



**ONCE IN A BLUE MOON:**  
Toward a Better Understanding of  
Heterosexually Identified Men  
who have Sex with Men  
and/or  
Preoperative Transgender Women


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and  
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## EXECUTIVE SUMMARY

### I. INTRODUCTION

- Human sexuality cannot be divided into discrete categories
- A discrepancy between sexual identity and sexual behavior is not uncommon
- Research suggests that heterosexually identified men who have sex with men (MSM) and their sexual partners are at some risk of HIV acquisition or transmission
- There is a need to explore the role heterosexually identified MSM play in HIV transmission

### II. METHODOLOGY

- The research goals were to better understand the social and sexual meanings of occasional sexual encounters with a male or a male-to-female (MTF) transgender for heterosexually identified MSM, and determine the HIV risks of these sexual encounters
- The study employed multiple qualitative research methods:
  - Formative Stage
    - ◆ Two focus groups ( $n=13$ ) with social service providers who work with heterosexual males, heterosexual females, and MTF transgender women
    - ◆ Semi-structured, in-depth interviews with key informants/community gatekeepers ( $n=5$ )
  - Process Stage
    - ◆ Semi-structured, in-depth interviews with study participants ( $N=31$ )
- Eligibility
  - Male, and identifies as heterosexual
  - Has had sex with a male or a MTF transgender at least once in the previous year

- Does not have sex with a male or MTF transgender more than once a month
- At least 18 years of age or older
- Los Angeles County resident
- Ability to conduct an interview in English
- Willing to provide voluntary informed consent
- Sample Characteristics
  - Of the 31 study participants, 61.3% were African American/black, 22.6% Caucasian/white, 6.5% Asian/Pacific Islander, 6.5% Latino, and 3.2% Native American
  - Ages ranged from 22 to 60 years
  - 90.3% had at least a high school education
  - Most were low income
  - 65.5% reported a history of incarceration
  - 58.1% reported current substance use
  - 19.4% were currently married; 41.6% had a current girlfriend
  - 58.1% were HIV infected

### **III. MAINTAINING THEIR HETEROSEXUAL IDENTITY**

- For many participants their first sexual experience with a male or MTF transgender was unsolicited, unwanted, and contributed to the creation of their adult sexual scripts
- Participants reported a variety of reasons for occasional sexual encounters with a male or MTF transgender including economics, convenience, sexual curiosity, recreation, release of stress, and failure to find a biological female partner
- Participants discussed their fully integrated heterosexual identity with comfort and ease

- Most participants stated that these sexual encounters were so incidental they did not require a reexamination of their sexual identity
- Participants used social and psychological strategies to split off and compartmentalize these sexual encounters. Those strategies included:
  - Depersonalizing their occasional sexual partner
  - Refusing to kiss, hug, look at, or talk to their sexual partner and leaving immediately after the sexual encounter
  - Separating from common stereotypical conceptions of gay lifestyle
  - Avoiding gay-identified venues
  - Identifying gay men and transgender women as “the other” and, therefore, “not me”
- Many did not take responsibility for their sexual actions, but instead placed responsibility on:
  - External reasons, including an argument with their wife or substance use
  - Internal reasons, including placing blame on the other
- Many attached a negative meaning to their occasional sexual encounter, expressing shame, guilt, remorse, or anger
  - Participants who reported they could control their sexual actions felt remorse
  - Participants who did not accept responsibility blamed others and felt anger
- For those who had strong religious convictions, the sexual encounters were “a fall from heaven” or a sin; these participants often prayed immediately following a sexual encounter
- The participants who had an occasional sexual encounter with a MTF transgender discussed the importance of maintaining the illusion of a biological woman
  - Some did not look at or interact with the transgender woman’s penis
  - Others enjoyed the sensation of a woman ejaculating

#### **IV. MOTIVATIONS FOR AN OCCASIONAL SEXUAL ENCOUNTER WITH A MALE OR TRANSGENDER WOMAN**

- Participants were motivated by the easy, uncomplicated nature of the sexual encounters; they allowed them to avoid male-female sexual politics
- Biological females were described as sexually, socially, materially, and emotionally demanding
- These occasional sexual partners were disposable, or easily discarded, and the sex was single-focused, free of intimacy, attachment, and obligation
- Occasional male partners were defined as “only a man;” occasional MTF transgender partners were defined as “not a real woman”
- Many participants were motivated by the experimental quality of the sexual encounter
- Participants enjoyed sexual activities that were novel, different, and viewed as too “kinky,” “dirty,” “rough,” or “dark” for their biological female partner
- The occasional sexual partner was viewed as exotic and thrilling
- For some, these sexual encounters were a function of their inability to find a biological female partner
- Biological females were perceived as unavailable or unattainable, whereas male or MTF transgender sexual partners were perceived to have lower standards and, therefore, willing to engage in a sexual encounter with someone a biological woman would reject
- These occasional sexual partners were a reliable second choice
- Those who did not have a current girlfriend or wife reported the desire for an ongoing heterosexual relationship, including a wife, children, and a home

- Some participants described having such sexual encounters while incarcerated, setting a pattern that continued after their release

## **V. SUBSTANCE USE, SEXUAL RISK BEHAVIORS, AND SEXUAL CHOICES**

- Participants who used substances reported that such use influenced their sexual decision-making, increased their sexual desire and risk taking, and decreased their inhibitions
- Substance use affected the type of partner they selected and the chosen activity
- Substance use increased the likelihood of exchange sex
- Most did not disclose their occasional sexual encounters with men/transgenders to their biological female partner
  - Disclosure threatened their heterosexual identity
  - Withholding helped them maintain their heterosexual identity, family structure, and social and familial relationships
  - Many felt that disclosing their occasional sexual encounters would terminate their primary relationship; they believed withholding the information was their only option
  - When directly asked by their primary biological female partner if they were having sexual encounters with a male or transgender, most participants reported that they would lie
- Among HIV-infected participants, most disclosed their HIV status to their primary biological female sexual partner; however, they did not disclose their HIV status to occasional sexual partners
- Decisions regarding condom use were generally made according to sexual partner type; most reported condom use with their primary biological sexual partner during vaginal and anal intercourse but no condom use with their occasional sexual partner

## VI. DISCUSSION, LIMITATIONS, AND RECOMMENDATIONS

- Discussion
  - These heterosexually identified men engaging in hidden sexual encounters were a heterogeneous group and ranged in ethnicity/race, marital status, socioeconomic status, educational attainment, and age
  - Participants employed psychological and social strategies to maintain their heterosexual identity
  - Intimacy was avoided by depersonalizing their occasional sexual partners
  - Occasional sexual partners were considered disposable and not integrated into the totality of their life
  - Many expressed shame and guilt immediately following these sexual encounters
  - Substance use increased the likelihood of having an occasional sexual encounter with a man or transgender woman
  - Disclosure of HIV status and discussion of condom use was minimal and inconsistent with their occasional sexual partner
  - Disclosure of HIV status and condom use was high with their primary biological female sexual partner; participants reported a sense of responsibility to protect their biological female partner but did not feel the same toward their occasional sexual partner
  - Distinct patterns in sexual activities were reported; they did not perform oral sex on a MTF transgender partner and rarely did so with a male partner; they were more likely to be the insertive partner during anal sex with a transgender rather than with a male partner (81.3% vs. 19%); almost half (42%) reported receptive anal intercourse with a male partner



- Sexual activity as well as condom-use patterns were based on partner type
- Given the degree of high-risk sexual activity with their occasional sexual partner, currently HIV-uninfected men could potentially seroconvert and unknowingly transmit HIV to their sexual partner(s)
- The term “non-gay identified” focuses on what these men are not, whereas the term “heterosexually identified men” refers to what they are; it is important to respect their chosen sexual identity
- Individuals feel they are culturally required to adopt rigid distinctions and static labels, which can lead to them engaging in behaviors they interpret as stigmatized as well as behaviors that involve increased risk taking
- Heterosexually identified men who have sex with males or MTF transgenders could potentially be a bridge in the diffusion of HIV and other STIs
- Limitations
  - The generalizability of qualitative findings is limited
  - Data were collected using a convenience sample
  - Many participants responded to a flyer posted at a social service agency or AIDS service organization; thus, the HIV seroprevalence of the sample (58.1%) may be higher than if a random sample could have been studied and should be interpreted with caution
  - Data were derived from self-reports; thus, some participants may have underreported or exaggerated certain experiences, and there is always a degree of misrepresentation with self-reported data
  - The study was limited by the characteristics of the sample

- Recommendations
  - The men in this study ranged in ethnicity/race, marital status, socioeconomic status, educational attainment, and age, and the motivations for their sexual encounters varied. Interventions targeting these men must be equally diverse as well as culturally and identity-appropriate.
  - The participants who had occasional sex with *either* a male or a MTF transgender differed from those who had occasional sex with a transgender *only*. Those who had occasional sexual contact with a transgender woman *only*, and navigated all interactions with her penis, had fewer conflicts regarding their heterosexual identity. HIV prevention interventions should target these two groups separately.
  - Previous studies have defined this population as “non-gay identified” or “behaviorally bisexual.” Both of these terms ignore the chosen sexual identity of these men. The first step in any effective HIV campaign is to honor and respect the population served. HIV prevention strategies and programs targeting this population should use terms such as “heterosexual” or “straight;” these heterosexually identified men should not be expected to participate in or respond to programs geared toward gay and bisexual men.
  - HIV prevention messages and HIV and STI testing and counseling can be incorporated into health exams at community fairs along with screening exams for less stigmatized health concerns such as diabetes and high cholesterol.
  - HIV prevention messages and agency recruitment ads should target venues such as health fairs, street fairs (not gay pride events), adult bookstores, the Internet, and churches. Other ideal avenues are bars that cater to heterosexual men but have either a “gay” night or a transgender show one or two nights per week. Napkins or match boxes are a non-

invasive manner of advertisement/recruitment. Discreet public service announcements on the radio and television could also be utilized.

- Many (65.5%) of the participants reported a history of incarceration; therefore, HIV prevention efforts should target men newly released from jail/prison.
- Information and educational messages could target the (biological) female partners of these heterosexually identified men as well as the gay and bisexual men and transgender women who engage in sexual encounters with them.
- As these sexual encounters are primarily hidden, individual health promotion counseling sessions that are generalized (i.e., not specific to HIV or STIs) may be a good approach for working with this population.
- The participants in this study were greater than their occasional sexual encounters. Interventions should examine the complexity of their life; the totality of their human experience should not be relegated to their occasional sexual encounters.



## CHAPTER 1

### INTRODUCTION

In 1948, Albert Kinsey published *Sexual Behavior in the Human Male*, laying the empirical foundation for research on sexual identities and behavior (Kinsey, Pomeroy, & Martin, 1948). In his groundbreaking study, Kinsey systematically and objectively divorced the union of sexual identity from sexual acts. Kinsey demonstrated with the Kinsey Scale (0 being *exclusively heterosexual* through 6 being *exclusively homosexual*, with a continuum of gradations in between) that regardless of how males identified, a significant percentage (37%) had engaged in “at least some overt homosexual experience to the point of orgasm” at some point in their lives. As Kinsey taught us, in his now famous “sheep and goats” statement, that human sexuality cannot be divided into discrete categories and that there is often a discrepancy between sexual identity and sexual behavior.

Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. Not all things are black nor white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separate pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sound understanding of the realities of sex (Kinsey, Pomeroy, & Martin, 1948).

This discrepancy between sexual identity and sexual behavior still exists (Ross et al., 2003), one example being that some men who identify as heterosexual engage in sexual encounters with other males or preoperative (i.e., having male genitalia) male-to-female (MTF) transgenders.<sup>1</sup> Recent data suggest that approximately 1.5% of married men in the United States have engaged in same-sex sexual activities in the past year (Fay et al., 1989). Heterosexually identified men who have sex with males have been referred to as “non-gay identified men who have sex with men” (MSM), or “behaviorally bisexual men.” Because they do not identify as gay or bisexual, these men tend to be understudied. Two of the classic studies on this population have been Humphrey’s (1975) ethnographic observations of men who identified as heterosexual engaging in sex with gay-identified men in public restrooms and Lever’s (1992) interviews with a small sample of heterosexually identified men who discussed their sexual experiences with other males.

Since Kinsey published his findings in 1948, the sexual landscape in the United States and globally has changed dramatically. HIV is now part of the human sexual experience, and as a result, sexual expression can lead to life-threatening consequences. The importance of studying a population of which little is known, but who may be at serious risk for either contracting or transmitting HIV, is increasingly evident as the rate of HIV infection among heterosexual men and women increases.

