeatedly tested for HIV antibodies, and many are tested regularly every 6 months. This study investigated the prevalence of repeat testing (having been tested three or more times) and regular testing (having been tested three or more times and getting tested every 6 months), and their association to testing attitudes and sexual behaviors. We found that 66% of 253 HIV seronegative gay and bisexual men surveyed at a large gay pride festival had been repeatedly tested, and 47% were tested regularly. Repeat testing was associated with knowing people with HIV or AIDS, whereas regular testing was associated with younger age and not being in an exclusive sexual relationship. Both repeat and regular testers held more positive health-related attitudes about testing than nonrepeat and nonregularly tested men, respectively. Contrary to previous research, repeat testing was not associated with unprotected anal intercourse or unprotected oral sex. However, both repeat and regular testing were positively related to condom use during anal intercourse as well as having multiple protected anal intercourse partners. We therefore conclude that both repeat testing and higher rates of condom use reflect positive health attitudes and that repeat testing may function to meet the needs of some men who have sex with men.


OBJECTIVE: To determine whether race is associated with health insurance coverage and health service use among gay and bisexual men in the Baltimore center of the Multicenter AIDS Cohort Study. METHODS: Data from eight semiannual study visits between 1991 and 1996 were used. Descriptive, stratified, and logistic regression analyses were conducted to determine whether race is associated with insurance
coverage, medical, or dental service use, after controlling for socioeconomic variables. RESULTS: No difference was found between blacks' and whites' likelihood of having health insurance, private insurance, using inpatient, emergency department services, or antiretroviral medications. Whites were more likely to use outpatient services, particularly if CD4 cell counts were high, and were more likely to use dental services, although blacks were more likely to have dental insurance. CONCLUSIONS: Further research must be conducted to examine cultural, social, and psychological factors that help explain why white gay men use more outpatient and dental services, when other service use is unrelated to race. Investigators should be precise when using race as a variable in health services and epidemiologic research, emphasizing when racial differences truly exist versus when the variable race is a surrogate for another factor.


Several recent studies have shown high rates of HIV infection and risk behavior among young men who have sex with men (MSM). To assess the direction of the epidemic in this population, we replicated a venue-based study performed in the San Francisco Bay Area during 1992 and 1993. From May 1994 to September 1995, we surveyed 675 MSM aged between 17 and 22. After statistical adjustment for age, ethnicity, residence, and site of recruitment, seroprevalence did not change significantly between the 1992 to 1993 (8.4%) and the 1994 to 1995 (6.7%) surveys. Similarly, no significant changes were found in the rates during the previous 6 months of unprotected receptive anal intercourse (23.4% versus 24.9%), injection drug use (8.0% versus 7.8%), or needle sharing among injection drug users (56.3% versus 64.5%) between the two surveys. Despite the increased attention that the problem of high risk behavior among young MSM has received, effective prevention interventions for MSM are needed as profoundly now as they had been several years ago.


BACKGROUND: Effective interventions are needed to prevent acquisition of HIV infection in men who have sex with men. To date, no behavioural
interventions specifically for this risk group have been tested with HIV infection as the primary outcome. METHODS: This multisite two-group randomised controlled phase IIb trial tested the efficacy of a behavioural intervention in preventing HIV infection among 4295 men who have sex with men. The experimental intervention consisted of ten one-on-one counselling sessions followed by maintenance sessions every 3 months. The standard condition was twice-yearly Project RESPECT individual counselling. Twice-yearly follow-up visits included testing for HIV antibody and assessment of behavioural outcomes. FINDINGS: The rate of acquisition of HIV infection was 18.2% (95% CI -4.7 to 36.0) lower in the intervention group than the standard group. Adjustment for baseline covariates attenuated the intervention effect to 15.7% (-8.4 to 34.4). The effect was more favourable in the first 12-18 months of follow-up. The occurrence of unprotected receptive anal intercourse with HIV-positive and unknown-status partners was 20.5% (10.9 to 29.0) lower in the intervention than in the standard group. INTERPRETATION: The results from the primary analyses allow us to rule out that the experimental intervention is associated with a 35% lower rate of HIV acquisition than in the standard group. The overall estimate of a difference of 18.2%, more favourable estimates of effect in the first 12-18 months, and similar effects on risk behaviours suggest that prevention of HIV infection among men who have sex with men by a behavioural intervention is feasible. Further work should be done to develop more effective interventions.


OBJECTIVES: We describe the prevalence of risk behaviors at baseline among men who have sex with men (MSM) who were enrolled in a randomized behavioral intervention trial conducted in 6 US cities. METHODS: Data analyses involved MSM who were negative for HIV antibodies and who reported having engaged in anal sex with 1 or more partners in the previous year. RESULTS: Among 4295 men, 48.0% and 54.9%, respectively, reported unprotected receptive and insertive anal sex in the previous 6 months. Unprotected sex was significantly more likely with 1 primary partner or multiple partners than with 1 nonprimary partner. Drug and alcohol use were significantly associated with unprotected anal sex. CONCLUSIONS: Our findings support the continued need for effective intervention strategies for MSM that address relationship status, serostatus of partners, and drug and alcohol use.

The objective of this study was to analyze HIV-related risks of women injection drug users (IDU) and crack cocaine users (CCU) who have sex with women (WSW). IDU and CCU women (N = 3856) were recruited from street settings in 19 U.S. cities between 1992 and 1994. For this study, we analyze data on 231 women who reported female sex partners in the 30 days before interview. In the 30 days before interview, 53% of IDUs had shared syringes, and 66% had shared injection supplies. Only 11 women (6%) always used barrier protection while giving oral sex to women and 5 (3%) while receiving oral sex from women in the 30 days before interview. Fifty percent had sex with men as well as women in the previous 30 days. Thirty percent of women who reported sex with men had used condoms for penile-vaginal sex, and 26% for penile-anal sex. In logistic regression analysis modeling sex with men in the previous 30 days, sex work was predictive, "lesbian" self-identification was protective, and the interaction between these two terms was predictive, while controlling for race and age. Differences in risk perception were significant between women who reported varying sexual risks, but not significant between women who reported varying injection-related risks. There is a high prevalence of risky sex and drug behaviors among drug-using WSWs. There is a need for epidemiological studies specifically geared toward studying risk behaviors among WSWs. Risk reduction activities need to focus on injection-related risks, as well as sex-related risks, among WSWs.


OBJECTIVES: We examined the effectiveness of community-level HIV prevention programming for men who have sex with men. METHODS: We used multilevel methods to examine unprotected intercourse by bisexual men (n = 1016) with male and female partners in geographic regions with and without HIV prevention programming. RESULTS: Men living in geographic regions with HIV prevention programming had significantly less frequent unprotected homosexual intercourse with both casual and regular partners. In contrast, no differences were observed for unprotected heterosexual intercourse. CONCLUSIONS: This study provides evidence supporting the effectiveness of community-level HIV prevention programming and the need for its broader implementation. The study also demonstrates the suitability of multilevel methods for examining the effectiveness of community-level public health programs.


PURPOSE: To identify factors related to human immunodeficiency virus (HIV) antibody testing among Gay, Lesbian, and bisexual youth.

METHODS: Self-reported demographics, risk behaviors, variables related
to the Health Belief Model, and HIV testing data were collected at a conference for gay youth, as well as at the Gay and Lesbian Community Center in a Southeastern metropolitan area (n = 117). RESULTS: About one third of participating youth who reported engaging in anal and vaginal sex had done so without a condom. In addition, one in four youth reported at least one other HIV risk factor. Of youth engaging in sexual risk behaviors, one third had not been tested for HIV antibodies. Furthermore, 61% of the youth reported some type of drug use, and only 57% of those using drugs had been tested. To determine factors associated with HIV testing, a hierarchical logistic regression was conducted. A binary variable of HIV testing was regressed first on demographic variables, second on risk factors, and third on variables derived from the Health Belief Model. Results of the logistic regression revealed that unprotected anal sex and the Health Belief Model variables predicted having been tested for HIV. The final model explained 42% of the variance in HIV testing.

CONCLUSIONS: Gay, Lesbian, and bisexual youth are at high risk for HIV infection and are often untested for HIV antibodies.


Noh, S., P. Chandarana, et al. (1990). "AIDS epidemic, emotional strain, coping and psychological distress in homosexual men." AIDS Educ Prev 2(4): 272-83. This study examined the process by which emotional strain imposed by the threat of AIDS may manifest itself as psychological distress, assessed by depressive symptomatology, in a sample of homosexual men. Specifically, the study examined the extent to which the perceived threat of AIDS is related to depression, and how coping resources, such as locus of control and social support, influence this process. Results highlight the role of social support and locus of control. These factors were found to be the strongest correlates of depression, and appear to exert a considerable influence on the associations between strain measures and depressive symptomatology.


PURPOSE: To determine the efficacy and tolerance of a standardized protocol of chemotherapy and low-dose radiotherapy in the treatment of
METHODS AND MATERIALS: Between 1987 and 1995, eight HIV-positive patients with squamous cell carcinoma of the anal canal, four of whom had acquired immunodeficiency syndrome (AIDS), received therapy at the Kaiser Permanente Medical Center. All patients were treated using a combined modality approach consisting of low-dose radiotherapy (30 Gy in 15 fractions delivered 5 days/week), and chemotherapy [1000 mg/m2 of 5-fluorouracil (5-FU) delivered on days 1-4 and 29-32 as a continuous infusion over 96 h, and 10 mg/m2 of mitomycin C delivered as a bolus injection on day 1]. Patients have been followed from 4 to 81 months (mean 41, median 38). RESULTS: All eight patients completed the therapy with minor variations to the protocol, and all have attained a clinical complete response. Four patients are alive and free of disease, and four died as a result of complications of AIDS, but remained free of anal carcinoma. There were no mortalities from the protocol and the morbidity was acceptable. Only one patient each was noted to have Radiation Therapy Oncology Group/European Organization for Research and Treatment of Cancer Grade 4 hematologic and gastrointestinal acute toxicity, and no Grade 4 skin toxicity was noted. CONCLUSION: This combined therapy is effective for HIV-infected patients and appears to be tolerable with acceptable toxicities. It is best applied to patients who are HIV positive, or who have AIDS without concurrent major opportunistic infections. This approach is reasonable and affords patients a reasonably good chance at sphincter preservation by avoiding abdominoperineal resection. The optimal therapy for HIV-positive patients with advanced AIDS remains less well defined.


OBJECTIVE: To identify temporal trends and predictors of human immunodeficiency virus (HIV) antibody testing in homosexual and bisexual youth, using the Health Belief Model as a conceptual framework. DESIGN: Cross-sectional survey. SUBJECTS: Five hundred one male volunteers, 13 to 21 years old, self-identified as homosexual, bisexual, or as having sex with men, were enrolled from June 1, 1989, to May 30, 1994. METHODS: Structured reviews and written instruments, including measures of perceived susceptibility to and severity of HIV disease, benefits and barriers to testing, and cues to action. Based on significant (P < .001) bivariate association, variables were selected for forward stepwise logistic regression analysis. OUTCOME MEASURES: Self-reported HIV antibody testing. RESULTS: Forty-five percent of the subjects had undergone HIV antibody testing, with no significant differences between annual cohorts. Predictors of testing were having discussed same-sex feelings or experiences with a physician or counselor, a history of unprotected receptive anal intercourse, substance abuse, younger age at
self-identification as bisexual or homosexual, ever having had a steady male partner, having many friends who understand sexual orientation, living away from family, and older age. CONCLUSIONS: Testing practices did not change significantly across time. Human immunodeficiency virus testing was related to age, risky behaviors, living situation, bisexual or homosexual acculturation, and contacts with health professionals, corresponding to Health Belief/Model dimensions of perceived susceptibility, barriers, and cues to action.


At the beginning of the AIDS epidemic, lesbians were often perceived as a high risk group for exposure to HIV infection. The construction of lesbians as women who engage in sexual activity with women, in conjunction with the assumption that the kinds of sexual activity lesbians engage in are not risky, has enabled this practice. This has, in turn, resulted in the failure to provide appropriate risk reduction education to this section of the population. Studies demonstrate that although many lesbians are generally well informed about HIV transmission and prevention, some are engaging in risk behaviours. In the context of institutionalized exclusion from "risk group" categories, many lesbians appear to possess a false sense of security that they will not contract HIV, irrespective of their behaviour. This paper examines the processes whereby lesbians have been both included and excluded in AIDS discourse. In addition, the limited research on HIV risk taking and risk perception among women who have sexual contact with other women is critically examined.


Serum samples collected prospectively between 1982 and 1987 from a cohort of homosexual men were analyzed for HIV-1 neutralizing antibodies. Seven seroconverters who became infected between 1982 and 1984 and 12 seroprevalents who were already seropositive in 1982 remained free of AIDS. During the 6 year period, 1 seroconverter and 14 seroprevalents developed AIDS. Healthy seroconverters developed neutralizing antibodies slowly and reached moderate geometric mean titers (GMT) of 1:100 within 3 years of seroconversion. Healthy seroprevalents already had moderate titers in 1982, which increased markedly in 1985-1986 (GMT greater than 1:200) and subsequently returned to the previous level in 1987. Neutralizing antibody titers declined 3 years prior to diagnosis in men who developed AIDS and reached levels significantly lower than those of healthy counterparts 2 years before diagnosis. Analysis of neutralizing antibody activity to several HIV-1
isolates indicated that the lower titers of men who developed AIDS were not due to diminished group-specific reactivity. Thus, high neutralizing antibody titers correlated with better clinical outcome, and low or decreasing neutralizing antibody titer signaled poor prognosis. Although naturally developing neutralizing antibodies may ultimately be inadequate in controlling disease progression, measures able to boost the neutralizing antibody titer of individuals already infected with the virus or to elicit high-titer neutralizing antibodies in individuals at risk may yet prove beneficial in controlling viral spread in vivo or in preventing new infection, presumably in concert with cellular immunity.

This paper employs findings in social psychological research to analyze HIV/AIDS-related issues among gay and homosexual Asian men living in western countries, specifically in Australia. This includes analyses of: (1) the impact of collectivistic cultural ideologies on self-conception and self-esteem; (2) self-identity related to the status of Asians as numerical and status minorities; (3) the existence of stereotypes of Asians in the gay communities and their consequences on individual Asians; and (4) issues related to self-esteem of gay Asian men as determined by their identification with the Asian and/or the gay communities and acculturation to the dominant Australian Anglo-Celtic culture.

The purpose of this study was to assess, in one university in Finland, students' attitudes and feelings towards HIV/AIDS while they were studying for their first year at the University of Oulu. This study is part of a larger research project concerning HIV/AIDS in the Department of Nursing at the University of Oulu. The results can be used in planning and implementing health education for young people. The data were collected by using a questionnaire with both structured and open-ended questions. The study group consisted of 245 students who had started their studies in the autumn of 1993. The data were analysed by using cross tabulation (chi-square test) and inductively by content analysis. The most important source of knowledge concerning HIV/AIDS was television (84%) and 30% of the students had obtained their knowledge from a school nurse. Even when there was a lot of knowledge available to the students, they estimated their knowledge as insufficient and defined HIV more correctly than AIDS. Knowledge did not increase the use of safe sex but limited sexual behaviour. Religion had an importance for sexual behaviour. Female students were more sexually active than male students. The feelings towards HIV/AIDS were more often negative than positive or neutral and the students felt stronger negative feelings towards AIDS than
HIV. The negative feelings were often based on fear. The differences between the faculties were minimal.


PURPOSE: Before the development of highly active antiretroviral therapy for the treatment of HIV infection, HIV patients diagnosed with invasive squamous-cell carcinoma of the anal canal carried a very poor prognosis. This study was designed to determine the outcome in a similar group of patients in the era of highly active antiretroviral therapy. METHODS: HIV-positive patients treated for invasive squamous-cell carcinoma of the anal canal at the University of Texas Medical Center affiliated hospitals from 1980 to 2001 were identified from operative data and cancer registries. We reviewed these records and collected data regarding age, CD4 count, highly active antiretroviral therapy, cancer treatment, complications, and survival. The patients were divided into two groups based on the presence or absence of highly active antiretroviral therapy and compared using a Kaplan-Meier approach. RESULTS: Fourteen patients with HIV and invasive squamous-cell carcinoma of the anal canal were identified. Six were in the prehighly active antiretroviral therapy group and eight in the highly active antiretroviral therapy group. All were considered for treatment with chemotherapy and radiation. In the prehighly active antiretroviral therapy group, one patient refused therapy and three were unable to complete the squamous-cell carcinoma therapy as planned because of complications. Four of eight highly active antiretroviral therapy patients were unable to complete the squamous-cell carcinoma therapy as planned. The prehighly active antiretroviral therapy patients had a mean age of 40 years and a mean CD4 count of 190 at the time of diagnosis. The highly active antiretroviral therapy patients had a mean age of 44 years and a mean CD4 count of 255 at the time of diagnosis. The 24-month survival was 17 percent in the prehighly active antiretroviral therapy group and 67 percent in the highly active antiretroviral therapy group (P = 0.0524). All six patients in the prehighly active antiretroviral therapy group died with active squamous-cell carcinoma vs. two in the highly active antiretroviral therapy group. Four of the remaining six patients had no evidence of active squamous-cell carcinoma at the last follow-up visit. CONCLUSIONS: A review of patients with HIV and invasive squamous-cell carcinoma of the anal canal suggests a trend toward a higher CD4 count at the time of diagnosis and improved survival in patients receiving highly active antiretroviral therapy. In this new era, HIV-positive patients should be on highly active antiretroviral therapy. If not, highly active antiretroviral therapy should be initiated, and standard multimodality therapies for invasive squamous-cell carcinoma of the anal canal are recommended.

The purpose of this study was to assess how body image may be affected by HIV-related weight loss. Qualitative methodology was used: eight gay men with weight loss of at least 10% self-completed a brief, tailor-made questionnaire and then participated singly in semi-structured audiotaped interviews. Questionnaire analysis showed all but one had avoided social activities in the last two months due to self-consciousness over their emaciated appearance; family visits, meeting new people and meeting up again with people after weight loss were most problematic. Interview analysis revealed that in addition to social considerations, bodily comfort and effectiveness were affected, and participants identified weight loss as a clear sign of disease progression. Weight regain was problematic and food had become a difficult issue for most. These results suggest that in gay men, HIV-related weight loss causes significant emotional and physical problems.


We set out to determine the frequency and correlates of gay men's repeated unprotected anal intercourse with casual partners (UAI-C), defined as UAI-C reported at each of 3 annual interviews. By May 1997, 659 men had completed 3 annual interviews for the Sydney Men and Sexual Health (SMASH) cohort study. For the 3 6-month periods prior to each interview, 127 men reported UAI-C during one period only; 45 reported it during 2 periods; and 20 men reported it during all 3 periods. These 20 men who had repeated UAI-C were compared with 497 men who had anal intercourse with casual partners but did not report on all 3 occasions that they had UAI-C. Logistic regression revealed that repeated UAI-C was associated with HIV-positive status, more casual partners, less favourable attitudes toward condoms and greater recreational drug use. Few gay men have repeated UAI-C but those who do run greater risk of HIV transmission.


The availability of improved HIV treatments may prompt reduced concern about HIV and sexual risk. Gay and bisexual men (N = 554, 17% HIV-positive) completed measures of treatment attitudes, sexual risk, and assumptions regarding the infectiousness of sexual partners. A substantial minority reported reduced HIV concern related to treatment advances. Reduced HIV concern was an independent predictor of sexual risk, particularly among HIV-positive men. In response to hypothetical
scenarios describing sex with an HIV-positive partner, participants rated the risk of unprotected sex to be lower if the partner was taking combination treatments and had an undetectable viral load, relative to scenarios with a seropositive partner not taking combination treatments. Prevention efforts must address attitudinal shifts prompted by recent treatment successes, stressing the continued importance of safer sex, and that an undetectable viral load does not eliminate infection risks.


Clinicians care for lesbians and women sexually active with women (WSWs) routinely in the course of practice. The Centers for Disease Control and Prevention now believe that there are small but significant numbers of lesbians with HIV infection and that woman-to-woman transmission of HIV is possible. Although the risk of HIV transmission between women, although underreported, is probably low, clinicians need a literature-based practical understanding of how to assess WSWs for their HIV risk and counsel them appropriately about prevention of HIV transmission. Understanding sexual behaviors of WSWs the safer sex techniques that are appropriate for them, and the various ways in which lesbians may contract HIV are important to all primary care clinicians. This article also reviews the principles of communicating with lesbians and WSWs.


Appropriate AIDS prevention information is not available in Vietnam for men who have sex with men. Current AIDS prevention messages can be misunderstood with potentially dangerous results. We outline some features of gay culture in a provincial city in Vietnam. We describe the activities of a peer educator who made contact with a small group of young gay men during 1996 and 1997. All the young men were ill-informed about AIDS. Their attitudes and sexual practices made them vulnerable to AIDS. The peer educator provided clear information and emotional support. The peer education was done without government endorsement and on a very low budget.


The sexual behaviors of bisexually active men, defined as men having sex with a man and a woman in previous 6 months, were compared with men who had sex with men only. Differential sexual practices associated with
HIV risk between the two groups of men, as well as in the bisexual men with their male and female partners, were evaluated. Cross-sectional analyses were performed on baseline data from a prospective cohort of 508 young gay men recruited from bars, college campuses, and a health center in Boston from 1993 to 1994. Odds ratios (OR) and 95% confidence intervals (CI) were calculated on categorical variables, and McNemar's chi2 was used to compare the behaviors of bisexual men with their male versus female sex partners. Six months before the interview, 47 (10%) men had male and female sex partners, and 383 men had only male sex partners during the past year or ever. Fifty-eight percent of the men in the study had a female sexual partner in their lifetime, and 18% during the past year. Bisexual men were more likely to have drinking problems as identified by the Michigan Alcoholism Screening Test (MAST; OR = 3.96, 95% CI = 1.54-10.20), and fewer male partners over their lifetime (mean +/- standard deviation [SD], 24 +/-42; median, 7; versus mean +/- SD, 69 +/-516; median, 12), although this difference was not statistically significant. The two groups had similar levels of unprotected anal intercourse (25.5% versus 29.5%); however, bisexual men were half as likely to have anal sex as homosexual men (OR = 0.50; 95% CI = 0.27-0.93). Bisexual men were three times as likely to have unprotected sex with their female partner as their male partner (OR = 3.0; 95% CI = 1.02-8.8). Stratified analysis revealed similar discordant behavior while sober (OR = 4.0), drinking (OR = 7.0), and while drinking with concurrent drug use (OR = 8.0). Among this cohort of men who have sex with men (MSM), a sizable proportion also had vaginal sex with female partners in the previous 6 months. Bisexually active men were more likely to have unprotected sex with their female partners compared with their male partners, potentially increasing the risk for HIV and other sexually transmitted diseases. Behavioral interventions directed toward MSM need to address bisexual behaviors.


