Social Environment and Sexual Risk-Taking among Gay and Transgender African American Youth

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Abstract

More prevention effort is required as the HIV epidemic increases among gay and transgender African American youth. Using ecological systems theory and an integrative model of behaviour change, this study examines the sexual behaviour of gay and transgender African American young people as embedded within the unique social and structural environments affecting this population. Also examined is the important role played by mobile technology in the social and sexual lives of individuals. Seven focus groups were conducted with 54 African American young adults in a northeastern U.S. city. The findings provide a rich examination of the social and sexual lives of gay and transgender African American youth, focusing on the social environment and the impact of the environment on sexual risk behaviour.

In the USA, one of the most important public health concerns is the high rate of HIV infection among young African American men who have sex with men. Although the overall incidence of HIV in the USA was relatively stable from 2006 to 2009, a significant increase in incidence occurred among people aged 13–29 years old (Prejean et al., 2011). This increase was greatest among African American men who have sex with men (48%, p = .002) compared with their Latino and white counterparts, who experienced virtually no statistically significant increase in HIV incidence. For transwomen (male to female transgender persons), HIV prevalence rates are equal to or higher than that of men who have sex with men, with African American exhibited higher levels of infection (Herbst et al. 2008). However, HIV disparities faced by Black men who have sex with men are not adequately explained by individual sexual behaviours, as Black gay men report similar rates of unprotected anal intercourseas other racial groups (Harawa et al. 2004). It is critical therefore to examine the unique social and structural factors influencing and constraining individual behaviour.

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The social and structural context of African American gay and transgender youth can be viewed through the lens of intersectionality (Crenshaw 1991; Collins 2000), which suggests that the oppression encountered by young Black men who have sex with men cannot simply be understood by adding the effects of racism and homophobia. Instead, the intersections of multiple modes create a unique and amplified oppression, which requires purposive investigation (Anderson and McCormack 2010). Scholars have made significant inroads into examining life of youth at this intersection (Foster et al. 2011; Phillips et al. 2011; Mutchler, McKay, and Gordon 2013; McKay et al. 2012). Within this population, there is significant heterogeneity and fluidity around constructions of masculinity, sexuality and gender identity. Still, the research suggests similarities in experiences of racial and sexual oppression. Theorists discussing intersectionality argue that what is real and shared is the effect of racial and sexual discrimination; more than the ascription of racial and sexual social categories. Therefore intra-community fluidity and heterogeneity does not diminish the shared experience of oppression (Collins 2000; Anderson and McCormack 2010).

The "double minority" status (Jones and Hill 1996) experienced by gay and transgender African Americans is associated with increased stigma, prejudice, violent victimisation, familial disconnection and culturally embedded homophobia (Kraft et al. 2000; Morin et al. 2003; Williams et al. 2004; Wilton 2009). Transwomen also face challenges related to intimate partner violence, rejection, and victimisation (Lenning and Buist, 2012; Brennan et al. 2012). Syndemic theory suggests that these concurrent challenges can create a social environment in which HIV risk behaviour can thrive (Brennan et al. 2012). The social construction of masculinity, the absence of a father figure, and the mental health toll of homophobia within the black community, all have implications for HIV risk behaviour (Fields et al. 2012; Malebranche et al. 2009). This study aims to contribute to the understanding of individual, social, and structural correlates of prevention behaviours to aid in the design interventions that engage with the socio-cultural context of LGBT young people of colour.

Theoretical framework

When developing the focus group script, we used the integrative model of behaviour change as a theoretical foundation to systemically explore predictors of risky sexual behaviour (Fishbein and Yzer 2003). According to this model, engagement in risky sexual behaviour is a function of intentions, attitudes toward the behaviour, normative perceptions about the behaviour, and perceived self-efficacy. To understand the nature of environmental constraints and contextual factors beyond individual cognitions, we used ecological systems theory (Bronfenbrenner 1992).