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<sup>1</sup> Throughout this report, the terms “biological female,” “biological woman,” or “woman” refers to an individual who was born with female genitalia, was identified at birth as female, and continues to identify as a female/woman. The terms “male-to-female transgender,” “MTF transgender,” “transgender woman” or, simply, “transgender” refers to an individual who was born with male genitalia, was identified at birth as male, but currently identifies as a female/woman. All of the transgender women referred to in this study were preoperative, male-to-female transgenders. More specifically, they identified as a female/woman but have not had genital reconstructive surgery and, therefore, possess male genitalia.

## **SEXUAL RISKS OF HETEROSEXUALLY IDENTIFIED MSM**

The limited data on the sexual risk behaviors of heterosexually identified MSM show mixed results. One study looking at beliefs, attitudes, social norms, activities, and risk behaviors of these men found that while reports of oral sex and mutual masturbation were most common, study respondents frequently reported unprotected anal intercourse in the recent past (Goldbaum, Perdue, & Higgins, 1996). A second study reported both risky behaviors and denial of risk among a sample of heterosexually identified MSM (Earl, 1990). Another study found that heterosexually identified MSM had significantly lower rates of condom use for anal sex than did gay-identified MSM (Centers for Disease Control and Prevention [CDC], 1993). The heterosexually identified MSM in the CDC study did not adopt behaviors to reduce their risk of HIV with the same frequency as gay-identified MSM. In yet another study of heterosexually identified MSM, findings demonstrated inconsistent condom use during anal sex with occasional male partners and during vaginal sex with occasional and primary female partners (Rietmeijer et al., 1998).

Other studies, however, have shown that heterosexually identified MSM have lower levels of sexually related risk practices than gay-identified MSM (Goldbaum et al., 1998). Some studies have shown that heterosexually identified MSM are less likely to have engaged in anal or oral sex in the previous 30 days, less likely to report being HIV infected, and as likely to use condoms as gay-identified MSM (CDC, 1993; Stokes, McKirnan, & Burzette, 1993). Another study showed that heterosexually identified MSM knew fewer HIV-infected individuals and reported fewer sexual partners than gay-identified MSM (Myers et al., 1995).

## **ASSOCIATED RISK FACTORS: SEX WORK, SUBSTANCE USE, AND RACE/ETHNICITY**

Research suggests that among heterosexually identified MSM, those who engage in sex work or substances use are particularly more likely to engage in risky sexual behavior than heterosexually identified MSM who do not engage in these behaviors (Morse et al., 1991). Heterosexually identified MSM who engage in sex work report an increased number of sexual partners, more frequent anal sex, and less frequent condom use during anal sex with occasional partners (Rietmeijer et al., 1998). Further, heterosexually identified MSM who engage in sex work *and* use illegal substances are less likely to use condoms during vaginal sex with their female sexual partners than other heterosexually identified MSM who do not engage in either sex work or substance use (Rietmeijer et al., 1998). Another study of heterosexually identified MSM also demonstrates that drug use is an important predictor of sexual risk, with a decreased likelihood of condom use and an increased likelihood of reported anal sex and multiple sexual partners (Lansky, Nakashima, & Jones, 2000).

In addition to sex work and substance use, racial and ethnic status is also associated with sexual risk among heterosexually identified MSM (Adimora & Schoenbach, 2005; Wohl et al., 2002). African Americans and Latinos represent 12% and 13% of the total United States population, respectively, but account for 50% and 18% of the new adult and adolescent HIV/AIDS diagnoses in 2004 (CDC, 2006a; CDC, 2006b). Some evidence suggests that African American and Latino heterosexually identified MSM are at particularly high risk for HIV because of the complex cultural and ethnic values and beliefs that may inhibit them taking risk-reduction measures (Mays, Cochran, & Zamundio, 2004; Miller, Serner, & Wagner, 2005; Williams et. al., 2004;



Wright, 1993). Expectations about masculinity and sexuality have influenced the health of heterosexually identified African American and Latino MSM (Icard, 1986; Icard et al., 1992). Given the increase in cases of HIV infection among African American and Latina females who report heterosexual contact as their only risk (CDC, 2006a; CDC, 2006b), the connection between race and ethnicity and sexual risk is of particular interest in minority communities. Recently, media attention has been directed toward African American heterosexually identified MSM. The term “down low” has been popularized to describe ethnic minority men who maintain a “straight” public appearance while secretly engaging in sexual activities with men (Asim, 2003; Boykin, 2005; Denizet-Lewis, 2003; Johnson, 2005; King, 2003, 2004, 2005; Sternberg, 2001; Vargas, 2003; Villarosa, 2004; ).

## **TOWARD A BETTER UNDERSTANDING OF HETEROSEXUALLY IDENTIFIED MSM**

Research suggests that heterosexually identified MSM are at some risk for HIV, as are their sexual partners (Doll & Beeker, 1996; Stokes et al., 1996), highlighting their potential as a “bridge” population, in other words, their presumed role in transmitting HIV from a population with high HIV seroprevalence (e.g., gay and bisexual men) to a population with low HIV seroprevalence (e.g., heterosexual men and women; Prabhu et al., 2004; Tabet et al., 2002). In Los Angeles County, the AIDS surveillance summary reports that the AIDS seroprevalence rate for the male heterosexual exposure category is 2%, and the AIDS seroprevalence rate for the female heterosexual exposure category is 37% (Los Angeles County [LAC], 2006). That heterosexual females are disproportionately at risk for HIV infection (17 times more likely to be

infected than their heterosexual male counterparts) highlights the need to further explore what role heterosexually identified MSM play in HIV transmission.

Clearly, sex between males is not limited to those who are gay or bisexually identified, yet HIV prevention messages and interventions typically target this group. Data suggest that heterosexually identified MSM may be less likely to respond to interventions directed toward gay and bisexual males (Goldbaum et al., 1998; Rietmeijer et al., 1998), and the degree to which they have embraced risk reduction and safer sex strategies that are targeted toward gay and bisexual males is unclear (Doll et al., 1992). Given that these men do not fall into standard exposure categories, there is a need to better understand heterosexually identified MSM: Who are they? What behaviors do they engage in? Who are their sexual partners? What is their level of sexual risk? What meaning do they derive from these encounters? This qualitative research study of heterosexually identified MSM who have occasional sexual encounters with males and/or MTF transgenders seeks to answer these questions and provide information to better address the HIV prevention and treatment needs of this hidden population.

## CHAPTER 2

### METHODOLOGY

#### STUDY OBJECTIVES

The goals of this qualitative research study were to (1) better understand the social and sexual meaning of same-sex (i.e., not same-gender) sexual behaviors for heterosexually identified men who have incidental or occasional sex with other men and/or male-to-female transgenders, and (2) determine the HIV risks of these sexual encounters. To address these goals, the following research questions were defined:

1. How do these heterosexual men define their sexual encounters with a male and/or a preoperative male-to-female transgender?
2. How often do these sexual encounters occur?
3. Under what circumstances do these sexual encounters occur?
4. What role do these sexual encounters play in their ongoing life?
5. Are these men involved in ongoing relationships with (biological) women?
6. Do these men vary along racial, ethnic, cultural, and/or socioeconomic status?
7. Is HIV status discussed and disclosed?
8. Are safer sex strategies negotiated?
9. If HIV infected, are these men aware of their possible role in further transmission of HIV?
10. If a heterosexual man becomes HIV infected, did his HIV seroconversion correspond with an incidental same-sex sex encounter?
11. Are these men aware of HIV-prevention strategies?
12. Does alcohol and/or drug use play a role in these sexual encounters?

## **METHODS**

This study utilizes qualitative methods to better understand the social and sexual meaning of same-sex (i.e., not same-gender) sexual behaviors and HIV risks of heterosexually identified males who have incidental and occasional sex with other men and/or male-to-female (MTF) transgenders. Qualitative research methodologies were selected as the most appropriate methodology for gathering data on this sensitive subject matter from a hidden and hard-to-reach target population. Qualitative methods are useful for understanding the meaning and behaviors of a specific phenomenon, particularly a phenomenon that relatively little is known about (Strauss & Corbin, 1990) and where the population is hidden and difficult to access. Heterosexual men who have incidental sex with other men and/or MTF transgenders are an understudied group of people. There is little knowledge of the sexual behaviors, rituals, codes, and values of this population. The sensitivity of the line of inquiry coupled with the difficulty of accessing these men for research purposes made using qualitative methods most suitable.

This study employed multiple qualitative methods, including: (1) focus groups with social service providers who work with MSM, heterosexually identified males, biological females, and MTF transgenders, (2) semi-structured, in-depth interviews with key-informants (i.e., gay men and MTF transgenders who have been the sexual partners of heterosexually identified males), and (3) study participants (the target population). Additionally, brief surveys to obtain sociodemographic data were administered to focus group participants, key informants, and study participants. (See Table 1.)

<b>Table 1: Methodology of Study Design</b>			
	<b>Target Population</b>	<b>Method</b>	<b>Sample Size</b>
<b>Formative Stage</b>			
Service Providers	Individuals Who Work with Heterosexual Men and/or Biological Women	Focus Group	6
Service Providers	Individuals Who Work with MTF Transgenders	Focus Group	7
Key Informants/Community Gatekeepers	Individuals with Knowledge of Study Participants	Semi-structured, In-depth Interview	5
<b>Process Stage</b>			
Study Participants	Heterosexual Men Who Have Occasional Sex with a Male or Preoperative MTF Transgender	Semi-structured, In-depth Interview	31

The interactive quality of focus groups is useful for evoking discussion around a particular topic. The focus group makes use of the group interaction process to obtain data that are difficult to capture with other research methods (Morgan, 1991). The group discussions that occur provide data that are not obtained easily through individual interviews. For example, in Morgan and Spanish's (1984) dialogue below, they discuss strengths of focus groups as a compromise between participant observation and individual interviews:

[Focus groups] allow access to the content that we are often interested in: the attitudes and experiences of our informants. As a compromise, focus groups are neither as strong as participant observation on the naturalistic observation of interaction, nor as strong as interviewing on the direct probing of informant knowledge, but they do a better job of combining

these two goals than either of the other two techniques. We believe this is a useful combination, and one which, for some types of research questions, may represent the best of both worlds. (cited in Krueger, 1988, p. 260)

Focus groups can be used to complement other qualitative methods (Morgan, 1991). In this study, focus groups were used to inform the development of specific questions for the in-depth individual interviews with both the key informants and study participants, and identify recruitment sites for key informants and study participants.

Unlike focus groups, which utilize group dynamics, in-depth interviews provide the researcher with personal data about an individual's attitudes, experiences, and behaviors. A semi-structured or unstructured interview is a “conversation” between the researcher and the participant, in which the participant guides the conversation (Babbie, 1992). Compared to structured interviews that follow a specific set of questions and line of inquiry, semi-structured and unstructured interviews follow the lead of the participant, allowing the researcher to learn the priorities of their social world.

Both of these qualitative techniques, focus groups and in-depth interviews, coupled with a brief quantitative survey administered to study participants, were employed to enhance the overall richness and comprehensiveness of the data.

## **STUDY DESIGN**

### **Eligibility**

The target population for this study was heterosexually identified men who have incidental sex with men and/or MTF transgenders. For the purpose of this study, transgender was defined as anyone who believed their biological sex was in conflict with their gender identity (i.e., their anatomy was male while their gender identity was female, regardless of their stage of gender transition). Inclusion criteria for study participants were: (1) male, and identifies as heterosexual; (2) has had sex with a male or a MTF transgender at least once in the previous year; (3) does not have sex with a male or MTF transgender more than once a month; (4) 18 years of age or older; (5) resides in Los Angeles County; (6) has the ability to conduct an interview in English; and (7) is willing to provide voluntary informed consent.

### **Procedure**

The Friends Research Institute, Inc., West Coast Institutional Review Board oversaw all research procedures and activities consistent with the Belmont Report. This research study consisted of (1) a formative stage and (2) a process stage. During the formative stage, two focus groups were conducted with social service providers and semi-structured, open-ended interviews were conducted with five key informants. The process stage included semi-structured, open-ended interviews with 31 study participants. (See Table 1.)

### ***Focus Groups with Social Service Providers***

Twelve social service agencies (AIDS Service Center, AmASSI Center, Asian Pacific AIDS Intervention Team, Being Alive, Childrens Hospital Los Angeles, East Los Angeles Women's

Center, Los Angeles Transgender Task Force, Minority AIDS Project, Palms Residential Care Facility, Van Ness Recovery House, The Wall – Las Memorias Project, and Women Alive Coalition) signed a Letter of Intent to enter into a Memorandum of Understanding to participate in the research study. Each collaborating agency was selected based on their knowledge of the target population and the research area. They agreed to post a flyer seeking participation by their program staff in a focus group to help the principal investigator design the questions for the key-informant and study-participant interviews and to help in recruiting key informants and study participants.