HIV remains a critical health issue for men who have sex with men (MSM). In the United States, an estimated 365,000 to 535,000 MSM are living with HIV, and 42% of new HIV infections occur in this population. Recent data on sexually transmitted diseases and on sexual behavior indicate the potential for a resurgence in HIV infections among MSM. Outbreaks of gonorrhea and syphilis have been reported in a growing number of cities, and several studies have observed an increase in unprotected anal intercourse among MSM. These increases in HIV risk behavior may be attributed to several factors that have affected the sexual practices of MSM, including changes in beliefs regarding the severity of HIV disease. These emerging data have implications for surveillance and intervention research activities and indicate a need to reevaluate, refocus, and
reinvigorate HIV prevention efforts for MSM. Our recommendations for addressing the HIV prevention needs of MSM include the need to consider HIV-related issues within the broader context of the physical, mental, and sexual health of MSM.

Human Papilloma Virus (HPV)


To study the association of human papillomavirus (HPV) infection with anal cancer, we examined tissue specimens from 126 patients with malignant lesions of the anal skin or mucosa. The patients were enrolled in a population-based, case-control study of ano-rectal cancer which is being conducted in the state of Washington and the Province of British Columbia. Histologic sections from formalin-fixed, paraffin-embedded tissues were tested for the presence of HPV DNA by in situ hybridization with biotin-labelled HPV 6, 11, 16, 18 and 31 DNA probes. HPV DNA sequences were found in tumor tissues from 24 of the 126 subjects (19.0%). When only squamous neoplasms are considered, 23 of 70 subjects (32.9%) had lesions which contained detectable HPV DNA. One HPV-positive patient had a cloacogenic carcinoma that contained regions of squamous differentiation and it was in these squamous cells that HPV DNA was localized. Of the 23 squamous lesions that harbored detectable HPV DNA, 8 contained HPV 6, 10 contained HPV 16, 1 contained HPV 18 and 4 contained an unclassified virus type(s). HPV DNA was found in tissues from 14 patients with carcinoma-in situ and 10 subjects with invasive carcinoma. These results demonstrate that some malignant tumors of the anus, in both men and women, are associated with HPV infection. We conclude that the anal squamous epithelium is another site where infection with the common genital tract HPVs may carry a risk of malignant transformation.


Human papillomavirus has emerged as the leading infectious cause of cervical and other anogenital cancers. We have studied the relation between human papillomavirus infection and the subsequent risk of anal and perianal skin cancer. A case-cohort study within two large Nordic serum banks to which about 760 000 individuals had donated serum samples was performed. Subjects who developed anal and perianal skin cancer during follow up (median time of 10 years) were identified by registry linkage with the nationwide cancer registries in Finland and Norway. Twenty-eight cases and 1500 controls were analysed for the presence of IgG antibodies to HPV 16, 18, 33 or 73, and odds ratios of
developing anal and perianal skin cancer were calculated. There was an increased risk of developing anal and perianal skin cancer among subjects seropositive for HPV 16 (OR=3.0; 95%CI=1.1-8.2) and HPV 18 (OR=4.4; 95%CI=1.1-17). The highest risks were seen for HPV 16 seropositive patients above the age of 45 years at serum sampling and for patients with a lag time of less than 10 years. This study provides prospective epidemiological evidence of an association between infection with HPV 16 and 18 and anal and perianal skin cancer.


Before the introduction of highly active antiretroviral therapy (HAART), several studies demonstrated a high prevalence of human papillomavirus (HPV) infection and associated anal intraepithelial neoplasia (AIN) in men who have sex with men, particularly in human immunodeficiency virus (HIV)-infected men with low CD4+ cell counts. Similarly high levels of anal HPV infection and AIN have been found in HIV-positive women. HIV-positive men and women are at an increased risk of developing anal cancer compared with the general population. Data suggest that there has been no reduction in the incidence of AIN after the introduction of HAART. Screening efforts have the potential to decrease the incidence of invasive anal cancer, and cost-effectiveness analyses have demonstrated the utility of anal cancer screening in select populations. Treatment for AIN remains challenging, but AIN is easier to treat when the lesions are small, and it is likely that a screening program would identify affected individuals at an earlier stage of disease.


Human papillomavirus (HPV) is one of the most common sexually transmitted infections and a significant cause of anogenital malignancies, precancer lesions, and cutaneous disease. Human immunodeficiency virus (HIV)-positive individuals have a higher prevalence of HPV infection and HPV-associated anogenital disease compared to age-matched HIV-negative controls. Data suggest that there has been little reduction in HPV-associated disease since the introduction of highly active antiretroviral therapy (HAART). The authors believe that cervical and anal cancer screening using Pap tests should be offered to all HIV-positive individuals, but the infrastructure to identify (via colposcopy and high-resolution anoscopy) and treat precancer lesions must be present. Treatment of HPV-associated anogenital disease depends on the size, location, and grade of the lesion, whereas a variety of ablative and excisional therapies are available. Prophylactic and therapeutic HPV
vaccines are promising as future interventions for disease control in at-risk populations such as HIV-infected women and men.


BACKGROUND: The incidence of anal cancer has increased among both men (160%) and women (78%) from 1973 to 2000 in the U.S. The authors conducted a population-based case-control study of anal cancer to examine factors that may account for this increase. METHODS: Men (n = 119 patients) and women (n = 187 patients) who were diagnosed with anal cancer between 1986 and 1998 in the Seattle area were ascertained through the local Surveillance, Epidemiology, and End Results registry. Control participants (n = 1700) were ascertained through random-digit telephone dialing. Participants were interviewed in person and provided blood samples. Archival tumor tissue was tested for human papillomavirus (HPV) DNA, and serum samples were tested for HPV type 16 (HPV-16). RESULTS: Overall, 88% of tumors (all histologies) in the study were found to be positive for HPV. HPV-16 was the most frequent HPV type detected (73% of all tumors), followed by HPV-18 (6.9%), regardless of gender. However, 97.7% of tumors from men who were not exclusively heterosexual contained HPV DNA. The risk of anal cancer increased among men (odds ratio [OR], 5.3; 95% confidence interval [95% CI], 2.4-12.0) and women (OR, 11.0; 95% CI, 5.5-22.1) who had > or = 15 sexual partners during their lifetime. Among men who were not exclusively heterosexual and women, receptive anal intercourse was related strongly to the risk of anal cancer (OR, 6.8 [95% CI, 1.4-33.8] and OR, 2.2 [95% CI, 1.4-3.3], respectively). Current smokers among men and women were at particularly high risk for anal cancer, independent of age and other risk factors (OR, 3.9 [95% CI, 1.9-8.0] and OR, 3.8 [95% CI, 2.4-6.2], respectively). CONCLUSIONS: The high proportion of tumors with detectable HPV suggests that infection with HPV is a necessary cause of anal cancer, similar to that of cervical cancer. Increases in the prevalence of exposures, such as cigarette smoking, anal intercourse, HPV infection, and the number of lifetime sexual partners, may account for the increasing incidence of anal cancer in men and women.


BACKGROUND: Human papillomavirus (HPV)-associated anogenital malignancies occur frequently in patients with human immunodeficiency virus (HIV) infection and the acquired immunodeficiency syndrome (AIDS). The purpose of our study was to determine if the high frequency of these cancers is due to lifestyle factors associated with both HPV and HIV infections or to immunosuppression following HIV infection. METHODS:
We studied invasive and in situ HPV-associated cancers among 309,365 U.S. patients with HIV infection/AIDS (257,605 males and 51,760 females) from 5 years before the date of AIDS onset to 5 years after this date. Sex-, race-, and age-standardized ratios of observed-to-expected cancers served as measures of relative risk (RR). Trend tests were used to evaluate changes in the RRs during the 10 years spanning AIDS onset. All statistical tests were two-sided. RESULTS: All HPV-associated cancers in AIDS patients occurred in statistically significant excess compared with the expected numbers of cancers. For in situ cancers, overall risks were significantly increased for cervical (RR = 4.6; 95% confidence interval [CI] = 4.3-5.0), vulvar/vaginal (RR = 3.9; 95% CI = 2.0-7.0), anal (in females, RR = 7.8 [95% CI = 0.2-43.6]; in males, RR = 60.1 [95% CI = 49.2-72.7]), and penile (RR = 6.9; 95% CI = 4.2-10.6) cancers, and RRs increased during the 10 years spanning AIDS onset for carcinomas in situ of the cervix (P: for trend <.001), vulva/vagina (P: for trend =.04), and penis (P: for trend = .04). For invasive cancers, overall risks were significantly increased for cervical (RR = 5.4; 95% CI = 3.9-7.2), vulvar/vaginal (RR = 5.8; 95% CI = 3.0-10.2), and anal (RR = 6.8; 95% CI = 2.7-14.0) cancers in females and for anal (RR = 37.9; 95% CI = 33.0-43.4), penile (RR = 3.7; 95% CI = 2.0-6.2), tonsillar (RR = 2.6; 95% CI = 1.8-3.8), and conjunctival (RR = 14.6; 95% CI = 5.8-30.0) cancers in males. However, RRs for invasive cancers changed little during the 10 years spanning AIDS onset. CONCLUSIONS: HPV-associated malignancies occur at increased rates in persons with HIV/AIDS. Increasing RRs for in situ cancers to and beyond the time of AIDS onset may reflect the gradual loss of control over HPV-infected keratinocytes with advancing immunosuppression. However, the lack of a similar increase for invasive HPV-associated cancers suggests that late-stage cancer invasion is not greatly influenced by immune status.


Homosexual men are at high risk of anorectal human papillomavirus (HPV) infection, HPV-related anal cancer, and precancer, conditions known to increase with immunosuppression. The relationship between anal HPV infection, human immunodeficiency virus (HIV) infection, and immunosuppression was studied in homosexual men seen at a sexually transmitted disease clinic. History or presence of warts on rectal examination, and detection of anorectal HPV DNA were each significantly associated with HIV seropositivity after adjusting for age, previous sexual behavior, and cultural or serologic evidence of other sexually transmitted diseases, including those previously identified as risk factors for acquisition of HIV infection. Decreased mean levels of T4 lymphocytes were significantly associated with the detection of anal HPV DNA. Prospective studies are needed to determine incidences of anal HPV
infection and cancer among HIV-seropositive and -seronegative mean and to determine the temporal relationship of these infections to one another.


Certain types of the human papillomavirus (HPV) are sexually transmitted and cause genital warts and cervical neoplasia. Little is known about the epidemiology of HPV among women who have sex with women (WSW), but recent research using amplified techniques for HPV DNA strongly suggests that HPV is sexually transmitted between female sex partners. In a pilot study of 149 WSW in Seattle, Washington, prevalence of HPV as detected by DNA amplification assay was 30%, and was 19% among women reporting no prior sex with men. Although most cervical cancer can be prevented with Pap smear screening by detection of squamous epithelial lesions (SIL), some data suggest that the frequency of Pap smear screening is suboptimal in WSW. Reasons for this are unclear, but may include perceptions by patients and providers that WSW are not at risk for many STD and, by extension, cervical cancer. In our study, WSW who reported no prior sex with men had routine Pap smear screening less frequently than the comparative group, and had a prevalence of SIL of 14%. Combined with the work of other investigators, these data strongly suggest that current recommendations for Pap smear screening among WSW should not differ from those for heterosexual women. WSW and their providers should understand that sex between women may confer a risk of HPV transmission; risk of transmission of other STD, including HIV, deserves further study.


OBJECTIVES: The purpose of this study was to examine frequency of and attitudes toward Papanicolaou (Pap) test screening in women who have sex with women (WSW) and to determine prevalence of genital human papillomavirus (HPV). METHODS: Women were eligible if they reported having engaged in sex with another woman in the preceding year Medical and sexual histories were obtained. Cervical specimens for Pap tests and cervical and vaginal specimens for HPV DNA testing were collected. RESULTS: HPV DNA was detected in 31 of 248 WSW (13%). Women who had never had sex with men were less likely to have undergone pelvic examinations and had fewer recent Pap tests. Reasons for not undergoing Pap tests included lack of insurance, previous adverse experiences, and belief that Pap tests were unnecessary. CONCLUSIONS: Despite the occurrence of genital HPV, WSW do not receive adequate Pap test screening. Pap test screening
recommendations should not differ for WSW, regardless of sexual history with men.


Genital infection with human papillomavirus (HPV), as determined by polymerase chain reaction detection of HPV DNA and prevalence of HPV-6 and -16 serum antibodies, was investigated in 149 women who were sexually active with women. By use of HPV L1 consensus primers and hybridization to types 6/11, 16, 18, 31/33/35/39, and 45 and a generic probe, HPV DNA was detected in 30% of subjects; of these, 20% had type 31/33/35/39, 18% had type 16, and 2% had type 6/11. Of 21 subjects reporting no prior sex with men, HPV DNA was detected in 19% and squamous intraepithelial lesions in 14%. By capture ELISA with HPV-6 and -16 L1 capsids, 47% of subjects were seropositive for HPV-16 and 62% for HPV-6. Current smoking was associated with detectable HPV DNA. Genital HPV infection and squamous intraepithelial lesions are common among women who are sexually active with women and occur among those who have not had sex with men.


Sexual transmission of human papillomavirus between women has been postulated on the basis of reports of abnormal Papanicolaou smears in women who reported no prior sex with men and by studies using amplified deoxyribonucleic acid technology for human papillomavirus detection. To review the current knowledge of the epidemiology of human papillomavirus and the Papanicolaou smear screening practices among women who have sex with women, studies were identified from a search of the MEDLINE database from January 1980-June 1999. Several factors, including prior or concurrent sex with men and sexual behaviors between women, validate the possibility of human papillomavirus infection among women who have sex with women, and data support that human papillomavirus transmission also occurs. Limited data indicate that the frequency of routine Papanicolaou smear screening among women who have sex with women may be suboptimal relative to heterosexual women. Education of women who have sex with women and the providers of their health care should counter any assumptions that sex between women confers no risk of human papillomavirus transmission. Women who have sex with women should receive Papanicolaou smear screening in accord with current guidelines.

Little is known about the epidemiology of anal human papillomavirus (HPV) infection in women. We studied 251 human immunodeficiency virus (HIV)-positive and 68 HIV-negative women for the presence of anal HPV by use of polymerase chain reaction (PCR) and hybrid capture. Medical and behavioral risk factors were evaluated; 76% of HIV-positive and 42% of HIV-negative women were found to have anal HPV DNA via analysis by PCR (relative risk [RR], 1.8; 95% confidence interval [CI], 1.3-2.5). Among 200 women for whom there were concurrent anal and cervical HPV data, anal HPV was more common than cervical HPV in both HIV-positive (79% vs. 53%) and HIV-negative women (43% vs. 24%). By multivariate analysis of HIV-positive women, CD4(+) cell counts <200 cells/mm(3), compared with counts >500 cells/mm(3) (RR, 1.4; 95% CI, 1.1-1.5), and cervical HPV infection (RR, 1.3; 95% CI, 1.1-1.4) were associated with anal HPV infection. Women >45 years old had reduced risk, compared with women <36 years old (RR, 0.80; 95% CI, 0.50-0.99), as did African American women (RR, 0.86; 95% CI, 0.72-1.0), compared with white women. Anal HPV infection is underrecognized in HIV-positive and high-risk HIV-negative women.


BACKGROUND AND OBJECTIVE: Infection with human immunodeficiency virus (HIV) increases the risk for human papillomavirus (HPV)-associated genital neoplasia. Human immunodeficiency virus-infected patients also have higher rates of treatment failure and more rapid neoplastic progression. Impaired immune function does not entirely explain these clinical observations. This pilot project was designed to investigate the hypothesis that HIV infection is associated with changes in HPV type and integration within anogenital lesions that could explain the increased risk of neoplastic progression. METHODS: Anal neoplastic lesions from patients with and without HIV infection were analyzed for the presence, type, and integration status of HPV by colorimetric in situ hybridization. Tissue localization of HIV was evaluated by p24 immunohistochemistry and HIV-1 DNA polymerase chain reaction. Results for matched histology were compared for the two patient groups.

RESULTS: For all lesions, the presence of high-risk HPV types and multiple HPV types was strongly associated with HIV infection (P = .003 and .0003, respectively). For lesions with matched histology there was no association of HPV integration with HIV status. Tissue localization of HIV did not significantly influence HPV type or integration. CONCLUSIONS: The presence of high-risk HPV types and multiple types within low-grade lesions may explain the increased risk of neoplastic progression in HIV patients. Colocalization of HIV and HPV does not appear to be required for this effect. There is no evidence that HPV integration is influenced by HIV infection.


Evidence of human papillomavirus (HPV) can be found in up to 85 per cent of anal carcinomas. In the vulva, a discrete subset of HPV-positive carcinomas which show koilocytic morphology and distinct clinical features has recently been identified (warty carcinoma). The morphological and prognostic features of HPV-positive and HPV-negative anal carcinomas were compared in this study of the tumour distribution of HPV DNA. Vulval and anal neoplasia are similar in many ways and we have also looked to see if their similarity extends to 'warty' morphology in relation to HPV status. Thirty-five resection specimens of anal carcinoma were examined with biotin-labelled probes for HPV 6, 11, 16, and 18 DNA, using a non-isotopic in situ hybridization (ISH) technique. No tumour was found to contain HPV 6, 11, or 18. Twenty-four (72 per cent) showed positivity for HPV 16 DNA. Staining was homogeneous and independent of local squamous, basaloid, or ductal differentiation. The majority of tumours showed staining suggestive of episomal, non-productive HPV infection. HPV-positive tumours were more likely to occur in the anal canal than
perianally and to show a mixed squamous and basaloid appearance. No difference between the two groups was found in patient age, presence of adjacent dysplasia, ductal differentiation, or prognosis. There was no correlation between condylomatous tumour morphology and HPV 16 DNA positivity; thus, a subset equivalent to vulval warty carcinoma could not be identified.

**Infectious Diseases (general/other) (ID)**


These guidelines for the treatment of patients who have sexually transmitted diseases (STDs) were developed by the Centers for Disease Control and Prevention (CDC) after consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta on September 26-28, 2000. The information in this report updates the 1998 Guidelines for Treatment of Sexually Transmitted Diseases (MMWR 1998;47 [No. RR-1]). Included in these updated guidelines are new alternative regimens for scabies, bacterial vaginosis, early syphilis, and granuloma inguinale; an expanded section on the diagnosis of genital herpes (including type-specific serologic tests); new recommendations for treatment of recurrent genital herpes among persons infected with human immunodeficiency virus (HIV); a revised approach to the management of victims of sexual assault; expanded regimens for the treatment of urethral meatal warts; and inclusion of hepatitis C as a sexually transmitted infection. In addition, these guidelines emphasize education and counseling for persons infected with human papillomavirus, clarify the diagnostic evaluation of congenital syphilis, and present information regarding the emergence of quinolone-resistant *Neisseria gonorrhoeae* and implications for treatment. Recommendations also are provided for vaccine-preventable STDs, including hepatitis A and hepatitis B.


Research has focused on the link between sexual activity, viral infection and cervical cancer. However, a parallel situation can be seen with anal cancer. Although less common than cervical cancer, anal cancer is a significant problem among certain groups. In the male homosexual population it occurs in 35 out of every 100,000 men, a figure comparable with the rate of cervical cancer in women before cervical screening
programmes were instigated (Klenke and Palefsky, 2003). This article discusses the pathology, incidence and management of the disease and considers the role of viruses in its development, specifically human papilloma virus (HPV) and human immunodeficiency virus (HIV).


BACKGROUND: The incidence of anal cancer has increased in recent decades, particularly among women. To identify underlying risk factors, we conducted a population-based case-control study in Denmark and Sweden. METHODS: We conducted telephone interviews with 324 women and 93 men in whom invasive or in situ anal cancer was diagnosed between 1991 and 1994, 534 controls with adenocarcinoma of the rectum, and 554 population controls. The interviews covered a wide spectrum of possible risk factors for anal cancer. Odds ratios were calculated by logistic regression. Specimens of anal-cancer tissue and samples of rectal adenocarcinomas were tested for human papillomavirus (HPV) DNA with the polymerase chain reaction. RESULTS: Multivariate analysis revealed consistent and statistically significant associations between measures of sexual promiscuity and the risk of anal cancer in both men and women. There was a significant trend toward an association between higher numbers of partners of the opposite sex in women (P<0.001) and men (P<0.05) and strong associations with a variety of venereal diseases. In women, receptive anal intercourse, particularly before the age of 30 years, and venereal infections in the partner were also associated with an increased risk (odds ratios, 3.4 and 2.4, respectively). Fifteen percent of the men with anal cancer reported having had homosexual contact, as compared with none of the controls (P<0.001). High-risk types of HPV, notably HPV-16, were detected in 84 percent of the anal-cancer specimens examined, whereas all rectal adenocarcinoma specimens tested were negative for HPV. CONCLUSIONS: Our study provides strong evidence that a sexually transmitted infection causes anal cancer. The presence of high-risk types of HPV, notably HPV-16 (which is known to cause cancer of the cervix), in the majority of anal-cancer tissue specimens suggests that most anal cancers are potentially preventable.


CONTEXT: Sexually transmitted diseases (STDs) can be spread between female sex partners, probably through the exchange of cervicovaginal fluid and direct mucosal contact. Additionally, lesbians have a high prevalence of bacterial vaginosis, which may represent an STD in this population. However, few data on sexual practices or perceived STD risk among
lesbians are available to guide development of interventions aimed at reducing the risk. METHODS: To inform the development of a safer-sex intervention for women who have sex with women, focus group discussions were conducted with 23 lesbian and bisexual women aged 18-29. Topics included sexual practices, STD transmission and prevention, and knowledge about bacterial vaginosis. RESULTS: Although six participants had had bacterial vaginosis and three an STD, women reported little use of preventive measures with female partners (washing hands, using rubber gloves and cleaning sex toys). Participants said that vaginal penetrative practices using sex toys and fingers or hands are common, and that partners frequently share sex toys during a sexual encounter, generally without condoms. Knowledge of potential for STD transmission between women, and of bacterial vaginosis, was limited. Participants viewed use of barrier methods (gloves or condoms) as acceptable, provided that there is a reason (usually STD-focused) to use them and that they are promoted in the context of sexual health and pleasure. CONCLUSIONS: Safer-sex messages aimed at lesbian and bisexual women should emphasize the plausibility of STD transmission between women, personal responsibility and care for partners' well-being; should target common sexual practices; and should promote healthy sexuality.