Ecological systems theory, or the socio-ecological approach, provides a framework with which to examine individual behaviour from within the contexts of interpersonal, community-level, and cultural structures: microsystems, mesosystems, exosystems, and macrosystems. Macrosystems comprise society's cultural values or beliefs about an issue, for example, homophobia. Mesosystems are the interplay between two levels, and exosystems are systems that influence the individual but over which that individual can exercise no direct control, such as disease prevalence rates. Microsystems are typified by

interpersonal relationships or face-to-face interactions. The socioecological approach examines various levels of an individual's social and physical contexts, including family, peers, and culture. It allows us to view individual behaviour within a social context, as well as the interplay between multiple systems and behaviour (DiClemente et al. 2005). As well, there has been a call for scholars to employ the socioecological approach in observational studies of sexual health among young people, to provide additional data for future integration into effective prevention efforts (e.g. Latkin and Knowlton 2005; Salazar et al. 2010; Harper and Riplinger 2013).

These theoretical frameworks have been used extensively in whole or in part in sexual health research with adolescents, emerging adults, minority and LGBT populations (Hovell et al. 1994; Corcoran 2000; Wilson 2008; Baker et al. 2012). By combining an individual behaviour change framework with the socio-ecological model, this study approaches HIV risk behaviour as a multilevel challenge, requiring individual, social and structural interventions. We situate the findings in these frameworks as well as those suggested by intersectionality theory.

Methods

Location and Recruitment

A convenience sample of African American youth was recruited from August through December 2009 in a large East Coast city (N=54). Eligible participants self-identified as being born male, African American, were between the ages of 18 and 24 years and reported recent sexual intercourse with a man. Participants included gay and transgender adults who identified as being born male. During the focus groups, individuals were addressed using pronouns gendered on the basis of presentation as male or female.

Recruitment was conducted in partnership with four local AIDS service organisations. Staff at the organisations identified people who expressed interest and members of the research team contacted potential participants, screened them for eligibility and if eligible, scheduled them to participate in a focus group. In addition, researchers conducted on site recruitment at the organisations. We conducted seven focus groups with four to ten participants per group, with a total of 54 participants. The Institutional Review Board of the University of Pennsylvania approved the study.

Focus Group Guide

Before participating in a focus group, individuals completed a three-page self-administered questionnaire which included items on age, race, and sexual health and recent behaviour. The focus groups were conducted using a semistructured interview guide. The script incorporated questions to elicit socio-cultural context, including environment, social relationships, health concerns, career goals, future aspirations, and technology use. The script also included theoretical constructs from the integrative model related to attitude, normative beliefs and self-efficacy related to sexual risk behaviour.

Procedure

Focus Groups

Groups were co-moderated by the lead researcher and second experienced facilitator. Participants were encouraged to use pseudonyms throughout the session. Sessions were audio recorded, and a note-taker recorded detailed notes during each session. At the end of each 2-hour session, each participant received compensation of US$50. The study was conceived, conducted and interpreted from the lead researcher's subjective position as a heterosexual African American woman seeking to hear and understand the lives of young gay and transgender African Americans, in their own words.

Data Analysis

Focus groups were audio recorded and transcribed verbatim. The primary investigator integrated the transcribed data with memos taken during the focus groups. Codes were developed by the primary investigator *a priori* based on the theoretical framework. Auerbach and Silverstein's (2003) grounded theory coding method was used to analyse data by hand, a method utilised in similar research (Stewart and Dancy, 2012). Briefly this approach takes the transcribed data, narrows it down to the relevant text most related to the specific research questions, and searches this text for repeating ideas from which themes emerged. Upon completion of this process, the second researcher also reviewed the transcripts using the same methodology. Results were then checked for discrepancies and to validate findings. Once consensus was reached, the themes were discussed to identify potential relationships between themes and the relationship of themes to the initial research questions with the goal of bridging the research agenda with the subjective experiences of the participants. This process occurred throughout the data gathering period as well as at the conclusion as the initial findings informed the probes in subsequent focus groups. Descriptive statistics and frequency counts drawn from the questionnaire were used to describe the study samples.

Results

Participant Demographics

Participant demographics are drawn from 50 of the 54 participants who completed the brief pre-focus group questionnaire. The four participants who did not complete the questionnaire did meet the eligibility criteria and are included in the findings section. Participants were primarily African American (96%) and ranged in age from 18 to 24 years, with an average age of 20.82 (SD = 1.762). Two percent identified as Hispanic and 2% as Native American. A total of 90% of participants reported having sex with a man in the last 3 months, and 45.2% reported consistent condom use during the last 3 months. A total of 28% of participants reported ever having a STD. Four of the participants across 3 focus groups identified as transgender.