Service providers who work with transgenders were invited to participate in a focus group on May 7, 2002 ( $n=7$ ), and service providers who work with heterosexual males and/or biological females were invited to participate in a focus group on May 15, 2002 ( $n=6$ ). All focus group participants were given a Consent to Participate Form, which explained the purpose of the study and any potential risks of the study. After providing written consent, focus group participants completed a brief demographic questionnaire. Upon completion of the focus group, service providers were paid \$20 (all payments were in United States currency) for their time and effort. Each focus group lasted approximately 2 hours and both were facilitated by the principal investigator and co-facilitated by the field researcher. Both focus groups were audio-recorded. (See Appendix B.)

The purpose of each focus group was to identify the interview questions for both the key informant and study participant interviews, and to request focus group participants to post flyers for recruiting key informants and study participants. To this end, at the completion of each focus



group, the social service providers were given flyers for recruiting persons familiar with the target population. The providers were asked to post the flyers in areas that were accessible to program participants.

### ***In-depth Interviews with Key Informants***

Key informants were recruited through flyers posted at collaborating agency sites. Interested individuals were screened by the field researcher, who explained the basic design of the study and answered any questions the individuals had regarding the study. Those individuals who were both appropriate and interested were given an appointment to review the Consent to Participate Form and, if they chose, participate in an interview and complete a brief in-take survey. (See Appendix C.)

From May 31, 2002, to June 28, 2002, five key informants—two MTF transgenders and three gay men—completed an in-depth, semi-structured interview about their social and sexual encounters with heterosexual men. These interviews were instrumental in developing the line of inquiry and specific questions for the study participants as well as in identifying venues (i.e., bars, hotels, and agency sites) to place flyers for study participant recruitment. Upon completion of the interview, all key informants were paid \$30 for their time and effort. Interviews with key informants ranged from 1 to 1½ hours, and were conducted by the field researcher. The interviews were audio-recorded. No names or identifiable information was captured on the audiotaped interviews.

### *In-depth Interviews with Study Participants*

Potential participants were recruited through flyers placed in adult bookstores, sex shops, video stores, parks, restaurants, bars, hotels, and laundromats, and through agency referrals. In addition to the 12 agencies that signed a Letter of Intent, 30 additional agencies were contacted about the study and agreed to post the recruitment flyer. Recruitment materials referred interested individuals to a toll-free phone number. All potential participants were screened over the phone by the field researcher who conducted a brief conversation with the caller to inform him about the research project and answer questions regarding the study, and, if he was still interested, eligibility was then determined. If the caller was both interested in participating and eligible to participate, an appointment was scheduled to review the Consent to Participate Form and to conduct the interview. During the informed consent process, participants were told that the interview might elicit strong feelings. To address this risk, participants were informed that they could refuse to answer a question at any time and for any reason without being penalized, and that they could terminate the interview at any time. After providing written consent in the presence of the field researcher, study participants filled out a brief demographic questionnaire. Once consented, the semi-structured, open-ended, in-depth interview began. Interviews were scheduled at the participant's convenience, and although participants were given the option to select a location convenient to them, most elected to complete the interview at a research clinic site in Hollywood, California.

Interviews were conducted by the field researcher and ranged from 1 to 3 hours in length. Open-ended, semi-structured questions focused on study participants' sexual history, first and most recent sexual experiences with a male or MTF transgender, the meaning of their sexual

experiences with their female sexual partner(s) as well as their male and/or MTF transgender partner(s), how they meet and negotiate sexual encounters with their male and/or MTF transgender partner(s), knowledge of these encounters among their family and heterosexual friends, sexual risk behaviors with their female sexual partner(s) as well as their male and/or MTF transgender partner(s), their experiences with gay-identified social and sexual venues, alcohol and drug use, and history of incarceration. (See Appendix D.) Upon completion of the interview, all study participants were paid \$50 for their time and effort. The interviews were audio-recorded and transcribed by a professional transcriber who was bound to confidentiality. Each study participant selected a pseudonym for purposes of anonymity. Sampling was terminated when new study participants began providing redundant data and themes became repetitious.

To ensure coder reliability, a first-level coding scheme was developed by the principal investigator and a qualitative data analyst independently after each listened to the audio tapes, reviewed the transcripts, and written interview notes. Interview data were identified and classified by topic. After comparing codes and reviewing inconsistencies, a final thematic coding scheme was developed by which all transcripts were coded. The qualitative program ATLAS.ti<sup>®</sup>, a software program used for text-based coding and retrieval, was used to create a computerized database of the interviews. After manual coding, ATLAS.ti<sup>®</sup>, using key-word searches, assisted in theme development and code refinement. Quotes that best represented each theme were selected from the database for inclusion in this report.

In addition to the qualitative interviews, a brief demographic survey was administered to study participants at the beginning of each interview. This four-page instrument collected data on participants' age, racial/ethnic background, educational attainment, living situation, occupation, income, and HIV status. Additional information regarding the gender of their incidental sexual partner(s) (e.g., male, MTF transgender, or both), marital status, participation in sex work, incarceration history, drug use, sexual behaviors, and HIV risks were abstracted from the qualitative interviews and added to the quantitative demographic dataset for supplemental analysis.

### SAMPLE CHARACTERISTICS

Of the 31 heterosexually identified men who participated in this study, 61.3% were African American/black, 22.6% were Caucasian/white, 6.5% were Asian/Pacific

**Table 2. Demographic and Socioeconomic Characteristics of Study Participants, N=31**

Variable	% or Mean (SD)
Age	38.9 (8.4)
Race	
African American/black	61.3
Caucasian/white	22.6
Asian/Pacific Islander	6.5
Latino	6.5
Native American	3.2
Level of Education	
< High School Graduate	9.7
High School Graduate	41.9
Some College	41.9
≥ B.A.	6.5
Marital Status	
Never Married	58.1
Currently Married	19.4
Divorced	19.4
Widowed	3.2
Living Situation	
Alone	51.6
Family, Spouse, Children	29.0
Roommate	19.4
Income in Previous 30 Days	
≤ \$50	16.7
\$ 51-\$499	10.0
\$ 500-\$999	46.7
\$1,000-\$2,999	20.0
\$3,000-\$4,999	6.7
Ever Been Incarcerated	
No	34.5
Yes	65.5
HIV Status	
HIV Uninfected	32.3
HIV Infected	58.1
Don't Know	6.5
Refused	3.2

Islander, 6.5% were Latino, and 3.2% were Native American. Participants ranged in age from 22 to 60 years, with an average age of 38.9 ( $SD=8.4$ ). Ninety percent had at least a high school education; only 6.5% reported a bachelor's degree or higher. Almost one-fifth (19.4%) were currently married and another fifth (19.4%) were divorced. Slightly more than half (58%) had never been married. Half (51.6%) of the participants reported living in a rented house or apartment, and 32.3% reported either homelessness or living in a transitional housing situation (e.g., homeless shelter, inexpensive hotel). Half (51.6%) of the participants reported living alone, almost one-third (29.1%) reported living with a spouse, child(ren), or other family members, and 19.4% reported living with a roommate. Almost one-fifth (19.4%) reported earning

**Table 3. Sexual Behaviors and History of Sexual Abuse of Study Participants,  $N=31$**

Variable	%
Occasional Partner Preference	
Male Only	48.4
MTF Transgender Only	32.3
Both	19.3
Among Those who have Occasional Sex with Men, $n=21$	
Oral (giving)	14.3
Oral (getting)	19.0
Anal Insertive	19.0
Anal Receptive	42.9
Manual	4.8
Among Those who have Occasional Sex with MTF Transgenders, $n=16$	
Oral (giving)	-0-
Oral (getting)	6.3
Anal Insertive	81.3
Anal Receptive	12.5
Condom Use Among Those who Report Any Anal Sex (Insertive and Receptive) with Occasional Partner, $n=23$	
Always	60.9
Sometimes	30.4
Never	8.7
Ever Engaged in Sex Work	
No	58.6
Yes	41.4
History of Childhood Sexual Abuse	
No	71.0
Yes	29.0

between \$1,000 and \$2,999 in the previous 30 days. Just under half (45.2%) had an income of between \$500-\$999 in the previous 30 days, and 12.9% reported earning less than \$50 during

that time period. Almost two-thirds (65.5%) reported having ever been incarcerated. More than half (58.1%) of the participants were HIV infected. (See Table 2.)

Slightly more than 40% (41.4%) reported engaging in sex work (i.e., exchanging sex for money, drugs, shelter, or other material items) at some point in their lives. Almost half (48.4%) engaged in occasional sex with a male, 32.3% engaged in occasional sex with a MTF transgender, and 19.3% engaged in occasional sex with both a male and a MTF transgender. Twenty-nine percent reported a history of childhood sexual abuse. (See Table 3.)

Drug use was common among the participants, with 18 (58.1%) reporting current drug use, and 7 (23%) reporting former drug use. The most regularly reported drugs were methamphetamine, powder and crack cocaine, followed by marijuana. (See Table 4.)

<b>Variable</b>	<b>%</b>
Substance Use	
None	19.4
Current Substance Use	58.1
Past Substance Use	22.6
Among Current Users, Substance Used	
Alcohol	22.2
Powder or Crack Cocaine	16.7
Methamphetamine	16.7
Marijuana	11.1
Multiple Use	33.3

## CHAPTER 3

### MAINTAINING THEIR HETEROSEXUAL IDENTITY

#### CREATING SEXUAL SCRIPTS

While Kinsey's studies began a discourse on the diversity of sexual meanings and sexual behaviors, the theoretical concept of "sexual scripts" was not fully developed until 1973, when Gagnon and Simon published *Sexual Conduct: The Social Sources of Human Sexuality* (Gagnon & Simon, 1973). The concept of sexual scripts states that sexual behavior is learned rather than biologically inherent, i.e., sexual experiences become coded into an individual's sexual routine and, thereby, direct much of one's sexual behavior. Social/sexual components are learned at specific age periods and through significant agents (e.g., parents, peers, media). Thus, sexual scripts can be created from popular culture, familial situations, the environment, and an array of other stimuli (Simon & Gagnon, 1986). Many of the men interviewed in this study said their first sexual experience with either a male or MTF transgender was at an early age and the experience was unsolicited and unwanted. Yet, the experience left an indelible mark and contributed to the creation of their adult sexual script. Anthony describes how his current sexual script with MTF transgenders is, in many ways, an attempt to recreate his first, early sexual experiences.

*Anthony:* [She] was a friend of a relative of mine and [she] was doing babysitting jobs; my mother and father needed a babysitter. . . .At first I thought she was a real woman because by all appearances [she] was a woman. But [she] really wasn't. We used to call her Auntie Sue [a pseudonym] as my play aunt.

It became a regular duty for her to babysit us, and then one night she wanted to play a game. So, we played the game and the game turned into a sexual game. But me being as young as I was, and as ignorant as I was to sex—I was still a virgin—but I was also at the age where I was becoming curious about what I believed was the opposite sex. So she said, “I’ll give you twenty dollars but we have to play a game first. You have to take your clothes off.” . . . And then she took her clothes off, and then that’s what really messed me up. I didn’t see the male genital at first—all I saw was the breasts and the face and the hair. I was kind of excited. [I thought], “I’m fitting to get my first piece, and she’s a grown woman, and I’m going to tell all my friends.” But, when she pulled her panties down and I saw the male organ and it shocked me. She said, “Don’t be afraid, I’m still Auntie Sue, and you know I would never hurt you.” At first she was gentle and it kind of hurt. We had anal sex and we had oral sex. I was kind of confused afterwards, and it didn’t happen [again] for about maybe 6 or 7 months, and then I started thinking more and more about it. The next time, I approached her. I said, “Are we going to play another game?” This time she was a dominatrix type, and it turned me on. [Now] if and when I do have an urge to be with a transgender, it would be a transgender that’s like a dominant one, one that will dominate me. For the life of me, I just like to look at a woman and see a woman’s face, but to have a male organ with that, if you can understand that. . . . I was sexually molested by a transgender, and that’s probably the reason why every now and then I will go out, even though I have a girlfriend and we have a beautiful relationship. I like women but I also have a



certain attraction for men that have a woman's appearance. I guess it was because of the way that I was seduced into the transgender thing. It was just something that stuck in my psyche. . . .What I'm doing is I'm trying to recapture that first time that I had a transgender experience.

Another participant, Chuck, describes his first sexual experience with a male as being unpleasant and that the experience opened "a Pandora's box" for him.

**Chuck:** This guy always came to my house; we were always close. I went back and I was checking on my son, covering him. The next thing I know, he grabbed hold of me and told me he was going to, excuse the expression, fuck me. And my son's there. All this was going on, and I'm trying to holler. . . .He had his hand over my mouth, and he inserted, and the pain was terrible, it was horrible. Penetrated, yeah, penetrated. . . .And, that was the first time—it was terrible, it was terrible, but it opened a Pandora's [box], it was terrible.

