

HIV prevention: what young gay and bisexual men state is needed

Ian Warwick
Nicola Douglas
Peter Aggleton

Original Research Report

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Ian Warwick

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Thomas Coram Research Unit
University of London
Institute of Education
27-28 Woburn Square
London WC1H 0AA



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1 Background

Within England, the main route of transmission of HIV continues to be through unprotected anal intercourse between men of sero-discordant status. Throughout the 1990s, sixty-two per cent of reported HIV infections were acquired through sex between men with an average of almost 1,500 diagnoses per year. While reported HIV diagnoses among these men have declined somewhat between 1996 and 1998 to just under 1,200, the annual total for 1999 is likely to have increased once more to above 1,400 (CDSC, 2000).

A number of studies, in Great Britain, the United States and in Australia, suggest that HIV-related risk behaviour among gay men in these countries may be on the increase (BMJ Editorial, 2000). Some surveys indicate a rise in unprotected anal intercourse, while others note increased rates of rectal gonorrhoea among this group (BMJ Editorial, 2000; CDSC, 2000).

Some, but by no means all men will have unprotected anal intercourse with a sero-concordant partner. While this will not necessarily lead to a new HIV infection, one partner may acquire another sexually transmitted infection, or if he has HIV, may become re-infected with the virus.

The HIV-related needs of young gay men have been of ongoing concern for a number of years in certain countries. In parts of the United States, for example, young gay men are said to be more likely than older gay men to have unprotected anal intercourse and are reported to contract HIV at 'alarming' rates (Kegeles *et al.*, 1999, p.1753). In one sample of 3449 young gay men drawn from public venues in seven cities in the US, around 3% of 15-22 year olds were found to be HIV positive. Young men particularly affected were African American or of mixed race (Valleroy *et al.*, 2000).

In Europe, the evidence that younger gay men are at disproportionate risk (when compared to older gay men) for HIV has so far been more open to question (Davies *et al.*, 1992; Vincke *et al.*, 1997). However, young gay men are at elevated risk of acquiring HIV compared to other men or women of similar ages. In the UK, young gay men (under 25) continue to acquire HIV infection, although reported diagnoses of HIV in this group have shown a decrease since 1996. Furthermore, there has been a decline in the prevalence of undiagnosed infection among under 25s in London (CDSC, 2000).

There are, however, reports of recent rises of other sexually transmitted infections among both younger and older gay men (CDSC, 2000). In addition, recent behavioural surveys suggest that HIV-related risk behaviour is on the increase among gay men in general, and among young gay men in particular (Dodds *et al.*, 2000). The HIV-related knowledge and social support needs of young gay men have also been highlighted in a large national survey of gay men conducted in the UK (Weatherburn *et al.*, 2000).

1.1 HIV, AIDS, AND YOUNG GAY AND BISEXUAL MEN

With young gay and bisexual men continuing to acquire HIV infection, and now also perhaps being at greater risk, new initiatives are needed to re-orient HIV prevention for them. This would not only be good health promotion practice, it also makes sound economic sense. When compared to the costs associated with treatment, HIV prevention with young gay men has been shown to be cost effective. This holds true even when the effects of an intervention on behaviour are partial and short-term (Tao & Remafedi, 1998).

There have been numerous attempts to identify the factors that lead young gay and bisexual men to have unsafe sex. Seal *et al.* (2000) summarise research with young men who have sex with men, comparing those who have unprotected anal intercourse with those who do not. They report that young men who engage in high-risk sex are more likely to:

- have partners who are considered boyfriends or for whom affectionate feelings are held;
- report high perceived pleasure and low perceived risk associated with unprotected anal sex;
- have a history of drug use and mental health problems;
- have poor sexual communication skills;
- have negative mood states;
- have encountered homophobia and racism.

In many studies there has been a tendency to focus on risk-related factors that lead to unsafe sex with suggestions being made about how risk might be removed from people's lives. This tendency is also common in bio-medical approaches to health that seek to identify pathogenic causes of diseases to be treated and eliminated from a person's body. However promoting health is somewhat different from treating and curing disease. Too often, health promotion has been viewed as something unwelcome involving self-denial (not having pleasure), self-control (not drinking or using drugs) and the management of negative emotions (stopping being sad rather than becoming happy) (Weare, 2000). Just as important may be approaches which help us identify the protective factors which promote health among people in general, and young people, including young gay and bisexual men, in particular. Anderson (1998) among others has pointed out that all too often the 'strengths' of young gay men often go unreported. Both internal and external resources (such as feeling able to control one's life and having social support from friends and family) contribute to young gay men's ability make their way successfully through adolescence. Seal *et al.* (2000) found that, among other things, young gay men wanted HIV programmes to be safe, fun, and open to all young men who have sex with men, regardless of their sexual identity.

Not only can individual and interpersonal factors influence health and well-being, but social factors too have a part to play in shaping the contexts and settings (such as families, schools and workplaces) in which young people live their lives. An example of a successful HIV prevention initiative for young gay men which addresses individual, interpersonal and community factors is the *Mpowerment Project* carried out in two cities in the United States. The activities associated with the project included peer outreach, community building, social events, enjoyable and interactive group sessions as well as publicity campaigns designed by young people themselves (Kegeles *et al.*, 1999). Young people's sense of ownership of the project, as well as having safe physical spaces in which to meet, are reported to be crucial features of the project's success (Mutchler, 2000).

The participation of people in one way or another in the development and implementation of health promotion activities is seen to be central to their effectiveness and success (WHO *et al.*, 1986). This 'bottom up' rather than 'top down' approach should enable people to identify and act on their own health-related needs and concerns (Weare, 2000). Too often, however, priorities for health education and promotion are defined by 'experts' in terms of discrete topics, such as 'healthy eating' or 'healthy hearts'. Indeed this has been particularly the case in work with young people (with a focus on sexual health and/or tobacco or drug misuse), as well as in work with gay men (which has had an almost exclusive focus on HIV and AIDS) (Aggleton *et al.* 1998; Warwick & Aggleton, 2000). However, when asked, young people tend to have a more holistic sense of their total well-being and tend not to compartmentalise their views neatly around one health topic or another.

When talking about what contributes to making them well or unwell, young people often go beyond the high profile issues of smoking, drugs and sexual health. They stress the importance of relationships with families and friends in achieving and maintaining a sense of well-being. However, professionals with a specialist health promotion role (in drugs or sexual health for example) tend to construe young people's needs in relation to their specialism. Those who work more generically with young people, such as teachers and youth workers, have an understanding of young people's health issues which is closer to the needs and concerns expressed by young people themselves (Aggleton *et al.*, 1998). This has implications for those specialists working in HIV prevention. The challenge they face is to work with young gay men on the immediate issues related to HIV and AIDS while keeping in mind the broad contexts which shape these young people's overall well-being.

Cultivating health-promoting factors has been termed the salutogenic approach (Antonovsky, 1996). This style of work has a clear focus on factors, which help enhance rather than compromise health. Five key areas in which action can be taken to enhance health are outlined in the Ottawa Charter (WHO *et al.*, 1986):

- building healthy public policy
- creating supportive social and natural environments
- developing personal skills through information and education
- strengthening community action
- re-orientating services towards prevention and health promotion.

For young gay men, this could mean taking action to promote their rights through social policy and ensuring that equal opportunities policies which refer to sexuality are implemented in schools and workplaces; making condoms freely available in settings where young gay men meet potential sexual partners; providing these young men with information and helping them build inter-personal skills; enabling them to meet together in youth groups and to take action together on issues related to their well-being, and providing gay youth friendly clinics. However, quite what focus to take in each of these areas requires us to ask young gay men themselves about their own health-related needs and concerns.

With a salutogenic approach in mind we therefore developed a study to identify the HIV-related health promotion needs of young gay men in London. Our aim was to collect information about the positive aspects of young gay men's lives, (that is, potential health promoting factors), the negative aspects, (that is, probable risk-related factors), as well as information about their concerns and needs in relation to HIV and AIDS. Furthermore, we sought to invite each young gay man to prioritise changes he would like to make to himself, to people around him, and to the way society in general treats young gay men.

2 Methods

In order to shed light on potential areas for action as suggested by the Ottawa Charter (1986), qualitative information was collected from a total of 81 young gay and bisexual men. They participated in a series of interactive research workshops held in London between October and December 1999. Men could take part in the workshops if they:

- were aged 25 or under,
- self-identified as gay or bisexual,
- lived in the greater London area.

Four participants lived outside the greater London boundary and were excluded from the analysis, leaving 77 valid responses.

Participants were recruited from gay commercial venues in London, via lesbian and gay youth groups, and via a cohort of gay men set up as part of the LINK Evaluation.

Workshops were conducted in four types of locations: youth group premises, commercial gay scene venues, AIDS service organisations, and at a health outreach project. The selection of youth groups sought to achieve an even geographical spread of groups across London and to ensure that mixed and single sex groups were included.

Participants were provided with a small financial incentive for participating in the study and for bringing along a friend who met the selection criteria. Participants were also provided with an information pack after the workshop that contained HIV and sexual health materials as well as vouchers for free or reduced price services provided by gay commercial organisations.

During each workshop, a series of interactive exercises was used to collect qualitative information from individual respondents. They were asked to write short accounts (vignettes) about the following areas:

- the first (since the age of 11) and most recent positive thing which had happened to them and how this currently affected them
- the first (since the age of 11) and most recent negative thing which had happened to them and how this currently affected them
- the first and most recent thing about HIV, AIDS or sex which had made them stop and think
- something about HIV and AIDS which currently made them anxious
- changes they would like to make to themselves as an individual.

A final group exercise invited participants to identify changes they would like to see happen to people around them as well as to the ways society treats young gay men. They were then provided with voting slips and asked to prioritise changes (to themselves, to others, to society) they would like to see occur.

Data were analysed thematically by topic area to draw out commonalities and differences in responses. Particular attention was given to drawing out themes related to public policy, social environments and settings, individual awareness and skills, community action and health services. A record was kept of the votes made in relation to the changes respondents wished to see.

Respondents were invited to take part in an interactive workshop and to provide mainly written accounts of their views and experiences for a number of reasons. First, most young men were recruited via lesbian and gay youth groups where interactive group sessions were used and so familiar to them. Second, given available resources, a workshop format would enable greater numbers of young men to be involved in the study than would the use of focus groups. Third, during a pilot phase of this study, it was found that young men provided information of a more personal and sensitive nature when asked to write short accounts than when invited to talk about their experiences. Fourth, written accounts would provide a sufficient amount of information to illuminate the areas in which we were interested. In-depth interviews were likely to provide much more information that could be superfluous to the purpose of the study.

