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REASONS FOR HIV DISCLOSURE OR NONDISCLOSURE TO CASUAL SEXUAL PARTNERS

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Abstract

The purpose of this study was to investigate reasons HIV-positive gay men give for disclosing or not disclosing their serostatus to their casual sexual partners. Participants were 78 HIV-positive gay men who were part of a larger HIV and disclosure project. A clear factor structure for disclosure emerged which suggests that issues of responsibility dominated men's decisions to disclose. No clear factor structure for nondisclosure emerged. Reasons for disclosure or nondisclosure to casual sexual partners were varied and this data could provide new insights for secondary prevention efforts. More research needs to be conducted to better understand salient issues in considering whether to disclose.

Medical advances in the treatment of HIV are primarily responsible for the recent stabilization in the reported incidence of AIDS in the United States. Still, the epidemic is far from contained. In 2001 more than 43,000 new cases of AIDS were reported in the United States to the Centers for Disease Control and Prevention [CDC], bringing the national cumulative to more than 816,000 cases (CDC, 2001). Men who have sex with other men (MSM) still account for over 45% of all adult AIDS cases (CDC, 2001). Misinformation about HIV infection may put some MSM at risk for infection; invulnerability to HIV/AIDS is likely to be determined by a range of other economic, structural, and societal variables (Van de Ven et al., 1997). For example, some evidence suggests that MSM may feel invulnerable to the risk of HIV infection (Ferguson & Frankis, 2001; Misovich, Fisher, & Fisher, 1999). This, in turn, may affect the attention paid to safer sexual behaviors.

Diminishing the spread of HIV is clearly an important public health matter, and understanding sexual relationships, especially of gay men, is one pivotal aspect of HIV prevention efforts. An important phenomenon related to male sexual behavior that has been only minimally investigated is disclosure of HIV status to *casual* sexual partners. Such disclosure is important because it permits partners to be included in the decision-making process in either allowing or not allowing unsafe behavior to occur. Additionally, early diagnosis of HIV infection in asymptomatic individuals is increasingly important because it allows those exposed to make choices about their own testing and risky behaviors.

Do HIV-positive gay men share their serostatus with sexual partners? Rates of reported disclosure have varied and in some studies, rates have been remarkably low. For example, although Hays et al. (1993) reported 98% of their sample disclosed to lovers/partners, other studies have reported disclosure rates to sexual partners of 89% (Schnell et al., 1992); 76.9%

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(Marks, Richardson, Ruiz, & Malonado, 1992); 66% (Perry, Ryan, Fogel, Fishman, & Jacobsberg, 1990); 65% (Marks, Bundek, et al., 1992), 60% (Stein et al., 1998) and 48% (Marks, Richardson, & Maldonado, 1991). To date, researchers have attempted to explain these variations by reporting correlates with variables such as ethnicity (Mason, Marks, Simoni, Ruiz, & Richardson, 1995), degree of symptomatology (Mansergh, Marks, & Simoni, 1995), level of relationship commitment (casual or steady; Perry et al., 1994), or number of sexual partners (Marks, Richardson, et al., 1992). For example, researchers have reported the likelihood of disclosure decreased in direct proportion to the number of partners (Marks et al., 1991). Similarly, Perry et al. (1994) reported individuals were less likely to inform casual partners than steady partners of their HIV status. Such research is important in order to assess the rate of disclosure among sexual partners. This research has indicated that there may be an important lapse in disclosure to casual sexual partners.