The many participants who described their early sexual experiences with either a man or a transgendered woman recalled being the passive actors in these encounters. They did not initiate the sexual encounter and often described being naïve about the interactions until the sexual activity was far underway. However, these interactions contributed to the formation of their sexual scripts, and therefore continues to influences their adult sexual lives.

## MAINTAINING THEIR HETEROSEXUAL IDENTITY

In describing their interest in occasional male and/or transgender sexual partners, participants highlighted the benefits of these sexual encounters. Sixty-one percent were currently in a sexual relationship with a biological woman, i.e., an ongoing female sexual partner(s), and 42% were either currently or formerly married (19% were currently married). Yet, for a variety of reasons—economics, convenience, sexual curiosity, failure to find female partners—these participants also engaged in incidental sexual relations with other men and/or preoperative transgender women.

*Mark:* I've always said heterosexual men that have sex with men aren't really heterosexual because it's a contradiction in terms. But then again, I still classify myself as being straight. I guess because it's just the money thing, and not that I enjoyed it or anything.

*Jason:* When I've done it with guys, it's been more of a frustrated substitute. Like if I wasn't getting any for some reason. If I'm super horny, and if I haven't had sex with my wife, whether she's on her period or we're fighting or whatever. And I go out and that's when the real stress releaser aspect of it comes out. And, in fact, the two times that I've done it in this year have been at those times where it's been a stress release, combined with being real horny.

**Terry:** If they want to penetrate me it takes a lot of money, at least a hundred bucks, because I don't get penetrated. I hate that. I hate that. But I've done it for money. I've done a lot of things I hate for money.

Conventional wisdom states that a male who has sex with both males and females is labeled as bisexual. However, as stated earlier, "bisexual" is an identity that one most choose to adopt and, if one does not adopt a "bisexual" identity, yet engages in sexual activities with both males and females, there appears to be a discrepancy between that individual's identity and sexual behavior. All of the males in this study, despite varied sexual behaviors, identified as heterosexual, and most discussed their heterosexual identity with complete comfort, ease, and as a fully integrated part of their life.

**Keith:** I prefer a woman. . . . I'm not gay. . . once in a while I'll try it, but not often.

Most of the participants in the study felt their sexual encounters with other men and/or MTF transgenders were so incidental that they did not require a reexamination of their sexual identity.

**Jason:** In my upbringing, in my faith, I believe it to be wrong. But my body sometimes just wants what it wants. And that's why I haven't done it often, or it's not a regular thing, [not] enough for me to consider myself even bisexual. And the times that I have, I've been out and about, and just

something would happen, I go to a bookstore or something and bang,  
bang, boom, so to speak.

Although Jason states that “just something would happen,” he doesn’t acknowledge that going to a bookstore known as a venue where gay men have sex places him in a situation where gay sex could take place. Additionally, Jason comments that after he has sex with a man, he tells himself that he doesn’t need to do it again, which speaks to his ambivalence about his same-sex sexual relationships. Similarly, Tony defines “bisexual” as an individual who has sex with both men and women “as much as possible,” and since his sexual encounters with men are infrequent, he maintains his heterosexual identity:

**Tony:** A bisexual person has sex with both people, both sexes as much as possible, I would say. I’m not having sex every day, or every other day, with a man.

Humphreys (1975), in the classic *Tearoom Trade*, was the first to focus on the “homosexual” experience rather than the “homosexual” person. Humphreys observed same-sex sexual encounters of men in public restrooms, followed these men to their cars, recorded their license plate numbers, obtained their license registries, and located their residences. Humphreys and his research assistants went to the homes of the men observed and interviewed them and their wives about completely unrelated topics. Humphreys’ research discovered that, in apparent contradiction to the homosexual behavior of these men, many were married and identified as heterosexual. Furthermore, Humphreys learned that the heterosexual men in his study defined

their sexual encounters with other men as recreational, not sexual. Similarly, Talon equates sex with a man to a game. Some individuals engage in a sport to relieve stress; he will occasionally engage in sex with another male.

**Talon:** Number one, games are intended for recreation, to some degree. . . . But ultimately we all play games to relieve stress and to alleviate anxiety and things like that, we really do. . . . And like, some days when I'm aggravated or got a particularly hostile feeling or whatever, you want to play a game that's hostile to a degree, so that you don't feel like you're out of line. And that's how that went.

For Talon, a same-sex sexual encounter relieves stress and alleviates anxiety. Furthermore, the hostility that he brings to his same-sex sexual encounters helps support his heterosexual identity. Similarly, Paul, below, defines his sex with other men as “companionship” and not sexual. Therefore, since a “sexual” label is not attached to the activity, the sexual encounters do not threaten his heterosexual identity. Paul, 22, has been with his girlfriend since he was in high school. He states that he has sex with other men occasionally for companionship, recreation, and to have fun; but, he adds, he will only do so while he is young.

**Paul:** [A]s far as my sexual preference goes, as far as males, it's a companionship thing, it's not sexual. Ninety, a hundred percent of the time, me and those people, we have the same aspect on life—like building goals for yourself, doing things. . . . I don't consider myself being a gay, or

being a bisexual because I'm not a labeled person. But I do enjoy people and I do have sexual intercourse with men, but I won't let it interfere with my lifestyle or my getting ahead in life. Because I'm too young for that.

According to Paul, he does not need to reassess his sexual identity because he has a complete understanding of who he is. He knows that, although he occasionally has sex with other men, he is heterosexual. He is able to enjoy sex with other men without the need to adopt a gay or bisexual label. Same-sex sexual encounters complement who he is without challenging his identity. One of the strategies used by the participants to protect their heterosexual identity is to use terms such as "man-on-man" sex to describe these encounters; they never use the term "gay" when describing these encounters.

Forty-one percent of the participants discussed engaging in exchange sex with other men, which was commonly referred to as "gay for pay." These participants often voiced displeasure with these same-sex acts, but rationalized the necessity of them. As Talon below states, his penis doesn't know the gender of the person performing the sexual act.

***Talon:*** You could see this dude's head bobbing and you're looking at the back of his head thinking, yeah, yeah, yeah, yeah. . . .And it started feeling a little good, and then it felt a little bit better, and so on, and so on. And then I screamed, you can keep the money, just suck it. I just closed my eyes and said [to myself], "My penis doesn't really know, my penis doesn't really know."

Phillip acknowledges that in most cases, a person's sexual acts define who he or she is; however, he states this is not true in his case. Phillip maintains a heterosexual identity even though he occasionally has sex with a male or transgender woman.

*Phillip:* A true woman, a real woman that has been born a woman—if [she] were to lose [her] boyfriend or husband, [she] could say, “Well, I lost him to a girl.” But for a man to go to another man, it's like, shhw . . . because some people feel because you do that, then that's what you are. Some feel that's what you want to become. And, needless to say, I didn't become neither one.

### **Splitting Off and Compartmentalizing Sexual Encounters with Men/Transgenders**

Most of the participants in this study separated their occasional sexual encounters with men/transgenders from all other aspects of their lives. Not only did they hide these activities from their ongoing female partners, but they also used social and psychological strategies to split off and compartmentalize these relationships from every other aspect in their life. Many were able to do this by depersonalizing their occasional sexual partner. Many refused to kiss, hug, look at, or talk to their sexual partner and ended the encounter immediately following sex. Bernardo explains that when a sexual partner tries to start a discussion, he replies in a harsh tone, “Shut up and fuck.” Below Tony describes how he tries to have as little interaction as possible with his male sexual partner.

**Tony:** When it's over, I don't want to look at them no more. Get out of my house; you got to go. It was a nice experience, [but] I got things to do. I don't know what you've got planned, but you've got to get out of here.

Jay's strategy is similar to Tony's:

**Jay:** Once the act is over with, there's a sense of relief . . . . And then my head goes to, "How fast can I get this person out of my house?" It's mean-spirited but, you know, it's over with, and the person usually knows I'm not into no relationship.

Hector separates his sex with another man into an isolated part of his life. He accomplishes this by not interacting with his sexual partners outside of the sexual encounter. He does not talk to them, and he is very clear that he does not want any kind of involvement with them. He states that if anyone questioned him, he would deny ever having sex with another man. Like Tony and Jay, Hector also limits his contact with a male sexual partner.

**Hector:** He wanted to talk during the time. "Shh," I said, "Don't talk. Just do it." I don't like them to talk; it takes away from it. I can talk to myself . . . . Number one, I'm not there to have a conversation. I'm not going to take you out to dinner, I'm not going to invite you to my home, I'm not going to take you around my family and friends. I'm not going to do shit, so then why should we talk?



Another common strategy these men have for splitting off and compartmentalizing these encounters is to separate their occasional behavior from common stereotypical images of a gay lifestyle. Thus, the majority (65.5%) avoid gay-identified venues such as gay bars and clubs.

**Jim:** I feel as though if you go to [gay] clubs that you're gay. And I don't even want to be associated or even acknowledged being gay. So I don't go there, I don't go. Because gay clubs, if you go in there, you've admitted openly, "Hey, I'm gay. I'm a fucking faggot, I'm a sissy."

As heterosexually identified men, many of these men are not embedded in a gay culture. As such, they were unfamiliar with commercial sex venues or public sex environments. In their discussions, it became clear that most did not know that there are specific institutions or locations where men go to engage in sexual activities with other men.

**Sam:** I didn't know what bathhouses was until somebody told me. I said, "What is it? A house you're going in to take a bath or something?"

As Berkeley notes, splitting and compartmentalizing can be easy. He accomplishes it by simply separating the different aspects of his life:

***Berkeley:*** It's easy to just separate yourself, that's all. You don't put your friends together with the other part of your [life]; it would be very discomfoting.

For most of the participants, separating and compartmentalizing their occasional sexual contacts was common. Emotionally this was accomplished by depersonalizing their male or MTF transgender sexual partner, separating these sexual encounters into an isolated part of their life, not discussing these encounters with others, and not visiting gay-identified establishments. Psychologically, this was manifested as a demonization of gay life and identification of gay men as “the other” and, therefore, “not me.”

#### **TRANSFERRING RESPONSIBILITY: BLAMING PEOPLE, PLACES, AND THINGS**

Many of the participants did not take responsibility for their sexual actions, stating that their occasional sexual encounters were not their fault. External or internal reasons, events, or situations were described as the cause of these sexual encounters. External reasons for occasional sex with a male or a transgender woman included that it was the result of an argument with their wife, the unwanted consequence of drug use, undesirable behavior that occurred in a certain venue, or unemployment. Internally, a lack of self-responsibility led to placing the responsibility onto “the other,” their occasional partner or their wife/girlfriend. For example, the participants did not consider a MTF transgender to be a real woman; therefore, they did not feel they should be held responsible for these sexual encounters. In the following quote, Bernardo blames a bathhouse, which is located in a particular neighborhood in Los Angeles, for his sexual actions and HIV infection. Later in the interview, Bernardo blames methamphetamine.

**Bernardo:** [Bathhouses] should be outlawed. Absolutely. If that bathhouse wouldn't be in [geographic location in Los Angeles] back in my early years, I wouldn't be here, where I am.

Jason's pattern is to have occasional sex with a male in an adult bookstore; however, unlike Bernardo above, Jason does not blame the venue. Rather, Jason holds his wife responsible for these encounters. For Jason, these sexual encounters happen when he is angry with his wife and, therefore, his wife becomes the responsible party.

**Jason:** When I questioned myself, when I was finished and I said, "Now why did you do that? You said that you weren't going to do that, why did you do that?" And then I thought about it and I was like, "Well, I was pissed off at her, and I was horny and so forth." None of them are really good excuses, but they were reasons.

For Derrick his unemployment is responsible for his occasional sex with another male:

**Derrick:** I have to do it because I'm not working right now. It's mainly just to support myself. It's like a job.

Many participants explained that, from their perspective, sex with a male or a transgender woman was not their fault. A fight with their wife, a drive past the bathhouse, or the use of

alcohol and/or drugs was to blame. Or, as others noted, there was no need to accept responsibility because sex with a male or MTF transgender was not considered equivalent to sex with a biological woman and, therefore, did not count and did not require an explanation.

### **Slipping into “The Dark Side:” Discomfort and Struggles with Their Sexual Choices**

Many of the men in this study expressed shame when discussing their sexual encounters with a male or a transgender woman. Typically, they said that when they initiate a sexual encounter with a male or a transgender woman, there is an initial rush of excitement about the adventure; however, immediately following the sexual encounter they feel guilty and ashamed.

Phillip, who engages in occasional sex with transgender women, states that immediately following the sexual encounter, he feels depressed and angry. He believes that sex with a transgender woman is less optimal than sex with a biological woman. These sentiments are revealed by his comment: “I know that I wasn’t put here for that, or to do that with another person other than the real thing.”

