Young Gay/Bisexual Men: Love, Trauma and Intimacy

Noel Ramirez, LCSW, MPH, The Youth Health Empowerment Project/Philadelphia FIGHT

Jacinto J. Grant, MSW, The Attic Youth Center
Learning Objectives

• Increased knowledge on emotional/psycho-social context on sexual risk-taking behavior among young gay/bisexual men.
• Increased knowledge of trauma’s impact on risk taking behavior.
• Increased insight to bias and barriers to comprehensive care and accurate screening
Local HIV Epidemic impacts young MSM

Nearly all Philadelphia HIV cases in youth are sexually transmitted

Young Gay and Bisexual Men in Philadelphia

Source: CDC. Youth Risk Behavior Survey (YRBS) 2009
Philadelphia Department of Public Health, 2011

**Syphilis is increasing in Philadelphia youth**

Rates of syphilis among 15-19 year olds

<table>
<thead>
<tr>
<th>Year</th>
<th># per 100,000 population</th>
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<tbody>
<tr>
<td>2004</td>
<td>5</td>
</tr>
<tr>
<td>2005</td>
<td>10</td>
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<tr>
<td>2006</td>
<td>15</td>
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<td>2007</td>
<td>5</td>
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<tr>
<td>2008</td>
<td>20</td>
</tr>
<tr>
<td>2009</td>
<td>25</td>
</tr>
<tr>
<td>2010</td>
<td>30</td>
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Youth are also making up a greater percentage of syphilis cases

- 2004 15-19 year olds accounted for 1% of all syphilis cases
- 2010 youth accounted for 7% of syphilis cases.
Nearly All HIV Cases in Youth are sexually Transmitted
Youth with HIV in Philadelphia: Racial/Ethnic Breakdown

70% of newly diagnosed youth are African American

Health Disparity can be understood in many ways...

- **Health Disparity:**
  - STIs/HIV among YGBM

**Client System**

**Societal Barriers and issues**

**Provider**

- Health Disparity: STIs/HIV among YGBM
Provider: Missed Opportunities when engaging Young gay/bisexual men?

Marcus et al. (2011)
Individual level risk behaviors do not explain these health disparities in HIV infection, black MSM often engage in less HIV risk behavior than non black MSM, instead a closer look to structural factors is needed to understand this health disparity (Millet et al., 2007 & Felman, 2010).
Patients are part of a Larger System
Social Context of Homophobia

Laws

Religion

Medicine

Homophobia
Homophobia and School Systems

- Exposure to discriminatory beliefs and actions begins early – national survey of LGBT youth, majority of respondents reported having heard homophobic comments from teachers and school staff

- **82% of students** reported they had been **verbally harassed because of their sexual orientation**
  - 40% reported physical harassment
  - 18% reported physical assault
Homophobia and Family Systems

Ryan, Huebner, and Sanchez (2009) studied the effects of homophobia acted out by family members. Rejected LGB youth were 8.4 times more likely to have tried to commit suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to have risky sex.
Homophobia and Risk

Experiencing homophobia was associated with unprotected anal intercourse among men not previously diagnosed with HIV and sexual HIV transmission risk behavior among men who knew they were HIV infected. (Jeffries et al., 2012)
“As a black gay man, I grew up with so much shame with who I was and who I was sleeping with. The Mosque, my family and my friends --- all reinforced this message that being gay meant I was sick. I knew about risks and all that. But when someone looked at me and said that I was beautiful, all of that went out the window…” - MC
Trauma and Risk

- Men who were abused were more likely to engage in sexual risk behavior than men who were not abused. Childhood sexual abuse and level of coercion were associated with reported levels of HIV infection among gay and bisexual men.

O’Cleirigh et al. (2013) Behavioral data from a study evaluating 503 HIV positive gay and bisexual men receiving primary care. PTSD was associated with greater risk for Transmission risk behavior in younger men, independent of HIV disease stage or treatment status.
Young Gay/Bisexual Men + Traumatic Stress = Unprotected Anal Intercourse

131 HIV positive African American men who have sex with men.

60% reported at least 1 interpersonal trauma:
- they attributed at least 1 trauma to being gay (47%)
- African American (17%)
- HIV positive (9%)

Experiencing discrimination related trauma was significantly associated with unprotected anal intercourse. (Fields et al, 2013).
Anxiety and High-Risk Sexual Behavior

- Anxiety may thus impede **self-efficacy** regarding negotiation of safer sex (Hart et al., 2008)
- Risky sexual behavior may also reflect a strategy for avoiding negative (anxious) affect (O’clerigh & Safren, 2007), such as engaging in **the act of risky behavior** may provide an escape from an anxious state.
Clinical Vignette: Jared

- A seventeen year old gay male has experienced insecure housing since he was 15 yrs old and has been estranged from his family at that time since coming out as gay. He struggles in school and often thinks about dropping out so he can work and make money to be more independent. He often feels let down by everyone and feels he has had to fight for everything he wanted. Jared self-describes himself as not the cutest or most handsome, but feels that he has a nice body.