To date, there has been little focus on the reasons behind HIV-positive gay men's decisions to disclose or not to disclose to casual sexual partners. Important work in this area has, however, been conducted in Australia, where researchers have also found increases in unprotected anal intercourse (Van de Ven, Rawstorne, Crawford, & Kippax, 2002). These researchers have suggested that risky sexual behaviors with casual sexual partners may be associated with new treatment optimism (Van de Ven, Crawford, Kippax, Knox, & Prestage, 2000; Van de Ven, Rawstorne, Nakamura, Crawford & Kippax, 2002) and sexual negotiation skills (Crawford, Rodden, Kippax, & Van de Ven, 2001). Their work has also indicated that disclosure and related risky behavior may be dependent on assumptions about one's partner's serostatus. That is, in one study 45% of men who engaged in unprotected anal intercourse only did so with other positive men (Van de Ven et al., 1997) perhaps assuming that both partners would be safe. The fact that disclosure may or may not occur based on faulty assumptions has serious implications for those partners involved and any other partners who may be involved in their sexual networks. It remains clear that an adequate understanding of motivations behind disclosure has yet to emerge. Understanding why disclosure with casual sexual partners does or does not occur could help psychologists, counselors, social workers, marriage and family therapists, physicians, and other health professionals assist gay men in informing their casual sexual partners. This in turn could have important consequences for limiting the spread of HIV.

One way to conceptualize reasons for disclosure or nondisclosure is with the consequences theory of HIV disclosure (Serovich, 2001). This theory purports that persons with HIV are likely to inform significant others and sexual partners once the rewards for disclosing outweigh the associated costs. The consequences theory elucidates the findings of prominent disclosure and HIV researchers (Derlega, Metts, Petronio, & Margulis, 1993; Derlega, Lovejoy, & Winstead, 1998; Marks, Richardson, et al., 1992). For example, Derlega et al. (1998) contended that individuals who are HIV-positive contemplate the need for privacy and disclosure in determining whether to disclose an HIV-positive diagnosis. Recently, the consequence theory was tested in a sample of 138 HIV-positive gay men (Serovich, 2001). In this study, disclosure-related rewards and costs predicted disclosure to family and friends. The theory, however, was not predictive of disclosure to sexual partners perhaps because the measure was not designed to be specific to any particular target. In fact, given that one's relationship with sexual partners is uniquely different from that of family and friends, the measure may lack utility in explaining motivations for disclosure to sexual partners. Thus, understanding the relevant motivations for gay men would be another step in moving this theoretical position further and broadening our understanding of gay male sexual relationships.

There were two purposes for this study. The first was to investigate differences between men who report disclosing their serostatus to all, some, or none of their casual sexual partners. The second was to investigate reasons HIV-positive gay men give for disclosing or not disclosing to these partners. This research is important in order to understand the motivations for

disclosing to sexual partners so that evidence-based secondary prevention efforts might be developed.

METHOD

PARTICIPANTS

Participants for this study were HIV-positive gay men recruited primarily from an AIDS Clinical Trials Unit associated with a large midwestern university. Attending physicians and medical staff approached potential participants and informed them about the study. They were instructed to contact the first author's research office and schedule an appointment. Eligibility was determined during a brief phone interview (i.e., participants had to be 18 years of age or older, HIV-positive, and had to report either being gay or having sex with other men).

There were two different components of the research participation. Participants completed questionnaires regarding mental health, physical health, social support, disease progression, and sexual risk-taking behaviors once every 6 months for 3 years. In addition, once a year for 3 years, participants were interviewed by project staff (trained doctoral students) about the people in their social network using an adaptation of Barrera's Arizona Social Support Interview Schedule (Barrera, 1982). Participants were asked to whom they would approach to discuss personal issues, receive advice, borrow money, socialize, garner positive feedback, and request physical assistance. In addition, they were asked with whom they tend to experience negative interactions (i.e., argue or fight) and with whom they had had sexual interactions within the past 6 months.

The focus of the present study is on disclosure to casual sexual partners. Of the 139 participants, 78 reported having sexual contact with at least one casual partner during the 6 months prior to the interview. During the course of this study, participants reported having 401 casual sexual encounters. To minimize the potential of violating assumptions of independence, data from up to two of the most recent casual sexual encounters for each participant were included in the analyses for this study. This resulted in data from 97 disclosing and 83 nondisclosing encounters.