*Phillip:* What I like least about sex [with a transgender] is that after I do it I realize, what the fuck, you ain’t no woman. . . .As soon as it’s all over and done with and the feeling’s over with, then I look and I say, “Damn, what’d I do?” That’s what I like least about it because it’s just for a half a minute, a half a second, or maybe like two, three minutes. When I look at it, it’s like I went through three minutes of pleasure, and it was good. Then I say, damn, I gave up three minutes of myself and to a person that’s not

even a real thing. I become depressed about what I did. Then I become angry at myself.

Similar to Phillip, Howard states:

**Howard:** I would generally go down and suck her dick for a moment. But I don't like it, but just go and do it for that moment. But I can't keep on doing it like the transgender would do me. Thirty seconds, twenty seconds, twenty, thirty seconds, not long at all. Because it hits me that I'm sucking a dick. But by that time I'm so in heat, and want to make her happy. I guess I just want to see what it feels like. And I like it for this short moment. I like it, and that's why I do it, but then it hits me, "You're sucking a dick," and then I stop.

Bernardo refers to his sex with a male as the "dark side" and describes sex as a dichotomy between dark versus light. Bernardo uses words such as "guilt" and "shame" to describe sex with a male. Similar to Phillip's experience, Bernardo's "guilt" and "shame" strikes immediately following the sexual encounter.

**Bernardo:** The dark sides are that certain behaviors that occur, [they] have a stigma of shame attached to them. And a lot of times this shame, it does not come at a time of the act, but rather afterwards. And they bring a lot of guilt, a lot of it.

Bernardo continues to state that he believes sex with another male is “wrong.” Additionally, even though Bernardo equates the progression of the sexual encounter with an “avalanche,” he also states that he could control it. However, since these encounters do occasionally occur, and he doesn’t control or stop them, he feels tremendous remorse when they are over. Bernardo, who occasionally goes to a bathhouse to have sex with other men, has not told anyone about these sexual “outings.”

**Bernardo:** It’s just like a secret part of me that I don’t let surface that often. I get a lot of guilt. It’s like this dark thing, it’s real, it’s part of me. I can’t deny it, but it’s something that I’d rather suppress, and there’s certain elements that bring this shameful part out. And once it’s out, it’s just like a mixture of adventure and excitement and maybe that gives it an extra boost because you know you’re doing the wrong thing. But once you [start], it’s like an avalanche. Once the ball starts running, everything goes. It’s not like I can’t control it because I could, I could easily. Maybe not easily, but I could, I could always stop, but I’ve done it. And it comes out rather often.

**Q:** Is it important for you to be able to say you’re a hundred percent straight?

**Bernardo:** Very much indeed. That’s why I go to great lengths to keep this dark side of me totally, totally private. I don’t share this with anyone. I just do it in outings—quick, quick outings. And even when I’m in the

bathroom I'm trying to stay within my room or just expose my ass when I need to get busy. I go to the shower, and it's like I'm a magnet for perverts. I'm there for two minutes, and I have a crowd of guys coming after me. That's precisely the way I believe that this place is a horrible place for perversion and it's just total decadence.

For Fred, the terms "dirty" and "disgusted" are used to describe his feelings after sex with a male. Consistent with the comments of other participants, he does not like to kiss or hug his occasional sexual partner and, as soon as the sex is over, he leaves or asks the other person to leave.

***Fred:*** Sometimes after I have sex with a male I feel dirty. I don't want it. If a person starts hugging me, I don't like it. I just feel dirty sometimes. I'm disgusted with myself.

Howard is overcome with a sense of "pity" immediately following his sexual encounter:

***Howard:*** At some time I felt shameful. I can remember what hit me was that I just fucked a man. And after I get my nuts off, I feel all pity inside. I get upset at myself.

The terms used by the participants, "shame," "guilt," "dirty," "disgust," or "pity," all attach a very negative definition to the sexual encounter. One group of participants felt they could

control their sexual lapses, took responsibility for their actions, and, therefore, felt a deep sense of remorse following their sexual transgression. However, another group of participants did not accept responsibility and blamed others. This group, rather than feeling remorse following the sexual encounter, felt anger. Both groups discussed feeling tortured as a result of their sexual encounter and, therefore, never or very rarely discussed these sexual acts with their heterosexual friends and family members. The participants described hearing disapproving comments from friends and family about gay men and gay politics and, therefore, worked to hide their sexual encounters.

**Q:** What would you say if your heterosexual friends told you they had sex with men?

**Hector:** I would say that's fucked up. I'd say, "I don't want to hear about that." I'd tell them, "That's sick." I'd say, "I don't want to talk about that." I'd say, "Why are you telling me that?" I'd say, "That's your business, whatever you do, it's okay, but I don't want to hear about it." But I would never own up to a thing like that. And I think it would be absolutely horrible if anybody found out that I have fantasies [about men]. I would never want anybody to know that I have sex with women, and then I go home and like block them out and put a man in their place.

As Terry below comments, the guilt resulting from his occasional sexual encounters with other men haunts him. He states that he "hates" the fact that he has had sex with another male and, thus, would never discuss it with a "homeboy."



*Terry:* It's hard for me to deal with the fact that I screw men. It's hard for me to deal with that. I don't talk about it. I don't deal with it. Even with my homeboy up there. He knows I go to [geographic location in Los Angeles County] but we don't discuss it. It's a hard issue for me to talk about because I do consider myself straight. I want to do it less, the sexual side, so I don't have to talk about it anymore.

For these heterosexually identified men, their hidden sexual encounters with another male or a transgender woman are relegated to a private section of their lives. They are not discussed with family, friends, or colleagues. Although a few did disclose to their girlfriend or wife that they occasionally had sex with another man, these disclosures were usually placed in the past tense such as, "I used to . . ."

### **STIGMA: "DIRTY," SAD," "SICK," AND "DEVIL POSSESSED"**

Due to strong religious beliefs, either a current belief system or one from their upbringing, some participants deeply believe that their sexual transgressions are wrong, and so they seek forgiveness through prayer. For these participants, a stigma is attached to gay sex. This is similar to the participants who believe they have entered the "dark side," with the exception that, for these participants, there is a religious component connected to their shame. Thus, they pray for forgiveness and ask for God's help.

## **Religious Impact**

For some of the participants who described strong religious convictions or a strong religious upbringing, shame or guilt based on religious principles was a part of their internal struggle. These participants described their occasional sexual encounters in more religious terms, such as “a fall from heaven” or a sin. There were also participants who did not express shame or guilt regarding their sexual encounter(s), but did use prayer to ask forgiveness after their transgression.

*Sam:* I don't think about it [sex with a MTF transgender] at the time because everybody falls. Ain't nobody perfect in this world. [Having sex with a transgender woman] is a fall or slip from heaven.

*Donnell:* [After sex with a male] I always say, “Forgive me, God, because I know this is wrong. But I've already sinned and here's to good sex.” [With] sex with men, you are sinning, according to the Bible. But I always say, “Forgive me, God.” . . . I'm sorry, I confused it all up. I say that every time I have sex with the same sex. “I'm so sorry.” I just think about the sin. I think about what has been written; that's why I always apologize. “Just please forgive my sins, that's all I ask.” That's all I can ask. And if it's wrong, please give the strength not to repeat these sins again.

**Q:** How do you deal with the contradiction of having sex occasionally with men and your religious beliefs?

**Jason:** . . . I go into prayer, you know, and I ask forgiveness for it. I confess that I did it. And in my beliefs, I feel it's wrong and I say to God, "I'm sorry, I know it's wrong. I know you don't want me to do that, but I did it. I'm not offering you any excuses, I did it. Just forgive me please."

These participants commonly defined their occasional sexual encounters in negative terms. Although a few felt comfortable with their sexual choices, it was not uncommon to attach a pejorative term or meaning to these encounters. The stigma of these sexual encounters was intensified for the men who viewed their "dark side" from within a religious belief system.

### **THE ILLUSION OF A [BIOLOGICAL] WOMAN: SEX WITH A TRANSGENDER WOMAN**

Many of the participants expressed a desire for a feminine-looking MTF transgender, which helped them maintain the illusion that their transgender sexual partner was a biological woman. Participants who engage in occasional sex with a transgender woman explain how the illusion of a woman is easily created and maintained. Many MTF transgenders have had "top" surgery, i.e., breast augmentation, as well as cosmetic facial surgery including implants (lips and cheeks), rhinoplasty, and a tracheal shave. This feminization process facilitates the illusion of having sex with a biological woman, i.e., a woman with a vagina, for these heterosexually identified men.

**Joe:** And it has to be a beautiful, beautiful transgender for me to go there. They've got to be exceptional. No signs of manliness whatsoever, none. The only way you can even tell that they're men is by looking inside their underwear, that's it. Everything else has to be extremely feminine. No big hands. No Adam's apple, nothing.

**Howard:** It's just the beauty. It turns me on that a man can look so beautiful like a woman, with the breasts, with the hips, with the big butt, nice legs, dressing nice. I just get excited. I look at her like she's another woman. But I know in my mind that she's not, but it's just the excitement of how she looks. And that's what turns me on. . . .A fantasy that's come true. It's just a fantasy to me. The beauty of it—how they make their self up to be a woman, and I like that. Because they do a good job. If they make themselves up and the job is not good, then it's not appealing to me. It's the same as being with a man, but knowing he's professing himself as a woman. The excitement of it is because he's transformed from a man to a beautiful woman, and I like that, and that turns me on.

In lieu of a biological female sexual partner, some of the participants would compromise their sexual choices for a feminine-looking MTF transgender sexual partner. In this situation, the participants also stated that it was important to maintain the illusion of a woman. Their sexual behavior, i.e., having sex with a person who has a penis, was reconciled by imagining the transgender woman as a biological woman. Thus, for these participants, a hierarchy of sexual

partners was established as ideally a biological woman, then a transgender woman, and finally a male. They described fantasizing that they were having sex with a biological woman.

*Vince:* The oral sex, that is about the best about it, and then he was guiding me into him, and his breasts were somewhat enlarged. It was like I was actually, felt like I was having sex with a woman.

Josh maintains his heterosexuality by stating, in reference to his occasional MTF transgender sexual partner, “It’s not like messing with another man.” Thus, Josh separates sex with a transgender woman from sex with a male by believing that sex with a MTF transgender is different from sex with a male. For many of the participants who had sex with a transgender woman, these encounters were a substitute for sex with a biological woman. Therefore, even though the preoperative transgendered woman has male genitalia, Josh embraces her female identity, which helps him to integrate sex with a transgender into his life.

*Josh:* I let my friends know because I ain’t ashamed of what I do, and I know [I] have friends that be curious but are scared to say anything. I’m a person that ain’t ashamed to talk or let somebody know. So I told them and I don’t know if they went and did it or not. I can’t say if they have or haven’t, but I let them know that it was all right, and it ain’t like you’re messing with another man.

Although some of the participants maintained the fantasy that their transgender sexual partner was a biological woman, still others were sexually aroused by the fact that “a woman” could ejaculate like a man.

### **Screams Like a Woman, Cums Like a Man**

Seemingly contradictory, some participants enjoyed the fantasy of a woman ejaculating. They were stimulated by the fact that “a man could look like a woman,” and they were attracted to her beauty.

*Anthony:* [I like] the way that they can sound and act like a woman at the time of orgasm. It’s a heightened experience for me sexually. It’s a trip to be looking up at [a] woman, and see a woman’s face and then hear her sound like a woman that’s sexually excited, but to cum as a man. I like that.

### **Navigating Her Penis**

For those participants who maintain the illusion that their transgender partner is a biological woman, it is very important for the transgender sexual partner to hide her penis. For these men, interacting with a transgender’s penis, or even looking at her penis, ruins the illusion.

*Jay:* When I’m dealing with the transgenders, a lot of them still possess their penises. So, that’s kind of like a turn off for me. But most of the time, I’m doing it from the back anyway and I don’t particularly care to

see it. . . I won't participate, if a transgender still has his penis and whatnot, I won't play with the penis or whatever. . . I won't participate and put my mouth down on [her penis] no nothing.

**Terry:** Now a transgender, I guess it's the illusion of a woman. I've found myself, sometimes affectionately drawn to them. I could hug a transgender woman and feel okay. Whereas with the man I can't. Even in the sex part with transgender women, when I'm with them I don't even want to see their penis because then it totally would mess up my thing I've got going on in my head, however strange that is. . . I think with the transgender, they give me that woman thing. I think also because they want so much to be accepted, I think they really cater to me.

Later in the interview, Terry continues:

**Terry:** It was intense for me. We had started doing it doggie style, and apparently she had began to masturbate as I was screwing her. And right after I came, I guess she came too. And, that was weird for me. It was kind of weird for me because it took away from the whole illusion thing that I was looking at, which was important to me.