3 Findings

3.1 PROFILE OF THE YOUNG MEN WHO TOOK PART IN WORKSHOPS

Information was analysed from 77 participants. Participants were aged 15-25 with fairly wide distribution across the age range. The mean age was 21.

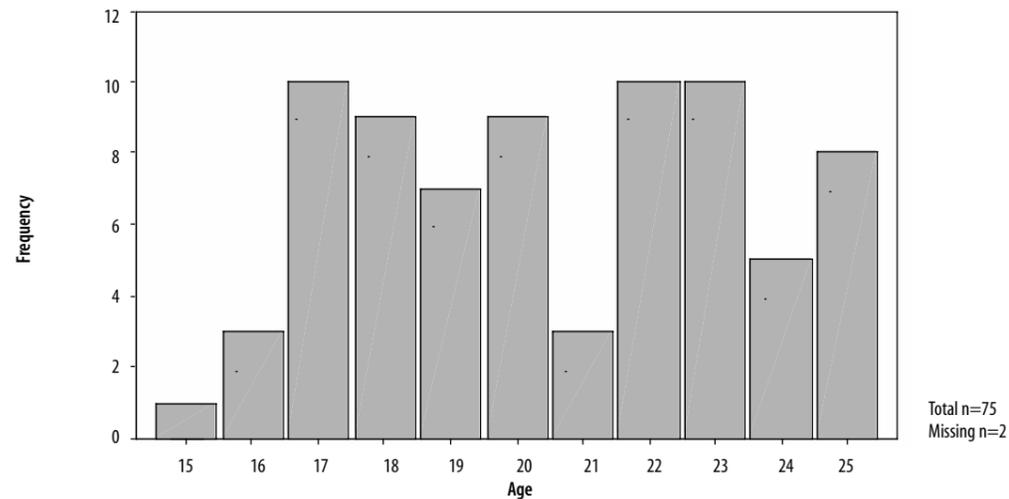


Figure 1: Age of participants

Over half of respondents were white British (51%, n=38). Respondents from 'other' white backgrounds (12%, n=9) and Irish backgrounds (8%, n=6) accounted for a further 20% of respondents. Men of Caribbean heritage accounted for 11% of respondents (n=8). The remainder were from 'mixed' (9%, n=7), Indian (5%, n=4) or 'other' Asian (4%, n=3) backgrounds.

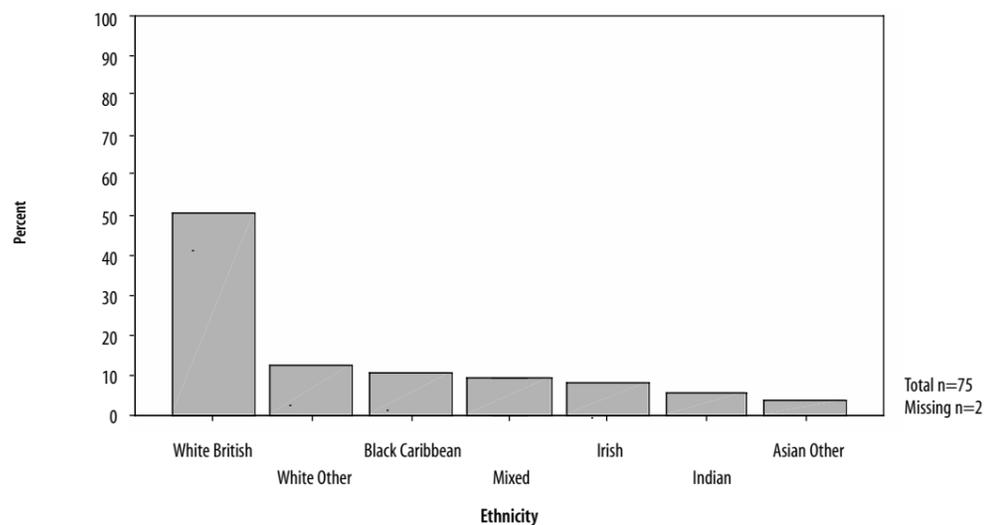


Figure 2: Ethnic background of participants

To examine the extent to which members of workshops were ethnically reflective of the young, male population of London, information from the last census was compared with information about Talkzone participants (see Figures 2 and 3 – OPCS data for males aged 25 is not reported here as OPCS figures includes 25 year olds in a 25-29 age category). Overall, workshops had a higher proportion of young men from minority ethnic backgrounds (37% as opposed to 25% of London resident males in that age group). Workshops had a higher proportion of men from African Caribbean, Irish and Mixed-Parentage backgrounds than is reflected in the London- resident male population.

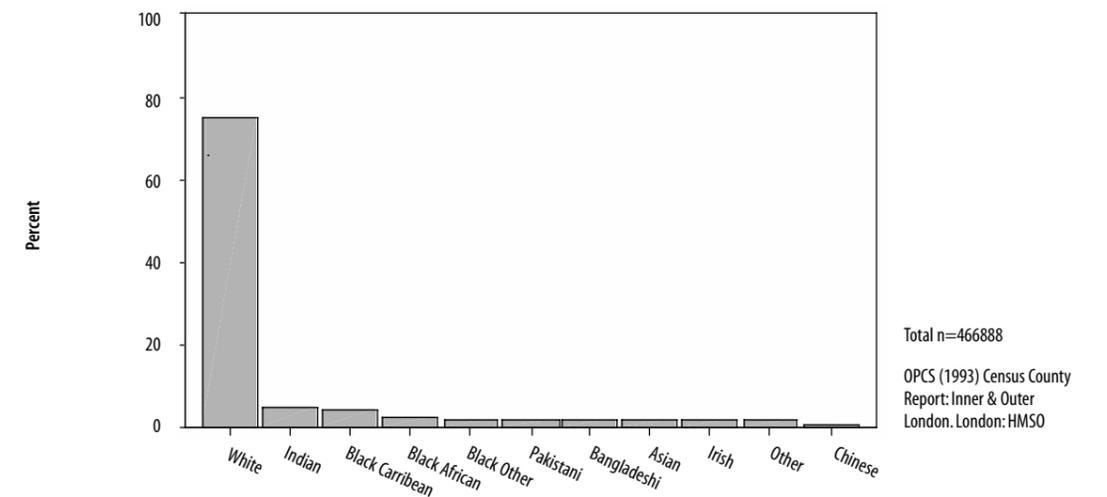


Figure 3: Ethnic background of London resident males

Overall, 78% (n=60) described themselves as gay. Twelve per cent (n=9) stated they were bisexual. The remainder either did not use a sexual identity term (6%, n=5) or used an 'other' term (4%, n=3) such as 'MSM' (men who have sex with men), (see Figure 4).

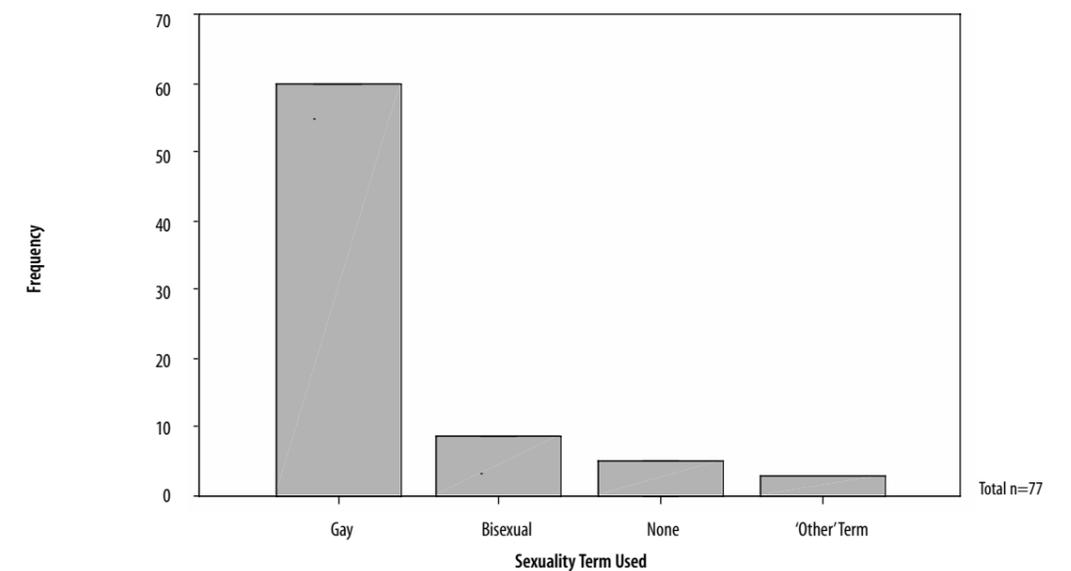


Figure 4: Sexuality of participants

In terms of sexual practice, 85% (n=65) had had sex only with men in the last year. Eight per cent (n=6) had had sex with men and women. Three per cent (n=2) were sexually active only with women, and 4% (n=3) had not been sexually active within the last year.

Figure 5 shows the London boroughs in which respondents lived. Participants came from 27 of the 33 London boroughs with fairly wide distribution among them. The most common areas of residence were Haringey (12%, n=9), Camden (9%, n=7), Southwark (8%, n=6) and Lambeth (7%, n=5). The following boroughs were not listed as areas of residence by any participant: Bexley, Bromley, City of London, Enfield, Havering and Sutton.

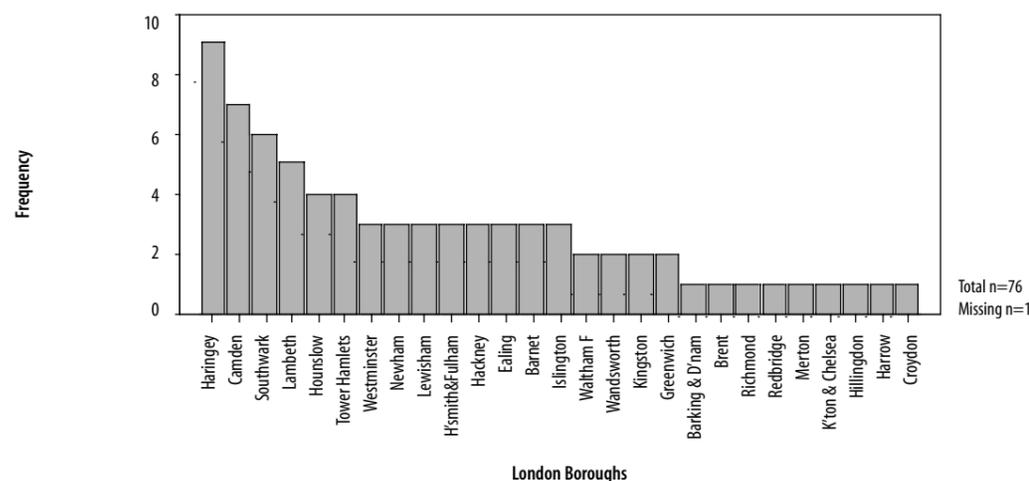


Figure 4: Sexuality of participants

The largest proportion of respondents had always lived in London (46% n=35). Over a quarter (29%, n=22) had been London resident for between 1-5 years. Nine percent (n=7) had lived in London for more than 10 years. A further 9% had moved to London within the previous year.