Participants were primarily single (i.e., not partnered; 70%), Caucasian (74%) men between the ages of 21 and 61 ($M = 38$ years, $SD = 8$), who contracted HIV from unsafe sexual practices (81%). These men were well educated with 53% having had some college education or a bachelor's degree and 30% having completed some graduate work. More than 61% of the participants were employed, earning an average income of \$20,000 ($R = \0 -\$85,000).

Partner Characteristics. Every 6 months, participants were asked during a structured interview about involvement with and HIV disclosure to sexual partners. For each sexual partner, participants were asked to categorize, in their own words, the nature of the relationship. Participants provided a range of open-ended responses to this query. For the purposes of this study, casual sexual partners were those who participants labeled or described as "casual partner," "former casual partner," "fling," "trick" (paying or not), "one-night stand," or "sex partner." Steady partners, or those described as "husband," "partner," "significant other," "lover," "ex-lover," "ex-husband," "boyfriend," or "ex-boyfriend" were not included in the analyses. Information about the partners' HIV status was not collected, as the validity of such data could not be ensured.

For each sexual partner listed, participants were asked to provide demographic information, including the partner's race, approximate or actual age, and whether that person knew they were HIV-positive. In those cases in which a partner knew of the participant's HIV-positive status, an assessment of whether an actual disclosure had occurred (i.e. the participant directly

informed a particular partner) was conducted. That is, participants were asked how this person found out about their HIV-positive status.

Casual sexual encounters were categorized as told, not told, or not a disclosure. A "told" encounter occurred when the sexual partner knew of the participant's HIV-positive status and the participant gave this information directly to him. A "not told" encounter occurred when a participant believed that the sexual partner had no knowledge of this HIV-positive status. Finally, a sexual encounter was categorized as "not a disclosure" when the participant believed that the partner knew of his positive serostatus, but the participant was not the one to tell the partner. For example, encounters classified as "not a disclosure" would include situations in which the partner may have heard the information from someone else or may have deduced this information after participating in HIV-related services with this person.

MEASURES

Disclosure and Nondisclosure. Fifty-two percent of the casual sexual partners had been informed of the participants' HIV status. Participants completed nondisclosure or disclosure questionnaires (see Tables 2 and 3 for the items included in each questionnaire) for each casual sexual encounter, depending on whether each partner had been directly informed of the participant's HIV status. Reasons for disclosure were assessed with a 15-item scale adapted from Derlega, Winstead, and Folk-Barron's work (1997). For this study $\alpha = .89$. Reasons for non-disclosure were assessed with a 15-item scale adapted from Derlega et al. (1997). For this study, $\alpha = .79$. Data regarding "not a disclosure" encounters, which did not invoke a decision about whether to disclose, were not included in this study.

RESULTS

Participants who had had casual sexual encounters were divided into three subsamples according to the extent to which they had directly disclosed their HIV status to casual sexual partners. Eighteen participants (23%) told none of their sexual partners (herein referred to as "told none"). Thirty-one participants (40%) told some, but not all of their partners (i.e., "told some"). Twenty-nine participants (37%) disclosed to all of their sexual partners ("told all"). Demographics for each subsample are listed in Table 1. To investigate differences between participants who varied in the degree to which they disclose to sexual partners, analyses of variance were performed for participant age and income. No differences between the groups were found. Chi-square analyses were performed to investigate expected frequencies for each group on relationship status, employment status, race, and level of education. A significant difference was found only for level of education with those who told some casual sexual partners being more highly educated than expected ($X^2(8, N = 69) = 22.73, p < .004$).

Overall casual sexual partners were primarily Caucasian (70%) men (97%). The estimated ages of these partners ranged from 18 to 65 ($M = 35, SD = 8$). Partners who were disclosed to were primarily Caucasian (75%), males (98%) with an estimated age range of 20 to 65 ($M = 37$ years). Partners who were not disclosed to also were primarily Caucasian (66%), males (95%) with an estimated age range of 19 to 56 ($M = 34$ years). Although there were no statistically significant racial differences between these groups, partners not disclosed to were statistically younger than those who were told, $t(176) = 2.16; p = .03$.

