

# Beyond the Down Low: Sexual Risk, Protection, and Disclosure Among At-Risk Black Men Who Have Sex with Both Men and Women (MSMW)

Brian Dodge · William L. Jeffries IV · Theo G. M. Sandfort

Published online: 30 May 2008  
© Springer Science+Business Media, LLC 2008

**Abstract** Little information is available about sexual risk, protective, and disclosure practices among Black bisexually active men and how these may be amenable to intervention when necessary. In-depth interviews were conducted with 30 at-risk urban Black men who have sex with both men and women (MSMW). Participants reported protecting themselves and their partners through routine HIV testing, using condoms consistently, engaging in strategic positioning during sexual activity, and limiting the number of sexual partners. In addition, they described several reasons for not using protection, including not having condoms available, enjoying sexual activity more without condoms, and perceiving female partners to be “safer” than male partners. Disclosure of bisexuality was complex and reportedly difficult, in particular to female and gay-identified male partners. Future interventions must not only build protection and disclosure skills among MSMW, but also increase broader social awareness and acceptance of male bisexuality.

**Keywords** Bisexuality · MSMW · African-American · Black · HIV/AIDS

---

B. Dodge (✉)  
Center for Sexual Health Promotion, Department of Applied Health Science, Indiana University, HPER 116, 1025 E. Seventh St., Bloomington, IN 47405-7109, USA  
e-mail: bmdodge@indiana.edu

W. L. Jeffries IV  
Department of Sociology, University of Florida, Gainesville, FL, USA

T. G. M. Sandfort  
HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute/Columbia University, New York, NY, USA

## Introduction

Recent research suggests that Black men who have sex with both men and women (MSMW) are at relatively high risk for HIV transmission when compared to other risk groups (Brooks, Rotheram-Borus, Bing, Ayala, & Henry, 2003; Kahn, Gurvey, Pollack, Binson, & Catania, 1997; Prabhu, Owen, Folger, & McFarland, 2004; Wold et al., 1998). Most previous HIV/AIDS research has merely included MSMW in samples of “gay and bisexual men” or MSM (men who have sex exclusively with men), thereby obscuring the specific sexual health issues that MSMW face. Limited research focusing directly on MSMW has highlighted unique HIV risk factors and prevention needs in comparison to men who exclusively have sex with men (Aggleton, 1996; Chu, Peterman, Doll, Buehler, & Curran, 1992; Doll & Beeker, 1996; Doll, Myers, Kennedy, & Allman, 1997; Doll et al., 1992; Heckman et al., 1995; Stokes, Vanable, & McKirnan, 1997; Tielman, Carballo, & Hendriks, 1991). Findings have shown that the specific factors involved in the sexual risk behaviors of MSMW have been inadequately addressed in previous MSM-targeted interventions, most notably prevention and negotiation skills with female partners (Leaver, Allman, Myers, & Veugelers, 2004).

## Risk and Protective Factors among Black MSMW

Much of the disproportion in HIV prevalence among Black MSMW has been linked to relatively low socioeconomic status (SES). In one of the largest studies to exclusively focus on bisexual men (McKirnan, Stokes, Doll, & Burzette, 1995), researchers found that Blacks were significantly more likely than Whites to have exchanged money or drugs for sex in the past six months (21% vs. 8%) and over the life course (33% vs. 16%). Given the extent to which inconsistent condom use is a

reality in many sex work encounters, this is of substantial concern for the well-being of Black MSMW and their sexual partners (Doll & Beeker, 1996). Additionally, intravenous drug use (IDU) often works in tandem with sex work, with men who inject drugs being more likely to sell or trade sex in order to support their habits. One study examining Black MSMW found that 25% reported injecting drugs in the past six months (Peterson et al., 1992), and comparable rates have been cited elsewhere (Doll & Beeker, 1996; Goldbaum et al., 1998).

Aside from SES, Black MSMW's patterns of sexual practices have also been cited as notable factors in relation to HIV infection. A number of studies have drawn attention to MSMW's lower rates of condom use and higher number of sexual partners in comparison to MSM and men who have sex exclusively with women (MSW) (Doll et al., 1992; McKirnan et al., 1995; Kalichman, Roffman, Picciano, & Bolan, 1998; Stokes, McKirnan, Doll, & Burzette, 1996). This pattern may persist subsequent to MSMW being infected with HIV (Montgomery, Mokotoff, Gentry, & Blair, 2003). Several studies have found that MSMW sometimes engage in unprotected anal intercourse with men concurrent to unprotected anal and vaginal intercourse with women (McKirnan et al., 1995; Peterson et al., 1992; Stokes et al., 1996; Weatherburn, Hickson, Reid, Davies, & Crosier, 1998).

A debate exists as to the extent to which inconsistent condom use is related to lower overall intentions to use condoms (Heckman et al., 1995), low social skills and self-efficacy (Kalichman et al., 1998), or factors related to the gender of partners (Stokes et al., 1996; Weatherburn et al., 1998). However, an ubiquitous finding is that rates of behavioral and self-identified bisexuality are often highest among Black men when compared to men of other race/ethnic groups (Goodenow, Netherland, & Szalacha, 2002; Heckman et al., 1995; McKirnan et al., 1995). This is apparent despite the limited research that focuses specifically on Black MSMW.

Last, throughout the literature on Black male bisexuality, risks are clearly emphasized while little is known about the protective behaviors in which these men may engage in order to prevent transmission of HIV. The disproportionate focus on risk, without exploration of protective behaviors in which Black MSMW engage, has given an incomplete picture of the ways in which these men structure their sexual relationships and lives.

#### Roles of Disclosure in Black MSMW's Lives

Exploring disclosure of bisexual behaviors and/or identities to sexual partners in relation to risk is important for a number of reasons. Above all, non-disclosure has been linked to increasing HIV and other sexually transmitted infection (STI) incidence rates among female partners of Black MSMW

(Doll et al., 1992; Montgomery et al., 2003). Sexual partners' awareness of Black MSMW's bisexual behaviors may provide them with greater power in ensuring that safer sex measures are used during sexual encounters with these men (Millett, Malebranche, Mason, & Spikes, 2005). Disclosure of sexual behaviors is also indicative of greater sexual openness, which may enhance relationship quality and foster increased negotiation of condom use (Malebranche, 2003; Millett et al., 2005). MSMW who disclose bisexual behavior often possess lower levels of internalized negative attitudes toward their same-sex behaviors, a factor known to be a determinant of unprotected sex in bisexually active men (Kalichman et al., 1998; Stokes et al., 1997). Likewise, men who disclose are more likely than non-disclosers to consider themselves members of a "gay community," which some have found to be predictive of lower social anxiety, increased psychological well-being, and increased intentions to use condoms (Heckman et al., 1995; Stokes et al., 1996, 1997). Stokes et al. (1996) suggest that non-disclosure to sexual partners is associated with higher rates of unprotected intercourse with male and female partners as well as a greater number of partners.

Though disclosure has been shown to contribute to the well-being of bisexually active men and their partners, it may be easier said than done. The sociocultural milieu of most Black men prohibit expressions of non-heterosexual behaviors and identities (Mays, Cochran, & Zamudio, 2004; Millett et al., 2005; Stokes et al., 1996). Particularly within their religious and family networks, where heteronormativity and masculine gender norms preclude expressions of same-sex love and desire, bisexuality is likely to be viewed with disdain (Stokes et al., 1996, 1997). For this reason, many Black MSMW shun gay and bisexual identities (Doll et al., 1997; Lever, Kanouse, Rogers, Carson, & Hertz, 1992; Malebranche, 2003; McKirnan et al., 1995; Stokes et al., 1996, 1997). Additionally, Black MSMW may perceive severe physical or emotional consequences, such as being assaulted, socially rejected, or publicly slandered, subsequent to the disclosure of same-sex behaviors (Kennamer, Honnold, Bradford, & Hendricks, 2000; Mays et al., 2004). Other MSMW may lack the social support networks needed to reinforce them once disclosure is undertaken (Martinez & Hosek, 2005; Peterson et al., 1992). Indeed, non-disclosure of MSMW's same-sex behaviors to female partners may be due in part to its association with the transmission of HIV. It is not unreasonable, therefore, to expect that some Black MSMW go to great lengths to keep female partners from knowing about their same-sex behaviors.