BACKGROUND: Although human herpesvirus 8 (HHV-8) has been suspected to be the etiologic agent of Kaposi's sarcoma, little is known about its seroprevalence in the population, its modes of transmission, and its natural history. METHODS: The San Francisco Men's Health Study, begun in 1984, is a study of a population-based sample of men in an area with a high incidence of human immunodeficiency virus (HIV) infection. We studied all 400 men infected at base line with HIV and a sample of 400 uninfected men. Base-line serum samples were assayed for antibodies to HHV-8 latency-associated nuclear antigen (anti-LANA). In addition to the seroprevalence and risk factors for anti-LANA seropositivity, we analyzed the time to the development of Kaposi's sarcoma. RESULTS: Anti-LANA antibodies were found in 223 of 593 men (37.6 percent) who reported any homosexual activity in the previous five years and in none of 195 exclusively heterosexual men. Anti-LANA seropositivity correlated with a history of sexually transmitted diseases and had a linear association with the number of male sexual-intercourse partners. Among the men who were infected with both HIV and HHV-8 at base line, the 10-year probability of Kaposi's sarcoma was 49.6 percent. Base-line anti-LANA seropositivity preceded and was independently associated with subsequent Kaposi's sarcoma, even after adjustment for CD4 cell counts and the number of homosexual partners. CONCLUSIONS: The prevalence of HHV-8 infection is high among homosexual men, correlates
with the number of homosexual partners, and is temporally and independently associated with Kaposi's sarcoma. These observations are further evidence that HHV-8 has an etiologic role in Kaposi's sarcoma and is sexually transmitted among men.


Venereal disease in the male homosexual population has been well studied, but little information is available about venereal disease in lesbians. A screening of 148 sexually active lesbians revealed no cases of syphilis, cervical gonorrhea, herpes simplex virus, or Chlamydia trachomatis infections. Cervical atypia, ranging from mild dysplasia to carcinoma in situ, was detected in four women (2.7%). This group of lesbians had a longer mean interval between routine Papanicolaou smears (21 months) than did other women using the same clinic facility (eight months). Results indicate that routine screening for venereal disease may not be cost-effective in a lesbian population, but routine Papanicolaou smears should be encouraged.

**Donor Insemination (Insem)**


Although a variety of ways exist of becoming a lesbian mother, an increasing number of lesbian couples have began to visit fertility centres requesting donor insemination (DI). The practice of inseminating lesbian couples remains a controversial issue within the reproductive medicine world. Lesbian mothers offer their children a familial context, which differs on a number of important characteristics from the traditional heterosexual family. In lesbian families, a father has been absent right from the start, and the child is raised by two mothers. The present article reviews whether there is any theoretical and/or empirical evidence for the most common assumptions with regard to lesbian motherhood. It also reports on a number of studies in which the practice of counselling lesbian couples is discussed. Although many important research questions have yet to be addressed, none of the investigations carried out so far could identify an adverse effect of lesbian motherhood on child development. Counselling lesbian couples for DI should aim to provide information about the practical aspects of the treatment. The requests of lesbian couples, however, differ substantially from those of single mothers and heterosexual couples. Counsellors should respect these differences and focus upon the specific living conditions of lesbian families.

Fertility centres are increasingly involved in dealing with requests from lesbian couples for donor insemination (DI). Data were collected on 95 Belgian lesbian couples who applied for DI. The majority of couples were well integrated in a social environment (family, friends and work) that consisted mainly of heterosexuals. They tended to be open about their homosexuality and most couples considered the social environment to be tolerant towards their homosexual orientation. Couples who considered alternatives to DI would have liked to have had more information on the donor and were more inclined to introduce a 'godfather' who would take special interest in the child. Couples who considered DI to be the best solution considered the absence of a father to be less of a problem for the child and wished to have no information at all as regards the donor. Approximately half the couples considered their family a two-mother unit. For the other couples, the family unit consisted of a mother and her partner who shared parental responsibility for the child equally. The issues that are considered important to cope with and on which lesbian couples should be counselled are presented in the discussion.


This study investigated the development of family relationships in lesbian families who conceived after donor insemination (DI). The main characteristics of this unknown family structure were analysed. An anonymous donor was used to conceive, the family unit consisted of two mothers and a father was non-existent, and both women had a homosexual orientation. A total of 50 lesbian couples who conceived after DI with children aged between 1 and 2 years participated in this study, using a standardized interview created for this study. After the birth of their child, 56% of the lesbian mothers (n = 100) would have wanted the identity of the donor to be registered, while 10% would have done so at the time of the insemination. Opinions differed in 12 of the 50 couples: the biological mother was in favour of identity registration while the social mother was not. Both women considered themselves a parent of the child with equally shared responsibilities. Mothers were open about the special features of their family structure with children and within their immediate social network. Only 30% disclosed their lesbian identity in a broader social environment. The features of these newly created families may influence the psychological development of the children and therefore make long-term follow-up studies indispensable.

Findings are presented of a comparative study investigating the family relationships and the emotional and gender development of children raised in lesbian mother families. A total of 30 lesbian mother families with 4-8 year old children created as a result of donor insemination (DI) were compared with 38 heterosexual families with a DI child and with 30 heterosexual families who had a naturally conceived child. A variety of assessment measures, including a standardized interview and questionnaires from the parents and psychological testing of the child were used to collect the data. The quality of the couples' relationships and the quality of the mother-child interaction did not differ between lesbian mother families and either of the heterosexual family groups. The quality of the interaction between the social mother and the child in lesbian families was superior to that between the father and the child in both groups of heterosexual families. Children's own perception of their parents was similar in all family types; the social mother in lesbian families was regarded by the child to be as much a 'parent' as the father in both types of heterosexual families. With regard to their emotional/behavioural development, boys and girls raised in lesbian mother families were well adjusted and their gender role development did not differ from that of children raised in heterosexual families. These results indicate that child and family development in lesbian mother families is similar to that of heterosexual families.


This study examined the relations among family structure (e.g., number of parents, parental sexual orientation), family process (e.g., parents' relationship satisfaction, interparental conflict), and the psychological adjustment of children who had been conceived via donor insemination. The 80 participating families, all of whom had conceived children using the resources of a single sperm bank, included 55 families headed by lesbian and 25 families headed by heterosexual parents. Fifty families were headed by couples and 30 by single parents. Participating children averaged 7 years of age. Results showed that children were developing in normal fashion, and that their adjustment was unrelated to structural variables such as parental sexual orientation or the number of parents in the household. These results held true for teacher reports as well as for parent reports. Variables associated with family interactions and processes were, however, significantly related to indices of children's adjustment. Parents who were experiencing higher levels of parenting stress, higher levels of interparental conflict, and lower levels of love for each other had children who exhibited more behavior problems.


OBJECTIVE: To compare single women, lesbian couples, and heterosexual couples receiving therapeutic donor insemination (TDI). DESIGN: Chart review followed by anonymous mail questionnaires to donor insemination recipients and their partners. SETTING: Infertility clinic in a university hospital. PATIENTS: One hundred fifteen women receiving donor insemination were identified by chart review. RESULTS: Too few single women responded for reliable comparison. Lesbian women were similar to married women in age, education, duration, and outcome of donor insemination. When considering alternatives to TDI, married women were more likely to consider adoption and lesbians were most likely to consider using a known semen donor or having intercourse with a man aware of their desire to have a child. Married couples were less likely to tell others, including the child, about conception by donor insemination. They were also less likely to support disclosing identifying data about the donor to the child. Lesbians were more likely to report stress in their relationships as a result of TDI. Married men were most likely to support mandatory counseling before TDI initiation.

**Intersex (Int)**


Following the publication of our article about a classic case of sex reassignment, the media attention was rapid and widespread, as was the reaction of many clinicians. Some wanted to comment or ask questions, but many contacted us directly or indirectly, asking for specific guidelines on how to manage cases of traumatized or ambiguous genitalia.

The appearance of the external genitalia is the major determinant of the social sex, which is announced at or shortly after birth. In the absence of normal development of the external genitalia, definitive gender assignment and its announcement have to be postponed. While over the past 20 years the pathogenesis of most disorders causing abnormal development of the genitalia have been elucidated, our knowledge regarding the impact of these defects upon the psychosexual development is rather rudimentary. This information, however, is needed not only to establish criteria for correct sex assignment but also to design relevant outcome studies. Culture is an important part of the context in which decisions are made on sex assignment of patients with abnormalities of the external genitalia. Cultural differences in dealing with intersexuality and intersex individuals not only influences the patient's own psychosexual development but also medical decisions regarding sex assignment and consecutive management. There is evidence that attitudes concerning gender and sexuality, including the acceptance of intersexuality, differ significantly between various cultures. Thus cross-cultural studies might allow a new approach in dealing with intersexed persons, their families, and their social background, a most important aspect considering the recent discussions and criticisms of patients and individuals affected with intersex disorders.


BACKGROUND: The effects on sexual function of surgical removal of parts of the clitoris are unknown. For infants with intersex conditions and ambiguous genitalia being raised female, this surgery is often undertaken in early childhood. Our aim was to assess the effects of surgery on sexual outcome in this population. METHOD: We did a cross-sectional study to which we recruited 39 adults who had intersex conditions with ambiguous genitalia who were living as female from clinical (n=15) and peer-support (n=24) settings. We obtained data by use of a postal questionnaire, incorporating a validated sexual function assessment inventory. We also obtained hospital notes of 36 respondents who did not want to remain anonymous, and did genital examinations of 19 women. We assessed sexual problems in relation to surgical history and compared the results for our population to those of a healthy control group. FINDINGS: Of the 39 individuals enrolled, 28 had been sexually active and all had sexual difficulties. The 18 women who had undergone clitoral surgery had higher rates of non-sensuality (78%) and of inability to achieve orgasm (39%) than did the ten who had not had surgery (20% [p=0.002] and 0% [p=0.03], respectively). INTERPRETATION: Sexual function could be compromised by clitoral surgery. Debate on the ethics of the use of this surgery in children should be promoted and further multicentre research is
needed to ensure representative samples and comprehensive outcome assessment. Meanwhile, parents and patients who consent to clitoral surgery should be fully informed of the potential risks to sexual function.

**Intimate Partner Violence (IPV)**


Empirical literature about same-gender domestic violence was relatively nonexistent until the past 20 years, and conducting research with this population about a sensitive topic remains a daunting endeavor. Existing studies reveal similarities between opposite-and same-gender domestic violence in prevalence, types of abuse, and various dynamics, as well as dispel myths and establish a theoretical basis on which to conduct future research. Differences are evident in areas such as help-seeking behaviors and correlates, thus demanding unique assessment and intervention strategies. This article presents further explanation of the latest research, recommendations for future studies, and effective as well as problematic methodological practices about same-gender domestic violence.


**Medicalization & “Treatment” of Homosexuality (Med)**


This paper discusses aspects of the aetiology and treatment of male homosexuality, a topic that has become quite controversial in recent years. The paper is based on material from the author's patients, and also notes the contributions of others. In spite of many reports of successful treatment outcomes, some people continue to deny such results. This paper confirms that such patients can indeed be understood and treated successfully. A possible aetiological factor that has not been mentioned before in the literature is discussed, namely, the abortion of a pregnancy caused by the male patient that may have led to his "coming out" or declaring his homosexuality. Three main conclusions are reached. First, that some people who have had homosexual fantasies, behaviors, or identified themselves as homosexual, can become comfortably and fulfillingy heterosexual with psychotherapeutic treatment. Second, that human sexuality is not rigidly compartmentalized into either hetero- or homosexuality but varies on a continuous spectrum, and is affected in any individual by psychodynamic influences. Third, that before "coming out," young people, especially teenagers, should have the opportunity to explore their sexual identity with a psychodynamically oriented psychotherapist.


**OBJECTIVE:** To investigate the experiences of professionals who administered and evaluated treatments for homosexuality in Britain since the 1950s. **DESIGN:** A nationwide study based on qualitative interviews. **PARTICIPANTS:** 30 health professionals who developed and practised treatments for homosexuality. **RESULTS:** A range of treatments were developed to make homosexuals into heterosexuals, the most common of which were behavioural interventions. Treatments were based on little
evidence of effectiveness and were open to the criticism that legal or social pressures coerced patients. Treatments did not become mainstream within British mental health services. With hindsight, professionals realised that they had not appreciated the influence of social context on sexual behaviour. Most now regarded same sex attraction as compatible with psychological health, although a small minority considered that the option to try to become heterosexual should still be available to patients who desire it. CONCLUSIONS: Social and political assumptions sometimes lie at the heart of what we regard as mental pathology and serve as a warning for future practice.


OBJECTIVES: To investigate the circumstances since the 1950s in which people who were attracted to members of the same sex received treatments to change their sexual orientation, the referral pathway and the process of therapy, and its aftermath. DESIGN: A nationwide study based on qualitative interviews. PARTICIPANTS: 29 people who had received treatments to change their sexual orientation in the United Kingdom and two relatives of former patients. RESULTS: Most participants had been distressed by their attraction to their own sex and people in whom they confided thought they needed treatment. Although some participants chose to undergo treatments instead of imprisonment or were encouraged through some form of medical coercion, most were responding to complex personal and social pressures that discouraged any expression of their sexuality. While many participants found happiness in same sex relationships after their treatment, most were left feeling emotionally distressed to some degree. CONCLUSION: The definition of same sex attraction as an illness and the development of treatments to eradicate such attraction have had a negative long term impact on individuals.

Crystal Methamphetamine Use (Meth)


The current report examined HIV-related high risk sexual behaviors among a small sample of gay and bisexual male methamphetamine abusers in Los Angeles. Participants were 16 methamphetamine-abusing or -dependent gay or bisexual males who participated in a treatment demonstration project between 1989 and 1993. All participants completed the NIDA/WAVE survey, a detailed inventory of HIV-related risk behaviors. Findings indicate a strong connection between methamphetamine abuse and high-risk sexual behavior. For the 12 months prior to treatment 62.5% of participants reported having anal insertive sex without a condom, and 56.3% reported having sex with someone who had HIV. Drug use before
or during sex, measured on a 5-point Likert scale, was frequent (M = 4.27, SD = 0.7). Implications for treatment of gay and bisexual male methamphetamine abusers and prevention of HIV among this population are discussed.


Kurtz, S. P. (2005). "Post-circuit blues: motivations and consequences of crystal meth use among gay men in Miami." *AIDS Behav* **9**(1): 63-72. Miami, Florida was at the vanguard of the rise of circuit parties and attendant club drug use—especially ecstasy, GHB, and ketamine—through the 1990s. Crystal methamphetamine, a drug of abuse among gay men for some years on the West coast, gradually moved east toward the end of the decade and recently became prevalent in Miami. This paper reports the results of focus group research into the motivations and consequences of crystal use among gay men in this new setting. Loneliness, fears about physical attractiveness due to aging and illness, and desires to lose sexual inhibitions were common motivations for using the drug. Continued use of crystal was often described as the cause of lost friendships, employment and long-term relationships, as well as sexual behaviors that put men at risk for HIV and other sexually transmitted infections. Implications for drug and sexual risk prevention interventions are discussed.

Larkins, S., C. J. Reback, et al. (2005). "Methamphetamine-dependent gay men’s disclosure of their HIV status to sexual partners." *AIDS Care* **17**(4): 521-32. Disclosure of one’s HIV status to a potential sexual partner has important HIV prevention implications. This paper qualitatively evaluates the social and sexual contexts that influence disclosure of HIV status among methamphetamine-dependent gay men enrolled in an outpatient drug treatment research program. As part of an open-ended, semi-structured interview, 34 HIV-positive and HIV-negative men discussed how, when, to whom and under what circumstances they reveal information about their HIV status. The four factors that influence participants' decision to disclose include: (1) an HIV-negative sexual partner’s disclosure; (2) sexual venue (private versus public); (3) primary versus non-primary partner; and (4) the perceived risk of the sexual act. Sexual encounters among the men in this sample often occurred in public environments with non-primary partners, and involved use of illicit substances. In these social and sexual contexts, both HIV-positive and HIV-negative participants believed that it is HIV-negative rather than HIV-positive men who should initiate safer sex dialogue and safer sex practices. Findings are helpful in crafting HIV-
prevention interventions targeting substance-using gay men whose sexual practices place them at high-risk for HIV-infection.


OBJECTIVES: To analyze temporal trends in drug use and the relationship between drug use before or during sex and unprotected intercourse among a sample of young gay and bisexual men. METHODS: Data were obtained from cross-sectional surveys of 9 annual cohorts. Respondents were 877 13- to 21-year-old gay and bisexual male volunteers. Trends in the use of substances before or during sex were analyzed. Univariate and multivariate measures of the association between substance use before or during sex and unprotected anal intercourse were calculated. RESULTS: Between 1994 and 1997, the use of marijuana, cocaine, amphetamines, and mean scores on a measure of overall drug use severity increased significantly in a sample of young gay and bisexual men. Significant univariate associations were found between drug use before or during sex and unprotected anal intercourse for the following substances: alcohol, marijuana, cocaine, amphetamines, barbiturates, heroin, LSD, volatile nitrites, tranquilizers, and methaqualone. In multivariate analyses, however, only cocaine use predicted failure to use condoms during anal intercourse. CONCLUSION: Although amphetamine and other drug use increased among young gay and bisexual men, only cocaine use was a significant, independent predictor of the failure to use condoms during anal intercourse.


Methamphetamine (MA) abuse is increasing to epidemic proportions, both nationally and globally. Chronic MA use has been linked to significant impairments in different arenas of neuropsychological function. To better understand this issue, a computerized literature search (PubMed, 1964-2004) was used to collect research studies examining the neurobiological and neuropsychiatric consequences of chronic MA use. Availability of MA has markedly increased in the United States due to recent technological improvements in both mass production and clandestine synthesis, leading to significant public health, legal, and environmental problems. MA intoxication has been associated with significant psychiatric and medical comorbidity. Research in animal models and human subjects reveals complicated mechanisms of neurotoxicity by which chronic MA use affects
catecholamine neurotransmission. This pathology may underlie the characteristic cognitive deficits that plague chronic MA users, who experience impairments in memory and learning, psychomotor speed, and information processing. These impairments have the potential to compromise, in turn, the ability of MA abusers to engage in, and benefit from, psychosocially based chemical-dependency treatment. Development of pharmacological interventions to improve these cognitive impairments in this population may significantly improve the degree to which they may be able to participate in treatment. Atypical antipsychotics may have some promise in this regard.


Retrospective reports suggest that chronic use of methamphetamine is associated with a prolonged abstinence syndrome; however, there are no prospective studies confirming this. Nineteen non-treatment-seeking methamphetamine-dependent volunteers participated in a study of mood during initial abstinence. Moderate levels of depression were reported during the first several days of abstinence, with minimal levels reported thereafter. The most prominent symptoms were anhedonia, irritability, and poor concentration. The abstinence syndrome associated with methamphetamine dependence varied considerably in intensity and duration but generally was mild and resolved quickly for most individuals.


Previous research has documented an association between methamphetamine (meth) use and high-risk sex among HIV- men who have sex with men (MSM); however, little is known about the sexual risk behaviors of HIV+ meth-using MSM. The purpose of this study was to explore personal motivators of meth use among HIV+ MSM, and to elaborate upon the interaction between meth use and risky sex. Thematic analysis of qualitative data from 25 HIV+ MSM revealed meth use was associated with high rates of anal sex, low rates of condom use, multiple sex partners, sexual marathons, and anonymous sex. Personal motivations associated with meth use included: sexual enhancement; and self-medication of negative affect associated with HIV+ serostatus. A variety of treatment approaches are used to describe how client insights into motivations can be used by clinicians to promote change in drug use and sexual risk behavior.

This study compared the social and behavioral characteristics of binge users and nonbinge users of methamphetamine (meth) in a sample of 90 HIV-positive men who have sex with men. Forty-one participants (46%) self-identified as a binge user. Meth binges ranged from 2 to 33 days (mean = 5.6), and average consumption was 3.1 grams. Binge users were significantly more likely than nonbinge users to be ethnic minority and to have lower education. The two groups did not differ in terms of the total amount of meth used in the past 30 days; however, binge users reported significantly more social difficulties, more mental and physical health problems, and more sexual risk behaviors as compared with nonbinge users. The findings are discussed in relation to drug treatment approaches and the development of behavioral interventions.


There is a paucity of research on the psychosocial and behavioral characteristics of individuals who inject methamphetamine (meth). The present study compared injection and non-injection users of meth in terms of background characteristics, drug use patterns, health and social problems, sexual risk behavior, and psychosocial factors. The sample consisted of 194 HIV+Men who have Sex with Men (MSM) who were enrolled in a sexual risk reduction intervention for meth users. Men who injected meth were significantly more likely to be Caucasian, bisexual, homeless, divorced/separated, with lower educational attainment as compared to non-injectors. Injectors also reported more years of meth use, greater frequency and amount of meth use, more social and health problems, including higher prevalence of STDs and Hepatitis C, and more sexual risk behaviors. In terms of psychosocial factors, injection users of meth scored significantly higher on measures of impulsivity and experiences of rejection, and lower on a measure of emotional support. A multivariate logistic regression revealed that educational attainment and experiences of rejection were the factors that best discriminated between injection and non-injection users of meth. The unique characteristics of injection meth users are discussed in relation to the development of effective HIV prevention programs for the target population.

Methamphetamine, a drug used at alarming rates among gay/bisexual males in the West, is often combined with sexual activities, thereby increasing HIV-related risks in an already high-risk group. Findings from 68 gay/bisexual men seeking treatment for methamphetamine dependence in Hollywood, California were analyzed to predict HIV serostatus based on demographic, drug use, or sexual behavior variables. Results showed that more HIV-infected participants than non-infected men reported medical problems (97.6% versus 46.2%; $X^2 = 24.7$, df = 1, $p < .0001$), histories of genital gonorrhea (59.5% versus 26.9%; $X^2 = 6.9$, df = 1, $p < .01$), use of injection methods (45.2% versus 19.2%; $X^2 = 4.8$, df = 1, $p < .03$), and more sexual partners with unprotected receptive anal intercourse in the 30 days prior to intake (5.9 versus 0.7; separate $t = 3.5$, df = 43.7, $p < .001$). More non-infected participants (19.2%) reported suicidal thoughts than HIV-infected men (0%; $X^2 = 4.8$, df = 1, $p < .03$). Discriminant function analysis correctly classified 74.6% of cases into serostatus groupings based on presence of suicidal thoughts, history of gonorrhea, number of sexual partners with unprotected receptive anal intercourse and prior methamphetamine treatment. Findings provide information that may prove helpful in tailoring culturally relevant treatment and prevention messages.