REASONS FOR DISCLOSURE

To investigate reasons HIV-positive gay men gave for disclosing to their casual sexual partners, an exploratory factor analysis using an inter-item correlation matrix from the 15 items of the disclosure measure was conducted (see Table 2). Factor solutions with two through five factors were computed using Maximum Wishart Likelihood (MWL) estimates as the discrepancy

function in CEFA (Comprehensive Exploratory Factor Analysis). Crawford-Ferguson Varimax oblique rotation was specified. Model fit indices for exploratory factor analysis (EFA) solutions with 2 (RMSEA = .16, confidence interval [CI] = .134; .190) and 3 (RMSEA = .14, CI = .106; .171) factors were poor. The solutions for 4 (RMSEA = .07, CI = .031; .102) and 5 (RMSEA = .03, CI = .000; .080) factors were close (Browne & Cudeck, 1992). Based on the interpretability of the factor solutions, the four-factor solution was adopted.

Factor loadings greater than .35 were retained. Given this criterion, one item—"I wanted to emphasize the importance of safe sex"—failed to load significantly on any factor and therefore was dropped from further analyses. The four-factor solution resulted in factors that could be labeled Responsibility ($\alpha = .81$), Instruction ($\alpha = .89$), Relationship Consequences ($\alpha = .84$), and Emotional Release ($\alpha = .83$). The four-factor solution is presented in Table 2. The factor structure possessed reasonably good simple structure in that high loadings were high, other loadings were relatively low, and there were few items that loaded strongly on more than one factor. In fact, only two items split loaded. The items "I wanted this person to know what he or she was getting into by being in a relationship with me" and "This person has the right to know what was happening to me" both loaded onto two factors: Responsibility and Emotional Release.

Responsibility items related to obligation and the right to know. An examination of the means in Table 2 indicates that issues of Responsibility were a primary factor in deciding to disclose. The Instruction factor included a variety of items relating to educating others about the disease. Emphasizing the importance of safer sex apparently played a role in disclosure; however, overall Instruction was not deemed a critical factor. The Relationship Consequences factor contained items reflecting fears of another's reaction and how that might affect the relationship. For example, this factor would be particularly salient for someone who might anticipate a longer term relationship and would want to caution or notify the partner. Emotional Release included items relating to catharsis and ridding oneself of the secrecy burden.

Two subsamples included in this study decided to tell sexual partners about their HIV-status and subsequently completed the disclosure measure for these disclosure encounters. These included the "told all" and "told some" groups. To better understand how the disclosure factors derived above may play a role in differentiating between these two subsamples, independent groups *t*-tests were performed. Results indicated that there were significant differences between those groups for the Responsibility factor, $t(58) = 2.28, p = .03$, and the Instruction factor, $t(58) = 2.38, p = .02$. Those who "told all" scored higher on the Responsibility ($M = 3.89; SD = 1.17$) and Instruction factors ($M = 2.50; SD = 1.47$) than those who "told some" (Responsibility: $M = 3.17; SD = 1.24$; Instruction: $M = 1.90; SD = 1.24$).

REASONS FOR NONDISCLOSURE

To investigate reasons HIV-positive gay men give for failing to disclose to their casual sexual partners, an exploratory factor analysis using an inter-item correlation matrix from the 15 items of the Derlega et al. (1997) disclosure questionnaire was conducted. Factor solutions with two through five factors were computed using MWL estimates as the discrepancy function in CEFA. Crawford-Ferguson Varimax oblique rotation was specified. Model fit indices for EFA solutions could not be specified because the matrix was singular and would not invert. Thus, the factor solutions did not fit the data and were not interpretable.