Studies that have examined disclosure of bisexuality among MSMW have found that relatively few (between one-tenth and one-third) disclose (Doll & Beeker, 1996; Kalichman et al., 1998; Martinez & Hosek, 2005; Montgomery et al., 2003; Weatherburn et al., 1998). Race/ethnicity inarguably confounds the relationship between bisexuality and

disclosure. Though Black MSM, in comparison to their White counterparts, tend to have sex with women (Doll et al., 1992; Montgomery et al., 2003), Black women are much less likely than White women to know when their male partners are bisexually active (Chu et al., 1992; Montgomery et al., 2003). Yet, even when Black women are aware of their partners' same-sex behaviors, they may continue to engage in unprotected intercourse with them (Korte et al., 2004; Malebranche, 2003; Millett et al., 2005; Sikkema et al., 1995). This may be due to socioeconomic reasons, perceptions of few eligible Black male partners (due to disproportionate rates of incarceration and other factors), and the disproportionate power provided to men in relationships (Adimora & Schoenbach, 2003; Amaro, 1995; Millett et al., 2005). Given that some HIV-infected bisexual men continue to practice unsafe sexual practices with their partners, examination of disclosure as a component to sexual safety is clearly warranted (Centers for Disease Control and Prevention, 2003; Chu et al., 1992; Doll et al., 1992; Ekstrand et al., 1994; Montgomery et al., 2003; Prabhu et al., 2004).

In relation to issues of disclosure of bisexual behaviors, a recent barrage of popular literature and mass media has called attention to a previously "hidden" group of Black MSMW in the United States. Specifically, men on the "Down Low" are depicted as openly identifying as heterosexual but secretly engaging in bisexual behaviors. These men are often characterized as being ignorant of HIV/STI transmission risks for themselves and their partners (Bleich & Taylor-Clark, 2005; Millett et al., 2005). The potential impact of their behaviors on Black women and ethnic minority communities as a whole have been sensationalized and problematized (Ballard, 2001; Browder & Hunter, 2005; Denizet-Lewis, 2003; King, 2004; King & Carreras, 2005; Venable, 2001). Because not all Black MSMW are on the "Down Low," the extent to which "Down Low" behaviors, namely, non-disclosure of bisexual behaviors to intimate partners, impact HIV/STI transmission to and within this population is unclear (Malebranche, 2003; Millett et al., 2005). Therefore, researchers have recently made calls for qualitative investigations of the social, sexual, and risk factors associated with apparently widespread bisexuality and its implicit non-disclosure among Black men (Malebranche, 2003).

### Study Aims

The aim of this exploratory study was to gather in-depth qualitative information on the sexual risk, protective, and disclosure practices among at-risk urban Black bisexually active men. Specifically, we sought to explore:

1. What are the perceptions of sexual risk reported by Black MSMW with both male and female partners?
2. What are the reported protective behaviors of Black MSMW with both male and female partners?
3. What are the reported risk behaviors of Black MSMW with both male and female partners?
4. What factors influence disclosure, or non-disclosure, of bisexuality to male and female partners among Black MSMW?

The information gained from answering these questions could be used to inform future intervention efforts by providing insights on sexual risk, protection, and disclosure based on the accounts of Black MSMW themselves.

### Method

#### Participants

This study is based on a sample of 30 at-risk Black MSMW in New York City. In order to assure risk relevance, we limited our focus to men between the ages of 18–30 years who engaged in sexual activity with at least one male and at least one female partner in the past year and who reported inconsistent use of condoms (that is, at least one episode of unprotected vaginal or anal intercourse) within this time frame. Participants were eligible for participation if they self-identified as Black, African-American, and/or of other African descent. We excluded men who had engaged in bisexual behavior solely in exchange for money or drugs, who had injected drugs, and who had tested positive for HIV (although, during the course of the interviews, two participants disclosed that they had recently been notified that they were HIV-positive). Potential participants were recruited via targeted sampling techniques in social and sexual spaces where MSMW were found to congregate through previous ethnographic mapping (Muñoz-Laboy & Dodge, 2005, 2007).

A total of 55 individuals participated in a brief telephone screening in order to determine eligibility. Of note, the majority of men who were screened reported using condoms "almost always" ( $N = 27$ , 49%) during the previous year. A smaller number of men ( $N = 15$ , 27%) reported using condoms "sometimes, rarely, or never." Additionally, several individuals ( $N = 13$ , 24%) were deemed ineligible for study participation because they reported using condoms "always." The most commonly reported reasons which disqualified callers from participation in the study were using condoms at all times with all partners, having tested positive for HIV, and being over the age of 30 or under the age of 18.

Table 1 provides an overview of the participants' demographic and behavioral characteristics. The mean age of the participants was 23.4 years. The mean number of female sexual partners within the past year was 4.7 while the mean number for male sexual partners was 10.1. Although most participants ( $N = 19$ , 63%) were currently employed, the mean

**Table 1** Demographic and behavioral characteristics of the sample ( $N = 30$ )

	<i>M</i>		%
Age (in years)	23.4	Self-identified ethnicity	
Number of sexual partners in past year		African-American/Black	73
Male partners	10.1 (range, 1–60)	African-American + Latino	7
Female partners	4.7 (range, 1–20)	Afro-Caribbean	10
Number of sexual partners in past year to whom bisexuality was disclosed		Other	10
Male partners	6.1 (range, 0–36) <sup>a</sup>	Self-identified sexuality	
Female partners	1.7 (range, 0–15) <sup>b</sup>	Bisexual	63
Annual income (in dollars)	15,100	Other	37
		Residence in New York City	
		Brooklyn	40
		Queens	23
		Bronx	20
		Manhattan	17
		Educational attainment	
		High school	40
		Some college	50
		College degree	10
		Employment	
		Currently employed	63
		Currently unemployed	37

<sup>a</sup> On average, 62.4% of participants' male partners were aware of their bisexuality

<sup>b</sup> On average, 43.5% of participants' female partners were aware of their bisexuality

income was relatively low. The vast majority ( $N = 25$ , 83%) of the sample currently resided in boroughs outside of Manhattan. Although sexual identity was not a selection criterion in this study, participants were asked “How would you describe your sexuality? Is there a specific word or label that you would use to describe your sexuality?” The vast majority of the men ( $N = 19$ , 63%) self-identified as “bisexual,” with the remainder using “other” identity labels (such as “bi-curious,” “just me,” and “a freak”) or no labels whatsoever. Three men (10%) self-identified as “gay” and none as “heterosexual/straight.” For a more detailed examination of our participants' sexual identities, as well as perceptions of the “Down Low,” see Sandfort, Dodge, Fontaine, Udoh, and Jeffries (2007).

Participants also reported a wide variety of sexual relationships during the past 12 months. These included both primary and casual relationships with both male and female partners in numerous configurations. Table 2 summarizes the patterns of relationships described by the participants. Additionally, two participants reported recent casual relationships with male-to-female transgender partners; however, in general dialogue, they referred to these partners as “female.” Of note, in comparison to work we have recently conducted with Latino MSMW, in which some men highly eroticized and specifically sought out potential transgender sexual partners (Muñoz-Laboy, 2004; Muñoz-Laboy & Dodge, 2005), the majority of the Black MSMW in our sample expressed little sexual attraction and overall negative attitudes. Indeed, a small

number of men reported previous experiences of enacting hostility and violence toward transgender individuals.