Focus Group Findings

We organised the focus group findings in three separate but overlapping contexts: social relationships, the social landscape, and the sexual landscape.

Social Relationships

The gay family—The gay family was discussed heavily and in positive terms. These families, termed fictive or chosen families in the literature, are families organised around choice, rather than biology and provide emotional and tangible support (Oswald 2002; Weston 1991). Participants describe being adopted by "gay mothers" and "gay fathers" and gaining aunts, uncles, and siblings. They describe their gay families as an important part of their lives, often influencing their decisions.

Participants explained that their gay family offered mentoring, advice, support, and protection, which helped them to avoid risky sexual and social behaviour. Many participants reported that their gay parents encouraged behaviours such as staying in school, going to college, keeping a job, finding good friends in the scene, and practicing safe sex. One participant shared; "The younger you come into it, you are exposed to more. I was younger and wasn't exposed because I came out to the right people, into the right family." As such, members of gay families may acculturate youth to gay life in positive ways during particularly vulnerable times.

The Social Landscape

The gay scene—The gay scene was described in terms of both social and geographic terms. Places in the gay scene include balls, clubs, and house parties, particular neighbourhoods and streets, and AIDS service organisations. These places were mentioned consistently as places were LGBT young people of colour went to "hang out" and socialise. In addition to physical spaces of the gay scene, participants described how their "gay lives" contrasted with or were in addition to their "regular lives."

Participants highlighted the atypical temporality of the gay scene and of gay life:

Gay life is not real life. It takes you on a fantasy ride. You think you don't have worries but it's not true. It's a time machine on turbo and suddenly you realise you are a 30-year old queen, trying to collect SSI [supplemental security income], and your resume is blank. –Tai, age 24

It's about the drugs: it's about the party, sex—like rock and roll when you come out to it. Depending upon the group of people you hang around, you get into certain things. When I came out I was with the right people and didn't get into all these parties—sex parties. Some people come out to the wrong people and get caught in that lifestyle. It's about the people you hang around, your outlook on life. And [you] think it's their whole entire life, [but] we are both college students. There is another whole entire life: papers. Half of them drop out of high school and are prostitutes—not using condoms or protection—and do drugs with their clients, which make them higher risk. –Keem, age 21

This quote illustrates the multidimensionality of the scene and the influence of peer-group behaviour on the coming-out trajectory.

The ballroom scene—The ballroom scene is major component of African American gay life (Arnold 2009). Participants described balls as regular performance events, varying in

size and often occurring very late at night. Balls are typified by performance competitions and can include role-playing, walking, costumes, and vogue dancing ("voguing"). Ballroom culture extends beyond the balls themselves, with dance styles, local notoriety, distributed videos, and houses. Houses, which can be distinct from one's gay family, are hierarchical social organisations across the country with varying levels of structure and longevity (e.g., House of Chanel, House of Versace). Balls also extend to the digital world, with the regular posting and viewing of ball videos and dance battles online.

Although not all young people participate in balls, all the participants in our focus groups were familiar with ballroom culture. They described the ball scene as an elaborate social arena where sex, marijuana, ecstasy, and PCP are readily available. They also linked several risky behaviours with ballroom culture, including sex work, transactional sex, and violence. Most participants differentiated between the gay scene and ballroom culture; although the distinction was often described with some fluidity:

> You have two types of scenes: you have the "gay scene" and then you have the "ballroom community." [In the] gay scene you just hang out. Ballroom is like Hollywood, fame, glamor, bright light—got turned out to the ballroom, got hooked. It doesn't end until 5 to 7 in the morning. They just started missing school, started travelling and calling out from work just to travel to the ballroom, and lost their job. Their only means of money is prostitution—a lot of young people now are not going to wait for a paycheck. They don't want to go through the whole process. Cash is fast money. – Black, age 18

This quote highlights social circumstances that may contribute to increased HIV risk: interference with education and work schedules and reliance on sex work.

The Sexual Landscape

During the focus groups, key themes emerged around sexual relationships, transactional and sex work, and HIV risk.