Almost all respondents had some educational qualification; only 5% (n=4) did not. Seventy-three percent (n=56) had GCSEs, 49% (n=38) had A' Levels and 22% (n=17) had a degree. A further 18% (n=14) had 'other' qualifications such as GNVQs. In a national sample of 9,322 men recruited to the National Gay Men's Sex Survey 1999 (Weatherburn *et al.*, 2000) 43.4% had been educated to degree level compared to 22% of workshop participants. However, this difference is most likely accounted for by the fact that many Talkzone participants were still in full-time education (42%, n=32). Less than a third (31%, n=24) were in full-time employment and 18% (n=14) worked part-time. The remainder were unemployed (18%, n=14) or not able to work on medical grounds (3%, n=2).

3.2 YOUNG GAY AND BISEXUAL MEN'S VIEWS

The written comments provided by respondents were analysed thematically. This was done for each set of exercises and findings are presented under the following sections:

- 3.2.1 Positive things remembered;
- 3.2.2 Negative things remembered;
- 3.2.3 AIDS, HIV and sex;
- 3.2.4 Changes to myself, others and society.

Under each of these headings, a number of themes emerged. These are illustrated by quotes from workshop participants themselves. Where workshop participants provided their names, these have been changed to protect the young men's anonymity.

3.2.1. Positive things remembered

In this section we report on the positive things that respondents remembered as well as how these events currently affected them. Respondents first wrote about positive things from the age of 11, and then about the most recent positive things.

The first positive things remembered from the age of 11

The young gay and bisexual men taking part in the workshop were initially asked about the first (since the age of 11) and most recent positive thing they remembered and what current effect it had on their lives. Comments were classified into the following categories: education and employment, managing being gay (such as coming out or challenging homophobia), independent living (such as moving into a flat), family relationships, dating and relationships, social relationships (with friends) and acquiring possessions (such as being given a gift). The first four of these were the most common (education and schooling, n=20; managing being gay, n=15; independent living, n=10; and family relationships, n=8). Each of these main themes is illuminated with quotes from respondents and are presented under the following headings:

- The best days of your life?
- Coming out, being gay
- A place of my own
- Just one of the family

The best days of your life?

While the negative aspects of education and schooling in relation to sexuality are often portrayed, it is perhaps useful to highlight some of the positive comments young men made about both their primary and secondary school experiences. Furthermore, a number were looking forward to gaining further qualifications at college and university. Karn and Fraser made specific mention of the positive relationships they had at primary school and the positive affects this still had on them.

'I remember at 11 my primary school leaving party. This was the last time we were together before going into different schools. It affects me today as I realised that it does not matter if you lost friends, just appreciate the time you have.' (Karn, 23, White British)

'Eleven was a difficult age. However on reflection I would say that my primary school was an extremely positive and helpful environment at a difficult time ... I am still in contact with several of my friends from the school. They agree that it was a special time. These friends have since been very supportive and helpful in adulthood.' (Fraser, 17, White British)

Beneficial experiences in relation to secondary school typically included feeling good about what had been achieved academically. The young men often highlighted the importance of teachers at school who had in some way encouraged them and which in turn led to a positive outcome in terms of their emotional well-being and academic development. As the following young man remembered from the age of 11,

'I had an English teacher who encouraged me to excel and get a good education. I was pushed to express myself in drama and the written word ... the teacher helped me not only in that one subject, but had a 'shaping' effect on my personality. It affects me today in that I am still expressive and confident and I developed a love of reading. I am still an avid reader.' (Workshop Participant)

Another young man stated that at the age of 16 he had

'... left school with 11 GCSE's and that helped open so many doors toward my future ... the school, my teachers, my family and my strong belief in Jesus were all involved ... Getting the GCSEs helped me get my A-levels.' (Martin, 16, Caribbean)

And another commented,

'At the age of 16 I finished secondary school and got a place at 6th form college. I was the first out of my siblings to actually pass GCSEs and then go to college. It was mainly my tutor and my English teacher who gave me encouragement. I was taught that I can achieve something if I want it.' (Ross, 20, Other White)

Being at school, though, was not always a positive experience and a number of respondents had encountered victimisation and bullying. While the more negative aspects of these experiences are reported later, two young men write about the positive outcome of being able to challenge bullying. While Jonathan did not highlight whether he had support to stand up to bullies, Spencer wrote of the importance of having supportive friends.

'I was bullied in school from the age of 11 to around 13, but I decided that I wasn't gonna take their shit anymore and told them where to go. The majority of my secondary school were involved. But it has made me a stronger person and I feel that I know how to deal with people a bit more.' (Jonathan, 18)

'I came out at school when I was 13 years old. When I got bullied all my friends stood up for me... It affects me today as it helps me to remember the nice side of people, rather than being cynical.' (Spencer, 19, White British)

Coming out, being gay

Talking about their sexuality with others, and responses to this, was a fairly common theme when young men wrote about the first positive experience they could remember. Twelve young men indicated that, when they came out, this had had positive consequences. Nick noted how supportive comments about the possibility that his brother was gay, as well as having an 'out' gay uncle, had helped him when coming out.

'When I was 12 my parents asked my older brother if he was gay. They said they would still love him because my uncle was gay. I didn't know this! It affects me today as it makes me laugh, as it's ironic that I turned out to be gay and my parents never suspected. My brother is straight. On a more serious note it gave me a little more courage when I came out, as I knew for some time that my parents would still love me. When I did come it went really badly but I was sure because of what my parents said in the past that they would come through for me and they did. I've now started to get to know my uncle and it makes me feel less alienated to know there's another gay person in my family.' (Nick, 25, White British)

At the age of fourteen and fifteen, Stephen and William decided to talk with their best friends (female and male) about being gay. They had received a constructive response that had helped them to talk about their sexuality in a more open way.

'The first positive thing I remember since 11 is being able to tell my best friend at 14 that I was gay. I have a very comfortable relationship with her and we are able to talk about gays. It's good that I have someone to talk about being gay who is my age.' (Stephen, 23, Other Asian)

'I told my best friend (male) that I was gay. We had talked with each other about sexuality previously, so he had a vague idea, but one evening when it was just me and him in his bedroom, I just decided to come out. His reaction was very positive and I felt so happy after I had told him. I no longer had to hide my gay feelings to him but I could tell other people without being afraid. His reaction helped me to feel good about being gay and has therefore made me stronger and a lot less insecure in all aspects of my life.' (William, 17, Irish)

A place of my own

It was something of a surprise to discover how often issues related to independent living were mentioned by respondents. As noted later, some of the reasons for leaving home were negative but despite this, several young men described having gained the confidence to manage practical matters (such as finances), as well as a greater sense of emotional well-being. A few young men mentioned specifically that being in London was an important influence on their lives.

'The first positive thing I remember is at 18 meeting my landlord who has become an extremely close friend. He has helped me with my personal things and taught me how to budget my money and things.' (John, 21, White British)

'At 22 I moved into a gay house before I knew anyone who was gay. My best girl friend found the house for me. Since getting to know more people since I've lived here I've come out more, and I'm more relaxed about being gay.' (Kevin, 25, Irish)

'At 16 I moved back to London for the first time since I was a child. I had to make this happen myself without feeling like an outcast.' (Euan, 21, White British)

'I came to London from the age of eleven-and-a-half from Kenya after my parents' divorce. I am now more confident about myself as a person and also about being gay' (Ali, 23, Other Asian)

Just one of the family

Family relationships were also important to respondents. Although parental responses to 'coming out' were reported by several young men, some also mentioned how important families were to them more generally. Female family members (mums, aunts, grandmothers and sisters) were more often specifically mentioned than male family members. Five respondents wrote of a positive family experience they remembered before the age of eleven, and how these had helped them in feeling loved and developing a special relationship with one or both of their parents or another family member. For one young man, the memory of being taken to the park for the first time by his mum and dad had made him feel happy, loved and wanted. For Fergus, his aunt had taken him on little 'adventures' around London to museums, galleries and the cinema. He commented,

'My aunt introduced me to the concept of questioning and ethics, the search for knowledge and the struggle to become the best I can be ... She would encourage me to ask questions and see the truth behind any event. She provided me with my first role model.' (Fergus, 19, White British)

Joe wrote about how helping his sister at school had improved the relationship between them. At the age of thirteen,

'... I helped my little sister at secondary school. She was being bullied... I learned how to stand up for myself and for my younger sister. My sister looks up to me now and we get on better.' (Joe, 20, White British)

At fifteen, being reunited with his mother after years of being looked after by the local authority had provided Daniel with stability in his life. His account mirrors that of many young people, gay or straight, who have been in receipt of local authority care.

'The first positive thing I remember is being reunited with my mother after spending many years in the care of social services and being confused about lots of social issues ... It affects me today as I spent many years coming and going between carers and being very confused and I now have a more stable life after being back with my mum.' (Daniel, 26, Caribbean)

The most recent positive things

When writing about the most recent positive things remembered, the themes respondents highlighted most often related to jobs (n=13), managing being gay (n=12) dating and sex (n=16), as well as social relationships (n=12). These themes are presented under the following headings:

- Getting on, getting a job
- Being out to colleagues, family and friends
- Romance and raunch
- Enjoying life with friends

Getting on, getting a job

A number of men wrote of the increased confidence and pride they had developed through either getting a new job, or receiving a favourable work report or promotion. These quotes from Nigel, Crispin, and Patrick are typical of the sorts of comment made.

'The most recent positive thing that happened to me was getting me a new job just over a month ago. It was the first interview I'd had, and then they offered me the post. It was really positive for me as I never expected to get the job...A few friends at my previous job were important as they gave me a lot of moral support... Obviously now I have to do the work!! Though getting the job gave me more self- confidence' (Nigel, 23, British White)

'I was head hunted by an employer and this has given me more confidence in myself.' (Crispin, 24, Other White)

'I got promotion at work. After proving my worth in a particular field, I was given promotion and a pay increase. I now have more pride and am happy that my hard work has been recognised.' (Patrick, 21, White British)

Being out to colleagues, family and friends

Being gay continued to be a major theme. The people with whom the young men had to manage being gay not only included friends and family, but also colleagues at work. Where colleagues appeared supportive, this helped both at work and more personally.