#### Procedure

After meeting the eligibility requirements, participants underwent a confidential 90-minute semi-structured face-to-face interview with the first author. All participants were required to give written informed consent to the study procedures, including audiotaping, before the interviews took place. All interviews were audio-recorded and subsequently transcribed by a professional transcription service. No personally identifying information, with the exception of broad demographic characteristics, was collected. Upon completion of the interview research, participants received \$50 for their participation in the study, which included remuneration for time and transportation costs. The Institutional Review Board of the Columbia University Department of Psychiatry and the New York State Psychiatric Institute approved all study protocols; additionally, all participants are protected by a Certificate of Confidentiality from the National Institutes of Health.

#### Data Analysis

All text data were entered into NVivo 2.0, a commonly used software program that assists in organizing and managing

**Table 2** Participant relationship characteristics within the past 12 months ( $N = 30$ )

Participant	Number of female partners		Number of male partners		Current primary relationship? <sup>a</sup>
	Primary	Casual	Primary	Casual	
1	2	0	1	2	No
2	1	2	3	7	No
3	1	2	10	50	No
4	3	2	0	3	No
5	2	1	2	0	Yes (M)
6	4	0	3	0	No
7	1	0	1	1	No
8	1	3	0	36	Yes (F)
9	0	7	0	10	No
10	0	1	1	1	No
11	0	2	1	2	Yes (M)
12	1	2	2	1	No
13	1	0	1	2	Yes (F/M)
14	1	2	2	3	No
15	1	6	1	19	Yes (M)
16	1	7	0	8	No
17	1	2	1	5	No
18	1	9	1	9	Yes (F)
19	2	3	1	9	Yes (F)
20	2	2	1	2	No
21	1	2	0	13	Yes (F)
22	4	11	2	15	No
23	1	3	1	Many <sup>b</sup>	No
24	1	5	1	5	No
25	1	1	1	4	No
26	4	4	3	9	No
27	1	0	0	10	Yes (F)
28	5	15	25	5	No
29	3	0	3	0	Yes (M)
30	1	2	1	0	Yes (M) <sup>c</sup>

<sup>a</sup> M = male relationship, F = female relationship

<sup>b</sup> Participant 23 did not specify a number for casual male partners. He used “many” to describe them

<sup>c</sup> Participant 30 had not had sex with his current male partner

qualitative data in the social and behavioral sciences. The data were coded and analyzed systematically among the investigators to ensure sufficient agreement and reliability (Creswell, 2003). Analysis involved the fragmentation and coding of the data including both mapping of themes and creating a thematic matrix (Marshall & Rossman, 1995). The texts of the first five interviews were reviewed and coded simultaneously by the principal investigator, co-principal investigator, and two doctoral research assistants. After reaching a satisfactory level of agreement, the remaining interviews were coded in pairs. Coding involved describing and identifying themes and patterns from the participants’ perspectives. Emergent themes and patterns were documented and interpreted by the individual investigators with sensitivity to their subjective meanings. The pairs of investigators collaboratively clarified these coded patterns and themes, compiled records of emerging ideas, and compared these during regular meetings throughout the analysis of the

data. Lists of topics were organized into a matrix of themes and sub-themes. By structuring the themes in this way, a scheme was developed that was used for analyzing all the narrative data. In the results section, key examples (quotes) from the data are used to illuminate findings.

## Results

### Perceptions of Sexual Risk

In terms of factors that may have put the men at increased sexual risk during the previous year, a third of the participants ( $N = 9$ , 30%) reported that they specifically were at-risk because they were “bisexually active.” That is, participants specifically identified that simultaneous sexual activity with both male and female partners increased the risk of becoming infected with HIV. Participant 8 (age 23) explained:

I: Do you think HIV is a major health issue for you personally?

P: Right now, in my life, yes. Because it scares the shit out of me.

I: Do you consider yourself to be at risk for HIV?

P: Yeah.

I: Why?

P: Because I'm bisexually active. I'm very sexually active.

In regards to this, most of these participants noted that sexual activity with multiple partners increased risk but that using protection with these partners had the potential to decrease risk.

Additionally, nearly a quarter of participants ( $N = 7$ , 23%) perceived they were at greater risk because they had sex with male partners in particular. Participant 3 (age 25) described:

P: Because, I would say, because I have sex with guys. A lot of guys are positive here.

I: In New York?

P: Yes. And a lot of them don't care...if somebody has it or if they don't. I think maybe, they have enough medication...they feel like, you know, like. It scares me. Because you can't understand why people value certain things.

In general, throughout the interviews, male sexual partners were cited as being "more active," "not trustworthy," and "riskier" in comparison to female sexual partners. This sentiment was also reflected in participants' protection practices.

Last, a number of the participants did not perceive themselves to be at greater risk for HIV infection than other individuals, specifically those who are not bisexually active. The most commonly reported reason among these men ( $N = 8$ , 27%) is that "everyone is at risk." Indeed, some participants took this opportunity to react against commonly held stereotypes about Black bisexual men, such as Participant 26 (age 26):

I just—I don't buy into that. There is hype about that...You know, especially about being...going back to the whole DL thing. You know, it's such a big hype, and it's...use condoms. Stop placing the blame on someone else. It's just like basically passing the buck. You know what I mean? It's taking the responsibility off of yourself. Oh, well, you know, I didn't know you were messing around with guys, and you know, and you know, you're giving me this. So it kinds of takes the responsibility away from women. Responsibility, yeah.

#### Sexual Protective Practices

In addition to risk factors, participants reported a variety of practices they engaged to protect themselves from potential

HIV infection. Undergoing testing for HIV was a commonly perceived protective behavior ( $N = 17$ , 57%) which seemed to be used in two distinct ways. First, approximately half of the men who had been tested in the past year reported using testing as an additional safety measure with potential partners before engaging in sexual activity for the first time. According to Participant 10 (age 25):

P: That's my policy. No.

I: So, you get tested before?

P: Before. We go take the test, half an hour or whatever, you know. We, we wait.

I: So that's what you do to protect yourself?

P: That's from the very beginning, you know. And if I continue to have sex with that individual, then, like, for us, every three months, you know.

Interestingly, the remaining half of the men who had been tested reported using written test results ("papers") as "proof" of seronegativity with potential partners before engaging in sexual activity. Although this strategy was not always systematically applied, participants did report situations in which they had engaged in unprotected sexual activity solely based on their partners' written HIV test results. Participant 8 (age 23) explained:

P: But we still have to go through the whole, you know one thing I do is I usually try to carry around my HIV papers, and stuff like that, and so I'll be like, since we're at your house, you can show me too. And then we could like, you know...

I: Do they all have the papers?

P: Hell no!

I: So are there some guys who don't have the papers but you'll still let them fuck you?

P: Yeah, yeah, I'll do it. I will, and then I'll be so paranoid, I'll go get like the 24 hour testing thing and they'll be like you have to come back. So, so far, so good. Yeah. But I keep numbers and I keep emails because if something ever happens to me, I'm going to blow you up.

In addition to testing, over half of the participants ( $N = 16$ , 53%) reported attempting to consistently use condoms with females. The most commonly reported reason for using condoms with women was for pregnancy prevention. Indeed, over half of the participants ( $N = 17$ , 57%) reported they would use a condom with a woman even if she claimed to use birth control pills. Participant 11 (age 19) recalled:

I: How often do you *not* use condoms with women? (pause)

P: Um, I don't.

I: You don't, ok? So you always use condoms with women for vaginal sex? Why?

P: Because they can get pregnant. And I don't want no babies. (Laughs) I don't want no kids. And women will do that, they will set you up.