Jim, below, tells a narrative of how a transgender woman maintained the illusion of a biological woman by working with him to maintain the illusion. According to Jim, he keeps the illusion by never looking at or interacting with her penis.

**Jim:** I said, “Well, I just want you to suck my dick.” This person [said], “Oh, okay, sit back,” and undid everything for me, my pants loose, my trousers down, and began to suck my dick. And I’m actually watching him suck my dick and it’s like a man, but he’s sucking my dick. And his face, it looks like a woman now. The more I imagine him being a woman, the more he even looked like a woman, and this was a real female now. But as he was sucking my dick and he’s even moaning and making those noises that a female would, so it’s like he’s into it and I’m into it. My mind is in high gear now, and this is just the tip of the iceberg. I want to know what it’s like to actually fuck him, you know, another man. But I don’t want to look at him like another man. I want him so I can feel good about myself, I want to look at him like a female, what he is. He’s a woman. But in my right mind I know he ain’t, but in my fantasy mind he is a woman. And that’s the way I want to leave it. He’s sucking my dick and was looking up at me, and I’m looking at the look [in] his eyes and it’s like I see lust there. I see the looks that I actually get from a real female and it almost scared me. . . .So I was trying to hurry up and maintain my composure and what I set out to do, just actually satisfy my curiosity. What would it be like to stick my dick in this man’s ass? But



still make it acceptable even in my mind that that's not a man, that's a woman, you know what I'm saying? And as long as I was able to look at him like that, I was able to go with it, to carry out this mission. . . .I started touching him on the ass. And he's like, "You want this?" And he was calling it pussy. And the more he called it pussy, the more I wanted that pussy. And so I said, "Yes, I do." So he was like, "Well, go ahead, go get a towel." I went and got a towel. And then I came back and he had on nothing but his little bikini underwear. But I couldn't see his penis, it was tucked or whatever, but it wasn't there. And I wasn't trying to see it because I was trying to keep the illusion that this was a real female. And, the way he just did everything, it wasn't hard for me not to imagine, because I never, I never seen the penis. And he had little nipples like, like little titties was growing and it was like, I mean, the look, he was a female. So, with the towel he was able to conceal himself and lay back, fix the pillows. He did all of this stuff like the women I'd been with would do, like getting everything ready. And I stood there, you know, I'm butt naked because I'm dumbfounded. I'm like, what the fuck do I do? Like I'm a virgin, and what's going on? Once he threw the towel over him, concealing himself, and put his legs up and it was like, come on. I'm like fucking him like a real woman, but I didn't want to look down there.

Although these men fantasize that they are engaged in a sexual encounter with a biological woman, they are aware that they are having sex with a biological male, a person with a penis.

Most of these men knew to use a female pronoun when talking about a MTF transgender sexual partner, and some referred to the transgender woman's anus as her "pussy," which is a term commonly used among street transgenders. Adopting the word "pussy," which historically has been the vernacular for a woman's vagina, to mean a transgender woman's anus, helped to maintain the illusion that she was a biological woman. The description of these cultural references indicated that these participants were familiar with the transgender lifestyle and culture.

For many of the participants who only have occasional sex with a transgender woman, it is extremely important to their heterosexual identity to maintain the illusion that they are engaged in a sexual encounter with a biological woman. This illusion is true for both the participants who enjoy interacting with a MTF transgender's penis and for those for whom it is important to avoid all contact with her penis.

## **CHAPTER 4**

### **MOTIVATIONS FOR OCCASIONAL SEXUAL ENCOUNTERS WITH A MALE AND/OR A TRANSGENDER WOMAN**

Participants discussed their sexual interest in occasional male and/or MTF transgender partners, and their motivations for selecting such partners. Some participants maintained that they deliberately sought male and/or MTF transgender partners because they wanted to avoid the sexual politics of male-female interactions, which make finding a partner labor-intensive, expensive, and complicated. They were motivated by the easy, uncomplicated nature of sexual encounters with males and/or MTF transgenders, and by the sexual experimentation that took place with these partners. Others, however, argued that their sexual encounters with males and/or MTF transgenders were by default, rather than deliberate. They described these pairings as a “second-choice” option when female sexual partners were unavailable or perceived as unattainable.

### **AVOIDING MALE-FEMALE SEXUAL POLITICS: EASY, UNCOMPLICATED, DISPOSABLE SEX**

Several participants claimed that male-female relationships were taxing and voiced displeasure with the complications of male-female sexual politics. Tensions and expectations, they explained, were inherent in heterosexual interactions, and biological females were sexually, socially, materially, and emotionally more demanding than an occasional male or MTF transgender sexual partner. Some claimed that biological females were more likely to “play games,” “beat around the bush,” and “bring baggage” to a sexual encounter than a male or MTF transgender sexual partner, and were decried as emotionally “controlling” and “devious.” Some

participants stated that biological women “nag,” “demand,” and require increased obligations sexually, socially, and materially. The increased effort to acquire a female sexual partner, they concluded, was not worth the investment when seeking more immediate sexual satisfaction.

**Anthony:** There’s [more] tension when trying to approach a real woman. A real woman likes to play games, whereas I don’t really have to approach a transgender with any set game. [A transgender] is easier, as opposed to me trying to figure out, “Well, what does this girl want to hear, or what does she think about me?” Because a [biological] woman can love you to death for a long time and you would never know.

**Jackson:** Why bullshit and beat around the bush and put all this other shit on it all the time? You can bullshit and you can be doing it and be done on about your business. To me it [dating a biological woman] is just a lot of wasted time and energy and effort.

**Paul:** [Having a male partner] alleviates all the other extra baggage that I have to deal with, with the attitudes, and all the different characteristics that women have.

Some participants described their motivation for seeking male and/or MTF transgender sexual partners was the ease and convenience with which they were able to acquire sex, as compared to acquiring sexual contact with a biological female. Male and/or a MTF transgender partners, they

argued, would engage in sex sooner than a female partner, who might request courting and dating prior to engaging in sexual activities.

**Jacob:** With a transgender, it's easier to meet and have sex the same night than it is to meet a real woman.

Jerry, who occasionally meets a male partner through the Internet, works long hours and, therefore, does not have time to date a woman. A male sexual partner is more available, accessible, and easy to meet compared to a female sexual partner.

**Jerry:** With the men it's just cheap and easy. I work extremely long hours and I know it's the cheap and easy thing. For instance, a girl that I like—we casually see each other—I'd have to go find her and put it together and hope that we connect, da, da, da. So, if I turn on my computer, there could be something within the next hour, or midnight tonight.

In addition to easy and uncomplicated sexual encounters, male and/or a MTF transgender partners can provide “disposable sex,” sex that is free of intimacy, attachment, and obligation. Some argued that while they preferred a biological woman as an intimate and emotional sexual partner, male and/or MTF transgender partners provided quick sex without ties. Many participants reported seeking a sexual encounter with these partners specifically because the sexual interaction was devoid of an emotional connection. They reported feeling little obligation

to satisfy these partners sexually; specifically, the sexual encounter was about their unilateral satisfaction. The sex was often quick and preferably anonymous.

**Michael:** You don't have to put as much work in with the men. I'm saying it from a selfish point. It's like you're just there for sex, no hugging and loving and all that stuff. And it satisfies a sexual desire and then it's gone.

**Jason:** They [men] have a specific purpose and it's done and over with quickly. There's no strings attached to it, nothing lingering, no connection. So it's specifically for the purpose of making me feel better at that time, and then I'm done with it.

For most, sexual contact was detached from any emotional or relational connection with the partner; thus communication and intimacy could be kept to a minimum. Similar to the strategy employed to maintain their heterosexual identity (see Chapter 3), participants spoke of these sexual encounters with little regard or respect for their sexual partner. The participants described engaging in sex that was detached from the partner and single-focused, and thus the partner was easily discarded. This was manifested by leaving immediately following sexual gratification, limiting conversation or not speaking at all, limiting eye contact, and avoiding kissing.

**Hector:** I don't want to talk. I don't want you to talk to me. If they stand up and want to cuddle with me or kiss me, or play with my dick while I'm trying to put my pants on, I push the hand away and zip up. I got to go. I take off.

Later in the interview, Hector continues:

**Hector:** I don't want to be around him, I want to go home. I don't want to talk to [him], I just want to get away. [He] wastes my time saying, "Oh, can I have your phone number; are we going to get together again?" I might see you around, see you later, got to go. It was nice, thank you, yeah, yeah, yeah, bye. That's how I feel; I feel like, "You're a burden to me and you bother me, get away from me."

**Tony:** When it's over. I don't want to look at them no more. "Get out of my house, you got to go. . . .It was a nice experience. I got things to do. I don't know what you've got planned, but you got to get out of here."

The occasional male sexual partner was defined as "only a man," and the occasional MTF transgender sexual partner was defined as "not a real woman." Therefore, the participants did not feel they were "cheating" on their girlfriend or wife.

**Vince:** I don't feel like I'm cheating on my wife with a transgender than I would with a real woman. They're not fully one or the other. . .they're not the full male or female.

Acquiring sexual partners can be challenging and oftentimes involves courting, dating, and other intimate gestures. Some participants expressed the belief that females were less likely to engage in sexual activities and, at the same time, were more likely to be demanding. They were motivated to seek male and/or MTF transgender partners by the effortlessness of acquiring sex as well as the belief that these partners required little of them in return.

### **EXPERIMENTAL SEX**

In addition to the uncomplicated, convenient, intimacy-free nature of sexual encounters with a male and/or a MTF transgender, many participants referred to the experimental quality of the sexual interaction as a motivation. Some stated they enjoyed engaging in sexual activities that were novel and different, activities that they viewed as too “kinky” for their female partners. They described their desire to engage in sexual activities they believed to be “dirty,” “rough,” and “dark.” With female sexual partners, certain sexual acts, such as multiple-partnered sexual encounters, anal penetration, or the use of sex toys, fell outside the boundaries of comfortable sexual scripts. They expressed a desire to engage in such behaviors with a male and/or MTF transgender partner, but viewed a biological woman as “above” particular sexual acts. Phillip discussed his interest in engaging in “kinky” sex and his belief that a MTF transgender, rather than a biological woman, should fulfill this desire:

*Phillip:* The sexual activity [with a transgender] is everything that a man puts up in his mind—these fantasies that they have of doing things that he wouldn’t do with his wife or let his wife do. The oral, the kinky stuff that goes along with it. Just the basic stuff; every man’s fantasy that he wants



to experience or fulfill. I said, “That’s icky to have your wife or your girlfriend to do that to you.” So I went outside [my relationship] and I finally got it done and to know what it felt like.

For some, sex with a female partner was seen as mundane and common, whereas sex with a male and/or MTF transgender partner was viewed as exotic and thrilling, and a welcome change. In comparing sexual partners to ice cream flavors, Jackson commented:

***Jackson:*** I guess [I like] the variety. It’s just something different to do. Every once in a while I like the change. Just like you go to [an ice cream franchise store] and say I’m tired of vanilla, let me have some strawberry or something.

***Willie:*** [M]aybe she ain’t cutting it. Maybe sometimes you get sick of that shit and you look for something more spicy—I guess that’s what it is. I guess there’s a thrill behind that shit. It’s a thrill. Like some people got rushes to jump out of planes. It’s something that’s an experience.

Participants described occasional male and/or MTF transgender sexual partners as sexually experimental and, particularly with MTF transgender partners, as more eager to please. Many participants stated they felt less inhibited and, therefore, better able to explore their sexual desires. They explained this freedom, in part, because MTF transgenders are “male” and therefore more “sexually liberal.”

*Jacob:* Basically, transsexuals are more sexually liberal. They're a male so they have the same attitude as a male does, sexually. Men are more sexually open to do things that women aren't.

Some participants expressed the belief that a male and/or MTF transgender partner brought a unique quality to the sexual encounter, a quality that a biological woman could not offer. Despite ongoing sexual relations with a biological woman (a girlfriend or a wife), these occasional sexual encounters filled a void or satisfied an urge. They valued sexual experimentation and viewed their sexual encounters with males and/or MTF transgenders as fresh and different. Moreover, they believed that such activities were too unconventional for their female partners.

### **A RELIABLE SECOND CHOICE**

While several participants focused on the disposable and experimental qualities of these sexual interactions, others stated that these sexual encounters were by default. Rather than deliberately seeking a male and/or MTF transgender sexual partner, they claimed these encounters were a function of their inability to find a female partner. A male and/or MTF transgender sexual partner, while not their first option, was a reliable second choice—an available alternative when a female was perceived to be unavailable or unattainable. Most of the participants who did not have a current girlfriend or wife described a genuine desire for a biological female partner and, ultimately, an ongoing heterosexual relationship. However, many of these participants felt factors in their current life situation such as homelessness and/or substance abuse prevented them from seeking their ideal sexual partner.