'I was having a workplace chat and 4 or 5 people (including me) were just talking and I casually mentioned that I had a boyfriend. One of my seniors smiled and said 'what is his name?... This gave me confidence as I'm not out at work.' (Nick, 25, White British)

'I came out in work and most of the people I work with now know. Work is more relaxed now and I don't have to watch what I say.' (Kevin, 25, Irish)

'The most recent positive thing that has happened to me is coming out! I suppressed my feelings for years and it felt as though I stepped out of a dark room into reality. I've become less stressed. I'm proud of who I am. I'm no longer depressed. I'm no longer in denial. I'm enjoying myself with people who are like me or who could relate to me.' (Kelvin, 18, Caribbean)

'I came out to most of my friends at university. Now I can talk about gay stuff with all my friends and flatmates and I don't have to feel that I am lying to them anymore. I feel more comfortable going out because they know where they stand and I can pick up blokes, and bring them back to my apartment, and I don't have to make up excuses.' (Ronald, 19, mixed parentage)

Romance and raunch

Dating, boyfriends and lovers were important in providing examples of recent positive things that had happened to participants. While respondents wrote mostly about the emotional aspects of their relationships, Pete also highlighted how his boyfriend had supported him to both give up drugs as well as get off the streets.

'I've met a guy. He is my lover. We had both given up on looking for someone, and then we stumbled on each other ... I feel supported, I can go home and get a hug. I have someone to love and who will love me.' (Richard, 21, White, British)

'The most recent positive thing which has happened to me is having my first relationship at 23. I started to go out with somebody who I really care for. I am now more at ease following my emotions.' (Rob, 24, Irish)

'I've fallen in love with a guy and am having a relationship. I've realised that there's more to being with someone than just sex, that it can be more fulfilling to be with someone that you care for (and love).' (Edward, 23, White, British)

'I got a boyfriend. He's helped me sort my life out, getting off crack and getting off the streets.' (Pete, 21, Irish)

While the supportive and romantic aspects of relationships were most commonly highlighted, Nathan wrote in raunchier vein:

'I had sex for seven hours, I was like a horny dog. I'm looking forward to the next seven hours or even longer.' (Nathan, 25, Other White)

Enjoying life with friends

Relationships with friends and peers continued to be important. However a new theme emerged relating to membership of social groups emerged. Respondents highlighted the importance of having friends, both female and male, the opportunities for socialising and the emotional and sometimes practical benefits that resulted.

'I made a new friend at the place I have just moved into. I can't think of anything that beats having a good friend. Friendship is very important to me.' (Workshop participant)

'I met my best friend Alisa about 2 years ago. It's nice to have someone I can trust.' (Mani, 25, mixed parentage)

'I met a guy and we became friends. I now have a good friendship with him and the people he is friends with – and also free accommodation in West London!' (Tony, 22, White, British)

Links with social groups, some, but not all of them gay, appeared in five respondents' accounts. Membership of the groups was commented on favourably, especially where the respondent took some responsibility for organising the group or learning new skills.

'I have been given a position of responsibility in the social group. This means that people will look to me for answers to problems I have overcome. It makes me feel more appreciated and has also made me more confident.' (Joe, 20, White British)

'Becoming part of this group and being with all the group members has been one of the best things I have done. I am happier as a person.' (Ray, 20, White British)

'The most recent positive thing that has happened to me is taking the first step to come to this group. I decided I could not ignore my sexuality any longer. I was very nervous, but it has been worth it. I feel much more confident in myself. [Name], who is the Group Leader is excellent. We talked on the 'phone for some weeks before I turned up. I have much more confidence in this part of my life.' (Fraser, 17 White British).

3.2.2 Negative things remembered

After writing about positive things, respondents were then asked to comment on the first and most recent negative things that had happened to them, and how these affected them today. By far the most consistently expressed theme, for both first and recent things, related to experiences of victimisation and abuse. This category included having rumours spread about their sexuality, being homophobic bullied at school, and being raped.

The first negative things remembered

While one or two comments were made about drugs, dating and education, far more common were accounts about negative experiences related to violence: being victimised, being bullied, being abused or being raped (n=31); the breaking of relationships among family members (including deaths) (n=21); and detrimental feelings about their own emotional well-being (n=12). These themes are presented under the following headings:

- Victimisation, bullying and rape
- Broken relationships: separation and deaths at home
- I may be gay but I don't feel happy

Victimisation, bullying and rape

Victimisation and bullying at school took a number of forms, from being teased, to having rumours spread about the respondents' sexuality, through to physical abuse which included one respondent being knocked unconscious by a homophobic pupil. Four respondents indicated that, despite being bullied, there had been a positive outcome in that it had made them a stronger person, perhaps being more able to stand up to bullies. However for most respondents there were lasting negative outcomes, largely in relation to difficult developing personal and social relationships. For Ashley, bullying had begun in his primary school.

'I was bullied at primary school by a boy called [name]. I have bad memories concerning my childhood.' (Ashley, 18, White, British)

There were also accounts of victimisation and bullying having taken place in secondary schools, often linked to more serious medium to long-term consequences. All of the incidents reported below led to negative longer-term outcomes.

'I came out at high school and basically lost all my best mates... I look back and feel like I've had a reasonably empty childhood and it's prevented me from getting too close or being too open with people I don't know inside out.' (Paddy, 20, Indian)

'A rumour was spread around the upper school I attended that I was gay, leading to insults and comments from those around me. The rumours were started by my older brother. It affects me today as I don't talk to my brother about aspects of my sexuality and use it as a reason to have very little to do with people from schooldays.' (Fred, 22, White British)

'I was bullied at school. Only after two years did anyone do anything about it. It affects me today as I have huge outbursts of built up anger and my temper is wild. However, I feel I can be more considerate to others as a result.' (Adam, 24, Other White)

'I got knocked unconscious at school by a boy who thought that because I am gay I must fancy him. I am now very untrusting of teenage school boys.' (Spencer, 19, White British)

Lest it be forgotten that young gay men can also encounter other forms of discrimination, this respondent wrote of the racism he encountered at secondary school.

'There was racism at the new school I went to at 11. This was covert from the teachers and overt from the students. It affects me now as I am less confident that I might have been.' (Workshop Participant)

Comments from three other young men revealed that they had been raped at the ages of 15, 13 and 11. Nicholas and John courageously wrote down their experience of this traumatic event:

'The first negative thing I remember is getting raped at the age of 13. It involved someone I did not know. I now sometimes have doubts about my sexuality.' (Nicholas, 25, White British)

'When I was 11 I was raped by three men in a public convenience and I still feel that nothing was done properly about it. It makes me very wary today about men and I still have nightmares about it because the 3 men are still free today.' (John, 21, White British)

Broken relationships: separation and deaths at home

The breaking of relationships at home was mentioned by a number of respondents. While one young man's memory was that of 'Father Time' claiming his rabbit's life, most accounts were of separation and divorce, chronic illness and the death of family members. As with being victimised and bullied, some respondents indicated that there were no longer-term negative consequences, while others were less sure, or indeed were clear that there had been.

'My parents broke up when I was 16. It does not really affect me very much now but it did then.' (Krishna, 24, Indian)

'At 16 I lost my grandmother in a car crash in which my father was too. It made me more aware of life and that I should make the most of every day and live life to the full every day.' (Ian, 23, Indian)

'I remember my parents arguing in our living room. I don't know how it affects me today.' (Shaun, 21, Other White)

'My parents separated and then my dad died. It was hard to see my father leave home but then even harder that he went for good. I wish I had that father figure today, to talk to and get advice from.' (Romano, 22, Other White)

I may be gay but I don't feel happy

While discrimination, bullying and broken family relationships may have had a detrimental effect on some young gay men's feelings of emotional well-being, there were other issues which contributed to feelings of low self-worth. As noted already, coming out for some young men could lead to positive outcomes. However, before talking about their sexuality with others, around eight respondents stated that the first negative thing they could remember was realising they were gay. Most, but not all, young men who wrote about this now indicated they were more or less happy with their sexuality – this is perhaps unsurprising given that respondents were drawn from supportive social groups or from the gay scene and had elected to take part in this study. The following comments are typical of the range of responses.

'The first negative thing I remember was at age 15 feeling very depressed when finding out that I was gay. I have nearly forgotten about it 'cause [now] I am very proud/happy with who I am.' (Mani, 25, mixed parentage)

'Being gay is the first negative thing I remember at 18. I now begin to accept it even if sometimes it still bothers me.' (Chris, 24, other White)

'For ages 13-16 I was okay about being gay. I thought it was just a phase, feelings I could control if I wanted to. By the time of sixth form, my feelings turned to complete desperation. Friends and enemies made homophobic remarks, I could not talk to my family and, for myself, in retrospect, I see this time as one of near emotional breakdown. It affects me today as I feel insecure, have low self-esteem and loneliness.' (Workshop Participant)

The most recent negative things remembered

The most recent negative things that respondents wrote about differed somewhat from the first negative things. While there were one or two comments each about the negative aspects of drugs as well as educational and work-related issues, more common were reports of victimisation and bullying (n=12), troubled relationships with friends and lovers (n=25) and being physically unwell. These themes are presented under the following headings:

- Followed by victimisation: from school to the streets
- Troubling relationships: friends and lovers
- Being unwell

Followed by victimisation: from school to the streets

The spaces in which homophobic victimisation and bullying took place changed over time. When asked to recall recent negative events, there were fewer accounts of bullying at school. Discrimination and victimisation surfaced to a greater extent at parental and respondents' own homes, colleges, as well as public spaces – even those spaces that were meant to be safe for lesbians and gay men.

The following young men highlighted victimisation at home, two stating that their parents had thrown them out of the family home. One other respondent indicated that, even when he had a home of his own, this was not necessarily as safe a haven as he might wish it to be.

'At 17 my Dad chucked me out for being gay. I came out to him and he decided to disown me and made me leave his house. It made me realise it was his loss and there are people there to respect me for who I am, no matter what I do.' (Ross, 20, Other White)

'I came out at 19 to my parents which isn't necessarily a bad thing, but they reacted very badly. Because of this I am having to stay in a hostel and work my ass off in a job I don't want to be in to make ends meet.' (Paddy, 20, Indian)

'I was being attacked because of my sexuality – verbal abuse and damage to my home.' (Daniel, 26, Caribbean)

As other young men indicated earlier, even when an individual encountered abuse it was still possible to respond with a sense of courage and pride.

'I was homophobically abused in college this year while I was 17 by a group of narrow minded, fresh outta school children. Sometimes I feel afraid when I see them but I hold my head up high and carry myself with pride.' (Jonathan, 18)

Some respondents wrote of victimisation in public spaces. Ali noted the steps he would take to avoid potentially violent situations – he himself having to make changes to how he moved around public spaces, rather than action being taken to restrict the activities of the offender.