Two subsamples included in this study decided not to tell sexual partners about their HIV-status and subsequently completed the nondisclosure measure for their partners. These include the "told none" and "told some" groups. Although the results do not allow for an analysis of differences between groups based on particular factors, the individual nondisclosure items were analyzed to assess whether there were statistically significant differences in responding

between those in these two subsamples. Independent groups t-tests were performed. To correct for family-wise error due to multiple comparisons, the α level was set at .03. Using this criterion, significant differences were found between these groups for the item "I felt ashamed about being HIV-positive," $t(47) = 2.66, p = .01$ (Table 3). That is, those who told none of their casual sexual partners scored higher on this item ($M = 2.97$) than those who told some of their casual sexual partners ($M = 2.20$).

DISCUSSION

Understanding disclosure to casual sexual partners is an important step in helping to reduce HIV transmission. Results of this study suggest that demographic factors alone, such as age, race, or income, do not adequately explain disclosure to casual sexual partners. This study takes an important step in exploring what HIV-positive gay men may be contemplating when deciding whether to disclose. Thus, although examining the actual sexual behaviors of gay men is important, this work suggests that we might need to also focus on what they are considering in terms of relationships and sexual behavior. This could provide new insight for researchers and interventionists.

Men reported that duty (i.e., the Responsibility factor) was a paramount issue in deciding to disclose their diagnosis to a casual sexual partner. Those who disclosed believed their intended partner had the right to know. These men held the conviction that disclosure is the responsible thing to do to protect others. This raises important issues for secondary prevention efforts. Programs to date have typically focused on increasing condom usage and enhancing safer sex negotiation skills. Although these are undoubtedly important factors, prevention workers might incorporate components into their programs that promote a sense of individual responsibility and duty to others and community as an important consideration for disclosure. Perhaps messages could be designed that put the focus on others' needs or rights rather than on the benefits that disclosure might have for one's own well-being. It is important to note that indicators of Instruction were not seen as relevant for motivating disclosure in this sample; therefore, promoting community health should not be confused with simply telling others about the dangers of unsafe sex. Responsibility is not about "spreading the word" to others but about an individual believing that it is not right to jeopardize the health of others.

Prevention specialists would also benefit from understanding what promotes a sense of duty or responsibility. Is high self-esteem, community involvement, or activism a precursor to a sense of responsibility? The answer to this question might lead to important and relevant intervention procedures. For example, if community involvement emerges as an important catalyst to a sense of duty or responsibility, then interventions that encourage mentorship or volunteerism in the community may indirectly lead to higher rates of disclosure to casual sexual partners by instilling a sense of responsibility to others.

Important differences emerged between the "told all" and "told some" groups regarding Responsibility and Instruction. Essentially, men who made the unilateral decision to tell every casual sexual partner about his HIV serostatus scored higher on these factors than those who only told some of these partners. These results further reinforce the notion that interventionists might focus on instilling a sense of responsibility to inform casual partners. Likely, those who tell everyone with whom they have sexual relations have stronger convictions regarding their responsibility to disclose. Because HIV transmission can occur even when people are engaging in safer sex "most of the time," it is imperative that future research focus on gathering more information about the needs and motivations of the "sometime" discloser.

It should also be noted that disclosure does not inherently mean people will use HIV information to either protect themselves or others. That is, disclosure could occur without any change in risk reduction strategies. In fact, some may knowingly place themselves at risk for

infection. Thus, it is erroneous to assume that disclosure would lead to safer behaviors or a lowering of risk.

Although a clearer picture of disclosure may be emerging, factors contributing to nondisclosure remain inconclusive. From the nondisclosure item means listed in Table 3, it appears as if the casual nature of the relationship along with a need for privacy were important issues inhibiting disclosure. One difference that emerged between the "told some" and "told none" groups involved an item measuring shame for having HIV. Those who "told none" were more likely to endorse this reason for nondisclosure than those who "told some." This may indicate that those who live secretly with HIV carry an additional burden of feeling shameful about their disease. We cannot tell from this result whether this shame is a result of having a disease, having not prevented its transmission, or even the mode of transmission. What might be concluded, however, is that prevention efforts may need to address this issue. Messages that work to increase the degree of responsibility that people feel for disclosure may not be as successful when working with men who have not yet made the decision to tell anyone. Nondisclosure may also need to be conceptualized in a developmental framework. Those who fail to disclose to sexual partners might, at a different time, come to tell all or at least some of their casual sexual partners. In the meantime, their needs might have to be better addressed by taking into account the possibility that they are not telling because of shame.