In addition to consistently using condoms with females, half of the participants ( $N = 14, 47\%$ ) reported attempting to consistently use condoms with males. The most commonly reported reason for using condoms with males was that men are inherently "riskier" than women. These participants frequently reported that they would be more likely to use condoms with men because men specifically posed more risk of HIV infection. Participant 24 (age 21) described:

P: Penetration wise, I use a condom, usually I try to. If it's a female, I am reluctant to use a condom. I don't know, I think it's a trust thing, a trust situation.

I: You trust women more?

P: Kind of yeah. Like, some guys I know...some guys have been around and I didn't know that, you know, I know this person's been around, I'm not sure how many people he's slept with, but I know I've slept with a lot. So I don't want to jeopardize myself, find myself in a position where I may get HIV or some other STD.

When not using condoms, a third of participants ( $N = 10, 33\%$ ) reported using some form of strategic positioning in order to minimize risk. With male partners, this was most often accomplished by avoiding anal penetration or using withdrawal before ejaculation. With female partners, participants reported avoiding vaginal and anal penetration or using withdrawal before ejaculation. Participant 26 (age 26) clarified:

I'm not perfect. And you know, it's not something I'm proud of. But even then, like, I don't...I will not ejaculate into someone. I haven't ejaculated into someone. Even though, you know, I know that the risk is still there...but it's, it's all about reduction.

Last, nearly a quarter of participants ( $N = 7, 23\%$ ) reported having sex with one or more "steady partners" on an ongoing basis in order to reduce risk. Of these, several reported attempting to maintain simultaneous relationships with one female and one male partner. Participant 12 (age 23) stated:

I pretty much take care of myself. There's only two people I'm having unprotected sex with (one male and one female). And with those two people, I think I can trust them. But you know, parents, of course, they're like: no, no, you shouldn't be having unprotected sex with anybody. You know, that should just be with one person.

Contrary to popular stereotypes, these men were cognizant of the risks that bisexual behavior posed. Although not

necessarily monogamous, they reported making a conscious effort to minimize the number of sexual (particularly anonymous) partners for risk reduction.

### Sexual Risk Practices

All participants had put themselves at some level of risk for HIV infection during the previous year by engaging in at least one episode of unprotected vaginal or anal sex with female partners and/or unprotected anal sex with male partners (a selection criterion for inclusion in the study). In terms of specific risk behaviors, over a third of participants ( $N = 11, 37\%$ ) reported that they had put themselves at-risk by engaging in unprotected anal sex with HIV-positive male partners during the past year. Nearly a quarter ( $N = 7, 23\%$ ) reported not knowing the status of HIV-positive partners before engaging in unprotected sexual activity with them. For example, Participant 13 (age 24) recalled:

We was laying there, together talking and he said to me what would you say if I told you I'm HIV positive. So I said you're HIV positive? First he said no. And then he turned around and said yeah, that he was, you know, HIV positive and I said, we had sex like without no condom and he said, well, what did he say? He say well, I didn't cum inside of you, so you're good, you don't have to worry about nothing.

A third of the sample ( $N = 9, 30\%$ ) had put themselves at-risk after learning they had acquired STIs ( $N = 4, 13\%$ ) or unintentionally impregnated their partners ( $N = 5, 17\%$ ) during the previous year. All pregnancies were terminated. Participant 16 (age 27) reported:

P: Um, I've caught...I've caught gonorrhea about three, four times.

I: From women, or men, or both?

P: Both sides, yeah. Twice in men, twice in women. And I've had crabs, like, twice.

I: Ok. So you've gotten some STDs before...sexually transmitted diseases...from other people, men and women?

P: Yes.

In terms of sexual risk behaviors, participants described a variety of reasons for not using protection in these situations. Specifically, half of the participants ( $N = 15, 50\%$ ) reported at least one instance of not having a condom available at the time of sexual activity. Not specific to MSMW, lack of condom availability is a commonly reported reason for not using protection (Crosby, Sanders, Yarber, Graham, & Dodge, 2002). Participant 7 (age 19) described:

I: So why did you not use condoms at those times?

P: I don't know...I didn't have any on me.

I: Just because you didn't have any?

P: Yeah. I didn't have any on me, and I didn't really stress it.

Lack of condom availability was often reported in “heat of the moment” sexual situations with both male and female partners, including anonymous and public sexual encounters. As Participant 9 (age 24) recounted:

P: I was in a men's shelter and nothing but guys, or whatever, and there was like 20 guys in each room. And you can't have no girls in there, so it's kind of hard, so I had to release somehow.

I: And why didn't you use a condom?

P: I mean, we were in the shower and I didn't have no condom around me or in my coat pocket, and he didn't have any... And I'm like, I didn't... Those guys, they try to say “Trust me, I ain't got nothin,” and I guess in the heat of the moment, I wanted the sex and decided to do it.

Additionally, approximately half of the participants ( $N = 16$ , 53%) described that sex “feels better” without a condom. Numerous studies in diverse samples of men have shown that loss of sexual sensation is a commonly reported reason for not using condoms (Halkitis, Green, & Wilton, 2004; Rhodes & Cusik, 2000). In our sample, this rationale was used in regards to both male and female partners. Interestingly, some men reported being less likely to use condoms with female partners for this reason as unprotected sex with women, in particular, felt “more natural.” Participant 4 (age 28) explained:

P: It's difficult with a female. I'd say it's difficult. It's more difficult with a female than with a dude .... Because a female, I mean, it's just the juices, the way they make you feel, it's different from a guy. To get wet with a dude you have to use lubrication. But you can do that with a female without it. And you'll be like, it's harder with a female.

I: More because of a feeling of how good it feels.

P: How natural the feeling is. That's it.

Indeed, nearly half of the participants ( $N = 14$ , 43%) reported not using condoms with female partners because they perceived them to be “safer” in terms of HIV risk. Although pregnancy prevention was the most commonly cited reason for using condoms with female partners, women were more likely to be labeled as “less risky” and “more trustworthy” than men. According to Participant 8 (age 23):

P: Sex is, because with a woman, and this is going to sound crazy, with a woman you're not so self-conscious about using condoms, but with a man you are. Especially if he's a gay man. But with a woman, if you don't have condoms, it's like, well, ok.

I: You'll still have sex without a condom. Why is that?

P: Because, like I said, woman, they're vulnerable, so you feel more safe with them.

Another participant further explained:

I've always used condoms with guys, not girls. I've never had unprotected sex with a guy because of the fact, that again, in my ignorance, you know, I'm thinking like heterosexual people are not going to get HIV, that's for the gay people. The men who have sex with each other, they're going to get it and that, that ensured that every time sex occurred a condom would be on. (Participant 14, age 24)

The participants' beliefs that female partners posed less of an HIV threat than male partners, and the structuring of condom use around this belief, is a phenomenon specific to MSMW; however, it has not yet been explored in prevention or intervention research.

### Sexual Disclosure

In relation to sexual disclosure, or the admission of bisexual behavior and/or identity to sexual partners, the vast majority ( $N = 22$ , 73%) reported it was easier to discuss their bisexuality with male partners. Disclosure to male partners was described as occurring more frequently and with greater ease than with female partners. Often, male partners were perceived to be generally more relaxed than female partners. Participant 29 (age 19) described:

I: Would it be easier to tell a guy that you are bisexual than a girl?

P: Oh, yeah. With a guy, definitely... That's to the whole high-maintenance thing. Guys, they're more relaxed. Like, oh, 'OK', you know, 'what's up man?' 'Oh, OK.' A female, you've got to give her a reason why. You've got to, you know, explain how, when, with who. Like they would know the person anyway, you know.

Regardless of the rationale, only a small number of participants ( $N = 5$ , 17%) reported that disclosure of bisexuality was not necessarily easier with male, in comparison to female, partners. These men tended to be more open in regards to their sexualities. Participant 2 (age 21) explained:

I: Now, are you more comfortable talking to some partners than others?