'My friend got beat up by a very homophobic boy in our area. It happened in broad daylight and nobody did anything about it. I am very street-wise and careful about where I go on my own. I am not reclusive but if you are a little careful it can save you a lot of bad attitude and trouble from others.' (Ali, 23, other Asian)

Nick decried moves to make lesbian and gay community events into profit-making enterprises, this being seen as contributing to a lack of security and safety for those whom the events were meant to serve.

'I suffered homophobia at Manchester Mardi Gras. People shouting homophobic insults in the street. Being stared at and given attitude in gay clubs by straight people. Hardly a gay village! It makes me realise that you're never safe from prejudice and homophobia even in so-called 'ghetto' areas and that gay events are being commercialised and corrupted in the name of profit.' (Nick, 25, White British)

In addition to those young men whose accounts of rape were highlighted in the previous sections, two further young men wrote about being raped. While one did not provide any further information about the incident, Josh wrote of the feelings of fear, anxiety and shame he experienced as a result of the violence against him.

'When I was both 16 and 17 I was raped by various men. I feel less confident, slightly withdrawn and scared to be alone and ashamed slightly.' (Josh, 18, White British)

Troublesome relationships – friends and lovers

When commenting on friends and boyfriends, the emotional impact of problems with the former come across as less serious than negative relationships with the latter. Although friendships could go awry, or even when a best friend died, respondents generally appeared to cope with this – as these comments highlight.

'I've found out that a good friend is in trouble. It doesn't affect me today but it will tomorrow.' (Noel, 23, White British)

'A friend did not support me and I was relying on them. It makes me worry a little about the security of friendship.' (Kieron, 26, White British)

'My best friend died. I'm sad about that and try to enjoy life as much as I can.' (Brian, 26, White British)

Relationships with boyfriends troubled respondents far more. Not only were comments made about the ending of a relationship with a boyfriend, there were also a number of problems associated with unreciprocated feelings. As with the breaking or ending of friendships, and as the following comments suggest, some young men appeared able to cope with the emotional demands placed upon them – perhaps leading to feelings of uncertainty about the future or worries about their ability to keep a boyfriend.

'I was seeing someone and he ended it. Now I'm single.' (Ben, 25, White British)

'I finished with my boyfriend. Now I'm not very sure about getting involved with anyone right now.' (David, 18, Other White)

'I had a one-night-stand which I thought was going to turn into a relationship but did not. It made me realise that I'm not sorted with my sex-relationship life and have had no boyfriend for 3 months.' (Andrew, 17, White British)

'Things are not going well with my boyfriend. I'm unsure how things will progress.' (Liam, 25, Mixed Parentage)

For some other respondents, the consequences of a broken or unrequited relationship were more emotionally damaging. Two respondents indicated that they had tried to attempt suicide, although just one provided a reason for this, it being due to his boyfriend being unfaithful on a number of occasions.

'My [former] girlfriend left me for someone else, for a friend that we both knew. It is one of those things that I have to accept. I've grown accustomed to being used and hurt in long term relationships.' (Warren, 24, White British)

'I fell for someone who was out of bounds. I helped him come out of his closet, however, although he had/has feelings for me, he is still in love with his current girlfriend. I still feel strongly towards him. I can't move on. He seems to be on my mind 24/7 [24 hours a day, seven days a week]. He is the first guy who has captured my emotions in this way.' (Kelvin, 18, Caribbean)

'I found out that my partner of almost two years had cheated on me several times. I had a breakdown and attempted suicide (twice).' (Crispin, 24, Other White)

Being unwell

Five respondents made specific reference to being physically unwell. While it might be assumed from popular portrayals that the only illness gay men have to face is HIV-related, there were in fact a range of conditions that affected the lives of respondents. For two respondents, their physical illness had had an impact on socialising in commercial gay venues.

'I have deterioration of my eyesight and loss of central vision. I've lost weight, I am more concerned about getting things done. I worry for the future sometimes.' (Wayne, 26, mixed parentage)

'I fell ill with cancer (leukaemia) at the age of 17. I am only just recovering from treatment but am still having to put up with the after effects. Even though I come over as a confident person, I actually have a great lack of it, especially on the gay scene.' (Euan, 21, White British)

'When I was 18 I had a rare tumour removed from my jaw... I get lots of people STARING at me and the occasional moron asking me dumb questions. I also have some trouble with this on the gay scene.' (Cameron, 20, White British)

3.2.3 AIDS, HIV and sex

Respondents were asked to comment on two areas about HIV, AIDS and sex:

- Things about HIV, AIDS and sex that had made them stop and think
- Things about HIV, AIDS and sex that currently made them anxious or worried.

AIDS, HIV, sex – things that made me stop and think

When invited to comment on things that had made them stop and think about AIDS, HIV and sex, respondents were asked to write about the first as well as the most recent thing they could remember. There were few differences between these and it was possible to classify accounts into three main categories: face-to-face encounters, the impact of various forms of media and the influence of sexual experiences.

Face-to-face encounters covered two areas, those that were informal in nature (such as conversations with family and friends) and those that were more formal (such as lessons at school or attending a workshop). The media category was subdivided into campaigns (such as adverts, posters and public information commercials), films, documentaries, small media (such as booklets) and an 'other' category where it was not possible to determine what kind of media had been seen. Sexual experiences were further classified into three areas, sex with boyfriends, casual sex, and sex where the relationship to the other person was not stated. These themes are presented under the following headings:

- Talking to people
- Large and small media
- Sex, tests and uncertainties

Talking to people

Around forty comments were made about situations that had made young men stop and think, about twenty each for first and most recent. For both occasions, informal conversations with friends and family far outnumbered more structured discussions (such as those in education, groupwork or counselling). There was occasional mention of conversations with family members, the usefulness of some of these being open to question. As Shaun stated,

'My mother pointed to a bisexual man who we knew and told her friend that men like him were responsible for straight people having AIDS. Years later I found myself attracted to both men and women and I remembered my Mum's comment. I found myself asking knowledgeable people what they thought about that theory. Obviously they told me that it wasn't quite that simple!' (Shaun, 21 Other White)

Far more common were conversations with friends. Respondents tended to indicate that these conversations had made them more aware of AIDS-related issues, encouraging some to reappraise their own ideas about personal safety.

'I found out that a close friend has AIDS. It made me look at what I was doing in my sex life and how I could make it better and safe.' (Nicholas, 25, White British)

'A friend died of AIDS. He was ill for some time and then made a remarkable recovery. Then days later he died. It made me get educated.' (Graham, 18, Other White)

A friend had an HIV test, this made me think about having one and my fears about that. It made me want more information and I thought more about AIDS and testing.' (Leslie, 23, White British)

However for some young men, conversations with people who were themselves affected by HIV led only to shorter-term resolutions about condom use and safer sex. As Chris indicated,

'The first gay men I talked with about being gay was HIV+ve, we've talked a lot about this issue. It makes me think about all the problems that being HIV+ve can bring in day-to-day life. It makes me think that just after we talked together that I would always use a condom. But actually I quickly forgot about it.' (Chris, 24, Other White)

More formal face-to-face discussions were also reported. These included sex education in schools, visits to counsellors or clinics, and taking part in groups focussed on sex or AIDS. Experiences of sex and relationships education at school were mixed.

'The first thing that made me stop and think was a meeting at school when I was 13. It was about HIV and sexual health. It made me always aware that unprotected sex was a risk.' (Brian, 25, White British)

'School sex education was the first thing that made me stop and think. It scared me. I didn't want to know any more.' (Donald, 24, White British)

Visits to counsellors or clinics were reported somewhat more positively. Nonetheless, HIV testing and anticipating test results created nervousness and anxiety. One young man indicated that he would have committed suicide had he been HIV positive, another stated that his life had changed since himself becoming HIV positive.

'I was having counselling at 15 and my counsellor asked me if I'd ever taken an HIV tests because I had sexual experiences, 80% of which were without protection, especially penetrative sex. At first I was scared of taking the test and said to myself that if the test result was positive I would commit suicide. But it did create personal awareness about the whole issue.' (Dean, 21, Caribbean)

'I recently got an HIV+ result back. My life has changed. How I behave has to alter. I have to consider so much more now. How I have sex has changed. My emotions and moods are in an effervescent state of turbulent change.' (Adam, 24, White British)

Six young men made specific mention of group work they had attended run by HIV prevention agencies as well as youth groups. All of these experiences were reported positively. Gerald's comments were generally typical of those made by others.

'The most recent thing that made me stop and think was indulging in penetrative sex for the first time. I had been involved in workshops around safer sex, HIV prevention etc and was clued up around the subject. It allowed me to make informed decisions around my own boundaries, what I was prepared to do, not do, and being safe when I was intimate.' (Gerald, 21, White British)

Large and small media

Various types of media, from Hollywood films through television documentaries and campaigns to written leaflets were mentioned. Films and movies such as Philadelphia were noted as being general helpful in raising awareness about AIDS.

'The most recent thing was watching Philadelphia with Tom Hanks and Denzel Washington. I thought it was very moving and it did make me think about AIDS and practising safer sex.' (Dean, 21, Caribbean)

On some occasions, films, television programmes and mass media campaigns had a positive effect on raising AIDS-related awareness among this group of respondents. Others were more ambivalent about what they had seen – sometimes feeling informed about the issue, sometimes feeling scared, sometimes feeling both. The following quotes capture some of the typical responses made.

'At 12 or 13, I watched a Tomorrow's World report on AIDS and HIV from a scientific perspective. It made me aware of the disease and how it works long before I connected it with sex. I felt as if I was informed about the biology of HIV and so was less worried about it when I started to be sexually active.' (Ben, 25, White British)

'At 12 I was watching a TV documentary about sex ... AIDS and HIV was talked about and the 'explosion' during the 80s in gay men and [other] adults. It made me very scared and I thought that I never wanted to have sex in fear that I might get infected (even with using protection). It haunted me and still sometimes it scares me. During that time I was also doubting my sexuality and so I wasn't sure if I wanted to 'choose' (!?) to be gay – maybe being str8 is safer!! Sounds silly in all respects now' (Workshop Participant)

'I saw a television advert with an iceberg but under the water there was in big letters AIDS. The actual advert scared me but when my mum explained it and I found what it really meant I understood the meaning of the advert. That scared me the most and I can still remember the advert.' (Joe, 20, White British)

More recently, and although campaigns and leaflets were not often mentioned by respondents as things that had made them stop and think (only four respondents mentioned these), when they were, there had been positive outcomes in relation to awareness raising or taking action.