Another possibility is that for both disclosure and nondisclosure, the items used to measure reasons in the Derlega et al. (1997) scale may not be the most relevant to explain the issues of disclosure for casual sexual encounters. Other indicators that specifically address one's consideration for disclosure to casual sexual partners may need to be examined. Researchers may consider taking a qualitative approach to the study of reasons for disclosure to sexual partners. Studies utilizing focus groups or individual interviews may have the advantage of tapping into phenomena that remain elusive. Moreover, the nature of HIV and individuals' responses to disclosure has likely changed over the past 20 years; hence, our ideas about the considerations given to disclosure and nondisclosure may need to be substantially updated.

One limitation to this study was that the context in which the casual partner was engaged was not assessed. Circumstances in which partners are met, and the opportunities for verbal communication, vary by situational context. There is a substantial difference between a sexual encounter with a casual partner in one's or another's home where at least minimal exchange of information between partners has occurred and may be expected and the same event in a public sex location where minimal verbal exchange or silence is the norm. Therefore, future researchers might consider issues relevant to location of the encounter when further examining this phenomenon.

REFERENCES

- Barrera, M, Jr.. Social support in the adjustment of pregnant adolescents; Assessment issues. In: Gottlieb, BH., editor. Social networks and social support. Sage; Beverly Hills: 1982. p. 69-96.
- Browne MW, Cudeck R. Alternative ways of assessing model fit. *Sociological Methods and Research* 1992;21:230–258.
- Centers for Disease Control and Prevention. HIV/AIDS surveillance report. Author; Atlanta, GA: 2001 August.
- Crawford JM, Rodden P, Kippax S, Van de Ven P. Negotiated safety and other agreements between men in relationships: Risk practice redefined. *International Journal of STD and AIDS* 2001;12:164–170. [PubMed: 11231869]
- Derlega, VJ.; Metts, S.; Petronio, S.; Margulis, ST. *Self-disclosure*. Sage; Newbury Park, CA: 1993.