P: Both... I don't mind talking to either sex about having sex with the same sex, the opposite sex.

I: Now, why do you think that is?

P: Because I'm just a real... I'm just a very open person. And I lay everything out there on the table... And I don't like to hold nothing back. I don't like to keep nothing from people. Especially if I'm in a relationship.

Additionally, for most men ( $N = 23$ , 77%) disclosure of bisexuality was reportedly easier if the male partner also engaged in bisexual behavior and/or identified as bisexual, as opposed to male partners who engaged in sexual activity

exclusively with men and/or identified as gay. According to Participant 14 (age 24):

I: How do the guys know?

P: They've seen me with, you know, they've seen me with my girlfriends. We'll sit and talk about our sexual escapades with them and together... You know, like maybe before something started, we'd sit there, oh yeah, I had this girl the other day, oh yeah, I had this girl the other day, too...

Another man (Participant 12, age 22) explained:

P: I feel the bisexual guys are more open. And they just ask those questions. Like, who are you sleeping with? Do you still like girls? Yeah, I still like girls, I'm still attracted to women. Yeah, I have slept with women.

I: Mmm-hmm.

P: So, with these guys, it's very just open and out.

For a smaller number of men ( $N = 5$ , 17%), bisexuality sometimes trumped gender such that they reported being more likely to disclose to a female partner, as long as she was also bisexual. Again, as with male partners, sharing a common sexuality seemed to facilitate a more open channel of communication between these participants and this subgroup of female partners. Participant 26 (age 26) recalled:

I: Would you be comfortable telling any women about it?

P: Actually, I had this bisexual girl a couple of weeks ago. And you know, I told her that I was bisexual. And I've never come out...But I loved that.

I: You would like the...you would like to be able to talk.

P: Yeah. I really would.

I: Uh-huh. And it sounds like bisexual women, you know...might be more comfortable with it.

P: Yeah.

When asked why disclosure of bisexuality was markedly more difficult with female partners, most participants ( $N = 21$ , 70%) reported that male bisexuality was “bothersome” to women and that disclosure could result in serious physical, emotional, and social consequences. Specifically, a third of the participants ( $N = 9$ , 30%) expressed that their female partners would be intolerant of and/or “disappointed” by their bisexuality; as Participant 12 (age 23) described, “(t)elling a woman would be very disappointing...you know, there goes another Black guy down the drain.” Several of these men reported using non-disclosure as a form of protection for their female partners' emotional well-being, as well as their own. Participant 10 (age 25) elucidated:

Women. I don't think I've gotten that close to them, you know, because, like, they're always, like, they cry. Especially this individual...She cries too much. And

it's, like, I said I want to tell her so bad, but it's, like, I don't know how to. I can just tell her and not care, but it's, like, you know, out of respect her, it's like, you know, I would never have sex with her unprotected anyway. You know, but it's...it's going to be really hard to talk to her.

Another third of the participants ( $N = 9$ , 30%) reported that women would become shocked or vindictive due to their bisexuality. These men wanted to talk to their female partners about their bisexuality but felt, because of the repercussions, they could not. In most cases, reported threats of violence, public humiliation and scorn, and even death hindered disclosure to their female partners. As Participant 16 (age 27) recounted:

Umm, I didn't tell her. Cause she has brothers and would say “If I found out my guy was bisexual, I'd get my brothers to shoot him or beat him up”...that kind of shit.

Another participant described:

Because, you know, she's alluded to how she feels about, you know, all that stuff. And then, you know, there's something she watched on Oprah, with this guy who was saying all this stuff, and, you know, she was...you know, and in Atlanta that's like...her and people...her friends, you know, hate this...So, you know, I know that would not be approved. (Participant 23, Age 26)

Interestingly, a number of participants ( $N = 8$ , 27%) also reported difficulty disclosing their bisexuality to gay-identified male partners and to male partners who exclusively engaged in sexual activity with men. In contrast to bisexual men, many participants notably distinguished and distanced themselves from gay-identified men. The term “gay” was used interchangeably with “effeminate” in general dialogue; indeed, these men were often equivocated with women. In relation to disclosure of bisexuality, similar reasons for not disclosing to women (i.e., “high-maintenance,” too emotional, vindictive) were also cited for gay-identified men. According to Participant 16 (age 27):

P: 'Cause guys, I mean, it's, it's something about gay guys that makes me a little uncomfortable telling about my business. 'Cause a lot of the gay scene people...they talk a lot. And you never know who's who. Sometimes women can be just as bad or worse, 'cause women are nosey. But women...they get over it quicker. Guys will just go on about it...blah blah blah blah...start trouble.

I: So, the gay guys talk more than the women.

P: Oh, yeah. Yes, they do...Got to watch out with women and gay guys.

Another participant (Participant 24, age 22) added:

Some guys, some guys are more accepting because they are bisexual themselves. Guys that are completely gay are just not comfortable with that. I've had that happen.... He was like, no, he got so upset. I don't tell them now.

Disclosure of bisexuality to male and female partners was often facilitated by relationship commitment ( $N = 16$ , 53%). Participants were more likely to disclose in longer-lasting and more serious relationships than casual relationships. In addition, several participants reported disclosing to female friends who became sexual partners ( $N = 5$ , 17%) or who became non-sexual friends ( $N = 2$ , 7%). In these circumstances, friendship and deeper initial understanding of the men's sexualities facilitated disclosure. Participant 10 (age 25) explained:

P: OK, with the women, one of them knows. That's the one who I was in the relationship. I told her. Because again, I felt like I was going to be with her for a while and I didn't want her to find out anything that I didn't tell her.

I: So the other two, the 'just sex' girls, you didn't tell them about it? No?

P: Again, we didn't have those types of relationships where I felt I needed to tell them. I think we had an agreement and that was it.

Last, a small number of participants ( $N = 4$ , 17%) reported experiences of third-party disclosure, whereby their bisexuality was reported to intimate and sexual partners by another individual. According to Participant 22 (age 21):

P: Two females find out...They know somebody that I know and told them. I didn't tell them.

I: And what happened with that? How did they react?

P: They were mad about it...

These instances reportedly caused considerable distress among some participants and even placed them at-risk for physical and emotional harm in their social environments.

## Discussion

Our exploratory study offers interesting new insights on sexual risk among Black MSMW. Contrary to popular depictions, these men do not appear to live in a vacuum in terms of knowledge and awareness of the potential risks associated with their sexual behaviors. They articulated risk in terms of specific behaviors (i.e., unprotected sex, having multiple sex partners, sex with HIV-infected partners, and not knowing their partners' HIV statuses) known to facilitate the transmission of HIV/STIs. Moreover, they engaged

in behaviors (i.e., condom use, avoidance/limitation of penetration without protection, and serial monogamy) proven effective in the prevention of HIV/STIs. This is indicative that some Black MSMW have internalized aspects of safer sex messages even though such messages may not have been specifically targeted to them.

Several of our participants acknowledged that sex with a man was conducive to risk. Though same-sex activity is not inherently risky, HIV is more readily transmitted during unprotected anal intercourse with men than vaginal intercourse with women. Also, in comparison to women, a substantially greater proportion of men are infected with HIV. Therefore, when MSMW have sex with other men (particularly if those occasions are unprotected), they indeed place themselves at greater risk of HIV/STIs. Thus, it is reasonable that the men would unhesitatingly associate sexual risk with same sex behavior. This idea was reiterated in several of the participants' statements regarding the role of gender in the negotiation of condom use. The perception that "women are safer" resulted in many of the men engaging in unprotected sexual intercourse with women. Health care providers who serve MSMW should be attentive to this and remind MSMW that women are not necessarily safer. Although women have substantially lower rates of HIV infection in comparison to men, they report significantly higher rates of other viral and bacterial STIs (Laumann & Youm, 2001).