Sexual relationships—When asked to discuss sexual relationships, the conversation often turned to descriptions of "tops," "bottoms," and "versies." Participants classified themselves and others into one of the three categories. These categories were described in gendered terms, with tops taking a more masculine position and bottoms assuming a more feminine one (where "position" refers to both sexual intercourse positions [anal insertive vs. anal receptive] and relationship power and behaviour). Versies were described as sexually versatile and can assume the role of either a top or a bottom.

Participants explained that a top is typically an "alpha male" that has more power to control condom use. Bottoms have less power regarding condom use but can still refuse to engage in unprotected sex. Participants did not agree about the relative power of each position, but it was clear that the power dynamic did impact condom use decisions in certain situations.

Monogamy and cheating—Young people identified a variety of types of sexual partners among their peers. They described some peers as practising serial monogamy without exception. These partners are often referred to as "wifey" or "the husband." Serial

monogamists often do not use condoms once trust is established. Some participants indicated no need for condoms after about six months of exclusivity, advocating instead for regular testing as a better prevention strategy. They also acknowledged that most men eventually cheat on their primary partners and viewed cheating as an inevitable part of relationships in their community. Even though many participants believed cheating to be a betrayal, it was generally described as the rule rather than the exception. Several participants described being in open relationships. They also discussed secondary partners, commonly referred to as "boyfriend #2", casual partners (i.e. one-night stands) and regular sexual partners without relationship expectations.

Transactional and commercial sex work—One consistent theme across groups was the prevalence of transactional sex, exchanging sex for daily wants or needs, and more traditional sex work. Mason, age 20 described:

> Up all night, smoking all day, voguing, go to the club on the weekend, and try to get your money through your dates. Half the time you're not working, so you get all your money through your dates, to pay for a haircut, minutes on your phone, et cetera. Jumping in and out of school and then doing it all over again.

In discussions about transactional sex, providers were referred to as "dates" or "sugar daddies." Participants described a sugar daddy as an older man who can supply drugs, money, or lodging, usually in exchange for sex.

Participants also discussed more traditional forms of sex work: escorting, prostitution, and performing in pornographic movies. Various modes of escorting were reported, from trading sex for a place to stay, to streetwalking or strolling, to soliciting clients online in chat rooms and on websites such as Craigslist. Commercial sex work, according to participants, is prevalent among young men who have older gay men involved in sex work as mentors. Steve, age 19 described,

> That's why so many young people get into it. They come out to the scene, they see older people making money. The older person takes them [young men] under their wings: "I am going to teach you how to do it, teach you the ropes," and they get turned out.

Other participants reported that young people use sex as a way to meet basic needs. In one exchange, when participants were asked whether they knew anyone like them who was having sex for money, responses included "for money, shelter, food, hotel," "it is either that or live on the street," "I am living on the street," and "you will have someone to hit you up. Pound [have sex] for the one night… I am going to go deeper. My parents are away. They want money, clothes—happens all the time."

Participants indicated that transactional sex practices vary widely, from traditional sex work, to keeping "sugar daddies" that provide gifts and money, to exchanging sex for a place to sleep. They suggested that social acceptance of transactional sex varied. Participants noted that others look down on escorts depending on their personality or "how they carry themselves", not based on the work itself. If an individual was in control of sexual decision-making, was making reasonable incomes, or used sex to stay off of the streets, there was

increased acceptance and, at times, support of the behaviour was voiced. As stated by one participant, "male prostitutes have a lot of options not to get done, not to do people [engage in sexual contact]. You set your own rules and you're your own boss." Although no one celebrated escorting, several admitted to doing it in the past and all felt it was prevalent in the community. For many, sex work was a sometimes necessary, if not acceptable, occupation.

HIV risk—According to participants, young people are more likely to engage in risky sexual behaviour when first entering the gay scene. This period was described as the first time many are able to explore their sexuality and interact with other LGBT youth. It is the first introduction to aspects of the gay scene, including clubs, balls, and the "gayborhood." One participant explained that at this time, youth are happy to find other people like them and are not worrying about protecting themselves.

When asked about the perceived risk of getting HIV, some participants felt risk-taking was inevitable: "people just take risks" and "some think it's a thrill and don't care about their health." Others linked the effectiveness of AIDS medications to declines in perceived severity of the disease and, subsequently, in perceived risk: "some people don't think it is a risk and think it's overrated, since AZT is so effective, you don't see it close to home anymore. But I grew up in [a local suburb] and it was high numbers" and "people are living longer on the meds, it's less severe than in the 90s."