BACKGROUND: Methamphetamine-dependent gay and bisexual men (GBM) are at high risk for HIV transmission, largely due to drug-associated sexual risk behaviors. This project evaluated the efficacy of four behavioral drug abuse treatments for reducing methamphetamine use and sexual risk behaviors among this population. METHODS: In this randomized controlled trial, 162 methamphetamine-dependent (SCID-verified) GBM in Los Angeles County were randomly assigned to one of four treatment conditions for 16 weeks: standard cognitive behavioral therapy (CBT, n=40), contingency management (CM, n=42), combined cognitive behavioral therapy and contingency management (CBT+CM, n=40), and a culturally tailored cognitive behavioral therapy (GCBT, n=40). Stimulant use was assessed thrice-weekly during treatment using urine drug screens (48 measures). Sexual risk behaviors were monitored monthly (four measures). Follow-up assessments were conducted at 6 (80.0%) and 12 months (79.9%). RESULTS: Statistically significant differences in retention ($F(3,158)=3.78$, $p<.02$), in longest period of consecutive urine samples negative for methamphetamine metabolites ($F(3,158)=11.80$, $p<.001$), and in the Treatment Effectiveness Score were observed by condition during treatment ($F(3,158)=7.35$, $p<.001$) with post hoc analyses showing the CM and CBT+CM conditions to perform better than standard CBT. GEE modeling results showed GCBT significantly reduced unprotected receptive anal intercourse (URAI) during the first 4
weeks of treatment (X²=6.75, p<.01). During treatment between-group differences disappeared at follow-up with overall reductions in outcomes sustained to 1-year. CONCLUSIONS: Among high-risk methamphetamine-dependent GBM, drug abuse treatments produced significant reductions in methamphetamine use and sexual risk behaviors. Drug abuse treatments merit consideration as a primary HIV prevention strategy for this population.


The Methamphetamine Treatment Project (MTP) offers the opportunity to examine co-occurring psychiatric conditions in a sample of 1016 methamphetamine users participating in a multisite outpatient treatment study between 1999-2001. Participants reported high levels of psychiatric symptoms, particularly depression and attempted suicide, but also anxiety and psychotic symptoms. They also reported high levels of problems controlling anger and violent behavior, with a correspondingly high frequency of assault and weapons charges. Findings continue to support the value of integrated treatment for co-occurring conditions, especially the importance of training counseling staff to handle psychotic symptoms when needed.

Mental Health (general/other) (MH)


This article presents demographic, lifestyle, and mental health information about 1,925 lesbians from all 50 states who participated as respondents in the National Lesbian Health Care Survey (1984-1985), the most comprehensive study on U.S. lesbians to date. Over half the sample had had thoughts about suicide at some time, and 18% had attempted suicide. Thirty-seven percent had been physically abused as a child or adult, 32% had been raped or sexually attacked, and 19% had been involved in incestuous relationships while growing up. Almost one third used tobacco on a daily basis, and about 30% drank alcohol more than once a week, 6% daily. About three fourths had received counseling at some time, and
half had done so for reasons of sadness and depression. Lesbians in the survey also were socially connected and had a variety of social supports, mostly within the lesbian community. However, few had come out to all family members and coworkers. Level of openness about lesbianism was associated with less fear of exposure and with more choices about mental health counseling.

Bradley, S. J., R. Blanchard, et al. (1991). "Interim report of the DSM-IV Subcommittee on Gender Identity Disorders." *Arch Sex Behav* **20**(4): 333-43. This article summarizes the discussions and recommendations of the DSM-IV Subcommittee on Gender Identity Disorders, a subcommittee of the Child Psychiatry Work Group, regarding diagnostic issues. The issues reviewed include placement in the nomenclature, the concept of a spectrum of gender dysphoria rather than discrete levels of symptomatology, criticisms of current diagnostic criteria, subtyping by sexual orientation, and proposed changes in diagnostic criteria for the current DSM-III-R diagnoses of Gender Identity Disorder of Childhood, Transsexualism, and Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type.

Cochran, S. D. (2001). "Emerging issues in research on lesbians' and gay men's mental health: does sexual orientation really matter?" *Am Psychol* **56**(11): 931-47. Theoretical writings and research suggest that the onset, course, treatment, and prevention of mental disorders among lesbians and gay men differ in important ways from those of other individuals. Recent improvements in studies of sexual orientation and mental health morbidity have enabled researchers to find some elevated risk for stress-sensitive disorders that is generally attributed to the harmful effects of antihomosexual bias. Lesbians and gay men who seek mental health services must find culturally competent care within systems that may not fully address their concerns. The affirmative therapies offer a model for intervention, but their efficacy and effectiveness need to be empirically documented. Although methodological obstacles are substantial, failure to consider research questions in this domain overlooks the welfare of individuals who may represent a sizable minority of those accessing mental health services annually.

morbidity associated with HIV infection have renewed interest in the prevalence of psychological distress in this population, particularly among gay men. These later studies have focused primarily on white men. However, research indicates higher crude prevalence rates of psychological distress in community-drawn samples of African American subjects than in white subjects and also higher rates in women than in men. The authors examined rates of depressive distress and suicidal thoughts among homosexually active African American men and women who might be especially at risk for psychiatric morbidity due to multiple stigmatized social statuses. METHOD: Two nationally recruited groups of homosexually active African Americans (829 men and 603 women) completed self-administered questionnaires, including the Center for Epidemiologic Studies Depression Scale. RESULTS: Homosexually active black women were as distressed as HIV-infected gay black men. Men with symptomatic HIV disease were significantly more distressed than men who were HIV infected but asymptomatic, HIV-antibody negative, or whose HIV status was unknown. Both men and women reported distress levels in excess of those previously reported in studies of blacks or primarily white gay men. CONCLUSIONS: Further research is needed to identify specific predictors of life stressors and lack of social support among homosexually active African Americans who appear to be at higher risk for depressive distress.

D'Augelli, A. R., A. H. Grossman, et al. (2001). "Aspects of mental health among older lesbian, gay, and bisexual adults." Aging Ment Health 5(2): 149-58. This study examined aspects of mental health among 416 lesbian, gay, and bisexual adults aged 60 to 91 years old, attending social and recreational programs. Mental health indicators were perceived mental health status; self-esteem; internalized homophobia; loneliness; alcohol and drug abuse; and suicidality. Better mental health was correlated with higher self-esteem, less loneliness, and lower internalized homophobia. Compared to women, men reported significantly more internalized homophobia, alcohol abuse, and suicidality related to their sexual orientation. Less lifetime suicidal ideation was associated with lower internalized homophobia, less loneliness, and more people knowing about participants' sexual orientation.

D'Augelli, A. R. and S. L. Hershberger (1993). "Lesbian, gay, and bisexual youth in community settings: personal challenges and mental health problems." Am J Community Psychol 21(4): 421-48. Studied 194 lesbian, gay, and bisexual youth aged 21 and younger who attended programs in 14 community centers to determine the personal challenges they face due to their sexual orientation and their responses to these stresses. First awareness of sexual orientation typically occurred at age 10, but disclosure to another person did not occur until about age 16.
There was much variability in sexual behavior, and many youths reported both same-sex and opposite-sex sexual experiences. Although most had told at least one family member about their sexual orientation, there remained much concern about family reactions. Suicide attempts were acknowledged by 42% of the sample. Attempters significantly differed from nonattempters on several milestones of sexual orientation development, social aspects of sexual orientation, parents' knowledge of sexual orientation, and mental health problems.


**OBJECTIVES:** This study assessed the relation between experiences of social discrimination (homophobia, racism, and financial hardship) and symptoms of psychologic distress (anxiety, depression, and suicidal ideation) among self-identified gay and bisexual Latino men in the United States. **METHODS:** Data were collected from a probability sample of 912 men (self-identified as both Latino and nonheterosexual) recruited from the venues and public social spaces identified as both Latino and gay in the cities of Miami, Los Angeles, and New York. **RESULTS:** The study showed high prevalence rates of psychologic symptoms of distress in the population of gay Latino men during the 6 months before the interview, including suicidal ideation (17% prevalence), anxiety (44%), and depressed mood (80%). In both univariate and multivariate analyses, experiences of social discrimination were strong predictors of psychologic symptoms. **CONCLUSIONS:** The mental health difficulties experienced by many gay and bisexual Latino men in the United States are directly related to a social context of oppression that leads to social alienation, low self-esteem, and symptoms of psychologic distress.


**BACKGROUND:** This study examines the extent to which gay, lesbian, and bisexual young people are at increased risk of psychiatric disorder and suicidal behaviors using data gathered on a New Zealand birth cohort studied to age 21 years. **METHODS:** Data were gathered during the course of the Christchurch Health and Development Study, a 21-year longitudinal study of a birth cohort of 1265 children born in Christchurch, New Zealand. At 21 years of age, 1007 sample members were questioned about their sexual orientation and relationships with same-sex partners since the age of 16 years. Twenty-eight subjects (2.8%) were classified as being of gay, lesbian, or bisexual sexual orientation. Over the period from age 14 to 21 years, data were gathered on a range of psychiatric disorders that included major depression, generalized anxiety disorder,
conduct disorder, and substance use disorders. Data were also gathered on suicidal ideation and suicide attempts. RESULTS: Gay, lesbian, and bisexual young people were at increased risks of major depression (odds ratio [OR], 4.0; 95% confidence interval [CI], 1.8-9.3), generalized anxiety disorder (OR, 2.8; 95% CI, 1.2-6.5), conduct disorder (OR, 3.8; 95% CI, 1.7-8.7), nicotine dependence (OR, 5.0; 95%, CI, 2.3-10.9), other substance abuse and/or dependence (OR, 1.9; 95% CI, 0.9-4.2), multiple disorders (OR, 5.9; 95% CI, 2.4-14.8), suicidal ideation (OR, 5.4; 95% CI, 2.4-12.2), and suicide attempts (OR, 6.2; 95% CI, 2.7-14.3).

CONCLUSIONS: Findings support recent evidence suggesting that gay, lesbian, and bisexual young people are at increased risk of mental health problems, with these associations being particularly evident for measures of suicidal behavior and multiple disorder.


BACKGROUND: This paper sought to examine the relationship between sexual orientation and mental health in a New Zealand birth cohort studied to age 25 years. METHOD: The analysis is based on a sample of 967 participants (469 males; 498 females) in the Christchurch Health and Development Study. As part of this study information was gathered on: (a) measures of sexual orientation, same-sex behaviour and sexual attraction obtained at ages 21 and 25 years; (b) measures of mental disorders and suicidal behaviours over the interval 21-25 years; (c) measures of childhood and family background. RESULTS: Latent class analysis was used to combine indicators of sexual orientation, same sex behaviour and attraction to form an empirically based classification of sexual orientation. The best-fitting model classified the sample into three groups: exclusively heterosexual orientation (87.6%); predominantly heterosexual but with same-sex inclinations or experience (9.6%); predominantly homosexual (2.8%). Proportionately more women than men were classified as predominantly heterosexual (14.2% v. 4.8% respectively) or predominantly homosexual (3.9% v. 1.5% respectively). Cohort members with a predominantly homosexual orientation had rates of mental disorder and suicidal behaviours that were between 1.5 and 12 times higher than for those with an exclusively heterosexual orientation. These associations persisted after adjustment for confounding. The associations between sexual orientation and mental health were more marked for males than females. CONCLUSIONS: The findings suggest a continuum of sexual preferences amongst young adults. Variations in sexual orientation were clearly associated with mental health. These associations tended to be stronger for males.


In 1984, a task force of the American Psychological Association (APA) Committee on Lesbian and Gay Concerns was charged with investigating bias in psychotherapy with lesbians and gay men. The task force surveyed a large and diverse sample of psychologists to elicit information about specific instances of respondent-defined biased and sensitive psychotherapy practice. Open-ended responses were used to separately identify major themes of biased and sensitive practice and to illustrate each with concrete examples. Results suggest that psychologists vary widely in their adherence to a standard of unbiased practice with gay men and lesbians. To bring individual practice into accord with APA policy will require continued and expanded efforts to educate practitioners about sexual orientation.


Many men and women practice a broad range of voluntary sexual activities, most of which are harmless. The only erotic activities that have an unacceptable risk for injury are vaginal insufflation during pregnancy, and fist fornication. Many minor injuries of the genital, oral, and anal areas do occur but most require only symptomatic therapy. Vaginal lacerations focus primarily around the posterior fourchette, although the few most serious ones tend to be high in the vault. Following anal sex, minor rectal bleeding from anal fissures or small mucosal tears is neither uncommon nor serious. Although retained rectal foreign bodies may present a challenge to the physician’s imagination, most can be removed in the Emergency Department, and laparotomy rarely is required. Rectal perforations and sphincter injuries are uncommon but may be caused by foreign objects. Rape is a common crime of violence in which a man uses sex as a weapon. A post-traumatic psychological syndrome, with both short-term and long-term dysfunctional elements, almost uniformly follows the attack. Oral and anal sex are part of the assault in many cases. Nongenital injuries may be documented in 40 per cent, but only 4 per cent are serious, and fewer than 1 per cent require hospitalization. Genital injuries can be found with special staining in almost 50 per cent of cases, but only 1 per cent will need repair. Men represent only 5 per cent of the adult sexual assault cases, but they tend to suffer more physical injury. Both rape and sexual child abuse are grossly underreported. Sexual misuse of children has a family focus and is appallingly common. The emotional impact on the child is largely a function of the family's reaction. When strangers are involved in the abuse there is more chance of injury. Significant fresh injury will be found in only 8 per cent and is most likely to be anogenital. Findings of chronic sexual abuse will be present in one
third, however. Boys are the victims in 15 per cent of cases. Physicians must be educated and vigilant for sexually related injuries because people frequently will delay treatment and then provide misleading histories because of embarrassment.


OBJECTIVES: This study examined the risk of psychiatric disorders among individuals with same-sex sexual partners. METHODS: Data are from the National Comorbidity Survey, a nationally representative household survey. Respondents were asked the number of women and men with whom they had sexual intercourse in the past 5 years. Psychiatric disorders according to Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R) criteria were assessed with a modified version of the Composite International Diagnostic Interview. RESULTS: A total of 2.1% of men and 1.5% of women reported 1 or more same-sex sexual partners in the past 5 years. These respondents had higher 12-month prevalences of anxiety, mood, and substance use disorders and of suicidal thoughts and plans than did respondents with opposite-sex partners only. Decomposition showed that the elevated same-sex 12-month prevalences were largely due to higher lifetime prevalences. Ages at onset and persistence of disorders did not differ between the same-sex and opposite-sex subsamples. CONCLUSIONS: Homosexual orientation, defined as having same-sex sexual partners, is associated with a general elevation of risk for anxiety, mood, and substance use disorders and for suicidal thoughts and plans. Further research is needed to replicate and explore the causal mechanisms underlying this association.


Despite the growing clinical and research literature dealing with gay, lesbian, and bisexual (GLB) issues, mainstream psychology has tended to ignore much of the work that has been done in this area. This article illustrates how clinical and research writings on GLB issues continue to remain invisible to mainstream psychology in such areas as life span development and aging, teenage suicide, substance abuse, victimization and abuse, and family and couple relationships. It also deals with some of the determinants of well-being among GLB individuals, such as family support, and notes the benefits accruing to mainstream psychology from studying GLB issues. A network of family members within psychology having GLB relatives has been formed--AFFIRM: Psychologist Affirming Their Gay, Lesbian, and Bisexual Family--and is dedicated to supporting its own family members, encouraging other family members to do likewise,
supporting research and clinical work on GLB issues, and closing the gap between GLB clinical and research work and mainstream psychology.


The mental health concerns of gay and lesbian adolescents are best understood within the context of cultural limitations, including a problematic conceptualization of adolescence, homophobia, and erotophobia. Within this framework, background information about homosexuality is presented; and the special social pressures and psychologic problems of gay and lesbian youth are discussed, with particular attention paid to internalized homophobia, developmental issues, and the "coming-out" process. Differences between gay and lesbian mental health issues are highlighted. Finally, practical suggestions regarding treatment planning are provided.


BACKGROUND: This study presents estimates of lifetime and 12-month prevalence of 14 DSM-III-R psychiatric disorders from the National Comorbidity Survey, the first survey to administer a structured psychiatric interview to a national probability sample in the United States. METHODS: The DSM-III-R psychiatric disorders among persons aged 15 to 54 years in the noninstitutionalized civilian population of the United States were assessed with data collected by lay interviewers using a revised version of the Composite International Diagnostic Interview. RESULTS: Nearly 50% of respondents reported at least one lifetime disorder, and close to 30% reported at least one 12-month disorder. The most common disorders were major depressive episode, alcohol dependence, social phobia, and simple phobia. More than half of all lifetime disorders occurred in the 14% of the population who had a history of three or more comorbid disorders. These highly comorbid people also included the vast majority of people with severe disorders. Less than 40% of those with a lifetime disorder had ever received professional treatment, and less than 20% of those with a recent disorder had been in treatment during the past 12 months. Consistent with previous risk factor research, it was found that women had elevated rates of affective disorders and anxiety disorders, that men had elevated rates of substance use disorders and antisocial personality disorder, and that most disorders declined with age and with higher socioeconomic status. CONCLUSIONS: The prevalence of psychiatric
disorders is greater than previously thought to be the case. Furthermore, this morbidity is more highly concentrated than previously recognized in roughly one sixth of the population who have a history of three or more comorbid disorders. This suggests that the causes and consequences of high comorbidity should be the focus of research attention. The majority of people with psychiatric disorders fail to obtain professional treatment. Even among people with a lifetime history of three or more comorbid disorders, the proportion who ever obtain specialty sector mental health treatment is less than 50%. These results argue for the importance of more outreach and more research on barriers to professional help-seeking.


OBJECTIVES: This study compared factors known or hypothesized to influence depressive symptomatology in a community sample of lesbians and heterosexual women. METHODS: Data were collected in a multisite survey of lesbians' physical and mental health. RESULTS: Findings confirmed earlier reports suggesting that traumatic life events such as physical and sexual abuse, and individual traits and coping styles are risk factors for depressive distress. However, findings of higher rates of suicidal behavior and of several risk factors for depressive distress among lesbians suggest that risk for depression may differ among lesbians and heterosexual women. CONCLUSIONS: Sexual orientation may represent an important but poorly understood risk factor for depressive distress as well as suicidal ideation and behavior.


BACKGROUND: Although depression has been related to chronic disease processes and outcomes, studies examining the relationship between depression and disease progression in persons with human immunodeficiency virus (HIV) infection have produced inconsistent results. OBJECTIVE: To investigate whether depressive affect is associated with HIV mortality. METHODS: This was a prospective cohort study (San Francisco Men's Health Study) using a population based probability sample of single men living in areas of San Francisco, Calif, with high case rates of acquired immunodeficiency syndrome. Data collection was at 6-month intervals with up to 15 waves of follow-up. Subjects included all
402 homosexual or bisexual men who in July 1984 had serologic evidence of HIV infection and who survived a minimum of 1 wave after baseline. Depressive affect was measured at each wave with the affective subscale of the Center for Epidemiologic Studies-Depression Scale. Laboratory markers, World Health Organization staging, antiretroviral use, and hospitalizations were also used as predictor variables. The primary outcome measure was survival. RESULTS: In a Cox proportional hazards model, a time-dependent measure of depressive affect was associated with greater mortality (adjusted risk ratio, 1.67; 95% confidence interval, 1.01-2.78). CONCLUSIONS: Depressive affect was associated with mortality risk, highlighting the importance of diagnosis and treatment of depression among HIV-infected gay and bisexual men. Replication of this effect in incident cohorts with well-characterized dates of HIV infection is needed and, if replicated, an exploration of mediating pathways suggested.


OBJECTIVES: Recent studies suggest that lesbians and gay men are at higher risk for stress-sensitive psychiatric disorders than are heterosexual persons. We examined the possible role of perceived discrimination in generating that risk. METHODS: The National Survey of Midlife Development in the United States, a nationally representative sample of adults aged 25 to 74 years, surveyed individuals self-identifying as homosexual or bisexual (n = 73) or heterosexual (n = 2844) about their lifetime and day-to-day experiences with discrimination. Also assessed were 1-year prevalence of depressive, anxiety, and substance dependence disorders; current psychologic distress; and self-rated mental health. RESULTS: Homosexual and bisexual individuals more frequently than heterosexual persons reported both lifetime and day-to-day experiences with discrimination. Approximately 42% attributed this to their sexual orientation, in whole or part. Perceived discrimination was positively associated with both harmful effects on quality of life and indicators of psychiatric morbidity in the total sample. Controlling for differences in discrimination experiences attenuated observed associations between psychiatric morbidity and sexual orientation. CONCLUSIONS: Higher levels of discrimination may underlie recent observations of greater psychiatric morbidity risk among lesbian, gay, and bisexual individuals.


This study describes stress as derived from minority status and explores its effect on psychological distress in gay men. The concept of minority stress is based on the premise that gay people in a heterosexist society are subjected to chronic stress related to their stigmatization. Minority stressors were conceptualized as: internalized homophobia, which relates to gay men's direction of societal negative attitudes toward the self; stigma, which relates to expectations of rejection and discrimination; and actual experiences of discrimination and violence. The mental health effects of the three minority stressors were tested in a community sample of 741 New York City gay men. The results supported minority stress hypotheses: each of the stressors had a significant independent association with a variety of mental health measures. Odds ratios suggested that men who had high levels of minority stress were twice to three times as likely to suffer also from high levels of distress.


In this article the author reviews research evidence on the prevalence of mental disorders in lesbians, gay men, and bisexuals (LGBs) and shows, using meta-analyses, that LGBs have a higher prevalence of mental disorders than heterosexuals. The author offers a conceptual framework for understanding this excess in prevalence of disorder in terms of minority stress--explaining that stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems. The model describes stress processes, including the experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes. This conceptual framework is the basis for the review of research evidence, suggestions for future research directions, and exploration of public policy implications.


OBJECTIVE: This study estimates the prevalence of depression and describes the correlates and independent associations of distress and depression among U.S. men who have sex with men. METHOD: A household-based probability sample of men who have sex with men (N=2,881) was interviewed between 1996 and 1998 in four large American cities. With cutoff points of 15 and 22 for the Center for Epidemiological Studies Depression Scale, individual correlates and predictors of distress and depression were examined, and multinomial logistic regression was performed. RESULTS: The 7-day prevalence of depression in men who
have sex with men was 17.2%, higher than in adult U.S. men in general. Both distress and depression were associated with lack of a domestic partner; not identifying as gay, queer, or homosexual; experiencing multiple episodes of antigay violence in the previous 5 years; and very high levels of community alienation. Distress was also associated with being of other than Asian/Pacific Islander ethnicity and experiencing early antigay harassment. Depression was also associated with histories of attempted suicide, child abuse, and recent sexual dysfunction. Being HIV positive was correlated with distress and depression but not significantly when demographic characteristics, developmental history, substance use, sexual behavior, and current social context were controlled by logistic regression. CONCLUSIONS: Rates of distress and depression are high in men who have sex with men. These high rates have important public health ramifications. The predictors of distress and depression suggest prevention efforts that might be effective when aimed at men who have sex with men.