It is also noteworthy that men described their perceptions of risk and protection differently when referring to themselves versus their sexual partners. Encouragingly, some participants described reluctance to engaging in high-risk behaviors in order to protect themselves (for example, not receiving ejaculate from a male sexual partner) as well as to protect their partners (for example, not ejaculating inside a sexual partner). Of concern, several participants' narratives suggest that they were much more concerned with risks posed to themselves than to their partners, particularly females. Even though the men acknowledged that they were at-risk, they were likely to report viewing women as "safer" and forego using condoms with them without directly considering the potential risk they may pose to their female partners. Even pregnancy was viewed as more of a risk (i.e., economically and socially) to the men themselves than to their female partners. Intervention efforts aimed at these men may seek to increase knowledge about the sexual risks MSMW pose to other partners, particularly females, in addition to the risks they encounter as bisexually active men.

Overall, a substantial number of our participants noted that bisexual behavior alone—aside from race/ethnicity, age, geographic location, and health risks—was an independent risk factor for HIV/STIs. Although sex with males and females, in and of itself, is not conducive to sexual risk (Doll & Beeker, 1996), bisexual Black men have been found

to disproportionately engage in behaviors (e.g., sex work, IDU, and multiple sex partners) that are conducive to HIV/STI risk (Chu et al., 1992; Doll et al., 1997). That men in our sample associated orientation-specific risks with their behaviors further suggests that some Black MSMW think critically about the sexual behaviors in which they engage and the risks that such behaviors pose for them and their partners.

Although at-risk for HIV infection, participants reported using diverse measures of protection for themselves and their partners. Routine HIV testing was conventionally used by over half of our participants in order to know their own and partners' HIV statuses. In some cases, routine testing and requiring proof of testing (i.e., "papers") from potential partners may, indeed, be effective methods of serosorting and ultimately reducing risk. Yet, the latter also seemed to be used as a type of insurance. Such behavior, which may or may not be specific to Black MSMW, should be addressed by health care providers working with this population. Routine testing for HIV/STIs should indeed be encouraged as a health behavior to curb the spread of HIV. Yet, individuals should be reminded that the presentation of HIV results is not a guarantee that a potential sexual partner is not infected with HIV/STIs.

The variable use of condoms with male and female partners underscores the importance of gender in the sexual risk of Black MSMW. Nearly three-fifths of our sample reported that they would use a condom during vaginal intercourse even if female partners were on the pill or other form of birth control, and most consistently used condoms with female partners. Nonetheless, slightly less than half reported that they consistently used condoms when having sex with male partners. Given the MSMW's perceptions that men are inherently riskier than women, it may seem contradictory that a greater proportion of them reported using condoms with women in comparison to men. We offer two explanations for this.

First, it is likely that the potential for an unintended pregnancy assumed more immediate consideration in the negotiation of sexual risk. One-sixth of our participants recollected experiences with both unintended pregnancies and their subsequent terminations. Indeed, some participants perceived that women would sometimes pressure men into long-term commitments by purposely becoming pregnant. Second, lower rates of condom use with men may be due to high rates of oral sex and mutual masturbation with men outside of intimate relationships. Although MSMW typically report multiple contacts with men within a relatively short time frame, many of their encounters which carry any HIV/STI risk are limited to oral sex, which carries substantially less risk than anal intercourse (Heckman et al., 1995; Reece & Dodge, 2003; Stokes, McKirnan, & Burzette, 1993).

For this reason, lower rates of condom use with men are to be expected. While we selected participants based on self-report of at least one episode of vaginal and/or anal intercourse, we systematically asked all participants about their use of condoms during oral sex. Only one participant reported systematically using condoms when giving or receiving oral sex with a male partner, and only within the context of sex work. None of the participants reported using condoms when giving or receiving oral sex with female partners.

Our data suggest that MSMW's lack of condom use, though often in the context of impulsive, "heat of the moment" experiences and simply not having condoms available, is also due to perceptions that condoms make sex less pleasurable and serve as barriers to emotional intimacy. These perceptions are not specific to Black MSMW and have been discussed elsewhere in regard to men of multiple races/ethnicities and sexual orientations (Halkitis et al., 2004; Rhodes & Cusick, 2000; Shidlo, Yi, & Dalit, 2005). Providers serving this population should be aware that sexual encounters are often serendipitous and that the desire to engage in activity may supersede thoughts of condom use. As well, MSMW may not have condoms with them at times when unplanned sexual encounters are realized. For these reasons, interventions should encourage MSMW to keep condoms with them at all times. They should provide self-efficacy-building skills to increase the likelihood that condoms will be used when they are available. The eroticization of condoms may be helpful in this regard. Some at-risk men have also adopted serosorting, a practice in which they choose only partners having the same perceived HIV serostatus. Despite its futility in reducing risk for other STIs, serosorting may also be a useful strategy for MSMW as this practice has been implicated in the reduction of HIV incidence for high-risk MSM (Mao et al., 2006).

Our participants organized disclosure around the costs and benefits that disclosure would have for them and, to a lesser extent, their sexual partners. Disclosure of bisexuality proved to be complex and was notably influenced by the gender and sexuality of their partners. Participants' perceptions of the degree to which male partners possessed feminine and masculine characteristics served as a determinant of disclosure. Bisexuality was unlikely to be disclosed to gay-identified or effeminate men, who were often equated with women in terms of behaviors and mannerisms. The perception that women and gay/feminine men might seek vindication for their bisexuality was a primary reason for non-disclosure. Many of our participants lived in areas in which they could be physically harmed if their bisexuality was publicly known. At times, the men did not want to disappoint their female partners by reinforcing negative stereotypes about Black "gay" men "going down the drain." Evidence that female and gay male partners of

these men had expressed intolerance toward bisexuality clearly warrants intervention with women and gay men if disclosure is to become an expectation among MSMW.

It seems reasonable that female and gay/feminine male partners would possess negative attitudes toward MSMW's behaviors for reasons other than bi-negativity alone. As Stokes et al. (1996) contend, behavioral bisexuality is often indicative of non-monogamy and relationship infidelity. For this reason, many partners of MSMW would naturally express disapproval of behavioral bisexuality as it would be suggestive of MSMW's unfaithfulness. However, our data clearly illustrate that partners' negative attitudes toward bisexuality indeed played a vital role in MSMW's non-disclosure. Our participants invariably disclosed their bisexual behaviors to male *and* female partners who were bisexual in terms of identities and/or behaviors. As a result, MSMW may perceive social and emotional security in disclosing to people who possess positive attitudes toward male bisexuality. Support for this assertion is provided in that several of our participants disclosed to female friends, regardless of sexual orientation, who remained as friends or later became sexual partners.

A greater proportion of our participants' female partners knew of their partners' bisexual behaviors in comparison to female partners of MSMW in other samples, 44% vs. 10–35% (Doll & Beeker, 1996; Kalichman et al., 1998; Martinez & Hosek 2005; Montgomery et al., 2003; Weatherburn et al., 1998). Only 60 percent of our MSMW's male partners knew of their bisexuality. Given the importance of gender as a mediator of disclosure, one would expect the proportion of male-female disclosure rates for men in our sample to be more divergent. However, several of our participants' female partners discovered their bisexuality by way of other people. At times, our participants reported acquiescing to their female partners repeated attempts for them to "come clean." Moreover, because of the anonymous, emotionally detached nature of some sexual encounters, many of our participants simply did not feel obliged to disclose to some male partners.