'I saw an ad for a sexual health clinic directed at young gay men. I realised that I'm [in] an at risk group.' (Mani, 25, Mixed Parentage)

'I read leaflets and realised how serious and important it was. It affected me as I had and have to make decisions about it.' (Nathan, 25, Other White)

'A poster saying that 1 in 3 people with HIV don't know it. I now get tested more regularly.' (Spencer, 19, White British)

Sex, tests and uncertainties

There were about 24 accounts of instances of sexual experience that had made respondents stop and think about HIV and AIDS. Thirteen of these were the first thing which had made them stop and think, but it was more common that a sexual experience was cited the most recent thing which had made a young man stop and think about HIV and AIDS (24 respondents).

Although one young man stated that what he read in a leaflet had led him to get an HIV test, many more respondents thought about, and went for tests after an incident of unsafe sex. Again the possibility of having been infected made respondents particularly anxious. For Fergus, it was both having unsafe sex as well as his boyfriend's infidelity that he stated had put him at risk. This incident had made him determined never to have unsafe sex again.

'The most recent thing that made me stop and think was my boyfriend's revelations of infidelity. Two weeks after dumping me with no explanation, my boyfriend suddenly admitted that he had been VERY promiscuous while we were together. While he claimed that he had always been safe with other people, I knew we had unsafe sex on a number of occasions and was TERRIFIED. I had to go and have my first HIV test which thankfully was negative. I will NEVER have unsafe sex again. EVER.' (Fergus, 19, White British)

For Keith, a split condom had placed him at risk. Being fearful of the test result, he was unsure whether to make an appointment at a clinic but felt that he should so as not to pass the virus on to others.

'I was having sex with somebody and the condom split. I realised after intercourse. I am deciding whether to go for a test. I still haven't been to a clinic but plan to make an appointment very soon. I have delayed this because I couldn't decide whether I would want to know of the worst or not but decided it was essential because if it was positive then I could easily spread it.' (Keith, 18, Indian)

Finding out that a sexual partner's other sexual partner had gone for a test also led a few young men to consider whether to take a test. As Graham explained,

'I was seeing a guy who was seeing someone else. I was being fucked by him without a condom. The guy's boyfriend went for an HIV test and the guy told me this. It made me think 'I need a test'' (Graham, 18, Other White)

On a few occasions alcohol was said to be involved in unsafe sexual encounters.

'I had sex with a guy I picked up on Clapham Common. It was my 18th birthday. I got very drunk and went home with this guy. He had anal sex with me. I was too drunk to remember using a condom. I felt obliged to perform once I was back at his place so I didn't tell him to stop when it really hurt. I had to get a test for various things including HIV. It was very embarrassing. Even though he pulled out I wasn't sure if he had come. I spent two weeks being scared to go to the toilet because of the pain. He was 47.' (Richard, 21, White British)

'I had unprotected sex. It made me feel anxious whenever I met somebody after that occasion but still did not stop me having unprotected sex if I had too much to drink.' (Euan, 21, White British)

Sex with people that respondents did not know also featured as events that had made them stop and think about HIV and AIDS. One man was left confused, trying to reconcile his level of knowledge and skills around HIV with the fact that he had unprotected anal intercourse (UAI).

'I had UAI with a stranger, it made me confused. With all the knowledge and skills I have learned around HIV/AIDS, I still chose to have UAI.' (Workshop Participant)

And while Crispin and Paddy below indicated they did not have unprotected anal intercourse, experiences of sex with people they did not know well had raised feelings of caution, and even terror, leading them to consider alternatives to such encounters.

'I was in a gay sauna when a guy came up to me and tried to sit on my erection without a condom. I'm now more cautious about the build up to sex than I was before.' (Crispin, 24, Other White)

'I'm a very safe sex freak and I've never had anal sex ever, but recently I contracted STD. It terrified me because I'm such a careful man even though I sleep around a lot, which is probably why I'm so careful. But recently I've stopped sleeping around and am happy with the one guy.' (Paddy, 20, Indian)

Other young men wrote that what had made them stop and think was being asked to take a risk that they felt they should avoid.

'I was asked to perform anal sex. I didn't want to, so said 'no'. It has made me think about what would have happened if I said 'yes'. I really did want the guy, but was disciplined enough not to because of the fact that neither of us had condoms on us.' (Elliott, 20, Other Asian)

'My boyfriend was using IV drugs. I refused to sleep with him because he was using needles.' (Donald, 24, White British)

For the following young men, along with a few others, there were uncertainties whether oral sex might place them, or indeed their partners, at some sort of risk.

'I was having sex with my boyfriend, and I gave him head, then he wanted me to come in his mouth. I didn't but I started to think about his safety and then mine because if he did this to all the guys he sleeps with then I might be at risk.' (Reg, 24, White British)

'I swallowed some sperm. I wondered if I should have done it in the first place.' (Workshop Participant)

AIDS, HIV and sex – things that make me anxious or worried

The main things that made almost every respondent anxious or worried about AIDS, HIV and sex fell into five non-exclusive categories. These related to,

- Having sex with people they did not know very well,
- Finding themselves having sex they did not really enjoy,
- Balancing feelings of pleasure, safety and control,
- Coping with testing.

Sex with people not known

The following quote highlights a number of concerns shared by many other young men. Without a boyfriend, Nick found himself with a stranger, having sex he did not really want, and ending up feeling 'freaked out', regretful and concerned about sexually transmitted infection.

'At a friend's birthday party with lots of other gay people there everyone was getting drunk and copping off with everyone else. Being drunk and boyfriendless I joined in and indulged in copious amounts of snogging and oral sex with a young man. Then it developed to penetrative sex with his boyfriend ... I have since worried about 'minor' STDs due to giving and receiving blow jobs – no condoms were used for this, that I went so far with two people when I was drunk, I felt that I totally lost my control and inhibitions in a scary way. Although condoms and lubes were used, the fact that the person was a stranger makes me worried. Perhaps I'm being prudish but I'd never had a threesome before and that in itself freaked me out so I kind of regret it. I enjoyed it but I would have preferred just one person and no penetrative sex.' (Nick, 25, White British)

Nigel, who also stated that he did not have a partner at the time, found himself having sex with someone he did not know. It would have been far better, he felt to perhaps have had a 'quick snog' rather than ending up taking an unknown man back to his flat for what turned out to be a rather anxiety provoking sexual encounter.

'When someone had oral sex with me just after I'd split up with my partner. I'd met this guy in a club – he was older than me and (with hindsight) not particularly nice. I brought him back to my place and we wanted to have sex but I couldn't. He did oral on me and swallowed. I didn't return the favour! It worried me as I didn't know this chap and was concerned that because I was rebounding off a relationship, I was willing to do anything with anyone! It also worried me, as I had no knowledge of what this chap was like. I worry that things can get too heated and too little precautions are taken. I would have preferred it if I would have simply snogged this bloke (if that!) in the club and left it at that – I would have respected myself for that more than what I did.' (Nigel, 23, White British)

Having sex that is not enjoyable

About a quarter of respondents indicated that they had found themselves being prompted to have sex they did not really want. Sometimes, not having a particular type of sex, or stopping what was going on, might leave a respondent wondering whether he himself was a somewhat unusual type of gay man.

'I had to stop having anal sex with my boyfriend because the anal sex hurts so much sometimes. It makes me think that I am odd because everyone else can do it. I would have preferred anal sex not to have been invented.' (Ian, 23, Indian)

'I have been asked to have anal sex many times but I am too scared to do it. It makes me worried because this is what most gay men like the most. I'd prefer it if gay men did not have anal sex.' (Ali, 23, Asian)

Similarly, Ronald found himself having to cope with pressure to have certain kinds of sex he did not want. For him, resisting these pressures was made more difficult by the awkwardness he felt in discussing sex with a partner.

'Some people have forced me to have certain types of sex that I might not feel comfortable with at the time, i.e., anal sex, sex toys. I don't feel that I enjoy anal sex or sex toys (at least some) and if I don't follow what he told me he might make some comments that I might not feel happy with. I would like to have some agreement before sex that I don't like doing this or that so he knew where he stands but it is quite awkward 'cause I don't like speaking while shagging.' (Ronald, 19, mixed parentage)

Balancing feelings of pleasure, safety and control

Other young men had very positive feelings not only about anal sex, but about oral sex as well. Some respondents noted that they had a problem when it came to using condoms. After being encouraged to have unprotected sex with his boyfriend, Ben stated he would have preferred it if,

'...we could have protected ourselves without interrupting the 'flow' of sex. Stopping to put a condom on destroyed the mood and we stopped. We never actually had full penetrative sex, ever.' (Ben, 25, White British)

The joys of sex were evident when some young men wrote about the worries they had in balancing pleasures with safety. Dean obviously enjoyed anal sex without a condom, indeed he appeared to enjoy oral sex as well. Similarly, David, while sharing concerns about swallowing a partner's semen, was really turned on when his boyfriend came in his mouth. He drew the line, however, where one-night-stands were involved.

'One of the things I really dislike sometimes is using condoms when I'm having sex with a close friend, I like being passive without condoms, but then I know it is dangerous, but I'm TIGHT by nature. Then I don't get to enjoy the full joy of passive sex. I love the person I'm having sex with to come in my mouth, but then, get worried about accidentally swallowing. Then I could put myself in line for a serious illness.' (Dean, 21, Caribbean)

'My boyfriend and I used to swallow each other's come, and there's still a risk of getting HIV like that. He had had sex without condoms with his ex. I'd have preferred not swallowing it, but I used to get really turned on by it, I don't do it with one-night-stands though.' (David, 18, Other White)

With a sense of regret, another respondent felt he should be able to discuss a partner's HIV status as well as safer sex issues. However, in practice, feelings of pleasure often took precedence over thoughts of safer sex.

'I had unsafe sex with somebody I found out later to be HIV+ve and after several months worrying about it I had an HIV blood test which turned out to be negative. It worries me that I am unable to put safe sex practice ahead of other issues such as pleasure. Although I thought about it, I found it difficult to raise the issue when it was most necessary. I would have preferred it if my partner had raised the issue of safe sex or 'just got on with it' and although I feel entirely responsible for letting myself get into the situation we should have been able to discuss HIV status and definitely taken precautions.' (Fred, 22, White British)

Coping with testing

Again, respondents highlighted their concerns about going for a test and getting the result.

'Every time I go for a test at the local clinic I worry that I have caught the HIV virus, so I sit and panic and worry about it.' (Norman, 25, White British)

A few young men were worried about issues of discretion and anonymity. Although both of the following young men stated they wanted to have an HIV test, one did not feel ready, and wished for information that was both more circumspect yet easier to hand. The other highlighted concerns about prospective employers finding out.