- Jared has had several short-term intimate relationships, typically describes the guys he dates as not understanding him; too immature; or not sexually compatible. Jared has few friends and hooks up frequently with guys from the Jack’d and Grindr dating apps, or through sex parties. Jared explains that his hook-ups don't always start out being about sex, but if it is offered then he thinks he should do it. There have been weekends when Jared has had 3 different dates from apps, and feels bored and lonely when the dates are over. Jared, however feels strongly that the dating apps are the best way to meet people; he does not feel comfortable approaching people in general social situations.

- Jared self-reports using condoms regularly, except for any form of oral sex. Jared typically has sex as a "top", and will only "bottom" when he is in a relationship. He has dated at least two guys that disclosed their HIV positive status at start of relationship. Jared test regularly for HIV, often after feeling that he has been too risky.
Clinical Vignette: Jared

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<th>Gut-Level Reactions</th>
<th>Assessment</th>
<th>Strategy/Resource/Intervention</th>
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Provider Insight: Affirmation works!

- White & Stephenson (2013) data from 703 gay and bisexual men in Atlanta to explore factors associated with homosexual identity formation and disclosure. They found that having a more established and open homosexual identity was associated with lower sexual risk behaviors.
Intake Interviewing: Affirmative Attitudes and Beliefs

Riddle (1996) four key attitudes that are LGBT affirming:

- **Recognition of the impact of heterosexism on the client**
  - Support clients attempting to develop a sense of pride and move towards living a full and healthy life

- **Express admiration for LGBT clients** who are facing the challenges inherence in a heterosexist society

- **Affirming attitude is appreciation:** openly appreciate, value and celebrate the contribution to delivery made by LGBT people, while confronting homophobia or transphobia in themselves and others.

- **Realize LGBT people are an indispensible population** and should provide a nurturing therapeutic environment in which LGBT individuals can thrive.
Understand and Examine Personal Bias

- Pity
- Tolerance
- Repulsion
- Acceptance

Personal Biases
Use and Adopt affirmative language

- Gender Neutral Language
- Use the Clients
- Open-Ended Questions
- Rephrase words

Affirmative Language
Create an affirmative environment

- Symbols
- Safe zone signs
- Pamphlets and/or information readily available
- Neutral language
  - Relationship status vs marital status
  - Gender choices
Refer!

A great way to ensure a positive developmental outcome!
The Attic Youth Center

#mPOW

- **The Mpowerment Program** of The Attic is a CDC, Peer led Community Intervention that engages gay and bisexual males in safe-sex and sex-positive discussions with members of a Peer Support & Prevention Team; the goal is to get the young men to adopt safe sex practices as a norm.

- **Therapy Services**
  - Individual, Couples, & Family Counseling, LGBTQ Youth Specialization

- **The Bryson Institute of The Attic Youth Center Training**
  - Educational Training/Workshops, Consultation; creating safe and supportive spaces
Philadelphia FIGHT:
Youth Health Empowerment Project

- **I AM…Program** is a men’s health initiative addressing the unique needs of young men of color (under the age of 30) who self-identify as gay and/or bisexual. Through a community empowerment approach, the I AM… Program provides the following programs to assist young men in building skills and support networks to make healthy choices and stay healthy:
  - **The Talk**: program offers discussion groups on identity, sexuality and expression as well as other supportive services.
  - **The I AM the Generation Run Project** The run club meets on Wednesday nights at 700pm. The I AM the Generation Run Project prepares for Philadelphia runs (5k, half marathons and full marathons) and hopes to spread awareness of our generations perseverance, endurance and unity. All level runners welcomed!
  - **The I AM Men’s Health Program** is an innovative PrEP (Pre-Exposure Prophylaxis) program. PrEP is a is once a day pill to prevent HIV and is provided to youth at high risk of contracting HIV.
  - **Comprehensive Risk Counseling Services (CRCS)**: CRCS is a counseling program for young men who have concerns around their sexual health.
  - **Community Outreach**: The I AM team is in the community promoting messages regarding engagement in health care, sexual health and wellness.
Thank you for being a great audience!
Contact Information

Noel B. Ramirez, LCSW, MPH
Philadelphia FIGHT: Youth Health Empowerment Project
1417 Locust Street. 3rd Floor
Philadelphia, PA 19102
(P) 215-525-8610
(F) 215-564-5360
Email: Nramirez@fight.org
Agency Web Address: www.fight.org

Jacinto J. Grant, MSW
The Attic Youth Center
255 S. 16th Street
Philadelphia, Pa 19102
(P) 215 545-4331
(F) 215 545-5774
Email: Jay@atticyouthcenter.org
Agency Web Address: www.atticyouthcenter.org