Respondents also discussed the avoidance of HIV-related information:

Our mindset as human beings, I don't have it, it don't affect me, so why should I care? It's more about being scared of the knowing and we might have it. – Juan, age 18

Everybody knows about HIV and still don't care. My family knows about it, because my sister informs and educates her children. If you don't use a condom you know the risk and you just don't care. – Keem, age 21

Some people just want to be blind because you only want to know so much. Books will tell you one thing, but the doctors will tell you everything. For instance, if you have cancer and you get HIV, you already have AIDS. I did not know that until I started working here [at Community Based Organisation] and became more educated. – L.J., 22

These responses suggest that there appear to be conflicting feelings in the community between invulnerability to disease and avoidance of HIV risk. When discussing HIV risk, participants typically spoke about *other* young people who had perceptions of low risk, and not of themselves.

When we specifically inquired about condom use, some expressed strong prevention beliefs: that condoms protected their health, made them feel safer, and kept them clean. Other participants held negative views of condoms, focusing on hedonistic beliefs and the technical challenges of using them during sex. Participants stated that condoms changed the sensation during sex, that they were difficult to remove, and they did not fit everyone.

Another regular critique was that condoms took too long to put on, which interrupted the mood. However, the negative beliefs where at times challenged by other participants who argued that one can get used to the feeling.

Some young people reported using condoms only when engaging in high-risk activities such as casual sex, and typically not with main partners. In each focus group, one or two were emphatic they would not have unprotected sex under any circumstances, while others felt condoms were not always a major concern even when they were aware of the risks of unprotected sex. One participant compared condom use to speeding: "It's like driving a car: you know the speed limit but still speed because you don't realise you're doing it." When asked what would lead a person to have unprotected sex despite intention to use a condom, participants provided a variety of reasons including arousal, spontaneity, attraction, marijuana use, and to increase intimacy and monogamy, for example, "I have a traditional guy: we're really close, touching, hugging, kissing; I feel so close to him, and we allow ourselves to take that risk to bring us closer."

A partner's physical attractiveness also plays an important role in sexual decision-making. Specifically, the more attractive a partner, the less likely some young people would be to use a condom. Similarly, relationship type, situational context, and drug use also impacted on condom use.

Technology as the third space—Participants cited internet access and mobile phone ownership as common and that social media and mobile phones provide ways for youth to find others for sexual encounters. Websites such as Craigslist, Adam4Adam, Blackgaychat, and Myspace were used to find sexual partners, hookups and clients. Participants reported that everyone had a Myspace page; one referred to Myspace as "gayspace" because everyone on Myspace appeared to be gay. Twitter and Facebook were less commonly used.

Regarding the ubiquity of mobile phones, one man explained that individuals "may not have a home, but they will have a phone." Mobile phones provide location for more transient individuals. They also provide a level of privacy, allowing some who exist in different worlds to maintain connections to gay life when in their "real lives."

Mobile phones also play a prominent role in their sexual lives. Mobile phones were cited as common tools for escorting; as one participant stated, "A lot of boys have phones because they are working the stroll." However, mobile phones—texting, specifically—are also commonly used to initiate sexual encounters, or "hookups." Exchanges involve texting and sometimes "sexting," the exchange of sexual messages or pictures. Mobile phones and websites serve a variety of functions integral to the social lives of African American youth, including peer-to-peer communication, social connection, network building, and relationship building.

Future outlook—Participants reported that racism, employer discrimination, homophobia, and HIV were the most important issues in their community. Several reported also cited issues related to life outcomes, education, and career expectations.