'I was asked if I wanted to go for a 'test' with a friend and I didn't. I'm worried that I don't know my status, and that I don't have enough or the most recent information about AIDS/HIV. I'd have preferred it if I had felt ready and confident enough to have one. It may have helped if the information was more discretely around and accessible.' (Leslie, 23, White British)

'I wanted to have an HIV test but it seems such a hassle to get an anonymous HIV test in a safe secure environment. It would be nice if everyone could go to a GP and have a test done without questions and without a prospective employer being able to put a nose in my medial record.' (Workshop Participant)

For Josh, who stated that being raped had made him anxious about HIV, he found it difficult to cope with the testing process.

'I was raped three times and after the third time I did not get tested for HIV. I'm worried because I don't know if I'm ill or not, but I can't handle having another test because of a past bad experience.' (Josh, 18, White British)

However Gerald, along with other members of the youth group he attended, had been helped to go for a test by being taken on a visit to a clinic for young gay men. While this, and the support of a friend, had enabled him to take a test, waiting for the result was nevertheless worrying.

'I went to get an 'AIDS' test for the first time. I went to a gay youth clinic in London which made things easier, my youth group had taken some guys and myself there the week before to look around. I was pretty confident that the result would be negative, but the week's wait was murder! I was very anxious and worried during the week that I had to wait. I'd preferred it if I had a same day test, it would have been better, I think. I went and got the results with a friend though which was good.' (Gerald, 21, White British)

3.2.4 Making changes to myself, others and society

Respondents were asked to comment on changes they would like to see happen to themselves, to people around them, and to the way society in general treats young gay men. To get a sense of the priorities they attached to proposed changes, they were asked to vote on each set of changes. Each young man had five voting slips numbered one to five, with one being the highest priority and five the lowest.

As the young men may have wanted to change aspects of themselves that they did not want others to know of, they wrote their comments down individually. Changes to people around them and to the way society treats young gay men were developed as a whole group exercise and written onto pieces of flip chart paper.

The most popular categories were: to have more money (12 comments), to have a better job or education (16 comments), to have improved interpersonal skills and so get on better with others (19 comments), to be better at cruising, dating and sex (21 comments), to feel better about oneself emotionally (31 comments) and, at the top of the list, to have a better appearance (39 comments). This latter category was made up of a few comments about better dress sense or haircut or suchlike, but mainly consisted of concerns about body shape and size (being thinner, being heavier, being more toned, having a better body, and having better looks).

A number of young gay men wanted their relationships with their families to improve. Respondents wanted Mums, Dads and siblings to listen to them so they could talk about and discuss issues to sexuality. For some families, this involved them being less homophobic, and not being so ready to proffer negative views about being gay. For others, it meant putting aside deep-seated religious beliefs. Parents and other relatives, it was proposed, needed 'to be educated about sex'.

Respondents also had points to make about other gay men, including friends and those they came across on the gay scene. It was stated that the gay scene was too much of a ghetto; that other gay men should be 'less bitchy', 'stop being so judgmental about appearance'; and that other young gay men should 'feel that they don't have to change themselves to be themselves'.

With regard to changes in the way society treats young gay men, responses were classified into four broad categories, general attitudes to gay men, representations or images of gay men in the media, organisations (such as schools, the police, churches and religions, gay businesses, general businesses) and public policy (such as government legislation).

Remarks about general attitudes included a wish that the general population would be more tolerant of displays of affection between gay men, that lesbians and gay men should be treated better, that people should cease stereotyping and making assumptions about lesbians and gay men, and that they should 'stop assuming poofs are pansies'.

There were a number of organisations that respondents stated were in need of re-orientation. Those working in schools should be aware of gay pupils, tackle homophobic bullying, help 'gay kids' come out, and provide more, and more inclusive, sex and relationships education. Police, it was suggested, should have a greater awareness of, and sensitivity to, gay issues. The church and religious leaders should stop condemning lesbians and gay men and be more accepting of them. In workplace settings, lesbians and gay men should be treated with equality and supported if they wanted to come out. Gay businesses should stop taking advantage of young gay men and provide more gay venues outside of London. However, a greater degree of feeling was expressed in relation to the representation of gay people in the media and the discriminatory public policy context within which lesbians and gay men live and work.

A few comments were made about celebrities, particularly that those who are gay should be more open so as to provide role models for young gay men. Elton John came in for specific mention, but only insofar as respondents felt he should 'get a new suit!'. Of more concern was that the media should 'treat being gay as an everyday thing', should 'validate the experiences of young gay men and accurately represent them', and should have a greater amount of gay drama which was not just on Channel 4 after 9pm. Respondents reacted against 'stereotypes' of gay people and suggested that the media should do better than the provision of 'awful' programmes such as 'Gay Time TV' and 'Gimme, Gimme, Gimme'.

Of greatest concern was the existence of iniquitous public policy. Respondents covered areas such as employment rights, gay marriage and partnership rights, the age of consent, Section 28, and gays in the military. Respondents called for 'anti-gay laws' to be 'abolished' and that there should be 'complete legal equality' with heterosexuals.

After making this range of proposals, respondents were asked to prioritise which changes they would most like to see happen. A number one vote was the highest priority and a number five the lowest. The votes are summarised in Figure 6. This provides an indication of the importance that respondents attached to making changes to public policy, to media representations, to themselves, to general attitudes towards lesbians and gay men, and to schools.

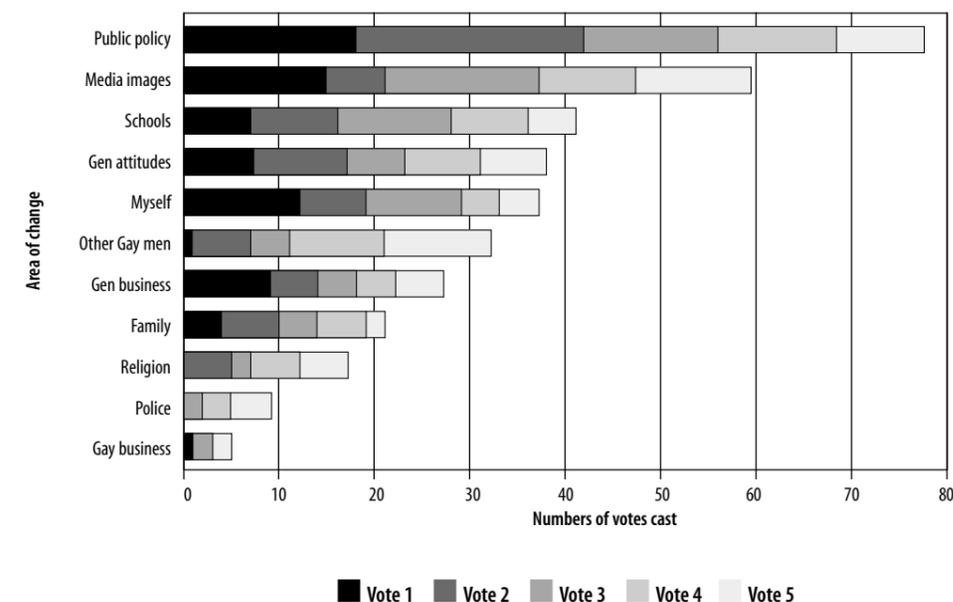


Figure 6: Votes for change

4 Summary and implications for action

This study collected qualitative written information on positive and negative life experiences via an interactive workshop from 77 young gay and bisexual men in London. It focussed on their views on HIV and AIDS, and what changes they would like to see to themselves, to people around them and to the way society in general treats young gay men. Taken together, the views expressed offer some insight into the ways younger gay men live their lives and into their general and specific (HIV and AIDS) health promotion concerns. Below, we summarise some of the key themes that arose from young men's written vignettes and draw out the implications for HIV-related health promotion practice.

As highlighted in other studies, violence of one sort or another (such as discrimination, victimisation, bullying and rape) was a permeating feature of the lives of many young gay and bisexual men who took part in this study. The settings in which discrimination took place included families, schools, workplaces and public spaces. For some young men, but not all, these experiences had had lasting negative effects on their well-being. Some continued to feel upset by the experience, or lacked confidence while others noted that these events made current relationships problematic.

However, other young men stated that they had learned from their past negative experiences. A few remarked that they felt pride in who they were and pleased they had stood up to bullies or those who discriminated against them.

A range of factors appeared to contribute to young men's current sense of well-being. Positive relationships at schools and youth groups, and with adults or friends their own age, had provided them with social support and a sense of achievement. Being able to be 'out' in the workplace had helped others feel confident in their employment. Family members and friends who could provide support were also important.

Respondents noted both the high and low points of having a boyfriend. Relationships were often entered into with a sense of romance, which could prove hard to sustain. Some young men were left with feelings of depression or of not being able to 'move on' when coming out of a relationship, while others appeared less troubled.

Respondents had most commonly been made to 'stop and think' about HIV, AIDS or sex by something they had found out about from another person, via something in the media, or because of a particular sexual experience. Being aware of or close to someone (such as a friend or family member) with HIV often affected respondents. Films and television documentaries with an AIDS theme, and less often leaflets and posters, provoked thought among respondents about HIV and sex. A sexual experience, which on reflection was undesirable, left a number of young men not only thinking about AIDS, but also considering whether to have an HIV antibody test.

When asked about HIV, AIDS and sex, respondents most often emphasised the ways in which certain sexual experiences had made them anxious or worried. Having sex which, on reflection, was less safe than they wanted it to be had made some young men concerned about getting HIV or another STI. However, some young men regretted having sex with someone they did not know very well, or were not happy with the type of sex they had had. Going for and finding out the results from an HIV antibody test were specifically mentioned as events that made respondents worried and anxious.

When identifying and voting for things that should change, most respondents mentioned, voted for and prioritised changes to public policies. Changes sought related to achieving equality between gay men and heterosexual people. Respondents also wanted more realistic portrayals of lesbians and gay men on television and for homosexuality to be treated as normal and everyday.

Changes to the ways schools addressed homosexuality and improvements in general public attitudes to gay men were also voted for. Almost as important were changes that respondents wanted to make to themselves. These related most often to their appearance and body shape, but also included wanting to be more able to get on better with people around them (both friends and sexual partners), having more money and having achieved more in education or employment.

4.1 IMPLICATIONS FOR HIV HEALTH PROMOTION ACTIVITIES WITH YOUNG GAY AND BISEXUAL MEN

As noted at the start of this report, it is rare for studies to focus on factors that might contribute to, as well as detract from, young gay and bisexual men's well-being. It is important, however, to not simply document what these factors are, but to identify how they might be mapped onto areas for action. Below, we take the findings from this study and use them to identify a number of health promotion priorities in fields highlighted as important by the Ottawa Charter for health promotion (WHO *et al.*, 1986). These include:

- 4.1.1 Building healthy public policy
- 4.1.2 Creating supportive social and natural environments
- 4.1.3 Developing personal skills through information and education
- 4.1.4 Strengthening community action
- 4.1.5 Re-orienting services towards prevention and health promotion.