- Derlega, VJ.; Lovejoy, D.; Winstead, BA. Personal accounts of disclosing and concealing HIV-positive test results: Weighing the benefits and risks. In: Derlega, V.; Barbee, A., editors. HIV infection and social interaction. Sage; Newbury Park, CA: 1998. p. 147-164.
- Ferguson E, Frankis J. Sex and sexual orientation: The effect of group membership on individuals' judgments about self and others' HIV risk. *Journal of Homosexuality* 2001;41:119-143. [PubMed: 11482424]
- Hays RB, McKusick L, Pollack L, Hilliard R, Hoff C, Coates TJ. Disclosing HIV seropositivity to significant others. *AIDS* 1993;7:425-431. [PubMed: 8471207]
- Mansergh G, Marks G, Simoni JM. Self-disclosure of HIV infection among men who vary in time since seropositive diagnosis and symptomatic status. *AIDS* 1995;9:639-644. [PubMed: 7662205]
- Marks G, Bundek NI, Richardson JL, Ruiz MS, Maldonado N, Mason HRC. Self-disclosure of HIV infection: Preliminary results for a sample of Hispanic men. *Health Psychology* 1992;11:300-306. [PubMed: 1425547]
- Marks G, Richardson JL, Maldonado N. Self-disclosure of HIV infection to sexual partners. *American Journal of Public Health* 1991;81:1321-1322. [PubMed: 1928534]
- Marks G, Richardson JL, Ruiz MS, Maldonado N. HIV-infected men's practices in notifying past sexual partners of infection risk. *Public Health Reports* 1992;107:100-105. [PubMed: 1738799]
- Mason HRC, Marks G, Simoni JM, Ruiz MS, Richardson JL. Culturally sanctioned secrets? Latino men's nondisclosure of HIV infection to family, friends, and lovers. *Health Psychology* 1995;14:6-12. [PubMed: 7737075]
- Misovich SJ, Fisher JD, Fisher WA. Belief in a cure for HIV infection associated with greater HIV risk behaviour among HIV positive men who have sex with men. *Canadian Journal of Human Sexuality* 1999;8:241-248.
- Perry S, Card AL, Moffatt M, Ashman T, Fishman B, Jacobsberg L. Self-disclosure of HIV infection to sexual partners after repeated counseling. *AIDS Education and Prevention* 1994;6:403-411. [PubMed: 7818976]
- Perry S, Ryan J, Fogel K, Fishman B, Jacobsberg L. Voluntarily informing others of positive HIV test results: Patterns of notification by infected gay men. *Hospital and Community Psychiatry* 1990;41:549-551. [PubMed: 2347573]
- Serovich JM. A test of two HIV disclosure theories. *AIDS Education and Prevention* 2001;13:355-364. [PubMed: 11565594]
- Schnell DJ, Higgins DL, Wilson RM, Goldbaum G, Cohn DL, Wolitski RJ. Men's disclosure of HIV test results to make primary sex partners. *American Journal of Public Health* 1992;82:1675-1676. [PubMed: 1456347]
- Stein MD, Freedberg KA, Sullivan LM, Savetsky J, Levenson SM, Hingson R, Samet JH. Disclosure of HIV-positive status to partners. *Archives of Internal Medicine* 1998;158:253-257.
- Van de Ven P, Campbell D, Kippax S, Prestage G, Crawford J, Baxter D, Cooper D. Factors associated with unprotected anal intercourse in gay men's causal partnerships in Sydney, Australia. *AIDS Care* 1997;9:637-650.
- Van de Ven P, Crawford J, Kippax S, Knox S, Prestage G. A scale of optimism-skepticism in the context of HIV treatments. *AIDS Care* 2000;12:171-176. [PubMed: 10827857]
- Van de Ven P, Rawstorne P, Crawford J, Kippax S. Increasing proportions of Australian gay and homosexually active men engage in unprotected anal intercourse with regular and with casual partners. *AIDS Care* 2002;14:171-176.
- Van de Ven P, Rawstorne P, Nakamura T, Crawford J, Kippax S. HIV treatments optimism is associated with unprotected anal intercourse with regular and with casual partners among Australian gay and homosexually active men. *International Journal of STD and AIDS* 2002;13:191-183.

TABLE 1.Demographics for Participants Who Disclosed to All, Some, or No Casual Sexual Partners ($n = 78$)

Demographic	Told All ($n = 29$)	Told Some ($n = 31$)	Told None ($n = 18$)
Age	$M = 39.37$ $R = 24 - 55$	$M = 37.32$ $R = 21 - 61$	$M = 38.17$ $R = 22 - 47$
Race	Caucasian = 24/29 = 83% African American = 4/29 = 14% Other = 1/29 = 3%	Caucasian = 22/31 = 71% African American = 8/31 = 26% Other = 1/31 = 3%	Caucasian = 12/18 = 67% African American = 6/18 = 33% Other = 0%
Employment status	Employed = 12/28 = 43% Unemployed = 15/28 = 57%	Employed = 21/31 = 68% Unemployed = 10/31 = 32%	Employed = 13/17 = 76% Unemployed = 4/17 = 24%
Education level	No GED = 4/24 = 17% High school = 4/24 = 17% Some college = 9/24 = 38% College = 2/24 = 8% Grad school = 5/24 = 21%	No GED = 0% High school = 1/26 = 4% Some college = 3/26 = 12% College = 12/26 = 46% Grad school = 10/26 = 38%	No GED = 1/16 = 6% High school = 1/16 = 6% Some college = 6/16 = 38% College = 3/16 = 19% Grad school = 5/16 = 31%
Relationship status	Single = 18/28 = 64% Dating = 3/28 = 11% Committed = 7/28 = 25%	Single = 25/30 = 83% Dating = 3/30 = 10% Committed = 2/30 = 7%	Single = 10/18 = 56% Dating = 4/18 = 22% Committed = 4/18 = 22%
Income	$M = \$15,865$ $SD = \$17,591$	$M = \$22,910$ $SD = \$15,443$	$M = \$24,306$ $SD = \$21,701$