> We need to come up with a new Pride agenda. It should be more than flamboyance; it should be about being part of the community, it should be about being happy, successful, and no complaints. Sometimes it feels like the blind is leading the blind. Older girls promote tricking and ballroom; they should be saying "gay daughter this is what you need to do… you need to go to school, Colors, et cetera, that can help you find jobs, school, and medical benefits. There are resources you can use, but we don't know about that… Sometimes I feel like a hypocrite because I don't like to be around other gays because of the stereotypes. As a transgender woman taking hormones, you will feel like more of a female—"emotional spazzing"—and this is hard, but if you have the right person they can help you through all that. We need to have a new generation and definition of pride. – Kai, 24

When asked to describe what helped them move from the described negative cycle to a positive, more balanced "real life," spirituality, familial support, and education were consistently given as explanations:

> Overcoming being turned out in the lifestyle. When I first came out, I was into the ballroom scene and crafting-stealing. I eventually started listening to my mother, got back in school—high school, college, steady job, and God. – Amari, 21

LGBT youth serving organisations also provided support for youth emerging in the scene.

> Sleep all day, till 6 pm, then I wake up and smoke with friends every day. Seemed like a schedule. Then I realised I wasn't succeeding, and then I stopped, went to [organisation A], [organisation B], and learned something. Tired of feeding off of peoples' emotions and waiting for them to give me something, I realised I can do some things for myself. – Amari, 19

Discussion

The findings provide evidence that individual choices about sexual behaviour are embedded within the intersections of race, sexual, and gender, and are influenced at multiple system levels. The African American gay scene operates at the macro level and is typified by a vibrant culture, social structures with distinct modes of speech, relationships, and events. Participants regularly described the gay scene as a key social structure in their lives, with both positive and negative attributes. This scene was established, in part, in response to homophobia and racial prejudice. AIDS service organisations occupy a prominent role in the gay scene and are engaged in HIV prevention efforts. These organisations are well positioned to respond to the HIV crisis and provide safe space for young people who may face significant prejudice in the broader social world.

In discussions of coming out, participants focused on the process of emergence on the gay scene and on defining one's self as a member of the gay community, rather than disclosing to biological family. They described navigating a new social landscape with the support of gay families and peers. This emerging process can be viewed as a meso-level interaction between interpersonal relationships and at the macro level as a system of the Black, gay, urban community.

One exo-level system is the high rate of infection prevalence among young men, particularly among African American men who have sex with men (Salazar et al. 2010). African Americans are at heightened risk for HIV infection because of the elevated density of disease within their sexual networks (Adimora, Schoenbach, and Floris-Moore 2009); this risk factor is independent of individual risk behaviour. Disease density is outside of individual control but impacts interpersonal relationships and community-level service provision. As a result, young African Americans face significant risk of sexually transmitted infection even when engaging in typical sexual behaviours (Hallfors et al. 2006).

Another challenge in this population is the use of sex work as a means to increase financial stability and provide basic needs such as housing. LGBT teenagers represent one of the largest groups of homeless youth in America, and face a host of unique challenges (Hunter 2008). Some participants reported severed ties with biological family members after disclosing their sexual identity, resulting in home eviction. The act of being put out of their home due to familial homophobia is the first step towards LGBT youth engaging in transactional and survival sex (Walls and Bell 2011; Hunter 2008). Independent living and self-sufficiency is a challenge for many young adults; these challenges are complicated by the prejudice and marginalisation experienced by gay and transgender African Americans. One way this prejudice is operationalised is a hiring discrimination, resulting in constrained labor options for youth in this population. Some participants, particularly transwomen, reported limited job opportunities due to hiring discrimination. Lenning and Buist (2013) echoed this finding, explaining that transgender individuals reported that being transgender posed a regular challenge in both their work and/or school environments. Within this constrained structure, sex becomes one resource that can be monetised. When choosing between homelessness and hunger and HIV risk, some youth opt for sex work to help meet basic needs.

Intersectionality theory suggests that the effects of racial and sexual discrimination are difficult to disentangle in workplace discrimination, in cultural isolation, and in the schooling environment (Collins 2000). However, it is clear that societal marginalisation is compounded for these individuals: they experience discrimination and prejudice as a result of their sexual identity and their race. Racism and homophobia have additive, potentially interactive negative consequences on the life and health of gay and transgender African Americans and ultimately on the disparate rates of HIV infection in this population (Kraft et al. 2000; Williams et al. 2004; Morin et al. 2003).