4.1.1 Building healthy public policy

Respondents indicated that public policy was one of the most important areas in which they would wish to see change. The key point they made was that public policy should, at the very least, not discriminate against lesbians and gay men. More preferably it should afford them the same rights as heterosexual people. A key aim of work in this area could, therefore, be to make more visible existing guidance and legislation to promote the entitlements of lesbian, gay and bisexual young people. Areas for action might include:

- Delivering campaigns that highlight the rights of young lesbians and gay men.
- Using a human rights framework to develop health promotion activities is increasingly believed to hold the capacity to improve the participation of young people, increase awareness of entitlements, and make health information and services available (Aggleton & Campbell, 2000). Working within this framework would position work with young gay men within a broader framework for children's and young people's rights. Furthermore, it would complement actions being taken at the national, European and international levels (by, for example, *ChildLine*, the *European Commission*, the *Joint United Nations Programme on HIV/AIDS (UNAIDS)*) and so may open up possibilities for further partnerships and support from organisations not hitherto involved HIV prevention with young gay men in London. For HIV prevention with young gay and bisexual men, there are at least two main sets of ideas to highlight.
- First, as young people, young gay and bisexual men under the age of 18 are afforded specific rights through the UN Convention on the Rights of the Child (to which the UK is a signatory). It should be made more widely known that rights outlined in the Convention are inclusive. That is, they are applicable to all young people, regardless of their sexual orientation.

- Second, international best practice in the field of HIV and AIDS health promotion suggests that young people have the fundamental right to protect themselves (and others) against infection by (a) access to accurate and appropriate forms of education about sex, sexuality, drugs and relationships, (b) access to the physical means to protect against infection including condoms, (c) access to youth friendly services staffed by friendly personnel.
- Making better use of legislation that relates to schools being required to address the needs of all pupils, including those who are lesbian gay and bisexual. Recent guidance on Sex and Relationship Education (DfEE, 2000) states that whatever a young person's developing sexuality, sex and relationship education should be relevant to them and sensitive to their needs. Teachers should not promote one form of sexual orientation over and above any other and should be equipped to deal honestly and openly with sexual orientation, as well as be able to answer appropriate questions and offer support.
- Continuing to take action against Section 28 of the 1988 Local Government Act and the unequal age of consent. While it is unlikely that this legislation will be amended within the term of the current administration, nonetheless, work could take place with young gay men to involve them in activities to lobby for change.
- Working with health authorities to ensure that Health Improvement Programmes, as well as Health and Education Action Zones address the health concerns and needs of all young people, including those who are lesbian, gay and bisexual.
- Being prepared for other guidance and policies, such as the forthcoming sexual health and HIV/AIDS strategy that is likely to provide further opportunities to argue for, and develop HIV-related work with young gay and bisexual men. A useful partner would be The Sex Education Forum that has the potential to provide advice and guidance on work of this kind.

4.1.2 Creating supportive social and natural environments

Respondents highlighted a number of social settings as being of particular importance. These included: families, schools, workplaces, and youth groups. A key aim of work within these settings could be to enable adults and young people alike to feel comfortable talking about sexual health issues in general, and sexual orientation in particular. Areas for action might include:

- Carrying out activities that address the needs of parents and other family members when a son or daughter states they are gay, lesbian or bisexual. Respondents indicated that supportive family responses had a long-term positive effect on their well-being. Even though young people tend to 'come out' to families in generally similar ways, many but not all parents face difficulties accepting a gay son or lesbian daughter. While some will find it difficult to support and love their children, others will be more accepting, and may even work as advocates to support the rights of young lesbians and gay men (Savins-Williams, 1998). An organisation such as Friends and Families of Lesbians and Gay Men may well be a useful partner when developing work with parents and other family members.

Building on new developments in sexual health that have an impact on schools. A common image of schools is that they are harmful to young lesbians and gay men and do little to address issues of sexuality. While this no doubt holds true for some schools, others are developing work to address homophobia and homophobic bullying as well as improving their sex and relationship education. In part, this is driven by recent guidance and legislation from the government which makes mention of the need to tackle homophobic bullying and of the need to make schools a safe learning environment for all pupils. Examples exist of successful work with schools around HIV prevention

with pupils in general, and around sexuality awareness (see Rotherum-Borus *et al.*, 2000 and Douglas *et al.*, 2000). Local programme co-ordinators for the National Healthy School Standard are likely to be important partners in developing this kind of work with schools across London.

- Developing health-promoting activities in the workplace. The government White Paper on health Saving Lives. Our Healthier Nation (DH, 1999) states that workplaces are key settings in which health-promotion activities can take place. Currently, the National AIDS Trust is developing HIV prevention through workplace settings and HIV prevention service providers could liaise with NAT to ensure that the needs of young gay and bisexual men are addressed.
- Working with lesbian and gay youth groups as key settings through which to access young people and to work with them on sexuality- and HIV-related issues. These groups provide safe spaces for young people to talk about and address their sexual health needs and concerns. Building on the opportunities that groups provide and on the expertise of youth workers and young people who attend them, is likely to form a key part of a sexual health and HIV prevention programme for young gay and bisexual men in London. The lesbian and gay youth 'umbrella' organisation London Youth might well be a useful partner to include in the development and implementation of a programme.

4.1.3 Developing personal skills through information and education

There are many ways in which to develop the awareness and personal skills of young gay and bisexual men. It has already been noted that there are a range of settings within which work can take place. A key aim in this area could be to work holistically with young people so that HIV prevention issues are addressed as part of a broader programme on sexual health and emotional and physical well-being. Areas for action might include:

- Providing more than information. There does not seem to be much of a need for information provision alone (although Weatherburn *et al.*, 2000, outline one or two topics to address). More important, is the need to create opportunities for young gay and bisexual men to discuss AIDS-related concerns. These include: making and sustaining relationships with boy or girlfriends, improving awareness and skills related to sexual activities (such as the use of condoms, anal sex, oral sex), getting support when going for an HIV anti-body test as well as when receiving results, and feeling more in control of sexual situations.
- Addressing topics that may not be immediately related to HIV but which influence young gay men's responses to it. These include assisting young gay and bisexual men to: combat victimisation and bullying, improve their educational and employment opportunities, be better at managing money, and feel more comfortable with their physical appearance.
- Addressing topics in a variety of ways but maximising opportunities for face-to-face contact. Respondents stated that they had often been made to 'stop and think' about HIV and AIDS by other people. There may be great value in facilitating personal contact with people who are affected by HIV, with relationship 'experts' (such as agony aunts and uncles), with clinic staff (to make the testing process less worrying), with parents who have accepted their gay and bisexual sons, with teachers who are carrying out successful gay-related work in schools, with community police who are tackling violence against lesbians and gay men, with a range of 'lifestyle experts' (who could provide advice on employment, money management, physical appearance etc), and with celebrities who have taken part in documentaries or films with an AIDS theme.

4.1.4 Strengthening community action

There are a number of communities which young gay and bisexual men may relate to – both communities of interest and of geography. Respondents indicated that more could be done to strengthen reciprocal help and support, positive identity and trust among gay men. As important will be the support available to young gay and bisexual men from other young people (such as in schools, colleges and/or places of employment). A key aim here might be to look to ways in which social capital among the lesbian and gay communities could be improved. High levels of social capital – community trust, reciprocal help and support, a positive local identity, and high levels of civic engagement in a dense network of community associations – have been shown to be positively associated with the well-being of adults, young people and children (Aggleton & Campbell, 2000). Areas for action include:

- Identifying the best geographical distribution of services for young gay and bisexual men, as well as young lesbians. Many London boroughs provide local services for lesbian and gay young people. It is open to question as to the best balance between local provision and services delivered from a central London location. London Youth is already engaged in these discussions and could be a useful partner if HIV service providers wish to plan the best mix of local and London-wide HIV prevention initiatives.
- Addressing negative and stereotypical media images. These images have an impact on heterosexual as well as lesbian and gay communities and also often portray young people in ways that reinforce negative attitudes about them (Morrow, 1999). Future health promotion activities might involve work with young people's media (such as magazines and magazine programmes for children and young people). These activities could highlight the needs and concerns of young lesbians and gay men as well as portray their strengths in dealing with adverse circumstances. Partners might include editors and producers of young people's media, as well as the network of agony aunts and uncles that can be contacted via the Young People's Health Network at the Health Development Agency.

4.1.5 Re-orientating services towards prevention and health promotion

There is much that could be done to re-orient services towards HIV prevention and HIV-related health promotion for young people. For example, a major anxiety expressed by respondents here related to HIV anti-body testing. One respondent explained how his youth group had worked with a clinic to organise a trip to a GUM clinic to find out more about HIV testing. Due to this and the support of a friend, he felt more able to go both for the test and the result. Key aims in this area would be to improve the ability of services to address the HIV-related needs and concerns of young gay and bisexual men. Areas for action include:

- Working with primary health care groups and primary health care trusts to identify what plans they have to improve services for young people in general. Meeting the health concerns and needs of young gay and bisexual men, as well as young lesbians, should form part of service re-orientation.
- Working with staff in GUM clinics to arrange visits from lesbian and gay youth groups.
- Developing approaches to outreach and detached work that address the range of health-related issues facing young gay men.
- Sites in which outreach could take place include schools, general youth groups, gay clubs and bars, saunas, public sex environments, chat rooms and sites containing 'personal adverts' on the internet.

- Sites in which detached work could take place include lesbian and gay youth groups, clubs and bars (most likely limited to the provision of information).

The five broad areas outlined in the Ottawa Charter for health promotion (WHO *et al.*, 1986) can be used as a framework to develop a programme of work with young gay and bisexual men across London. However, given the way in which HIV prevention for gay men is currently commissioned and provided in London (see Hartley *et al.*, 1999), the further articulation and implementation of this programme of work is likely to need leadership. A task group could be set up for this purpose. It would go beyond involvement of HIV service providers and incorporate the expertise of those who work with lesbian, gay and bisexual youth, those who work to develop healthy schools, as well as those who work on sexual health with young people in general.

On the basis of current knowledge about the elevated HIV-related risks which face young gay and bisexual men, a London-wide programme for them should be planned, implemented and evaluated as a priority. Moving away from a single health topic towards a more holistic approach, and focusing as much on those factors which contribute to, as on those that detract from, young gay men's health, would do much to renew health promotion for this important and somewhat neglected group of young people.

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