**Sam:** I really have to be hard up. If I do that it's like I've got to relieve a lot of pressure. . .with a transgender. It's just got to be when I can't get to my girl, boom. I've really got to be hard though. It's like if you see a lot of prostitutes out there, and you're hard and you want something real bad, it's like buying a hooker. So the transgenders want to just give me something, and I'll probably screw a drag queen in the butt or something like that. I've got to be really horny and hard up to really get off.

**Jason:** When I've done it with guys, it's been more of a frustrated substitute, like if I wasn't getting any [from a woman] for some reason.

When a biological woman did not seem like a realistic option, some participants discussed their willingness to engage in a sexual encounter with a male or a MTF transgender who could provide them the emotional sustenance and support they previously received from a girlfriend or wife. Chuck describes himself as “unattractive” to females because he is homeless and addicted to drugs. When he feels lonely, he seeks female companionship, but typically compromises with an encounter with a male or a transgender woman:

**Chuck:** I'm by myself now, I'm not in a relationship anymore, I'm not married anymore. And for me, that's the closest to it, it's usually a stranger, someone I don't know. I want to hear the words, “I love you,” and, to me, that's my love for that moment. . . .When things get to where I

get on the pity pot and start feeling sorry for myself, I don't allow it to go that far. I know when it's coming, and that's when I go "creeping." I go out [to] get someone. There might be money involved, there might be drugs involved, but whatever it is, the ultimate goal is I want to hear the words, "I love you." . . . Having somebody around, holding somebody, doing the little simple things like that, to me, that's a woman. See, I lay next to a man I've linked to a woman.

Many participants expressed their desire for an "ideal" heterosexual relationship, including a wife, children, and a house. They preferred not to have sex with a male and/or MTF transgender, but they believed their present situation—i.e., homelessness, substance abuse, HIV status, unemployment—made finding a female partner unrealistic. A male or MTF transgender, they argued, have lower standards and are thus willing to engage in a sexual relationship with someone a biological woman would most likely reject. From their perspective, biological women desire a man who is housed, employed, and healthy. Biological women are less accepting of a man whose lifestyle includes homelessness, unemployment, substance use, and HIV infection. Jacob, who occasionally has a sexual encounter with a MTF transgender, described this belief:

**Jacob:** I haven't had a steady girlfriend for a while because I've been having this drug problem and am homeless and stuff like that. Basically nobody wants to be with me, [or] somebody like that.

Later in the interview, Jacob adds:

**Jacob:** People look at me like I'm a piece of trash or whatever; it's embarrassing to me. And I've been lonely lately. So I was even thinking about getting into a relationship with a transgender. . . .Because they're the only ones that will talk to me. [With] the shape of my finances and everything else, there's not really women, except for prostitutes, I can go to. It's been, like, lonely. I think transgenders are more accepting of people like that. And a lot of them are addicts or used to be addicts, so they're more accepting.

Terry's situation is similar to Jacob's; he states:

**Terry:** My preference would be a woman. [But,] I don't feel that I am socially adequate right now for a woman. I don't think I'm at a place where a woman would want to deal with me [because of] my addiction, because of my current status in working. Not too many women would deal with me. . . .My lifestyle, the way I'm living right now. I don't think a woman will accept me. [If I were] working, employed, not on drugs, I would pursue a woman.

Derrick, who has occasional sexual encounters with a male—sometimes for trade and sometimes for pleasure—explains that these sexual encounters are a substitute until he is employed (the

sexual encounters for trade) or in a relationship with a woman (the sexual encounters for pleasure). In both cases, he views sex with a male as temporary, a reliable second choice, until his current situation (financial or romantic) changes.

*Derrick:* I have to do it [have sex with men] because I'm not working right now. It's mainly just [to] support myself. Mainly, it's like a job. . .

*Q:* [T]he men you have sex with who you don't charge money for, why do you think you do that?

*Derrick:* I don't know, because I just like them. But there haven't been that many now that I've done that. Maybe because I met them first before I ran into a woman, maybe. Or at the time, I wasn't dating anybody, wasn't in a relationship with a woman.

While these participants preferred a female sexual partner, some believed a biological woman to be inaccessible. This contributed to their decision to pursue a male or MTF transgender sexual partner.

Two-thirds (65.5%) of the participants reported spending time in jail or prison. A few participants described their sexual encounters while incarcerated, explaining that in the absence of a potential female sexual partner, a male or a MTF transgender became an acceptable second choice. Following their release, they continued to view a male or a MTF transgender as an acceptable second choice sexual partner. One participant, Fred, who spent 11 years in prison, discussed how he “settled” for a sexual relationship with another male during his incarceration:

**Fred:** I needed a woman. I spent a lot of years without a woman, and I had to use something to substitute. . . .That's another world, being in prison, living that life, having a homosexual or a person as your woman. That's a different life, that's a different page in life for me, and probably for many people that have been in prison. The ones that have never been in prison would probably never realize or understand what I'm talking about. Never in their life would they understand this because you have to be put in the situation where I am using a man as a woman. I was craving for the touch of a woman, of being caressed by a woman, of being gently touched and gently spoken to, which I wanted from a woman. But I had to settle for a man.

Another participant, Ken, who was recently divorced after 23 years of marriage, similarly discussed engaging in sex with another male while in prison and feeling that a male sexual partner was an acceptable second choice because a female partner was unavailable to him.

**Ken:** I never met a guy that really turned me on like that, you know what I mean. It was just mainly just for the sex. [In prison] was the first time that I actually tried it. The prison we were in was a low security prison; they're like rooms. So we played cards and, you know, it was kind of like [we were] hiding it a little bit.

For some men who were incarcerated, sexual interactions with a male or MTF transgender became an acceptable standard because females were unavailable. Others believed their marginal life situation made a biological female sexual partner unattainable. Such participants maintained a pragmatic and utilitarian approach to sex, claiming that if they desired a sexual encounter or relationship and if a female was not available, they would “settle” for a male or a MTF transgender partner.



## CHAPTER 5

### SUBSTANCE USE, SEXUAL RISK BEHAVIORS, AND SEXUAL CHOICES

Participants who used substances (see Table 4) reported that their alcohol and drug use influenced their sexual behavior. For some, substance use increased their sexual desire and decreased their sexual inhibitions. For others, substance use increased the likelihood of their trading sex for drugs and/or money. This association between substance use and sexual behavior translated to increased sexual risk taking, as many reported they were less likely to engage in safer sex practices when using substances.

#### SUBSTANCE USE AND SEXUAL CHOICES

Substance use was connected to sex for several participants. Many reported that particular drugs, specifically stimulants such as methamphetamine and cocaine, contributed to their interest in having sex with a male. Bernardo, for example, discussed how methamphetamine use led to heightened sexual desires, which then directed him to bathhouses and, thus, sex with male.

*Bernardo:* [W]hen I discovered crystal meth I was like, wow. It automatically put another face in me, another personality. A lot of it has to do with sex basically, but more oriented towards homosexual sex . . . I'm heterosexual, primarily. . . .Because this feeling [meth use] goes in straight to that area, to the genitals.

John similarly discussed how his desire for sex increased while using stimulants:

**John:** Oh, man, when I get high, it's like I can't wait. It's a different feeling. It's like an addiction, you got to have it. It's just better. When you're high, your body, it's more sensitive. You get turned on more with cocaine and speed, yeah, more with speed. It seems like the bodies can get hot. You get hot.

Other participants, like Mark and Donnell, viewed their sexual behaviors during substance use as being anomalous or accidental (e.g., "it just happens"). Moreover, many participants blame their sexual behavior on their substance use, highlighting that drugs are "the devil" and make them "get real promiscuous":

**Donnell:** I only had sex with men about five, six times this year. So there's really a gap. It's really nothing that I practice or study. It's something that always just happens. And usually when it happens, I'm usually on some alcohol or drug [methamphetamine]. So, it's usually more of a devil thing, than me, myself. It's devilish. The devil put the drugs in you, the devil will give you the drugs and alcohol. It's the devil. All of it's one. God is good, the devil's bad, so alcohol and drugs and stuff is bad. Sex with men is bad.

**Mark:** [T]here's two kinds of sex, there's sex with my girlfriend, and then there's this drug-induced sexual craving when I do cocaine and some other

drugs, where I might get real promiscuous. [I]t's just this physical sensation.

While some participants blamed their substance use for their desire to engage in sex with a male and/or MTF transgender partner, others reported that their substance use caused them to exchange sex for money and/or drugs with a male partner. These participants, reportedly, had no sexual interest in males, other than obtaining money or drugs, and expressed both disgust for their behavior and disdain for their male sex partner:

**Gio:** [T]he drugs and the alcohol led me to the situations to where I was being compensated for having sex with people I didn't want to have sex with, so I could get more of whatever I was doing. . . . [The drugs made me] be able to put it on the back burner, compartmentalize, and be able to go on and do it again and be able to not come out of my skin.

**Mark:** I feel guilty about it, I feel ashamed behind it. I feel it's wrong because of my beliefs. But those are the extremes that drugs have gotten me to. If it wasn't for the drugs, I would never had engaged in any homosexual activities. With my girlfriend it feels natural, but with these men, it's something that's forced, that I don't really want to do. It makes me uncomfortable, I feel guilty about it. I never went out there looking for it, looking to make any money that way. These people made me offers and I just couldn't say no, I needed the money at the time. And they offered it and I said fuck it.

Later in the interview Mark discusses his male sex partners:

**Mark:** I look down on them [customers]; they're pieces of shit. Part of me says I should just beat their ass and take their money, that's what they deserve. But, I can't. I don't. I allow it to happen, but they're preying on people that are in bad situations.

### **SUBSTANCE USE AND SEXUAL RISKS**

Several participants who used substances argued that their use not only increased their sex desire, but also affected their sexual decision-making and risk-taking. Some contended that while using substances they lost control over the type of partner they selected as well as their chosen sexual activity. They claimed that while using substances, the type of partner they selected was out of character (e.g., choosing a male partner), they were unable to adhere to safer sex practices (i.e., did not use condoms), and they were more likely to engage in particular sexual acts (i.e., receptive anal sex; water sports). These participants believed that substance use contributed to their engagement in behaviors that were typically uncharacteristic for them. Bernardo makes the point that after using alcohol and methamphetamine, his convictions “go out the window”:

**Bernardo:** And really, once the drug is in, or the alcohol or whatever, no matter how many convictions you have, good convictions, good upbringing, good religious beliefs and all of that, that doesn't have any

weight. The vows of married men, boasting the ring on their finger, those all go out the window. You're not in control anymore.

Bernardo explains that a demon possesses him when he uses methamphetamine; he detaches as he refers to the demon as a separate entity that enters his body and takes control. Bernardo describes how, as a result of being possessed by the demon, he develops a sexual interest in men and desires being a receptive partner during anal sex with such partners:

**Bernardo:** [I]t's like a demon that comes into me and I'm making him upset right now because he's probably thinking that I'm betraying him right now. [H]e possesses me and he possesses me strongly. And once it takes over I really have no say, I have no will and I just give in. [There is a] term that they use in the gay community, which is bottom<sup>2</sup> and top.<sup>3</sup> I wouldn't even consider a penis anywhere within a couple of inches of my body, touching me, but when I'm high I wish to be penetrated. I'm a bottom. . . . I'm straight, I would say a hundred percent straight, but that'll be actually a lie because there is this element that doesn't give me the freedom to say yes. I'm a hundred percent, and that is [without] crystal meth and alcohol.

John and Chuck also discuss how their substance use contributes to unsafe sexual practices:

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<sup>2</sup> Receptive partner during anal sex.

<sup>3</sup> Insertive partner during anal sex.

**John:** When you're getting high and stuff, you don't think about no condom. When you're smoking you don't think about no condom, you just want to get to your thing. When you take that first hit, you want to get busy. You just want to groove on them.

**Chuck:** I'd talked about being peed on, of being shit on, people jacking off on you, all over your face and you laying down. And, being pulled, I had a lot of hair, being pulled by my hair. Being beat with whips, and beating the other person with whips. Anything that you could imagine in your worst X-rated movie, that's what crack and alcohol made me do.

Participants who used alcohol and/or drugs acknowledged that substance use affected their sexual decision making, increased their sexual desire, and often led to high-risk sexual activities. Relaxed sexual choices and decreased inhibitions are not unusual consequences of substance use; however, the alcohol and/or drug use of these participants also translated into choosing atypical sexual partners. They claimed that while using substances, they were not in control of their behavior and many blamed their alcohol and/or drugs use for these choices as well as their failure to adhere to safer sex practices. Whether these compromises involved their failure to use condoms, their willingness to engage in receptive anal sex or other sexual activities, their decision to have multiple partners, or their decision to choose a male or a MTF transgender partner, these participants held alcohol and/or drugs responsible for their inability to adhere to their regular sexual protocol.