A prominent micro-level system is the role of the gay family. In the African American gay community, social structures nurture and acclimate youth as they emerge into the community. The gay family provides social, emotional, and material support to youth. Participants reported that their gay mother taught them about safe sex and strongly encouraged positive behaviours. These relationships were discussed not as loose affiliations but rather as close kinships. The gay family can positively transform the social networks of gay and transgender African American youth, who at times lack social, cultural, or biologic familial support. Additional research on LGBT fictive kin, focused on African American families is warranted (Arnold and Bailey 2009).

Peers also influence the trajectory of behaviour. Participants repeatedly acknowledged that socialising in the wrong crowd could lead to getting "turned out" or engaging in risky behaviour. Friends influenced whether a young person would emerge participate in the ballroom scene, the prevention scene, and even stay in or return to school. Although it is difficult to tease out causal relationships between risk behaviour and friendship choice, low peer norms for condom use is one significant predictor of unprotected sex (Peterson et al. 2009). Gay families members and peer groups can influence the paths of emergence and, potentially, the long-term trajectories of youth.

In terms of individual sexual risk behaviour, participants highlighted a variety of attitudinal factors that influence condom use. Findings around non-condom use mirror previous work including the importance of relational trust, self worth, heat of the moment decisions (Malebranche et al. 2009). Hedonistic beliefs around condom use, optimistic bias against HIV risk, and partner relationships continue to play prominent roles.

Partner relationships and power dynamics also factor into condom-use negotiations. In theorising on hegemonic and gay masculinities, Connell and Messerschmidt (2005) argue that the dual masculinities of the masculine and the effeminate, operationalised herein as tops and bottoms, are modes to reproduce hierarchal power dynamics in gay relationships. Our participants emphasised that while these categories exist in practice, both tops and bottoms held sexual decision making power, challenging the premise that the adoption of these roles also determines sexual decision making authority.

One limitation of this study is that participants were recruited from or with the assistance of local AIDS service organisations. It is likely that some participants benefited from educational and social opportunities associated with the organisations. Additionally, this study consisted of a small sample of transgender participants, which limits generalisability to broader transgender populations.

Implications for research

Sexual practices of gay and transgender African American youth cannot be understood apart from the realities of their social and sexual landscapes. Prevention efforts that singularly focus on individual behaviour change may not be sufficient. Without access to stable living environments, financial stability, educational opportunities, mentorship, and career pathways, some individuals will continue to engage in risky forms of transactional sex. We should consider intervention efforts that address poverty, homophobia, and marginalisation, both within the family and in broader community and society at large. Interventions and policies that allow individuals to occupy their sexual identity while remaining engaged in career development, family relationships and, for some, spirituality, are integral components to achieve health equity.

The gay family and the ballroom community offer potential opportunities to support both gay and transgender youth. Efforts to improve the social and sexual lives of youth should include these institutions, particularly as many of these institutions already engage in prevention work from within (Arnold, 2009; Phillips 2011). In studying the effectiveness of HIV interventions that incorporate the Ball community, (Holloway et al. 2012) urged that

interventions should seek to address the concurrent challenges of this population beyond HIV risk behaviour, including housing stability and career preparation.

Finally, this period of emerging on to the gay scene presents an excellent opportunity for intervention. Described by participants as a period of curiosity, experimentation and relationship building, coming out was regularly linked to increased risk taking behaviour. (McKay et al. 2012) argues that during the emergence period, gay communities are particularly influential, as individuals strive to 'fit in'. There has also been a call from the LGBT community to change the association of the coming out process with risky sex and drug use behaviour (McKay et al. 2012). We recommend pursuing interventions that facilitate safe emergence as well as increased financially stability and social connectedness, in addition to sexual health. In addition, gay and transgender youth of colour are linked through a small number of geographic spaces and romantic sexual partners often meet in these spaces (Oster et al. 2013). Intervention should continue to work with and within these spaces.

Mobile phones play prominent roles in the social and sexual lives of young African Americans. For gay and transgender youth, whose relationships are often stigmatised or driven to the margins, new media and technology can provide private and safer spaces in which to cultivate social connections and sexual encounters (Garofalo et al. 2007). As such, practitioners should continue to explore mobile phones as intervention tools for both communication and education (Dowshen, 2012).

African American gay and transgender youth experience unique challenges and opportunities at the intersection of multiple marginalised identities. These findings provide insight into their social landscape and further illuminate the need for culturally and contextually appropriate approaches to address the spread of HIV.

Acknowledgments

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