Research on women and depression has neglected to explore how the factors that put women at risk for depression apply to lesbians. The present study examined four of the risk factors consistently cited in the women and depression literature (relationship status, relationship satisfaction, social support from friends, and social support from family), and two unique factors (outness and relationship status satisfaction), to determine their ability to predict depression among lesbians. Data were collected from 167 lesbians between the ages of 20 and 60. Perceived social support from friends, relationship status satisfaction, and perceived social support from family, were found to be significant predictors, accounting for 17.8% of the variance in depression, as measured by the Center for Epidemiologic Study Depression Scale (CES-D). A second multiple regression equation focused on the 110 lesbians who were in committed relationships, using the variables relationship satisfaction, perceived social support from friends, perceived social support from family, and outness, to determine if relationship satisfaction added to the amount of variance which could be predicted in depression. Social support from friends was the only significant predictor in this equation, accounting for 5.8% of the variance in depression scores.


As part of a qualitative study exploring the health needs of gay men, undertaken in the Lothian area of Scotland (Robertson & Hutcheson 1995), the mental health needs of gay men were elicited through focus groups and individual interviews. A grounded theory approach (Glaser & Strauss 1967) was used to analyse the responses from a sample of 37 gay men. This research followed a social interactionist approach and examined from the respondents' stance the effects of being perceived as deviant and the subsequent impact on self-identity and self-esteem. The findings were that there is a reluctance amongst gay men to disclose their sexuality in health care settings which results in mental health needs remaining unrecognized by health professionals. The research also showed that the respondents faced profound social difficulties when coming to terms with their sexuality, a process that can occur throughout their life time. Those who were married faced the strain of living two lives and cited alcohol misuse and depression amongst the effects of this stressful lifestyle.

**Other (Other)**


**OBJECTIVES:** The goal of this study was to identify differences between gay, lesbian, bisexual, and transgender (GLBT) homeless youths and their
heterosexual counterparts in terms of physical and mental health difficulties. METHODS: A sample of 84 GLBT adolescents was matched in regard to age and self-reported gender with 84 heterosexual adolescents. The 2 samples were compared on a variety of psychosocial variables. RESULTS: GLBT adolescents left home more frequently, were victimized more often, used highly addictive substances more frequently, had higher rates of psychopathology, and had more sexual partners than heterosexual adolescents. CONCLUSIONS: Homeless youths who identify themselves as members of sexual minority groups are at increased risk for negative outcomes. Recommendations for treatment programs and implications for public health are discussed.

Cole, S. W., M. E. Kemeny, et al. (1996). "Elevated physical health risk among gay men who conceal their homosexual identity." Health Psychol 15(4): 243-51. This study examined the incidence of infectious and neoplastic diseases among 222 HIV-seronegative gay men who participated in the Natural History of AIDS Psychosocial Study. Those who concealed the expression of their homosexual identity experienced a significantly higher incidence of cancer (odds ratio = 3.18) and several infectious diseases (pneumonia, bronchitis, sinusitis, and tuberculosis; odds ratio = 2.91) over a 5-year follow-up period. These effects could not be attributed to differences in age, ethnicity, socioeconomic status, repressive coping style, health-relevant behavioral patterns (e.g., drug use, exercise), anxiety, depression, or reporting biases (e.g., negative affectivity, social desirability). Results are interpreted in the context of previous data linking concealed homosexual identity to other physical health outcomes (e.g., HIV progression and psychosomatic symptomatology) and theories linking psychological inhibition to physical illness.

de Gruchy, J. and S. Lewin (2001). "Ethics that exclude: the role of ethics committees in lesbian and gay health research in South Africa." Am J Public Health 91(6): 865-8. Prevailing state and institutional ideologies regarding race/ethnicity, gender, and sexuality help to shape, and are influenced by, research priorities. Research ethics committees perform a gatekeeper role in this process. In this commentary, we describe efforts to obtain approval from the ethics committee of a large medical institution for research into the treatment of homosexual persons by health professionals in the South African military during the apartheid era. The committee questioned the "scientific validity" of the study, viewing it as having a "political" rather than a "scientific" purpose. They objected to the framing of the research topic within a human rights discourse and appeared to be concerned that the research might lead to action against health professionals who committed human rights abuses against lesbians and gay men during apartheid. The process illustrates the ways in which heterosexism, and concerns to
protect the practice of health professionals from scrutiny, may influence the decisions of ethics committees. Ethics that exclude research on lesbian and gay health cannot be in the public interest. Ethics committees must be challenged to examine the ways in which institutionalized ideologies influence their decision making.


We examined the relation between stress, coping, and a high-risk sexual behavior (unprotected anal intercourse) in 398 nonmonogamous gay and bisexual men from the AIDS Behavioral Research Project in San Francisco. Unprotected anal intercourse during the previous month, the amount of stress experienced during the previous month in each of 10 domains, six types of coping (self-controlling coping, escape-avoidance, distancing, planful problem-solving, seeking social support, and positive reappraisal), and spiritual beliefs and spiritual activities were assessed through self-report. There was no relation between stress and unprotected anal intercourse. However, there was a relation between coping and unprotected anal intercourse. Subjects who reported unprotected anal intercourse used sex more of the time to help cope with stressful situations than did subjects who did not report unprotected anal intercourse. Unprotected anal intercourse was negatively associated with seeking social support and spiritual activities and positively associated with self-controlling coping, which involves keeping one's feelings to oneself, and positive reappraisal. The findings suggest that social aspects of coping may be a key to understanding differences between those who engage in high-risk sexual behavior and those who do not.

The rising popularity of unprotected anal sex (bareback sex) among men who have sex with men (MSM) is perplexing healthcare providers working in sexual health clinics. Epidemiological research on the topic overlooks several socio-cultural and psychological dimensions. Our research attempts to construct an appropriate theoretical edifice by which we can understand this sexual practice. In order to achieve this objective, a qualitative design was selected and 18 semicodiective in-depth interviews were carried out with barebackers from five European and North American cities. We then analyzed the data using two theoretical approaches that were sensitive to the issues of desire, transgression and pleasure. These theories are those of the late French psychoanalyst, Jacques Lacan, and
those of poststructural thinkers, Gilles Deleuze and Felix Guattari. These theoretical frameworks helped shed light on the significance of bareback sex, and can potentially influence healthcare providers in gaining a better understanding not only of their clients, but also of their own role in the circuitry of desire at work within bareback. We found that while the exchange of semen constitutes a dangerous and irrational practice to healthcare professionals, it is nevertheless a significant variable in the sexual lives of barebackers that needs to be taken into consideration in the provision of healthcare services.


Based on clinical experience with 16 homosexual men married to women, this paper suggests that the motivation of such men for entering into marriage is associated with early self-esteem injury that has made social compliance important and acceptance of sexual orientation impossible. The typical course of these marriages is described, case histories of three married men who entered treatment in their forties are presented, and principles for therapeutic intervention are outlined.


While researchers have examined the established the foundation for understanding the correlates of complementary and alternative medicine (CAM) use among some medical populations, less is known about the correlates of CAM use in nonclinical samples of women, and particularly according to sexual orientation. Information on CAM modalities was collected as part of a survey of lesbian and heterosexual women's health. Eighty-two percent of the sample reported CAM use. Predictors of CAM use included a lesbian sexual orientation, less health-related worry, and perceived discrimination in health care settings. Additional research is warranted to better understand how sexual orientation relates to use of CAM. Future studies should also examine the relationships between and experiences with discrimination in traditional medical settings and increased use of complementary and alternative medicine.


Immunization is undergoing important changes, with improved vaccines replacing less immunogenic or less safe vaccines, new vaccines for common diseases such as chickenpox and hepatitis A infection, and improved immunization schedules. Immunization is also being transformed by basic work in molecular medicine. Vaccines made of DNA
are being developed as a form of gene therapy that use the patient's own cellular machinery to make foreign proteins that stimulate an immune response. Currently immunization is used to protect patients prior to exposure to an infectious agent or during the incubation phase after exposure, but before disease has occurred. New technologies are being investigated to induce the immune system to fight infections that have already produced chronic disease such as acquired immunodeficiency syndrome and chronic hepatitis B virus infection.


Although attention to the links between health and human rights is growing globally, the full potential of a progressive human rights approach to health has not yet been explored, and it is even more faintly understood in the United States than in the rest of the world. At the same time, global claims for sexual rights, particularly for those identifying as gay, lesbian, transsexual, or bisexual, are increasingly being made as human rights claims. All of these approaches to rights advocacy risk limiting their own transformative impact unless advocates critique their own strategies. Paradoxically, using health as a way to bring attention to nonheteronormative sexualities can be both helpful and potentially dangerous, especially when coupled with human rights. Recognizing sexuality as a critical element of humanity, and establishing a fundamental human right to health, can play a role in broader social justice claims, but the tendency of both public health and human rights advocacy to "normalize" and regulate must be scrutinized and challenged.


Health-related problems among lesbians, bisexuals, and gay men require research before solutions to them can be identified. This paper describes NIH sponsored research listing homosexuality as a primary or secondary issue between 1974 and 1992. Homosexual projects unrelated to HIV and excluding capitol funding averaged only $532,000 per year compared to about $20 million per year since 1982 for HIV projects. Considering the range of health threats to these communities and the amounts needed to deal with HIV alone, current funding is clearly inadequate. Community members, scientists, experts, and others need to take action if appropriate research is to be done and the health needs of these groups are to be addressed.


   PURPOSE: To replicate and extend a pilot study conducted in 1990 regarding support services for lesbian, gay, and bisexual (LGB) medical students. METHOD: In 1994 the authors surveyed all 320 members of Lesbian, Gay, and Bisexual People in Medicine, a standing committee of the American Medical Student Association. Chi-square analyses were used to compare responses by subgroups. RESULTS: Responses were received from 185 students (58%) at 92 medical schools. Students who had access to school or community support groups were significantly more likely to disclose their sexual orientation and to know faculty with whom to discuss LGB issues. Nonwhite students were significantly less likely to know faculty with whom to discuss gay-related concerns, to disclose their orientation, and to know of support services. No difference between the academic experiences of lesbians and gay men was reported. Additionally, 115 (62%) of the students reported exposure to anti-gay comments, and 28 (15%) indicated they would not choose to enter the medical field if they were in college today. CONCLUSION: Although the needs of LGB medical students appear to be receiving increased attention (albeit with great variability from school to school), the survey results suggest that more student-faculty liaisons and more support groups are needed, that LGB patient care should be taught more widely, and that all medical students have too little exposure to non-pejorative descriptions of LGB patients.


   This paper investigates the concept of internalized homophobia in both theory and research relating to lesbian and gay health. It offers a contemporary and critical review of research in this area, and discusses a range of recent findings relating to a range of health issues including HIV and AIDS. Whilst the concept has a resonance for gay men and lesbians, and is widely used in 'lesbian and gay-affirmative' interventions, the paper demonstrates that research findings have been equivocal and the term is often used without full consideration of its sociopolitical consequences.
The paper concludes that the concept does have a valuable role to play in health promotion work with lesbians and gay men but invites further discussion and examination of the construct.

**Racial/Ethnic Culture and Identity (Race)**


OBJECTIVES: This study compared health indicators among self-identified lesbians/bisexual women and heterosexual women residing in Los Angeles County. METHODS: Respondents were English-speaking Hispanic, African American, and Asian American women. Health status, behavioral risks, access barriers, and indicators of health care were assessed. RESULTS: Prevalence rates of chronic health conditions were similar among women in the 3 racial/ethnic groups. However, lesbians and bisexual women evidenced higher behavioral risks and lower rates of preventive care than heterosexual women. CONCLUSIONS: Among racial/ethnic minority women, minority sexual orientation is associated with increased health risks. The effects of sexual minority status need to be considered in addressing health disparities affecting this population.


**Substance Abuse (general/other) (SA)**


Center for Substance Abuse Prevention and Substance Abuse and Mental Health Services Administration (1994). Alcohol, Tobacco, and Other Drugs

Most prior studies examining drug use among men who have sex with men (MSM) have been cross-sectional or retrospective and have not determined whether periods of increased drug use are associated with high-risk sexual behavior at the individual level. In this article, we describe patterns of use of methamphetamines, poppers, and sniffed cocaine and sexual risk behavior among 736 San Francisco MSM enrolled in the EXPLORE study and followed for up to 48 months. In longitudinal analysis, use of methamphetamines, poppers, and sniffed cocaine declined during follow-up. However, compared with older participants, younger participants were more likely to increase their drug use over time. Results of conditional logistic regression demonstrated that high-risk sexual behavior was more common during reporting periods characterized by increased methamphetamine, poppers, or sniffed cocaine use. This within-person analysis found that compared with periods of no drug use, periods of both light drug use (less than weekly use of drugs) and heavier drug use (at least weekly use of at least one drug) were significantly associated with increased risk of engaging in unprotected anal sex with an HIV-positive or unknown-status partner. These results suggest that even intermittent, recreational use of these drugs may lead to high-risk sexual behavior, and that, to reduce and prevent risks of HIV, no level of use of these drugs should be considered "safe." HIV prevention interventions should target MSM who report either light or heavy use of methamphetamines, poppers, and sniffed cocaine.


Prior reports associating substance use with sexual risk behavior have generally used summary measures and have not adjusted for participants' background levels of substance use. In this 1999-2001 US study (the EXPLORE study), the authors determined whether substance use during sex was independently associated with sexual risk during recent sexual episodes, as reported by 4,295 human immunodeficiency virus-negative men who have sex with men. The main outcome measure was serodiscordant unprotected anal sex (SDUA). The influence of participant-level characteristics was examined by using repeated-measures logistic models. In assessing the influence of episode-level predictors on SDUA, the influence of participant-level characteristics, including 6-month
substance use, was removed by using conditional logistic regression, in effect making each participant his own control. The authors also adjusted for partner characteristics. Eleven percent of participants reported heavy alcohol use, 37% used poppers, 19% sniffed cocaine, and 13% used amphetamines. In the participant-level analysis, use of poppers, amphetamines, and sniffed cocaine as well as heavy alcohol use in the prior 6 months were independently associated with SDUA. In the conditional analysis, consumption of ≥ 6 alcoholic drinks or use of poppers, amphetamines, or sniffed cocaine just before or during sex was independently associated with SDUA. The authors concluded that programs aimed at preventing human immunodeficiency virus transmission should emphasize the influence of substance use during sex on increased risk behavior.


The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to protect and serve underserved and vulnerable populations. Congress established SAMHSA under Public Law 102-321 on October 1, 1992, to strengthen the nation's health care capacity to provide prevention, diagnosis, and treatment services for substance abuse and mental illnesses. SAMHSA works in partnership with states, communities, and private organizations to address the needs of people with substance abuse and mental illnesses as well as the community risk factors that contribute to these illnesses. As part of its efforts to address the unique needs of special populations, SAMHSA has reached out to the lesbian, gay, bisexual, and transgender (LGBT) community. SAMHSA and its centers (Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and Center for Mental Health Services) have made a concerted effort, through both policy and programs, to develop services responsive to this community.


PURPOSE: The attitudes of substance abuse counselors can have significant effects on their client's recovery. This study examined the attitudes and knowledge of substance abuse counselors regarding lesbian, gay, bisexual, and transgendered (LGBT) clients. METHODS: 242 substance abuse counselors in Iowa completed mail-in questionnaires. RESULTS: The counselors reported very little formal education regarding the needs of these clients, and nearly half had negative or ambivalent attitudes. Respondents had the greatest negativity regarding transgendered clients and reported knowing the least about this group. Counselors frequently lacked knowledge about the legal issues of these
clients, the concepts of domestic partnership and internalized homophobia, and family issues. IMPLICATIONS: Substance abuse counselors require more education about LGBT clients.


Correlates of heavy substance use among a household-based sample of young gay and bisexual men (n=428) were identified and the odds ratio (OR) was calculated. A total of 13.6% reported frequent, heavy alcohol use and 43% reported polydrug use. Compared with men employed in professional occupations, men in service positions (OR=3.77) and sales positions (OR=2.51) were more likely to be heavy alcohol consumers. Frequent gay bar attendance and multiple sex partners were related to heavy alcohol use, as well as to polydrug use. Polydrug users were more likely to be HIV seropositive (OR=2.05) or of unknown HIV serostatus (OR=2.78). HIV serostatus was similarly related to frequent drug use. These correlates of heavier substance use among young gay and bisexual men could be used to identify and intervene early with members of this population who are at risk of substance misuse, as well as HIV/AIDS risk.


It has been suggested that lesbians lack mainstream coping resources and are thus at risk for maladaptive coping efforts, which include substance abuse. However, data for thus at risk for maladaptive coping efforts, which include substance abuse. However, data for this population are sparse. Levels of stress, coping styles, rates of problematic substance use and relationships among these variables were examined. Two hundred sixty-three lesbians completed a self-report questionnaire as part of a larger study. Neither high rates of heavy drinking nor drug use were found in this sample. Among those who did drink excessively, it was associated with avoidant coping. Perceived stress and social resources did not differ significantly from the general female population. Levels of stress, social support, and coping style were not predictive of problematic substance use. The most significant predictor of alcohol use was reliance on bars as a primary social setting. Implications of these findings are discussed.

association with high risk behaviors, mental health, and other factors among
This study assesses patterns of use of methylenedioxymethamphetamine
(MDMA or 'ecstasy'), and the characteristics of users, in a sample of 733
men who have sex with men (MSM) in New York City. Among
respondents, 13.7% reported using MDMA in the past 6 months, with
mean frequency of use of 6.24 times in that period. MDMA users were
found to be younger, less educated, to have had more male partners,
more one night stands with men, more visits to bars or clubs and sex
clubs or bathhouses, to have unprotected anal sex with a male, to be likely
to have been the victim of physical domestic violence, to have more
gay/bisexual friends, to have disclosed their sexual orientation to more
friends, family members, and coworkers, and to have higher levels of gay
community participation and affiliation. Among MDMA users, higher
frequency of MDMA use was associated with being younger, having more
visits to bars or clubs, more gay/bisexual friends, and having an HIV
negative test result or never having been tested. MDMA users thus
constitute a group at risk for sexually transmitted diseases, including HIV,
and other problems. The data suggest that MDMA use is associated with
being more 'out', which may be advantageous in helping gay men deal
with harmful psychological effects of stigma, but may place individuals in
settings that expose them to MDMA. These men have also presumably
already been well exposed to safer sex messages within the gay
community, thus raising challenges for interventions aimed at prevention,
as well as opportunities (e.g. MSM and community specific interventions)
that need to be further explored.

substance use among runaway and homeless adolescents in San Francisco,
We aim to assess the prevalence of HIV sexual risk behaviours and
substance use among runaway and homeless adolescents in San
Francisco, Denver and New York City. Survey data were examined from
775 runaway and homeless adolescents recruited from street settings and
youth agencies during 1992/1993. Nearly all (98%) reported having
engaged in sexual intercourse, of whom 49% first had intercourse by the
age of 13. Condom use during all vaginal intercourse in the previous 3
months was reported by 42%. Among males, 23% indicated that they had
exchanged sex for money, as did 14% of the females. Ninety-seven per
cent had used alcohol or drugs and 21% had injected drugs. Overall, 75%
reported having had sex while under the influence of alcohol or drugs.
Systematic epidemiological studies of this population and the development
of innovative interventions are essential to reduce the threat of HIV among
runaway and homeless youth.
OBJECTIVES: This study examined characteristics of gay and bisexual men who attend circuit parties, frequency of and motivations for attending parties, drug use and sexual behavior during circuit party weekends, and use of risk reduction materials available at parties. METHODS: A cross-sectional survey was conducted among 295 gay and bisexual men from the San Francisco Bay Area who had attended a circuit party in the previous year. RESULTS: One fourth of the men reported a drug "overuse" incident in the previous year. Nearly all respondents reported use of drugs during circuit party weekends, including ecstasy (75%), ketamine (58%), crystal methamphetamine (36%), gamma hydroxybutyrate or gamma butyrolactone (25%), and Viagra (12%). Two thirds of the men reported having sex (oral or anal), 49% reported having anal sex, and 28% reported having unprotected anal sex during the 3-day period. An association was found between use of drugs and sexual risk behavior. Prevention materials were observed at party events by some men; however, relatively few men used the materials. Common motivations for attending the parties were "to listen to music and dance" and "to be with friends." CONCLUSIONS: Intensive, targeted health promotion efforts are needed for gay and bisexual men who attend circuit parties.

PURPOSE: We examined the population demographics and club drugs used in gay circuit parties and estimated the reported unsafe sexual behavior associated with each drug, the reasons for attending circuit parties, and the unsafe sex associated with different reasons. METHODS: A brief questionnaire was provided to a nonrandom sample of party attendees covering demographics, drugs used, sexual activity, and reasons for attending gay circuit parties at three major North American parties in 1998-1999. A total of 1169 usable questionnaires were obtained. Odds ratios for unsafe sex for the drugs surveyed [alcohol, marijuana, methylenedioxyamphetamine (Ecstasy), ketamine (Special K), crystal methamphetamine (crystal meth), cocaine, volatile nitrites (poppers), and gamma-hydroxybutyrate (GHB)] were calculated, as was significance of unsafe sex for the 10 major reasons for attending parties. RESULTS: 12-month party drug use was high: > 50% reported using alcohol, Ecstasy, and Special K. Frequent (rather than occasional) use of Ecstasy, Special K, and poppers had an association with unsafe sex at parties. Poppers also showed a statistically significant association with unsafe sex in 12 months (not necessarily at parties) while crystal meth and GHB showed a trend. Attending circuit parties "to look and feel good," "to have sex," and "to be uninhibited and wild" were associated with higher levels of unsafe
sex in 12 months. IMPLICATIONS: In this sample, circuit party attendees are well educated and financially secure. Party drug use is high. It appears that use of poppers, Ecstasy, Special K, crystal meth, and GHB are associated with various measures of unsafe sex. More comprehensive research on club drug use in gay men is required.


OBJECTIVES: This study evaluated factors associated with accidental fatal drug overdose among a cohort of injection drug users (IDUs).

METHODS: In a prospective cohort study of 2849 IDUs in King County, Washington, deaths were identified by electronically merging subject identifiers with death certificate records. Univariate and multivariate Cox regression analyses were performed to identify predictors of overdose mortality. RESULTS: Thirty-two overdoses were observed. Independent predictors of overdose mortality were bisexual sexual orientation (relative risk [RR] = 4.86; 95% confidence interval [CI] = 2.30, 13.2), homelessness (RR = 2.30; 95% CI = 1.06, 5.01), infrequent injection of speedballs (RR = 5.36; 95% CI = 1.58, 18.1), daily use of powdered cocaine (RR = 4.84; 95% CI = 1.13, 20.8), and daily use of poppers (RR = 22.0; 95% CI = 1.74, 278). CONCLUSIONS: Sexual orientation, homelessness, and drug use identify IDUs who may benefit from targeted interventions.