TABLE 2.
Factor Analysis, Means, and Standard Deviations for Reasons for Disclosure

	Mean	SD	Factor Loading
Factor 1: Responsibility			
I felt obligated to tell this person.	3.87	1.58	.812
Didn't want to risk any more health problems for me or the other person	3.61	1.67	.566
This person had a right to know what was happening to me.	2.99	1.74	.393
I felt a sense of duty to tell this person.	3.63	1.63	.836
I wanted this person to know what he or she was getting into by being in a relationship with me.	3.42	1.75	.370
Factor 2: Instruction			
I wanted to educate the person about the disease.	2.16	1.43	.732
My goal was to teach others about the disease	2.09	1.49	.852
Wanted to make sure that people know the seriousness of the disease.	2.28	1.64	.787
Factor 3: Relationship Consequences			
Wanted to see how this person would feel about me after disclosing	2.93	1.71	.727
Wanted to find out if this person would be with me after disclosing	2.99	1.73	.819
Wanted to see how this person would react when I told him/her	2.48	1.73	.660
I wanted this person to know what he or she was getting into by being in a relationship with me.	3.42	1.75	.499
Factor 4: Emotional Release			
Didn't want to carry this around by myself	2.15	1.58	.632
Would be able to get information off my chest	2.18	1.56	.822
It would be cathartic.	1.83	1.41	.800
This person had a right to know what was happening to me.	2.99	1.74	.387

TABLE 3.
Means, Standard Deviations, and Results of Independent Samples *t* Tests for Reasons for Nondisclosure

	Item		Overall		Told Some(<i>N</i> = 18)		Told None(<i>N</i> = 31)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
People have big mouths and may tell others.	2.82	1.70	2.29	1.64	2.89	1.57		
We didn't know one another very well.	3.90	1.56	4.03	1.51	3.61	1.69		
Concerned this person wouldn't understand.	2.39	1.61	2.35	1.70	2.22	1.44		
Our relationship wasn't very serious.	3.71	1.66	3.52	1.82	3.50	1.65		
I had difficulty accepting my HIV status.	1.78	1.30	1.55	1.15	2.00	1.50		
I didn't know how to tell the person about my diagnosis.	2.23	1.52	2.48	1.71	2.22	1.56		
I worried person would no longer like me after knowing.	2.73	1.79	2.77	1.91	2.56	1.62		
My diagnosis is my own private information.	3.48	1.71	3.26	1.81	3.44	1.69		
Concerned how this person would feel about me after knowing.	3.12	1.77	3.13	1.82	3.11	1.68		
I don't have to tell anyone if I don't want to.	3.35	1.60	3.19	1.64	3.50	1.58		
I have a right to privacy.	3.55	1.69	3.52	1.71	3.39	1.79		
I felt ashamed about being HIV—positive.	2.51	1.55	2.10	1.54	3.00	1.28		
We weren't very close to one another.	3.60	1.59	3.57	1.70	3.61	1.69		
Our relationship was pretty casual.	3.80	1.57	3.68	1.72	3.56	1.62		
I couldn't figure out how to talk about the diagnosis.	2.10	1.46	2.30	1.60	1.94	1.39		

Note. 1 = not at all a factor; 5 = very likely a factor.