Nonetheless, our data do not suggest that Black MSMW wish to keep their wives and girlfriends completely ignorant of their behaviors. To the contrary, a majority of our sample expressed that disclosure was likely to occur in serious and more long-term partnerships. Some men perceived that women in such relationships, particularly wives, had the "right" to know of their bisexual behaviors. Contrary to men in Martinez and Hosek's (2005) study, in which the majority of men indicated that they would never disclose their bisexual behaviors to female partners, a small minority of our participants expressed that they would indeed disclose to women they married or with whom they would share a long-term relationship. Contrary to popular stereotypes, our participants' narratives surrounding disclosure and the seriousness of their relationships are indicative that

they may thoughtfully reflect upon disclosure's importance for their relationships.

As with all research, our study has several limitations. To begin, our sample selection criteria necessitated the exclusion of three groups whose behaviors are vital in the distribution of HIV/STI's: (1) those who consistently practice safer sex, (2) those who engage in bisexual activity solely within the context of sex work and IDU, and (3) those who are HIV-positive. Studies focusing on bisexually active Black men who consistently practice safer sex are needed in order to determine the mechanisms that motivate such men to avoid risky behaviors in the first place. In terms of sex work and IDU, several previous studies have examined these particular sub-groups of men and noted unique issues associated with sexual risk, and further research is needed to understand their role in the ongoing epidemic. Given the relatively high rates of HIV infection found in samples of Black MSMW, research concentrating on men who have already tested positive for HIV is essential in order to determine their risk and protective practices in order to understand ways to further curtail the spread of the virus to and from this group. While meaningful inclusion of these subgroups men was outside the scope of our pilot study, future research may focus on comparing such groups of bisexually active Black men to determine where intervention efforts may be best targeted.

Additionally, our sample was limited by the participants' ages (18–30 years). While epidemiological data suggest that this is one of the highest risk groups for HIV infection, we were not able to explore sexual risk, protection, and disclosure among both younger and older MSMW who did not fall into this range. Future studies should examine these factors among a more diverse group of men in terms of age, particularly given the mass media's recent sensationalization of married men "on the Down Low" (many of whom are over the age of 30).

Another limitation is that our qualitative data do not permit us to statistically test for associations between sexual risk and disclosure as others have done (Peterson et al., 1992; Stokes et al., 1996, 1997). Although our approach does not allow quantitative comparisons with other samples, it does, nonetheless, uncover the social-psychological forces conducive to HIV/STI risk and disclosure for Black MSMW. Future studies should collect qualitative and quantitative data in order to enhance the epidemiological integrity of findings regarding Black MSMW without compromising nuances contained within qualitative narratives.

Our data suggest that intervention efforts must target not only skills-building among MSMW but should also increase social awareness and acceptance of male bisexuality. As Stokes et al. (1996) assert, "in a more accepting, less homophobic society, more honest disclosure would take

place” (p. 280). Indeed, going beyond this statement, our data suggest that in a more accepting, less “biphobic” society, disclosure of men’s bisexual behaviors and identities may be more likely to take place with both male and female partners. Currently, there is little support available to men who are bisexual in terms of identity and/or behaviors (Kennedy & Doll, 2001; Stokes et al., 1996). We believe that greater support is vital in decreasing the secrecy involved in many bisexual men’s encounters as well as its consequential risks. Moreover, interventions should begin to educate women and men on HIV/STI acquisition from male partners, any of which could be bisexually active (Centers for Disease Control and Prevention, 2003), rather than placing the burden of protection upon MSMW alone.

**Acknowledgements** We sincerely thank the bisexual men who participated in our study. This research project was supported by the HIV Center Pilot Studies Program Award to the first author from the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University (P30 MH43520, Anke A. Ehrhardt, Ph.D., Principal Investigator). In addition, during the conduct of the study, the first author acknowledges support in the form of the Behavioral Sciences Research Training in HIV Infection post-doctoral fellowship (NRSA T32 MH19139, Anke A. Ehrhardt, Ph.D., Program Director). Last, we express our deepest appreciation to Toby Anekwe, M.P.H., and Ms. Leslie Campbell for their invaluable assistance with the recruitment of participants.

## References

- Adimora, A. A., & Schoenbach, V. J. (2003). Contextual factors and the black-white disparity in heterosexual HIV transmission. *Epidemiology*, *13*, 707–712.
- Aggleton, P. (Ed.). (1996). *Bisexualities and AIDS: International perspectives*. Bristol, PA: Taylor.
- Amaro, H. (1995). Love, sex, and power: Considering women’s realities in HIV prevention. *American Psychologist*, *50*, 437–447.
- Ballard, S. (2001, July 23). Why AIDS is rising in Black women. *Jet*, pp. 22–28.
- Bleich, S., & Taylor-Clark, K. (2005). Black men on the down low and the HIV epidemic: The need for research and intervention strategies. *Harvard Journal of African American Public Policy*, *11*, 13–20.
- Browder, B. S., & Hunter, K. (2005). *On the up and up: A survival guide for women living with men on the down low*. New York: Dafina Books.
- Brooks, R., Rotheram-Borus, M. J., Bing, E. C., Ayala, G., & Henry, C. L. (2003). HIV and AIDS among men of color who have sex with men and men of color who have sex with men and women: An epidemiological profile. *AIDS Education and Prevention*, *15*(Suppl. A), 1–6.
- Centers for Disease Control and Prevention. (2003). HIV/STD risks in young men who have sex with men who do not disclose their sexual orientation—six U.S. cities, 1994–2000. *Morbidity and Mortality Weekly Report*, *52*(5), 81–85.
- Chu, S. Y., Peterman, T. A., Doll, L. S., Buehler, J. W., & Curran, J. W. (1992). AIDS in bisexual men in the United States: Epidemiology and transmission to women. *American Journal of Public Health*, *82*, 220–224.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Crosby, R. A., Sanders, S. A., Yarber, W. L., Graham, C. A., & Dodge, B. (2002). Condom use errors and problems among college men. *Sexually Transmitted Diseases*, *29*, 552–557.
- Denizet-Lewis, B. (2003, August 3). Down low: Double lives, AIDS, and the Black homosexual underground. *New York Times Magazine*, pp. 8–53.
- Doll, L. S., & Beeker, C. (1996). Male bisexual behavior and HIV risk in the United States: Synthesis of research with implications for behavioral interventions. *AIDS Education and Prevention*, *8*, 205–225.
- Doll, L. S., Myers, T., Kennedy, M., & Allman, D. (1997). Bisexuality and HIV risk: Experiences in Canada and the United States. *Annual Review of Sex Research*, *8*, 102–147.
- Doll, L. S., Petersen, L. R., White, C. R., Johnson, E. S., Ward, J. W., & the Blood Donor Study Group. (1992). Homosexually and nonhomosexually identified men who have sex with men: A behavioral comparison. *Journal of Sex Research*, *29*, 1–14.
- Ekstrand, M. L., Coates, T. J., Guydish, J. R., Hauck, W. W., Collette, L., & Hulley, S. B. (1994). Are bisexually identified men in San Francisco a common vector for spreading HIV infection to women. *American Journal of Public Health*, *84*, 915–919.
- Goldbaum, G., Perdue, T., Wolitski, R., Rietmeijer, C., Hedrich, A., Wood, R., et al. (1998). Differences in risk behavior and sources of AIDS information among gay, bisexual, and straight-identified men who have sex with men. *AIDS & Behavior*, *2*, 13–21.
- Goodenow, C., Netherland, J., & Szalacha, L. (2002). AIDS-related risk among adolescent males who have sex with males, females, or both: Evidence from a statewide study. *American Journal of Public Health*, *92*, 203–210.
- Halkitis, P. N., Green, K. A., & Wilton, L. (2004). Masculinity, body image, and sexual behavior in HIV-seropositive gay men: A two-phase formative behavioral investigation using the Internet. *International Journal of Men’s Health*, *3*, 27–42.
- Heckman, T. G., Kelly, J. A., Sikkema, K. J., Roffman, R. R., Solomon, L. J., Winett, R. A., et al. (1995). Differences in HIV risk between bisexual and exclusively gay men. *AIDS Education and Prevention*, *7*, 504–512.
- Kahn, J. G., Gurvey, J., Pollack, L. M., Binson, D., & Catania, J. A. (1997). How many HIV infections cross the bisexual bridge?: An estimate from the United States. *AIDS*, *11*, 1031–1037.
- Kalichman, S. C., Roffman, R. A., Picciano, J. F., & Bolan, M. (1998). Risk for HIV infection among bisexual men seeking HIV-prevention services and risks posed to their female partners. *Health Psychology*, *17*, 320–327.
- Kennedy, M., & Doll, L. S. (2001). Male bisexuality and HIV risk. *Journal of Bisexuality*, *1*(2/3), 109–135.
- Kenamer, J. D., Honnold, J., Bradford, J., & Hendricks, M. (2000). Differences in the disclosure of sexuality among African American and White gay/bisexual men: Implications for HIV/AIDS prevention. *AIDS Education & Behavior*, *12*, 519–531.
- King, J. L. (2004). *On the down low: A journey into the lives of “straight” Black men who sleep with men*. New York: Broadway Books.
- King, J. L., & Carreras, C. (2005). *Coming up from the down low: The journey to acceptance, healing, and honest love*. New York: Three Rivers Press.
- Korte, J. E., Shain, R. N., Holden, A. E. C., Piper, J. M., Perdue, S. T., Champion, J. D., et al. (2004). Reduction in sexual risk behaviors and infection rates among African Americans and Mexican Americans. *Sexually Transmitted Diseases*, *31*, 166–173.
- Laumann, E. O., & Youm, Y. (2001). Racial/ethnic group differences in the prevalence of sexually transmitted diseases in the United States: A network explanation. In E. O. Laumann & R. T. Michael (Eds.),