OBJECTIVE: To explore differences in demographic characteristics, risk practices, and preventive behaviors among subgroups of men who have sex with men (MSM), including gay- and non-gay-identified MSM, MSM who inject drugs, and those engaging in sex hustling. DESIGN: A secondary analysis of cross-sectional data collected through interviewer-administered questionnaires in a purposive sample of MSM. SETTING: Gay bars, bath houses, adult video arcades, and out-door cruising areas in Denver and Long Beach. PARTICIPANTS: Men who reported oral or anal sex with another man in the past year with oversampling of non-gay-identified MSM. RESULTS: Of 1,290 MSM, 417 (32%) did not gay-identify, 86 (7%) were drug injectors, and 117 (9%) were hustlers. Of drug-injecting MSM, 55% reported sex hustling and 40% of hustlers reported injection drug use. Hustling was associated with higher number of partners, more frequent anal sex with men and women, and less frequent condom use during anal sex with occasional male partners. Hustlers and drug-injecting MSM used condoms less consistently during vaginal intercourse with female partners than did other MSM. CONCLUSIONS: Among MSM, subgroups at particularly high risk for HIV can be identified. Although
these subgroups may be relatively small, they may be important epidemiologic links to the larger MSM and heterosexual communities and warrant focused behavioral interventions to prevent the further spread of HIV.

**PIP:** With HIV incidence rates as high as 0.7-2.4% per year, men who have sex with men (MSM) accounted for half of all AIDS cases and 43% of non-AIDS HIV cases among men reported to the US Centers for Disease Control and Prevention in 1996. Subgroups of MSM who are at particular risk of HIV infection, such as MSM who inject drugs, MSM who have sex in exchange for money or drugs (hustlers), and non-gay-identified MSM, may be less likely to be reached by HIV/AIDS prevention messages targeted at the broader MSM community. Sex behavior-related data were collected from 1290 MSM recruited in Denver and Long Beach from gay bars and bath houses, adult video arcades, and outdoor cruising areas between September 1993 and June 1994. The 531 MSM sampled in Denver and 759 in Long Beach reported having had sex with a man during the preceding year. 417 (32%) were non-gay-identified, 86 (7%) had injected drugs in the past 6 months, and 117 (9%) had exchanged sex for drugs or money. 10% of non-gay-identified men identified themselves as being straight. Of drug-injecting MSM and hustlers, 19% and 13%, respectively, were straight-identified. Detailed information on HIV testing and serostatus, number of partners, and sex practices, including condom use, was available for the 482 men who had reported anal or oral sex with a man or who had injected drugs in the past 30 days. 55% of drug-injecting MSM reported sex hustling and 40% of hustlers reported IV drug use. Hustling was associated with a higher number of sex partners, more frequent anal sex with men and women, and less frequent condom use during anal sex with occasional male partners. Hustlers and drug-injecting MSM used condoms less consistently during vaginal intercourse with female partners than did other MSM.


**OBJECTIVE:** To conduct an epidemiologic review of sildenafil in homosexual and bisexual males focusing on concurrent use with club drugs and/or antiretroviral medications. **DATA SOURCES:** A search of MEDLINE was conducted (1966-September 2003), and an extensive manual review of journals was performed using the key search terms club drugs, sildenafil, antiretrovirals, and HIV. **STUDY SELECTION AND DATA EXTRACTION:** All articles identified from the data sources were evaluated and information deemed relevant was included. **DATA SYNTHESIS:** Several epidemiologic studies have reported that sildenafil is abused in a recreational fashion, typically with agents commonly known to be "club drugs." In this setting, sildenafil may reverse the impotence-inducing effects of the club drugs and restore sexual capabilities. Many implications
of both recreational and nonrecreational use of sildenafil exist in relation to HIV disease. Concern has been raised regarding the potential effects on high-risk sexual practices. Also, several researchers have documented interactions between sildenafil and various club drugs, as well as with antiretrovirals intended for HIV disease. CONCLUSIONS: Serious concerns exist regarding the concurrent use of sildenafil with antiretrovirals and/or club drugs. Clinicians prescribing sildenafil to patients receiving protease inhibitor-containing antiretroviral regimens should be aware of the potential for reduced sildenafil metabolism with resultant adverse effects. Additionally, untoward effects may also occur when sildenafil is used concurrently with various club drugs including amyl and butyl nitrites ("poppers").


Data were collected from 1169 gay circuit party patrons in three North American circuit parties in three geographical locations in 1999. Questionnaires obtained reasons for attending circuit parties and drugs used at circuit parties. Factor analyses of the 10 major reasons for attending parties indicated that there were two significant moderately correlated dimensions: a social and celebratory one to be with friends and dance, and a sensation-seeking one, to have sex and drugs. Drug and sex on drugs predictors of the social dimension accounted for only 3.8% of its variance and included alcohol, ecstasy (methyleneoxymethamphetamine), GHB (gamma-hydroxybutyrate), and having sex while on alcohol as significant predictors. Drug predictors for the sensation-seeking dimension accounted for four times the variance of the first dimension and included poppers, alcohol, ecstasy, Special K, and GHB, and having sex while on methamphetamines and on GHB. Unsafe sex was significantly associated with the sensation-seeking dimension but not the social dimension. While 63% checked > or = 3 of the social reasons for attendance, only 13% checked > or = 3 of the sensation-seeking reasons for attendance. Age was significantly inversely associated with the social dimension. These data suggest that while drug use is significantly associated with both the sensation-seeking and social dimensions of circuit party attendance, a greater number of drugs, sexual activity while on drugs, and unsafe sex are more closely associated with the sensation-seeking dimension of attendance.


OBJECTIVE: Previous studies have suggested that high rates of recent alcohol or drug use are associated with increased risk for HIV infection in gay men. To examine whether this relationship is mediated by substance
use per se or by more enduring patterns of problematic substance use, lifetime DSM-III-R alcohol and other drug dependence disorders were ascertained and used to predict self-reported serostatus. METHOD: Gay men (N = 187) who had been tested for HIV and knew their serostatus (31 are HIV+) completed demographic, drug use and sexual practices questionnaires. Formal DSM-III-R psychiatric diagnoses were made on the basis of an individual interview, using the Structured Clinical Interview for DSM-III-R. RESULTS: Subjects had lifetime rates of alcohol dependence and drug dependence disorders that were two to three times higher than the general population, and 58% of the subjects who met criteria for alcohol dependence also met criteria for other substance dependence. Logistic regression analysis indicated that serostatus was best predicted by presence of both alcohol and drug dependence, and by race. When analyses were repeated in seronegative men, using unprotected anal sex as the outcome and recent substance use as predictors, no relationship between alcohol and behavior was found. CONCLUSIONS: Data do not support the view that alcohol use alone increases the risk of HIV infection in gay men. Finding that risk for HIV is highest in men with histories of both alcohol and drug problems suggests that the link between HIV infection and substance use may be mediated by "third variables" that may include personality characteristics and situational factors.


Skinner, W. F. (1994). "The prevalence and demographic predictors of illicit and licit drug use among lesbians and gay men." Am J Public Health 84(8): 1307-10. Studies on illicit and licit drug use among homosexuals of both sexes have focused primarily on gay men, used limited drug measures, and been conducted in cities known for large homosexual populations. This paper examines (1) the prevalence of 12 illicit and licit drugs by sex and age group and (2) the demographic predictors of past-year frequency of marijuana, alcohol, and cigarette use. Organizational mailing lists were used to collect self-report data on 455 homosexuals living in a southern state. Differences were found between gay men and lesbians in the use of specific substances and in the demographic predictors of drug use.


To study the prevalence of and factors associated with the use of alcohol and nonprescription drugs by HIV-seropositive men who have sex with men (MSM) and to describe variations in alcohol and nonprescription drug use by geographic region, we analyzed data from a multistate, population- and facility-based interview study conducted in 12 U.S. states and metropolitan areas. Among 9735 MSM with HIV infection or AIDS who completed a 45-minute interview, nearly one third reported possible alcohol abuse. Large proportions of MSM also reported the use of marijuana (51%), noninjected cocaine (31%), and crack cocaine (16%) in the 5 years before the interview. Smaller proportions of MSM reported ever having injected cocaine (13%), stimulants (8%), and heroin (8%). Results of logistic regression indicated that in the 5 years before interview, white MSM were significantly (p < .01) more likely than referent (mostly Hispanic) MSM to report use of hallucinogens, marijuana, nitrites, noninjected amphetamines, and diazepam; black MSM were significantly more likely than referent MSM to report use of noninjected crack cocaine. Use of injected stimulants was significantly associated with white race versus referent MSM, and residing in the West versus East. The prevalence of alcohol and drug use among HIV-seropositive MSM is high, and prevalences and types of substance use differ by region and racial/ethnic group. To prevent HIV transmission in this population, health departments and community-based organizations must understand the unique local patterns of substance use to develop effective substance abuse prevention and treatment programs.


OBJECTIVES: We sought to characterize substance use patterns in young men who have sex with men (MSM) in 7 US urban areas and sociodemographic characteristics and history associated with such use. METHODS: We examined data collected from 1994 through 1998 in a venue-based, cross-sectional survey. RESULTS: Among the 3492 participants, 66% reported use of illicit drugs; 28%, use of 3 or more drugs; 29%, frequent drug use (once a week or more); and 4%, injection drug use. These practices were more common among participants who were White, self-identified as bisexual or heterosexual, had run away, or had experienced forced sex. CONCLUSIONS: Effective drug prevention and treatment programs addressing local drug-use patterns and associated factors are urgently needed for young MSM, a population with a high rate of illicit drug use.
Associations between substance use and sexual behavior were examined among 3220 seronegative men who have sex with men (MSM) in a HIV vaccine preparedness study. Relationships between current and past substance use and current sexual risk were evaluated using crude odds ratios and logistic regression to adjust for confounding variables. Heroin and injection drug use were uncommon (< 2%). Substances most often used were alcohol (89%), marijuana (49%), nitrite inhalants (29%), amphetamines or similarly acting stimulants (21%), cocaine 14% and hallucinogens (14%). Increased adjusted odds for unprotected sex were significantly associated with current heavy alcohol use (OR 1.66; CI 1.18, 2.33), past alcohol problems (OR 1.25; CI 1.05, 1.48), and current drug use (OR 1.26; CI 1.08, 1.48). When associations with specific drugs and nitrite inhalants were examined separately, current use of cocaine and other stimulants (OR 1.25; CI 1.01, 1.55), hallucinogens (OR 1.40; CI 1.10, 1.77), and nitrite inhalants (some (OR 1.61; CI 1.35, 1.92); heavy (OR 2.18; CI 1.48, 3.20)), were independently associated with unprotected sex. Those with past drug use or past heavy alcohol use but not currently using demonstrated no increase in sexual risk, suggesting an important role for substance-focused interventions in risk reduction efforts among MSM.

Suicide (Scd)


OBJECTIVES: This study examined lifetime prevalence of suicide symptoms and affective disorders among men reporting a history of same-sex sexual partners. METHODS: In the third National Health and Nutrition Examination Survey, men aged 17 to 39 years were assessed for lifetime history of affective disorders and sexual behavior patterns. The study classified this subset of men into 3 groups: those reporting same-sex sexual partners, those reporting only female sexual partners, and those reporting no sexual partners. Groups were compared for histories of suicide symptoms and affective disorders. RESULTS: A total of 2.2% (95% confidence interval [CI] = 1.3%, 3.1%) of men reported same-sex sexual partners. These men evidenced greater lifetime prevalence rates of suicide symptoms than men reporting only female partners. However, homosexually/bisexually experienced men were no more likely than exclusively heterosexual men to meet criteria for lifetime diagnosis of other affective disorders. CONCLUSIONS: These data provide further
evidence of an increased risk for suicide symptoms among homosexually experienced men. Results also hint at a small, increased risk of recurrent depression among gay men, with symptom onset occurring, on average, during early adolescence.


BACKGROUND: Several recent studies have found a higher lifetime prevalence of suicide attempts in homosexual males compared with heterosexual control subjects or population rates. These studies used either convenience samples, most without controls, or population-based samples in which confounding factors such as depression and substance abuse were not measured. METHODS: This study used twins from the population-based Vietnam Era Twin Registry, Hines, Ill. An analytic sample of 103 middle-aged male-male twin pairs from the registry was identified in which one member of the pair reported male sex partners after age 18 years while the other did not. Four lifetime symptoms of suicidality as measured by the Diagnostic Interview Schedule were analyzed: thoughts about death, wanting to die, thoughts about committing suicide, and attempted suicide. A composite measure of reporting at least one suicidality symptom was also assessed. RESULTS: Same-gender sexual orientation is significantly associated with each of the suicidality measures. Unadjusted matched-pair odds ratios follow: 2.4 (95% confidence interval [CI], 1.2 - 4.6) for thoughts about death; 4.4 (95% CI, 1.7 - 11.6) for wanted to die; 4.1 (95% CI, 2.1 - 8.2) for suicidal ideation; 6.5 (95% CI, 1.5 - 28.8) for attempted suicide; and 5.1 (95% CI, 2.4 - 10.9) for any of the suicidal symptoms. After adjustment for substance abuse and depressive symptoms (other than suicidality), all of the suicidality measures remain significantly associated with same-gender sexual orientation except for wanting to die (odds ratio, 2.5 [95% CI, 0.7 - 8.81]). CONCLUSIONS: The substantially increased lifetime risk of suicidal behaviors in homosexual men is unlikely to be due solely to substance abuse or other psychiatric comorbidity. While the underlying causes of the suicidal behaviors remain unclear, future research needs to address the inadequacies in the measurement of both sexual orientation and suicidality in population-based samples.


International epidemiological studies demonstrate that gay and bisexual males are four times more likely to report a serious suicide attempt than their heterosexual counterparts. Data on completed suicides, usually derived from mortality statistics misrepresent the rate of suicides among homosexual populations. However, an increasing number of studies
comparing representative samples of gay, lesbian and bisexual youths with heterosexual controls demonstrate increased rates of mental health problems and subsequent suicide among the homosexual population. Homosexual orientation must therefore be considered a risk factor for mental distress and as such should be a focus for any contemporary public health agenda. One of the difficulties of addressing the problem through a public health agenda is the juxtaposition proffered by our political and social environment. The Diagnostic and Statistical Manual of Mental Disorder ceased to define homosexuality as pathological in 1973 replacing it with a new 'illness' of 'gender identity disorder'. Until recently in England, Section 28 of the Local Government Act (1988), forbidding the promotion of homosexuality, further reinforced negativity towards this group of people. This compounded the negative mental health consequences for those developing a gay sexual orientation in a climate of heterosexism. Current health care policy in England concerns itself with the rising number of suicides among young people but fails to acknowledge the importance of the research findings relating to gay people by integrating them into the development of mental health policy. This paper reviews the literature relating to homosexual people and suicidality, and addresses the seriousness of a policy rhetoric which results from ignoring the evidence while dictating mental health nursing practice.


OBJECTIVES: We examined lifetime prevalence of suicide attempts and psychosocial correlates in a large population-based sample of men who have sex with men (MSM). METHODS: A telephone probability sample of US urban MSM (n = 2881) were interviewed between November 1996 and February 1998. RESULTS: Twenty-one percent had made a suicide plan; 12% had attempted suicide (almost half of those 12% were multiple attempters). Most who attempted suicide made their first attempt before age 25. Although prevalence of parasuicide (i.e., attempted suicide) has remained constant across birth cohorts, mean age at initial attempts has declined. CONCLUSIONS: MSM are at elevated risk for suicide attempts, with such risk clustered earlier in life. Some risk factors were specific to being gay or bisexual in a hostile environment.

OBJECTIVES: We examined the effects of same-sex orientation on suicide risks for Guam's Asian/Pacific Islander adolescents. METHODS: We used a probability sample and logistic regression analysis to identify suicide risk factors. RESULTS: Same-sex orientation was associated with a greater risk of suicide attempt, especially for boys. Adolescents who reported suffering physical abuse in the context of a romantic relationship, engaging in binge drinking, and experiencing feelings of hopelessness were at greater risk for suicidal ideation and attempts. Race/ethnicity was associated with suicide risk for both boys and girls, and patterns suggest that membership in the same racial/ethnic group decreased suicide risk for girls and increased risk of suicide for boys. CONCLUSIONS: Gay, lesbian, and bisexual Asian/Pacific Islander adolescents in Guam deserve intervention and counseling programs to reduce suicide risk.


Studies of human sexuality have noted high rates of suicidality among homosexual youth, but the problem has not been systematically examined. This work was undertaken to identify risk factors for suicide attempts among bisexual and homosexual male youth. Subjects were 137 gay and bisexual males, 14 through 21 years of age, from the upper Midwest and Pacific Northwest. Forty-one subjects (41/137) reported a suicide attempt; and almost half of them described multiple attempts. Twenty-one percent of all attempts resulted in medical or psychiatric admissions. Compared with non-attempters, attempters had more feminine gender roles and adopted a bisexual or homosexual identity at younger ages. Attempters were more likely than peers to report sexual abuse, drug abuse, and arrests for misconduct. The findings parallel previous studies' results and also introduce novel suicide risk factors related to gender nonconformity and sexual milestones.


OBJECTIVES: This study examined the relationship between sexual orientation and suicide risk in a population-based sample of adolescents. METHODS: Participants were selected from a cross-sectional, statewide
survey of junior and senior public high school students. All males (n = 212) and females (n = 182) who described themselves as bisexual/homosexual were compared with 336 gender-matched heterosexual respondents on three outcome measures: suicidal ideation, intent, and self-reported attempts. Logistic regression analyses were used to examine the association between sexual orientation and outcome measures with adjustment for demographic characteristics. RESULTS: Suicide attempts were reported by 28.1% of bisexual/homosexual males, 20.5% of bisexual/homosexual females, 14.5% of heterosexual females, and 4.2% of heterosexual males. For males, but not females, bisexual/homosexual orientation was associated with suicidal intent (odds ratio [OR] = 3.61 95% confidence interval [CI] = 1.40, 9.36) and attempts (OR=7.10; 95% CI=3.05, 16.53). CONCLUSIONS: There is evidence of a strong association between suicide risk and bisexuality or homosexuality in males.


The relationship of homosexuality to suicidal behavior was explored by questionnaire responses from 52 men in gay-and-lesbian college organizations and 56 men in gay rap groups. A family background of alcoholism and physical abuse, social supports perceived as rejecting of homosexuality, and no religious affiliation were associated with a history of suicidal ideation, reported by 55% of the participants. Racial/ethnic minorities tended to be overrepresented among suicidal as compared to nonsuicidal gay men. Suicide attempts, reported by 20% of the sample, were most often associated with intrapersonal distress, and occurred most often while individuals were "closeted" and/or in the context of recent rejection for being homosexual. Nearly all attempters were aware of their homosexual feelings, but had not yet established a "positive gay identity" at the time of their first suicide attempt. Suicidal behavior in gay youths may be the product both of familial factors that predispose youths to suicidal behavior, and for social and intrapersonal stressors involved in coming to terms with an emerging homosexual identity.

Syphilis (Syp)


Tobacco Use (Tob)


OBJECTIVES: We examined tobacco use and cessation among a probability sample of urban men who have sex with men (MSM) living in 4 large US cities. METHODS: Of the 2402 men who were eligible for follow-up from a previously recruited probability sample, 1780 (74%) completed tobacco surveys between January and December 1999. RESULTS: Current smoking rates were higher for urban MSM (31.4%; 95% confidence interval [CI]=28.6%, 34.3%) than for men in the general population (24.7%; 95% CI=21.2%, 28.2%). Among MSM, 27% were former smokers. A complex set of sociodemographic, tobacco-related, and other factors were associated with cessation. CONCLUSIONS: Results support earlier reports that smoking rates are higher for MSM compared with men in the general population. Findings related to cessation underscore the need to target tobacco control efforts for MSM.


OBJECTIVES: This study compared the prevalence of cigarette smoking and alcohol use among lesbians and bisexual women with that among heterosexual women. METHODS: Logistic regression models were created with data from an extensive member health survey at a large health maintenance organization. Sexual orientation was the primary predictor, and alcohol consumption and cigarette smoking were outcomes. RESULTS: Lesbians and bisexual women younger than 50 years were more likely than heterosexual women to smoke cigarettes and drink heavily. Lesbians and bisexual women aged 20 to 34 reported higher weekly alcohol consumption and less abstinence compared with heterosexual women and older lesbians and bisexual women. CONCLUSIONS: Lesbians and bisexual women aged 20 to 34 years are at risk for alcohol use and cigarette smoking.


A paucity of information regarding tobacco use among lesbian, gay, bisexual, and transgender (LGBT) youths impedes prevention programs. The aim of the present study was to conduct formative qualitative research regarding subpopulations at risk for tobacco use, protective factors,
patterns of use, and approaches to prevention. This report focuses on participants' recommendations for the development of preventive intervention. Purposive sampling and maximum variation sampling were used to select 30 LGBT youths and 30 interactors for face-to-face interviews. NUD*IST6 text software was used for the indexing and thematic analysis of qualitative data, based on a grounded theory approach. All participants offered suggestions for tobacco prevention pertaining to the optimal process of prevention and cessation programs, specific strategies to promote tobacco prevention and cessation, and general strategies to foster nonsmoking. Several key themes regarding prevention emerged: LGBT youth should be involved in the design and implementation of interventions; prevention programs should support positive identity formation as well as nonsmoking; the general approach to prevention should be entertaining, supportive, and interactive; and the public might not distinguish primary prevention from cessation activities. All but one young smoker had attempted to quit at least once; but only one individual had succeeded. By way of implications, prevention programs should involve young people in enjoyable and engaging activities, address the psychosocial and cultural underpinnings of tobacco use, support healthy psychosocial development, and consider offering pharmacological smoking cessation aids.

OBJECTIVES: This case study describes the events surrounding the first time a major tobacco company advertised in gay media. METHODS: We analyzed internal tobacco company documents, mainstream newspapers, and the gay press. RESULTS: Philip Morris was unprepared for the attention its entry into the gay market received. The company's reaction to this incident demonstrates that its approach to the gay community both parallels and diverges from industry strategies toward other marginalized communities. CONCLUSIONS: The tobacco industry's relationship to the gay community is relatively undeveloped, a fact that may provide tobacco control advocates an opportunity for early intervention. The gay community's particular vulnerabilities to the industry make development of gay tobacco control programs crucial to reducing gay smoking prevalence and industry presence in the community.

OBJECTIVES: This study measured the prevalence of cigarette smoking among gay men and identified associations with smoking. METHODS: Household-based (n = 696) and bar-based (n = 1897) sampling procedures yielded 2593 gay male participants from Portland, Ore, and Tucson, Ariz, in the spring of 1992. RESULTS: Forty-eight percent of the
combined sample reported current smoking, a rate far above prevalence estimates for men in Arizona (z = 14.11, P <.001) or Oregon (z = 24.24, P <.001). Significant associations with smoking included heavy drinking, frequent gay bar attendance, greater AIDS-related losses, HIV seropositivity, lower health rating than members of same age cohort, lower educational attainment, and lower income. CONCLUSIONS: Rates of cigarette smoking are very high among gay men. Tobacco prevention and cessation campaigns should be designed to reach the gay male community.

Transgender (Trans)


Although clinical experience and preliminary research suggest that some transgender people are at significant risk for HIV, this stigmatized group has so far been largely ignored in HIV prevention. As part of the development of HIV prevention education targeting the transgender population, focus groups of selected transgender individuals assessed their HIV risks and prevention needs. Data were gathered in the following four areas: (1) the impact of HIV/AIDS on transgender persons; (2) risk factors; (3) information and services needed; and (4) recruitment strategies. Findings indicated that HIV/AIDS compounds stigmatization related to transgender identity, interferes with sexual experimentation during the transgender 'coming out' process, and may interfere with obtaining sex reassignment. Identified transgender-specific risk factors include: sexual identity conflict, shame and isolation, secrecy, search for affirmation, compulsive sexual behaviour, prostitution, and sharing needles while injecting hormones. Community involvement, peer education and affirmation of transgender identity were stressed as integral components of a successful intervention. Education of health professionals about transgender identity and sexuality and support groups for transgender people with HIV/AIDS are urgently needed.


Virtually no HIV prevention education has specifically targeted the transgender community. To fill this void, a transgender HIV prevention workshop was developed, implemented and evaluated. A 4 h workshop,
grounded in the Health Belief Model and the Eroticizing Safer Sex approach, combined lectures, videos, a panel, discussion, roleplay and exercises. Evaluation using a pre-, post- and follow-up test design showed an increase in knowledge and an initial increase in positive attitudes that diminished over time. Due to the small sample size (N = 59) and limited frequency of risk behavior, a significant decrease in unsafe sexual or needle practices could not be demonstrated. However, findings suggested an increase in safer sexual behaviors such as (mutual) masturbation. Peer support improved significantly. Future prevention education should make special efforts to target the more difficult-to-reach, high-risk subgroups of the transgender population.

Brown, G. R., T. N. Wise, et al. (1996). "Personality characteristics and sexual functioning of 188 cross-dressing men." J Nerv Ment Dis 184(5): 265-73. The literature on cross-dressing men has been primarily limited to self-identified patients at psychiatric clinics who are in distress. To understand the personality trait characteristics and sexual functioning of nonpatient cross-dressers, 188 non-treatment-seeking male cross-dressers completed the NEO Personality Inventory (NEO-PI) and the Derogatis Sexual Functioning Inventory (DSFI). Respondents were classified as transvestites (TV; N = 83), transgenderists (TG; N = 61), or transsexuals (TS; N = 44) based on self-report and the nature of their cross-gender activities (e.g., use of female hormones, desire for sex reassignment, and amount of time spent in female role). These diagnostic groups did not differ on the five broad personality domains of the NEO-PI, but TS men scored higher than TV and TG men on the Aesthetics facet scale of Openness to Experience (O). In terms of the DSFI scales, TS men reported lower sexual drive than TV and TG men, and TS and TG men exhibited greater psychiatric symptoms and feminine gender role, and poorer body image than TV men. Upon exclusion of a group of 49 respondents who previously sought treatment for psychological problems, no significant differences emerged among the three diagnostic groups on the NEO-PI domain and facet scales. Consideration of the DSFI scales showed that TS men experienced less sexual drive, more psychiatric symptoms, and a greater feminine gender role than TV or TG men. This study suggests that cross-dressers not seen for clinical reasons are virtually indistinguishable from non-cross-dressing men using a measure of personality traits, a sexual functioning inventory, and measures of psychological distress. These results emphasize the importance of using clinical significance criteria as required by DSM-IV guidelines before diagnosing men who cross-dress with an axis I disorder.

OBJECTIVES: This study described HIV prevalence, risk behaviors, health care use, and mental health status of male-to-female and female-to-male transgender persons and determined factors associated with HIV. METHODS: We recruited transgender persons through targeted sampling, respondent-driven sampling, and agency referrals; 392 male-to-female and 123 female-to-male transgender persons were interviewed and tested for HIV. RESULTS: HIV prevalence among male-to-female transgender persons was 35%. African American race (adjusted odds ratio [OR] = 5.81; 95% confidence interval [CI] = 2.82, 11.96), a history of injection drug use (OR = 2.69; 95% CI = 1.56, 4.62), multiple sex partners (adjusted OR = 2.64; 95% CI = 1.50, 4.62), and low education (adjusted OR = 2.08; 95% CI = 1.17, 3.68) were independently associated with HIV. Among female-to-male transgender persons, HIV prevalence (2%) and risk behaviors were much lower. Most male-to-female (78%) and female-to-male (83%) transgender persons had seen a medical provider in the past 6 months. Sixty-two percent of the male-to-female and 55% of the female-to-male transgender persons were depressed; 32% of each population had attempted suicide. CONCLUSIONS: High HIV prevalence suggests an urgent need for risk reduction interventions for male-to-female transgender persons. Recent contact with medical providers was observed, suggesting that medical providers could provide an important link to needed prevention, health, and social services.


Researchers traditionally have assumed that sex reassignment procedures do not change sexual orientation. Of 20 transsexuals of various types that were interviewed, 6 heterosexual male-to-female transsexual respondents reported that their sexual orientation had changed since transitioning from male to female. These respondents stated that before transitioning they had been sexually orientated towards females. After transitioning, these same respondents reported that they were sexually orientated towards males. Five of the six respondents reported having various sexual encounters with males since transitioning. The respondents explained the changes in their sexual orientation as part of their emerging female gender identities. Three of the respondents claimed that the use of female hormones played a role in changing their sexual orientation. It did not appear that the respondents’ post-transitional sexual attractions towards males were similar to autogynephilic images and fantasies described by Blanchard (1991).


A long-term follow up of 136 patients operated on for sex reassignment was done to evaluate the surgical outcome. Social and psychological adjustments were also investigated by a questionnaire in 90 of these 136 patients. Optimal results of the operation are essential for a successful outcome. Personal and social instability before operation, unsuitable body build, and age over 30 years at operation correlated with unsatisfactory results. Adequate family and social support is important for postoperative functioning. Sex reassignment had no influence on the person's ability to work.


**OBJECTIVE:** Reassignment surgery of the female-to-male transsexual is a rarely performed surgical procedure that should involve a gynecologist's consultation and expertise. This study examines the experience with this type of surgery at Baskent University Hospital, Ankara, Turkey, from the gynecologists' point of view. **STUDY DESIGN:** Eight patients underwent laparoscopically assisted vaginal hysterectomy, bilateral salpingo-oophorectomy and total vaginectomy, followed by phallic construction. Patients were followed up for 9 to 30 months post-surgery. **RESULTS:** The average operative time for total vaginectomy and laparoscopically assisted vaginal hysterectomy and bilateral salpingo-oophorectomy was 2 h and 20 min. The estimated average blood loss was 250 ml. Other than one bladder perforation, which was repaired immediately and healed uneventfully, we encountered no operative or postoperative complications linked to the gynecologic surgery. **CONCLUSION:** Laparoscopy seems to be useful in female-to-male transsexual surgery in allowing the preservation of structures vital for phallic construction, such as inferior epigastric vessels and the rectus abdominis muscle. The application of vaginectomy awaits justification through long-term follow-up studies of transsexuals who have undergone colpocleisis.


This study examines assessment issues concerning transsexualism through the use of the Minnesota Multiphasic Personality Inventory (MMPI). The MMPI was administered to 20 transsexuals matched within
sex on age and education: five presurgical male-to-females, five postsurgical male-to-females, five presurgical female-to-males, and five postsurgical female-to-males. Mean T scores for each of these four subsamples were examined in comparison to normative groups. Comparisons among the four subsamples showed significant differences in mean raw scores attributable to both sex and surgical status. The most striking of these comparisons indicated that postsurgical subjects had a higher level of psychological adjustment.


Physiological principles of the interrelationship of sex hormones and their regulation are the foundation of understanding appropriate treatment of the transsexual patient. While both genetic males and females have estrogens and androgens, the quantitative sex hormone production is genetically predetermined by sex hormone production both in the gonads and via peripheral conversion of hormone precursors to sex steroids. Sex hormones exert a negative feedback on the hypothalamus and pituitary gland whereby gonadotropin-releasing hormone (GnRH), pituitary luteinizing hormone (LH), and follicle-stimulating hormone (FSH) are regulated or suppressed by the endogenous levels of these hormones. Sex hormonal therapy induces attenuated GnRH stimulation of LH and FSH causing a reduction of serum sex hormone levels. It is clear that estrogen as well as androgen therapy have a dual role: (i) induction of feminization or virilization and (ii) suppression of the hypothalamic-pituitary-gonadal axis leading to a reduction of endogenous estradiol or testosterone secretion. Cross-sex hormonal treatment may have substantial medical side effects. The smallest dosage of hormonal therapy compatible with the above clinical aims should be used.


Plasma total homocysteine (tHcy) levels are higher in men vs. premenopausal women, but it is not known whether this difference is related to sex steroids. The effects of cross-sex hormone administration
on plasma tHcy levels were therefore investigated. Plasma tHcy levels were measured at baseline and after 4 months of treatment in 17 male-to-female (M-->F) transsexuals treated with ethinyl estradiol (100 micrograms/day), in combination with the antiandrogen, cyproterone acetate (100 mg/day), and in 17 female-to-male (F-->M) transsexuals treated with testosterone esters (250 mg/2 weeks, im). In M-->F transsexuals, the plasma tHcy level decreased from geometric mean 8.2 mumol/L to 5.7 mumol/L (P < 0.001); and in F-->M transsexuals, it increased from 7.7 mumol/L to 9.0 mumol/L (P = 0.005). In M-->F transsexuals, changes in serum sex hormone-binding globulin levels correlated negatively, and changes in plasma creatinine and albumin levels correlated positively, with changes in plasma tHcy levels. In F-->M transsexuals, changes in serum sex hormone-binding globulin levels correlated negatively, and changes in plasma creatinine levels correlated positively, with changes in plasma tHcy levels. We conclude that tHcy levels decrease after estrogen + antiandrogen administration to male (transsexual) subjects, and levels increase after androgen administration to female (transsexual) subjects. These changes may be both primary and secondary to the anabolic/catabolic effects, as reflected by changes of creatinine and albumin levels after cross-sex hormone administration.


For more than a decade the pedicled island neurovascular flap of the glans penis has been the standard procedure for clitoroplasty in intersex anomalies and in male-to-female genital sex reassignment surgery. Most authors focusing on genitoperineal reconstructions have used the island neurovascular flap of the dorsal shaft of the penis, including a variable-sized dorsal chip of the glans penis as the distal and functional portion of the flap. Although this dorsal glans clitoroplasty technique for neoclitoral reconstruction is well known, it nevertheless deserves scientific revision, with a view to improving several neglected aesthetic and functional points. The authors describe a new method for reconstruction of the neoclitoris in male-to-female transsexuals, the corona glans clitoroplasty. It is based on a modification of the original pedicled island neurovascular flap of the glans penis. The main difference compared with the dorsal glans clitoroplasty is that, distally, this method includes a bifid dorsolateral coronal flap designed in the shape of an open lotus flower or a bull's horns. Furthermore, a semicircular preputial flap is retained, attached to the bifid coronal flap of the glans, to improve the cosmetic appearance of the vestibulum and avoid growth of hair around the neoclitoris. Finally, a small dorsal flap of the spongiomucosa urethra designed in the shape of a pencil tip is added to improve the cosmetic appearance of the vestibulum between the neoclitoris and the urethral neomeatus. Since October of
1999, the authors have performed more than 30 genital sex reassignment surgeries in male-to-female transsexuals, of whom 16 underwent their technique of corona glans clitoroplasty. The authors describe and discuss the anatomic basis and clinical implications of this technique and its cosmetic and potential functional advantages. They also consider the anatomic differences among four distal designs of the pedicled island neurovascular flap of the glans penis: dorsal, lateral, ventral, and corona glans clitoroplasty in male-to-female transsexuals.


A significant skewing in the sex ratio in favour of females has been reported for the families of homosexual men such that there are fewer maternal uncles than aunts. This finding is repeated for a large series of transsexual families in this study. Four hundred and seventeen male-to-female transsexuals and 96 female-to-male transsexuals were assessed. Male-to-female transsexuals have a significant excess of maternal aunts vs. uncles. No differences from the expected parity were found for female-to-male transsexuals or on the paternal side. A posited explanation for these findings invokes X inactivation and genes on the X chromosome that escape inactivation but may be imprinted. Our hypothesis incorporates the known familial traits in the families of homosexuals and transsexuals by way of retention of the grand parental epigenotype on the X chromosome. Generation one would be characterized by a failure to erase the paternal imprints on the paternal X chromosome. Daughters of this second generation would produce sons that are XpY and XmY. Since XpY expresses Xist, the X chromosome is silenced and half of the sons are lost at the earliest stages of pregnancy because of the normal requirement for paternal X expression in extra-embryonic tissues. Females survive by virtue of inheriting two X chromosomes, and therefore the possibility of X chromosome counting and choice during embryonic development. In generation three, sons inheriting the paternal X after its second passage through the female germline survive, but half would inherit the feminizing Xp imprinted genes. These genes could pre-dispose the sons to feminization and subsequent development of either homosexuality or transsexualism.


Hormonal therapy and gender-confirming surgery are the treatments of choice in appropriately selected male-to-female transsexuals. Penectomy and vaginoplasty are the paramount surgical requests of the male transsexual, but breast enlargement greatly increases subjective feelings of femininity. There are only limited reports on augmentation mammoplasty in male transsexuals, and hardly any attention has been paid to the differences between the female mammary anatomy and its male counterpart. The basic anatomic and surgical considerations of augmentation mammoplasty for 201 male-to-female transsexuals who were operated on from 1979 to 1997 are reviewed and discussed. They include the differences between male and female anatomy and how to feminize the male chest, the results of hormonal therapy and the proper timing of surgery, the choice of implant size and surgical approach, the results that may be expected after surgery, and the implications of all mentioned on the long-term outcome and follow-up after augmentation mammoplasty. Because the referring doctor may not check on the breasts or may not be trained to examine augmented breasts for pathologic conditions, the mammoplasty surgeon has an obligation to ensure the proper follow-up of these patients.


As awareness of transgender men and women grows among health care educators, researchers, policymakers, and clinicians of all types, the need to create more inclusive settings also grows. Greater sensitivity and relevant information and services are required in dealing with transgender men and women. These individuals need their identities to be recognized as authentic, they need better access to health care resources, and they need education and prevention material appropriate to their experience. In addition, a need exists for activities designed to enhance understanding of transgender health issues and to spur innovation.


There is a pervasive pattern of discrimination and prejudice against transgendered people within society. Both economic discrimination and experiencing violence could be the result of a larger social climate that severely sanctions people for not conforming to society’s norms concerning gender; as such, both would be strongly associated with each other. Questionnaires were distributed to people either through events or through volunteers, and made available upon the World Wide Web. A
sample of 402 cases was collected over the span of 12 months (April 1996-April 1997). We found that over half the people within this sample experienced some form of harassment or violence within their lifetime, with a quarter experiencing a violent incident. Further investigation found that experiencing economic discrimination because one is transgendered had the strongest association with experiencing a transgender related violent incident. Economic discrimination was related to transgendered people's experience with violence. Therefore, both hate crimes legislation and employment protections are needed for transgendered individuals.


Issues and concerns among six directors, one counsellor and one consultant for transgender programmes in San Francisco are described. Additionally, 173 clients who were enrolled in programmes in eight AIDS service organizations were interviewed using a structured survey questionnaire. This study examined the relationships between HIV risk behaviours and social and cognitive factors among transgendered females (male-to-female transgenders) (n = 25) in comparison with homosexual or bisexual males (n = 122) and heterosexual females (n = 26). Transgendered females engaged in riskier behaviours than the other groups in terms of the number of sex partners in the past 30 days and the past six months, commercial sex activities, and having a steady sex partner who injected drugs. Adverse socioeconomic conditions and transgender-specific risk behaviours such as injecting hormones in relation to HIV risk behaviours must be targeted by future intervention studies.


OBJECTIVES: The authors examined HIV risk behaviors among African American, Asian/Pacific Islander (API), and Latina male-to-female (MTF) transgender persons in order to improve HIV prevention programs. METHODS: Individual survey interviews with MTF transgender persons of color (n = 332; 112 African Americans, 110 Latinas, and 110 APIs) were conducted. RESULTS: Prevalence and correlates of receptive anal sex and unprotected receptive anal sex (URAS) varied by type of partner (primary, casual, or commercial sex partners). URAS with primary partners was associated with drug use before sex; URAS with casual partners was associated with HIV-positive status and drug use before sex; and URAS with commercial sex partners was associated with African American ethnicity and low income. CONCLUSIONS: Findings on current
risk behaviors among MTF transgender persons provided meaningful implications for HIV prevention interventions.


Transgender women are at high risk for HIV, substance abuse, and mental health problems. We describe a health promotion intervention program tailored to transgender women in San Francisco. The program creates a safe space for providing transgender-sensitive education about HIV risk reduction, substance abuse prevention, and general health promotion. Transgender health educators conduct workshops and make referrals to appropriate substance abuse treatment programs and other services in the community. Evaluation findings indicate that this community-tailored intervention may be an effective way to reach transgender women and reduce sexual risk behaviors, depression, and perceived barriers to substance abuse treatment.


The problem of changing the civil status of transsexuals has been tackled in different ways in various European countries. Six applications made by transsexuals have led to judgments by the European Court of Human Rights. These cases illuminate some specific aspects of the relationships between health, law, and human rights, including criteria used to determine gender and the impact of authorities' refusal to modify civil status, which may be seen as violating the right to be free from inhuman or degrading treatment; respect for the private and family life of transsexuals; and the right to marry. Only one Court decision found a State party (France) to be in violation of the ECHR for refusing a transsexual the right to change civil status. This judgment, however, has left open a number of outstanding issues.


From 1980 to July 1997 sixty-one male-to-female gender transformation surgeries were performed at our university center by one author (A.M.). Data were collected from patients who had surgery up to 1994 (n = 47) to obtain a minimum follow-up of 3 years; 28 patients were contacted. A mail questionnaire was supplemented by personal interviews with 11 patients and telephone interviews with remaining patients to obtain and clarify additional information. Physical and functional results of surgery were judged to be good, with few patients requiring additional corrective surgery. General satisfaction was expressed over the quality of cosmetic (normal appearing genitalia) and functional (ability to perceive orgasm) results. Follow-up showed satisfied who believed they had normal appearing genitalia and the ability to experience orgasm. Most patients were able to return to their jobs and live a more satisfactory social and personal life. One significant outcome was the importance of proper preparation of patients for surgery and especially the need for additional postoperative psychotherapy. None of the patients regretted having had surgery. However, some were, to a degree, disappointed because of difficulties experienced postoperatively in adjusting satisfactorily as women both in their relationships with men and in living their lives generally as women. Findings of this study make a strong case for making a change in the Harry Benjamin Standards of Care to include a period of postoperative psychotherapy.


OBJECTIVE: The importance of oestrogen on bone mineral density (BMD) in males was suggested by reports of patients with oestrogen resistance and aromatase deficiency who demonstrated osteoporosis and epiphyseal plate maturation defect despite high testosterone levels. In the present study, we examined the effects of oestrogen exposure on BMD in transsexual men. DESIGN: Cross-sectional study of BMD in male to female transsexuals. PATIENTS: Subjects consisted of two groups of transsexual male dancers aged 16-34 years who did not receive transsexual operations (n = 28). Group 1 (n = 11) and group 2 (n = 17) had used oestrogen for 2 years or less and more than 2 years, respectively. Twenty-four healthy adult males served as controls. RESULTS: Signs of feminization were presented in both group 1 and group 2, with Tanner's stage II-III breast development. BMD at various sites were correlated only to body weight and not to smoking or milk consumption. After controlling for body weight, it was found that group 2 had significantly higher BMD at L2-4 than controls (1.22 +/- 0.03 vs. 1.14 +/- 0.03 g/cm2, P < 0.05) and group 1 (1.22 +/- 0.03 vs. 1.08 +/- 0.04
g/cm², P < 0.05). BMD at femoral neck was also higher in group 2 compared to controls (1.10 +/- 0.03 vs. 1.01 +/- 0.03 g/cm², P < 0.05) and group 1 (1.10 +/- 0.03 vs. 0.95 +/- 0.04 g/cm², P < 0.05). Group 1 subjects had lower BMD compared to controls at femoral trochanter (0.70 +/- 0.04 vs. 0.83 +/- 0.03 g/cm², P < 0.05) and total femur (0.96 +/- 0.05 vs. 1.07 +/- 0.03 g/cm², P < 0.05). CONCLUSIONS: Long-term oestrogen exposure transsexual men result in an increase in bone mineral density despite signs of feminization. This suggests that oestrogen has positive effects on bone density in males. The finding of the trend towards reduced bone density in group 1 remains unexplained.


The aim of this study was to investigate whether and to what extent our regime of cross-gender hormone replacement therapy might influence osteoporosis development in transsexual patients. We found that after long-term therapy the bone densities of our cross-gender hormone-treated transsexual groups (10 male-to-female and 10 female-to-male) did not show significant differences compared to those of the corresponding biological sex. Moreover, the bone-density during therapy pointed out very little variability and that independent of the gender-alteration (transsexuality-direction) and the age of the transsexuals. Our results indicate that for transsexual patients treated with cross-gender hormone replacement therapy the risk of developing osteoporosis is low.


PURPOSE: The purpose of this article is to inform nurse practitioners (NPs) about the primary care needs of patients who have undergone gender reassignment, either by hormone therapy alone or in conjunction with surgery. DATA SOURCES: Data sources used were mainly from a review of the literature about gender identity disorder and gender reassignment. Information was also gathered from several leading surgeons on gender reassignment surgical procedures and subsequent clinical considerations. CONCLUSIONS: There is very little written on the primary care clinical ramifications of transsexual patients and how clinicians can adapt their approaches to healthcare delivery to accommodate their special situations. IMPLICATIONS FOR PRACTICE: Implications for practice include how an NP can adapt clinical practice approaches to provide for patients who have undergone gender
reassignment. Changes that occur in the transsexual process may warrant noncustomary primary healthcare screening and examination.