- Sex, love, and health in America: Private choices and public policies* (pp. 127–151). Chicago: University of Chicago Press.
- Leaver, C. A., Allman, D., Myers, T., & Veugelers, P. J. (2004). Effectiveness of HIV prevention in Ontario, Canada: A multilevel comparison of bisexual men. *American Journal of Public Health, 94*, 1181–1185.
- Lever, J., Kanouse, D. E., Rogers, W. H., Carson, S., & Hertz, R. (1992). Behavior patterns and sexual identity of bisexual males. *Journal of Sex Research, 29*, 141–167.
- Malebranche, D. (2003). Black men who have sex with men and the HIV epidemic: Next steps for public health. *American Journal of Public Health, 93*, 862–865.
- Mao, L., Crawford, J. M., Hospers, H. J., Prestage, G. P., Grulich, A. E., Kaldor, J. M., & Kippax, S. C. (2006). ‘Serosorting’ in casual anal sex of HIV-negative gay men is noteworthy and is increasing in Sydney, Australia. *AIDS, 20*, 1204–1206.
- Marshall, C., & Rossman, G. (1995). *Designing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Martinez, J., & Hosek, S. G. (2005). An exploration of down-low identity: Nongay-identified young African-American men who have sex with men. *Journal of the National Medical Association, 97*, 1103–1112.
- Mays, V. M., Cochran, S. D., & Zamudio, A. (2004). HIV prevention research: Are we meeting the needs of African American men who have sex with men? *Journal of Black Psychology, 30*, 78–105.
- McKirnan, D. J., Stokes, J. P., Doll, L. S., & Burzette, R. G. (1995). Bisexually active men: Social characteristics and sexual behavior. *Journal of Sex Research, 32*, 65–76.
- Millett, G., Malebranche, D., Mason, B., & Spikes, P. (2005). Focusing “down low”: Bisexual black men, HIV risk and heterosexual transmission. *Journal of the National Medical Association, 97*(Suppl. 7), 52S–59S.
- Montgomery, J. P., Mokotoff, E. D., Gentry, A. C., & Blair, J. M. (2003). The extent of bisexual behaviour in HIV-infected men and implications for transmission to their female partners. *AIDS Care, 15*, 829–837.
- Muñoz-Laboy, M. A. (2004). Beyond MSM: Sexual desire among bisexually-active Latino men in New York City. *Sexualities, 7*, 55–80.
- Muñoz-Laboy M. A., & Dodge, B. (2005). Bisexual practices: Patterns, meanings, and implications for HIV/STI prevention among bisexually active Latino men and their partners. *Journal of Bisexuality, 5*, 81–100.
- Muñoz-Laboy, M. A., & Dodge, B. (2007). Bisexual Latino men and HIV and sexually transmitted infections risk: An exploratory analysis. *American Journal of Public Health, 97*, 1102–1106.
- Peterson, J. L., Coates, T. J., Catania, J. A., Middleton, L., Hilliard, B., & Hearst, N. (1992). High-risk sexual behavior and condom use among gay and bisexual African-American men. *American Journal of Public Health, 82*, 1490–1494.
- Prabhu, R. A., Owen, C. L., Folger, K. B., & McFarland, W. A. (2004). The bisexual bridge revisited: Sexual risk behavior among men who have sex with men and women, San Francisco, 1998–2003. *AIDS, 18*, 1604–1606.
- Reece, M., & Dodge, B. (2003). Exploring the physical, mental and social well-being of gay and bisexual men who cruise for sex on a college campus. *Journal of Homosexuality, 46*(1/2), 111–126.
- Rhodes, T., & Cusick, L. (2000). Love and intimacy in relationship risk management: HIV positive people and their sexual partners. *Sociology of Health & Illness, 22*, 1–26.
- Sandfort, T. G. M., Dodge, B., Fontaine, Y. M., Udoh, I., & Jeffries, W. L. (2007). *Black bisexual men’s sexual self-identifications and their perceptions of the down low*. Unpublished manuscript, New York State Psychiatric Institute.
- Shidlo, A., Yi, H., & Dalit, B. (2005). Attitudes toward unprotected anal intercourse: Assessing HIV-negative gay or bisexual men. *Journal of Gay and Lesbian Psychotherapy, 9*(3/4), 107–128.
- Sikkema, K. J., Koob, J. J., Cargill, V. C., Kelly, J. A., Desiderato, L. L., Roffman, R. A., et al. (1995). Levels and predictors of HIV risk behavior among women in low-income public housing developments. *Public Health Reports, 110*, 707–713.
- Stokes, J. P., McKirnan, D. J., & Burzette, R. G. (1993). Sexual behavior, condom use, disclosure of sexuality, and stability of sexual orientation in bisexual men. *Journal of Sex Research, 30*, 201–213.
- Stokes, J. P., McKirnan, D. J., Doll, L. S., & Burzette, R. G. (1996). Female partners of bisexual men: What they don’t know might hurt them. *Psychology of Women Quarterly, 20*, 267–284.
- Stokes, J. P., Vanable, P., & McKirnan, D. J. (1997). Comparing gay and bisexual men on sexual behavior, condom use, and psychosocial variables related to HIV/AIDS. *Archives of Sexual Behavior, 26*, 383–397.
- Tielman, R. A. P., Carballo, M., & Hendriks, A. C. (Eds.). (1991). *Bisexuality and HIV/AIDS: A global perspective*. Buffalo, NY: Prometheus Books.
- Venable, M. (2001). A question of identity. *Vibe* 9(7), 98–106.
- Weatherburn, P., Hickson, F., Reid, D. S., Davies, P. M., & Crosier, A. (1998). Sexual HIV risk behaviour among men who have sex with men and women. *AIDS Care, 10*, 463–471.
- Wold, C., Seage, G. R., Lenderking, W. R., Mayer, K. H., Cai, B., Heeren, T., et al. (1998). Unsafe sex in men who have sex with both men and women. *Journal of Acquired Immune Deficiency Syndrome & Human Retrovirology, 17*, 361–367.