OBJECTIVE: It is unknown whether long term cross-sex hormone treatment affects the human skeleton. We monitored bone mineral density and biochemical markers of bone turnover for 28-63 months in 20 male-to-female transsexuals (M-->F) treated with anti-androgens and oestrogens, and 19 female-to-male transsexuals (F-->M) treated with androgens. They underwent gonadectomy 13-35 months after the start of cross-sex hormone administration. DESIGN: Bone mineral density (BMD) and the markers of bone turnover osteocalcin, alkaline phosphatase, fasting urinary calcium/creatinine and hydroxyproline/creatinine, were measured at baseline, after 1 year and after 28-63 months of cross-sex hormone administration. RESULTS: In oestrogen-treated M-->F, variables of bone turnover decreased significantly with consecutive measurements. BMD had increased significantly after 1 year, but decreased again to baseline levels after 28-63 months of cross-sex hormones. In F-->M, alkaline phosphatase levels increased during the first year. BMD did not change during the first year but had decreased significantly after 28-63 months following ovariectomy. In both M-->F and F-->M, the change of BMD correlated inversely with serum LH and FSH levels. Of all biochemical variables LH levels appeared to be the best predictor of loss of BMD; in the long-term LH levels were more elevated in testosterone-treated F-->M than in oestrogen-treated M-->F transsexuals. CONCLUSION: In M-->F, oestrogen treatment prevented bone loss after testosterone deprivation. In F-->M the testosterone dosage used, associated with a decline in serum oestradiol levels, was unable to maintain bone mass fully in all subjects in the longer term. The inverse relationship between BMD and serum LH levels suggests that the dose of hormone replacement has been too low in subjects with a decline in their BMD. Its cause might be underdosing or non-compliance in some patients. We propose that serum LH levels may be used as a measure of the adequacy of replacement with sex steroids.

The authors used as a standard a one-stage method of microsurgical reconstruction of the penis, urethra and glans in 38 transsexual patients, a combination of Biemer's method, Trengove-Jones and Horton's suture of the glans. The reconstruction method is described in detail. Although reconstruction of the penis and urethra involved a group of 49 patients and accounted for less than 10% of all microsurgical tissue transfers in
traumatology, oncological surgery and congenital defects, they are an important activity in systematic surgery.

Youths (Youth)


METHODS: Subjects were 102 self-identified gay, lesbian, and bisexual youth aged 18-23 years. A confidential self-administered survey elicited demographic information, sexual orientation information, health care experiences, subjects' understanding of medical confidentiality during ages 14-18 years, and their suggestions for improving care to gay and lesbian adolescents. RESULTS: Two-thirds of subjects never discussed sexual orientation with their provider but reported a desire to do so. Fewer than one-half of subjects remembered being informed about their right to medical confidentiality; those who reported being so informed were three times more likely to have discussed their sexual orientation with their provider. Over 70% of subjects who reported not being informed about their right to medical confidentiality stated that they would have been more likely to discuss sexual orientation with their provider had they been so informed. Only 13 of subjects had disclosed their sexual orientation to their health care providers. Of these, only half of the males received information on human immunodeficiency virus prevention. CONCLUSIONS: Health care providers may be failing to fully address issues of confidentiality and sexual orientation with adolescents, despite a decade of increased information on adolescent homosexuality.


PURPOSE: To examine the link between victimization at school and health risk behaviors using representative data comparing lesbian, gay, and bisexual (LGB) youths and heterosexual youths. METHODS: Data from the 1995 Youth Risk Behavior Survey taken in Massachusetts and Vermont were examined. This sample included 9188 9th through 12th grade students; 315 of these students were identified as LGB. Analyses of variance were used to examine health risk behaviors by sexual orientation
by gender by victimization level. RESULTS: The combined effect of LGB status and high levels of at-school victimization was associated with the highest levels of health risk behaviors. LGB youths reporting high levels of at-school victimization reported higher levels of substance use, suicidality, and sexual risk behaviors than heterosexual peers reporting high levels of at-school victimization. Also, LGB youths reporting low levels of at-school victimization reported levels of substance use, suicidality, and sexual-risk behaviors that were similar to heterosexual peers who reported low at-school victimization. CONCLUSIONS: The findings provide evidence that differences in health risks among LGB youth are mediated by victimization at school. Such victimization of LGB youth is associated with health risk behaviors.


OBJECTIVE: In 1997, suicide was the third leading cause of death among 10- to 19-year-olds in the United States, with the greatest increases in suicide rates in the previous decade experienced by black and other minority youth. The purpose of this study was to identify risk and protective factors for suicide attempts among black, Hispanic, and white male and female adolescents. METHODS: We used data from the National Longitudinal Study of Adolescent Health, conducted in 1995 and 1996. A nationally representative sample of 13 110 students in grades 7 through 12 completed 2 in-home interviews, an average of 11 months apart. We examined Time 1 factors at the individual, family, and community level that predicted or protected against Time 2 suicide attempts. RESULTS: Perceived parent and family connectedness was protective against suicide attempts for black, Hispanic, and white girls and boys, with odds ratios ranging from 0.06 to 0.32. For girls, emotional well-being was also protective for all of the racial/ethnic groups studied, while a high grade point average was an additional protective factor for all of the boys. Cross-cutting risk factors included previous suicide attempt, violence victimization, violence perpetration, alcohol use, marijuana use, and school problems. Additionally, somatic symptoms, friend suicide attempt or completion, other illicit drug use, and a history of mental health treatment predicted suicide attempts among black, Hispanic, and white females. Weapon-carrying at school and same-sex romantic attraction were predictive for all groups of boys. Calculating the estimated probabilities of attempting suicide for adolescents with increasing numbers of risk and protective factors revealed that the presence of 3 protective factors reduced the risk of a suicide attempt by 70% to 85% for each of the gender and racial/ethnic groups, including those with and without identified risk factors. CONCLUSIONS: In these national samples of black, Hispanic, and white youth, unique and cross-cutting factors derived from a resiliency framework predicted or protected against attempting suicide. In addition to risk reduction, promotion of protective factors may offer an
effective approach to primary as well as secondary prevention of adolescent suicidal behavior.


**OBJECTIVE:** This study is one of the first to examine the association between sexual orientation and health risk behaviors among a representative, school-based sample of adolescents. **DESIGN:** This study was conducted on an anonymous, representative sample of 4159 9th- to 12th-grade students in public high schools from Massachusetts' expanded Centers for Disease Control and Prevention 1995 Youth Risk Behavior Survey. Sexual orientation was determined by the following question: "Which of the following best describes you?" A total of 104 students self-identified as gay, lesbian, or bisexual (GLB), representing 2.5% of the overall population. Of GLB youth, 66.7% were male and 70% were white (not Hispanic). Health risk and problem behaviors were analyzed comparing GLB youth and their peers. Those variables found to be significantly associated with GLB youth were then analyzed by multiple logistic regression models. **RESULTS:** GLB youth were more likely than their peers to have been victimized and threatened and to have been engaged in a variety of risk behaviors including suicidal ideation and attempts, multiple substance use, and sexual risk behaviors. Four separate logistic regression models were constructed. Model I, Onset of Behaviors Before Age 13, showed use of cocaine before age 13 years as strongly associated with GLB orientation (odds ratio [OR]: 6.10; 95% confidence interval [CI] = 2.45-15.20). Early initiation of sexual intercourse (2.15; 10.6-4.38), marijuana use (1.98; 1.04-4.09), and alcohol use (1.82; 1.03-3.23) also was associated with GLB orientation. Model II, Lifetime Frequencies of Behaviors, showed that frequency of crack cocaine use (1.38; 1.06-1.79), inhalant use (1.30; 1.05-1.61), and number of sexual partners (1.27; 1.06-1.43) was associated with GLB orientation. Model III, Frequency of Recent Behaviors, showed smokeless tobacco use in the past 30 days (1.38; 1. 20-1.59) and number of sexual partners in the previous 3 months (1. 47; 1.31-1.65) were associated with GLB orientation. Model IV, Frequency of Behaviors at School, showed having one's property stolen or deliberately damaged (1.23; 1.08-1.40) and using marijuana (1.29; 1.05-1.59) and smokeless tobacco (1.53; 1.30-1.81) were associated with GLB orientation. Overall, GLB respondents engaged
disproportionately in multiple risk behaviors, reporting an increased mean number of risk behaviors (mean = 6.81 +/- 4.49) compared with the overall student population (mean = 3.45 +/- 3.15). CONCLUSION: GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance use. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than are their peers. These findings suggest that educational efforts, prevention programs, and health services must be designed to address the unique needs of GLB youth.


OBJECTIVE: To examine whether sexual orientation is an independent risk factor for reported suicide attempts. DESIGN: Data were from the Massachusetts 1995 Centers for Disease Control and Prevention Youth Risk Behavior Survey, which included a question on sexual orientation. Ten drug use, 5 sexual behavior, and 5 violence/victimization variables chosen a priori were assessed as possible mediating variables. Hierarchical logistic regression models determined independent predictors of suicide attempts. SETTING: Public high schools in Massachusetts. PARTICIPANTS: Representative, population-based sample of high school students. Three thousand three hundred sixty-five (81%) of 4167 responded to both the suicide attempt and sexual orientation questions. MAIN OUTCOME MEASURE: Self-reported suicide attempt in the past year. RESULTS: One hundred twenty-nine students (3.8%) self-identified as gay, lesbian, bisexual, or not sure of their sexual orientation (GLBN). Gender, age, race/ethnicity, sexual orientation, and all 20 health-risk behaviors were associated with suicide attempt (P<.001). Gay, lesbian, bisexual, or not sure youth were 3.41 times more likely to report a suicide attempt. Based on hierarchical logistic regression, female gender (odds ratio [OR], 4.43; 95% confidence interval [CI], 3.30-5.93), GLBN orientation (OR, 2.28; 95% CI, 1.39-3.37), Hispanic ethnicity (OR, 2.21; 95% CI, 1.44-3.99), higher levels of violence/victimization (OR, 2.06; 95% CI, 1.80-2.36), and more drug use (OR, 1.31; 95% CI, 1.22-1.41) were independent predictors of suicide attempt (P<.001). Gender-specific analyses for predicting suicide attempts revealed that among males the OR for GLBN orientation increased (OR, 3.74; 95% CI, 1.92-7.28), while among females GLBN orientation was not a significant predictor of suicide. CONCLUSIONS: Gay, lesbian, bisexual, or not sure youth report a significantly increased frequency of suicide attempts. Sexual orientation has an independent association with suicide attempts for males, while for females the association of sexual orientation with suicidality may be mediated by drug use and violence/victimization behaviors.

PURPOSE: To examine relationships among childhood adversity, attachment style (one's core beliefs regarding the self and others), and the following risk behaviors and contexts among young men who have sex with men (YMSM): homelessness, daily substance use, participation in sex work, involvement in the criminal justice system, and being out of school or work. METHODS: Using a targeted sampling approach, we recruited 569 YMSM aged 17-28 years from natural venues in New York City including bars, clubs, parks, and bus stations. Youth completed a structured interview assessing lifetime and current risk and protective contexts and behavior. Data were analyzed using univariate and multivariate statistical methods, including hierarchical logistic regression. RESULTS: After controlling for demographic characteristics and childhood adversity, YMSM with a fearful attachment style were more likely to have been homeless (OR 2.93, 95% CI 1.65-5.18), to have participated in sex work (OR 2.35, 95% CI 1.44-3.85), to use substances daily (OR 2.79, 95% CI 1.29-6.03), to have been involved in the criminal justice system (OR 2.04, 95% CI 1.38-3.01), and to be out of school/work (OR 2.47, 95% CI 1.47-4.15). Three subgroups were particularly vulnerable: YMSM who identified as heterosexual, or bisexual, and/or transgender. CONCLUSIONS: A fearful attachment style contributes to some YMSM remaining outside of the protective systems of family, school, and work, and is associated with risky contexts where they are less likely to encounter prosocial peers and adults. Further, it is associated with risk behavior. Although gay-identified youth are generally found to have poor outcomes when compared with the general population of adolescents, in the present report, YMSM who identified as heterosexual were at particular risk. Attachment theory can guide interventions by informing how individuals experience relationships and manage developmental transitions.


Lesbian, gay, bisexual, and transgender youth are at risk for a multitude of physical, emotional, and social health problems. During the past decade it has been well documented that these youth have higher-than-average rates of depression, suicide attempts, substance abuse, sexually transmitted diseases, school failure, family rejection, and homelessness. The focus of this article is to outline skills and strategies that can assist the health practitioner in creating an optimal health care experience for sexual minority youth. Models of individual and family adaptation, a clinical path,
and a referral list are presented. Current health care delivery sites are examined, and recommendations are given for improvement of both practitioner skills and health care programs targeting these youth.

Data on homeless and runaway youth were collected through a consortium of agencies, including one that provides services to a high percentage of gay-lesbian-, and bisexual-identified youth. Gay and bisexual male youth appear to be at increased risk for both homelessness and suicide. Gay male street youth may have been forced out of their homes because of their sexual orientation, and are more likely to engage in survival sex (prostitution) than their nongay male counterparts. In one sample, 53% of gay-identified street youths had attempted suicide, compared with 32% of a cohort of street youths that included both gay and nongay youths. Prejudice, discrimination, and homophobia are still rampant in society today; these factors contribute to a multiplicity of problems that face the young person who is gay.


The development of a homosexual identity spans the entire life cycle, but adolescence is a critical period in the lives of gay and lesbian persons. Various pre- and postnatal biologic and environmental factors are thought to determine sexual orientation early in life. An emerging homosexual identity may be reflected in youths' sexual attractions, fantasies, and cultural affiliations, as well as their behaviors. The adolescent experiences of homosexual persons profoundly affect health outcomes. The goals of care are to promote normal adolescent development, social and emotional well-being, and physical health. Comprehensive and coordinated educational, mental health, social, and medical services are recommended.

OBJECTIVES: Recent national attention to hate crimes committed against lesbian, gay, and bisexual youths has highlighted the need to understand this group's experiences of violence. Using nationally representative data, we examine the associations between romantic attraction and experiences
of violence, as well as the risk of witnessing violence and perpetrating violence against others. METHODS: Data from the National Longitudinal Study of Adolescent Health were examined. Youths reporting same-sex and both-sex romantic attractions were compared with those reporting other-sex attractions. Survey logistic regression was used to control for sample design effects. RESULTS: Youths who report same-sex or both-sex romantic attraction are more likely to experience extreme forms of violence than youths who report other-sex attraction. Youths reporting same-sex and both-sex romantic attractions are also more likely to witness violence. The higher incidence of violence perpetrated by youths attracted to the same sex is explained by their experiences of violence. CONCLUSIONS: These findings provide strong evidence that youths reporting same-sex or both-sex romantic attraction are at greater risk for experiencing, witnessing, and perpetrating violence.


PURPOSE: To examine the performance of various items measuring sexual orientation within 8 school-based adolescent health surveys in the United States and Canada from 1986 through 1999. METHODS: Analyses examined nonresponse and unsure responses to sexual orientation items compared with other survey items, demographic differences in responses, tests for response set bias, and congruence of responses to multiple orientation items; analytical methods included frequencies, contingency tables with Chi-square, and ANOVA with least significant differences (LSD) post hoc tests; all analyses were conducted separately by gender. RESULTS: In all surveys, nonresponse rates for orientation questions were similar to other sexual questions, but not higher; younger students, immigrants, and students with learning disabilities were more likely to skip items or select "unsure." Sexual behavior items had the lowest nonresponse, but fewer than half of all students reported sexual behavior, limiting its usefulness for indicating orientation. Item placement in the survey, wording, and response set bias all appeared to influence nonresponse and unsure rates. CONCLUSIONS: Specific recommendations include standardizing wording across future surveys, and pilot testing items with diverse ages and ethnic groups of teens before use. All three dimensions of orientation should be assessed where possible; when limited to single items, sexual attraction may be the best choice. Specific wording suggestions are offered for future surveys.

CONTEXT: Although a limited amount of research has retrospectively explored the childhood and adolescent heterosexual experiences of lesbians, little is known about the prevalence of heterosexual behavior and related risk factors or about pregnancy histories among lesbian and bisexual teenagers. METHODS: A secondary analysis was conducted using responses from a subsample of 3,816 students who completed the 1987 Minnesota Adolescent Health Survey. Behaviors, risk factors and pregnancy histories were compared among adolescents who identified themselves as lesbian or bisexual, as unsure of their sexual orientation and as heterosexual. RESULTS: Overall, bisexual or lesbian respondents were about as likely as heterosexual women ever to have had intercourse (33% and 29%, respectively), but they had a significantly higher prevalence of pregnancy (12%) and physical or sexual abuse (19-22%) than heterosexual or unsure adolescents. Among sexually experienced respondents, bisexual or lesbian and heterosexual women reported greater use of ineffective contraceptives (12-15% of those who used a method) than unsure adolescents (9%); bisexual or lesbian respondents were the most likely to have frequent intercourse (22%, compared with 15-17% of the other groups). In the sample overall, among those who were sexually experienced and among those who had ever been pregnant, bisexual or lesbian women were the most likely to have engaged in prostitution during the previous year. CONCLUSIONS: Providers of reproductive health care and family planning services should not assume that pregnant teenagers are heterosexual or that adolescents who say they are bisexual, lesbian or unsure of their sexual orientation are not in need of family planning counseling. Further research should explore the interactions between adolescent sexual identity development and sexual risk behaviors.


PURPOSE: A recent study found a disproportionate number of pregnancies among Euro-American lesbian and bisexual adolescents compared to heterosexual peers. American Indian adolescents have reported higher prevalence of gay/lesbian/bisexual orientations than Euro-Americans; do they also report higher prevalence of pregnancy? METHODS: The study assessed prevalence of teen pregnancy and related factors by sexual orientation among sexually experienced, reservation-based American Indian adolescent males (n = 2056) and females (n = 1693) who participated in a national school-based survey in 1991. Self-reported orientation was classified as heterosexual, gay/lesbian/bisexual, and "unsure" of orientation. RESULTS: Gay/bisexual males were more likely than other males to report early heterosexual intercourse (<14 years), more consistent contraception, and a higher prevalence of abuse and running away (p < 0.05 to p < 0.0001). Likewise,
Lesbian/bisexual females were more likely to report early onset of heterosexual intercourse, more frequent intercourse, and running away. Sexual or physical abuse did not vary by orientation for females. Prevalence of pregnancy also did not vary by orientation (males, 18.6% gay/bisexual vs. 10.4% "unsure" vs. 11.8% heterosexual; females, 25.0% lesbian/bisexual vs. 22.1% "unsure" vs. 21.9% heterosexual). For lesbian/bisexual females, no variables were significantly associated with pregnancy history; for "unsure" females, pregnancy was associated with contraceptive frequency and early onset of heterosexual activity. For heterosexual females, age, intercourse frequency, and physical abuse were associated. For gay/bisexual males, intercourse frequency, ineffective contraception, and physical abuse were associated with involvement in a pregnancy; for "unsure" and heterosexual males, most items except ineffective contraception were related to pregnancy involvement history. CONCLUSIONS: Although prevalence of pregnancy is similar, findings show group differences in associated risk factors by sexual orientation. Interventions to reduce pregnancy among American Indian adolescents should include assessment of sexual orientation and behavioral risk factors.

Shaffer, D., P. Fisher, et al. (1995). "Sexual orientation in adolescents who commit suicide." Suicide Life Threat Behav 25 Suppl: 64-71. It has been suggested that there is a strong relationship between suicidal behavior and homosexuality in adolescence. It has been further suggested that it is due to the stigmatization and feelings of isolation that are experienced by many gay adolescents. Much of the literature that has given support to these hypotheses has been conducted on uncontrolled nonrepresentative samples and its generalizability is open to question. An opportunity to examine the relationship in an unselected sample arose in a case control, psychological autopsy study of 120 of 170 consecutive suicides under age 20 and 147 community age, sex, and ethnic matched controls living in the Greater New York City area. Homosexuality was defined as having had homosexual experiences or having declared a homosexual orientation. Three teenagers and no controls met these criteria. The difference was not significant. The circumstances of death were examined and are described. In no instance did suicide directly follow an episode of stigmatization. All three suicides had evidence of significant psychiatric disorder before death. In spite of opportunities for biased reporting, it is concluded that this study finds no evidence that suicide is a common characteristic of gay youth, or that when suicide does occur among gay teenagers, that it is a direct consequence of stigmatization or lack of support.

Issues concerning sexual identity are not uncommon in therapy with adolescents, although they may manifest in a variety of ways. For young people who have experienced same-gender attractions or sexual experiences there is the question of how to absorb these experiences within the construction of a coherent sexual identity. In many cases the family context plays an important role in sexual identity formation and acceptance. Therapists too may play an important role in terms of two key aspects of sexual identity formation: self-definition and disclosure. Family therapists in particular occupy a unique position with respect to the adolescent and his or her family, opening up not only potential opportunities but also potential risks in practice. Practice issues are identified and explored in this paper.


Barriers to optimal health in the gay adolescent population include a lack of recognition or acceptance by healthcare providers, homophobic attitudes, and an absence of awareness regarding the healthcare needs of this vulnerable population. The literature suggests that gay youths experience such problems as lack of self-esteem, school truancy and dropout, runaway behavior and subsequent homelessness, drug and alcohol abuse, prostitution and sexually transmitted diseases, depression, and suicide. Advanced practice nurses have the opportunity to improve the health of gay youths through recognition, education, outreach, and advocacy.


The Indiana Youth Access Project (IYAP) is supported by the Special Projects of National Significance Program, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau, Health Resources and Services Administration. The IYAP is a model HIV care program being developed at the Indiana Youth Group, Inc. (IYG) in conjunction with the Indiana State Department of Health and Indiana University. Previous studies indicate that gay, lesbian, and bisexual youth are at increased risk of acquiring HIV because of the stigmatization and social marginalization they experience as a result of their sexual identities. During the course of the first 3 years of the demonstration, the program has served 418 young people, including nine who are HIV infected. The IYAP targets the special needs of this special population by confronting institutional barriers which limit these young people's access to HIV care services, assisting them in building stronger peer support networks, and providing them with professional case management and related services. The model builds upon the successful peer-support program established
at IYG by incorporating a unique set of health, mental health, and social case-management services provided by trained professionals. In addition, the program incorporates an extensive peer-counselor training and outreach program which targets street youth and other at-risk young people. The program has provided education and training workshops on the special needs of gay, lesbian, and bisexual youth to thousands of health care, education, and social service professionals both in central Indiana and around the nation.