## **A POSSIBLE BRIDGE POPULATION?**

### **Disclosure to Their Biological Female Sexual Partner**

The accepted definition of a heterosexual male is one who has sexual encounters with a female (i.e., a female with a vagina) and only with females. However, since these heterosexually identified men have occasional sex with other males and/or a transgender women as well as with biological females and, since they maintain a heterosexual identity, they are often faced with a quandary, i.e., if he discloses his occasional sexual encounter with a male and/or preoperative transgender woman to his wife or girlfriend, she might then define him as bisexual, which could have ramifications on their heterosexual relationship. However, if he does not disclose to his primary female sexual partner, then she might not suspect and their heterosexual relationship as well as his heterosexual identity remain intact. Disclosure of their occasional sexual behavior not only threatens the heterosexual identity of these men, but could also threaten their heterosexual relationships and friendship networks. Thus, withholding this information helps to define their identity, retain their family structure, and maintain their social relationships.

Jason, who is African American, reported that it is not uncommon for a heterosexual African American or Hispanic man to have sex with another male and never disclose this information to his primary female partner or other male friends. Although Jason is doing the same, he warns his African American female friends to be careful because, as he tells them, “There’s a lot of guys out there. . .messaging around with other guys.”

*Jason:* Any [franchise name of gym chain], or most gyms, in the men’s locker room would be the place. Any clinic that’s an STD clinic, not

just specifically an HIV clinic, but any STD clinic. . . .I can only speak from the culture that I lived in, I'm in my skin, I'm in this black skin and I know that there is a lot of undercover, on the down low, as we call it, going on. I've had women who have been just friends, and I give them the warning. I say there's a lot of guys out there who you would never know that they're messing around with other guys. Be careful who you're getting involved with. And from what I understand from conversations, it's prevalent in the Hispanic community, also. For lack of a better term, just horn dogs out there. But there's that great stigma, you know, it's very quiet and hush-hush. But it is happening.

Although Jason warns his female friends, he does not disclose to his wife. Jason meets an occasional male sexual partner at an adult bookstore and has done so approximately once a month for the last couple of years. When asked about disclosure, Jason replies:

**Q:** Does your wife know that you go [to bookstores]?

**Jason:** She doesn't know that I go. She knows that I'm dealing with [the] pornography thing, but she thinks that it's mostly Internet type stuff.

The stakes are high within African American communities, where, historically, heterosexual men have been less forthcoming than men in the Caucasian community about same-sex sexual encounters (Doll & Beeker, 1996; Stokes et al., 1996; Prabhu et al., 2004; Miller, Serner, &



Wagner, 2005), and the rate of HIV transmission from heterosexually identified males to females is higher than in other ethnic/racial groups (CDC, 2006c). As Howard notes, if he disclosed his occasional same-sex sexual encounters to his girlfriend, she would not be forgiving. Thus, even when specifically asked by his girlfriend and even when he is told that previous boyfriends of hers have been dishonest, Howard does not disclose these sexual encounters.

**Howard:** [If my girlfriend found out] oh shit, she would break up with me, for sure. Because she's been asking me already if I ever had sex with a man. And she told me all her boyfriends have lied. I lied to her [saying] that I never had sex with a man. But she told me all of her boyfriends have had sex with a man. And she said I am the first one who hasn't. Now, if she found out that I've been lying she would be really upset and would break up with me.

Derrick also doesn't disclose to most of his girlfriends because he assumes if he did so they would terminate the relationship.

**Q:** Have you ever talked to them [girlfriends] about having sex with men?

**Derrick:** I have.

**Q:** Tell me more about that.

**Derrick:** I mean, well, they don't like it. I mean, I had maybe one girlfriend that it didn't bother her at all, she liked watching if I was with

another guy. But like I said, the majority of them don't, they get upset and want to break up with you, and all that. So it's best not to even say anything at all.

Many participants made a pragmatic choice not to disclose to their wife or girlfriend. Both Howard and Derrick realize that their girlfriend would not approve of, or tolerate, their same-sex sexual encounters, albeit occasional, and this knowledge would end the relationship. They believe their only option is to withhold the information.

As both Jason and Anthony exemplify below, some of the participants are disturbed by their dishonesty; however, disclosure is still not thought of as a viable option.

**Jason:** Sometimes I don't really beat myself up about it, but I do say to myself, "Okay, you don't need to do that. That's not right. Don't do that again." And then I go for a long period of time where I don't. Even times where I have gone to the bookstore and have been propositioned, and I declined because I told myself, "No, don't do that. Just go in here and watch a movie and go home." The worst I've ever felt emotionally about it was when I thought about the possibility of my wife finding out and what she would think of me.

**Anthony:** It was very difficult because I found myself falling in love with this woman, and it didn't sit right with me that I had this big part of my

life; this big secret that I was keeping from her, and she tells me everything. So I didn't feel like I was giving her one hundred percent like she was giving me.

Although most participants did not disclose their occasional sexual encounters, a few did. Paul explains that although he tells his girlfriend that he has occasional sex with a male, he keeps both parts of his life separate.

*Paul:* So, I keep my girlfriend at a level. And I keep my friends at a level. And then I have my male relationship at a level to where it won't intervene with my girlfriend, or with this male over here because he has this female. But my girl knows. And she's comfortable with the way I live because she knows the way I am and what type of person I am.

The majority (73.3%) of the participants withheld their occasional sexual encounters from their primary biological female partners. However, this task of separating their sexual behavior from their sexual identity weighed on them. Many of the participants dealt with this weight by splitting off and compartmentalizing areas of their lives. (See Chapter 3.) Thus, their sexual interactions with a male and/or a transgender woman are put into one section of their life and their ongoing relationship with their wife, girlfriend, family, and friends is placed in another section.

### **Disclosure of HIV-positive Serostatus**

Fifty-eight percent ( $n=18$ ) of the participants self-reported that they are HIV infected. Although the majority of the participants did not disclose their occasional sexual encounters to their biological female partners, most of those who are HIV infected, did disclose their HIV status. Disclosure of a positive HIV status was interpreted as more acceptable than disclosure of same-sex sexual encounters; however, they did so within the context of historical language.

*Jason:* So I told her. I said, “If we’re going to get serious and we’re going to get married, that means we’re going to be having sex. Right?” And she’s like, “Yeah, of course.” I said, “Well, then you need, there’s something you need to know.” And I told her that I was diagnosed HIV positive in 1994. And she immediately had no problem with it. She said, “Okay, well, we’ll deal with it.” And it wasn’t until maybe a few days later, maybe even a couple weeks later, when she asked me, “How do you think you got it?” And I told her, I said, “Some years ago I had gotten real, real horny, and that a guy sucked me off.” And, she was just kind of like, “Oh, okay. Well, you’re not still doing that, are you?” I said, “No.” And that was it.

As Jason disclosed to his girlfriend, he contextualized a same-sex sexual encounter as a past, one-time experience that consisted of oral sex only. According to Jason, to receive oral sex from another male, once, several years ago, is considered within the boundaries of acceptable sexual

experimentation and does not threaten one's sexual identity. Finding an acceptable context in which to explain how they became HIV positive was a common strategy used by the participants. Those who did not disclose their HIV infection cited previous rejections from biological female sexual partner(s) as inhibiting them from disclosing to partners thereafter. Both Chuck and Ken told similar stories. Ken reports that if he discloses his HIV status to a prospective female partner, she will inevitably "slam the door" on him. He explains that a lot of men have HIV; therefore, there is no need to disclose his HIV status to an occasional male partner.

**Ken:** [B]ut every woman that I've told that I was HIV, it's just like the door slams. Because they're scared, you know, that the rubber's going to break or whatever. A lot of people are not educated, either, on the disease, so that's what really scares them; they think they're going to die if they get it.

Similarly, Chuck speaks of how difficult it is to disclose his HIV status to his female sexual partners. He explains that when he has sex with a transgender woman, it is the norm that everyone is HIV infected and, therefore, disclosure is easy. However, when he is in a primary relationship with a biological female, his girlfriend is usually uninfected and the fear of rejection inhibits him from disclosing his HIV infection.

**Chuck:** I guess it has to do with the status—that's what it boils down to. I told you I'm one of those kind of people that worry about infecting somebody that's not infected. I do. I also worry about the ethics part of it.

I'm one of those kind of people, getting into a relationship, and you talk. I'm a hypocrite. You talk about honesty and doing things together, but one of them has this dark cloud that they're keeping away from the other one, which is me. I don't. That's not happening on the end with my transgender friends, relationships, that doesn't happen. Because first of all, where I go to get whoever I get at the location, ninety-nine percent are positive. I will tell you this, I have no problem discussing that, it's a given. When it comes up, I have no problem with that. But in my heterosexual [relationship] I do. I do, bottom line, I do.

Although in the United States, HIV acquisition for males is most likely to occur from male-to-male sexual contact (CDC, 2006c), for the participants in this study, disclosure of their HIV infection was not interpreted as a threat to their heterosexual identity. In most cases, the HIV-infected participants disclosed their HIV status to their primary female sexual partner. However, given that the participants typically relegated their occasional male and/or MTF transgender sexual partners to a lesser status (see Chapter 4), coupled with the assumption that their occasional sexual partner was most likely HIV infected, the participants did not feel it necessary to disclose their HIV infection to these partners.

### **Sexual Risk Behaviors with Male, Transgender, and Biological Female Sexual Partners**

For the HIV-infected participants, decisions regarding condom use were generally based upon who their sexual partner was rather than the sexual activity. They assumed that most gay men and/or transgender women are HIV infected and, therefore, did not need to be protected, nor did

they need to disclose their HIV status to these partners. However, many described their desire to protect their primary biological female sexual partner from HIV infection as well as a deep concern, even fear, about transmitting HIV infection. These participants often spoke with a concern for the health of their biological female sexual partner, whether casual sexual partner, girlfriend, or wife, which was not present when discussing their occasional male or transgender sexual partners.

**Q:** How often do you use condoms with your wife?

**Keith:** All the time . . . I don't want her to get infected.

Study participants report oral and anal (both receptive and insertive) sex with an occasional male partners, with oral sex being slightly more prevalent. With an occasional MTF transgender sexual partner, again both oral and anal sex was reported although study participants were more likely to be the insertive partner during anal sex. (See Chapter 3.) With their biological female partners, oral, anal, and vaginal sex was reported. Many participants said they were safer with their biological female partner than with their male or MTF transgender partners, and many specifically chose a male or a MTF transgender sexual partner because of their concern about transmitting HIV to a biological woman.

**Fred:** But now, I'm afraid to get a girl because I don't want to infect a woman with my disease. I'm HIV positive. So, I'm losing it all the way around, you know. I can't have that on my conscience of having somebody die because of my sexuality, because of me wanting to have sex

with her. And then she's going to lose her life? That's not right, I can't do that.

**Paul:** I told her I would never do anything out of the ordinary that would put her in harm's way.

**Josh:** Well, you know, I prefer a condom anyways because it's better to be safe than sorry. She preferred a condom, too. We both came to the agreement and let's use a condom, so we used a condom.

**Jerry:** I haven't used a condom in years. With the girl I would have used one. If things had worked out with that woman, I would have used one and I would have had more concern. But these guys who are going around and just doing it with everybody every week, I'm not too concerned about them.

Ken also is more careful with a biological female partner and states that he always uses condoms with a woman, unless she is also HIV infected.

**Ken:** . . . [A] couple of the guys that I was with, I didn't tell them nothing because I figured it was really none of their business since they weren't going to be at risk anyway. I ain't told a guy yet. . . .



**Q:** And do you usually use condoms when you have sex with [women]?

**Ken:** Yeah, if they're not positive, yes, definitely.

It was not uncommon for study participants to apply one standard for condom use with their biological female partners and another standard with their male or MTF transgender partners. Since HIV prevalence is higher among gay male and MTF transgender populations, study participants did not feel the need to use a condom with these partners. This, again, reflects the “disposable” status of their occasional sexual partners. Jason states that during occasional sex with a male, which usually consists of oral sex, he does not use a condom. However, he expresses great concern about the possibility of transmitting HIV to his wife and states that he engages in consistent condom use during vaginal and anal intercourse.

**Jason:** I always use a condom if I'm anal or vaginal penetrating. Girls have never sucked my dick with a condom on. Guys have before, but it feels weird, so I prefer not to have it. And as far as their comfort level with it, honestly, I guess I've had the military thing of “don't ask, don't tell.” I say that I'm positive, and [it's up to them] if they want to protect themselves or not. If they don't ask, I don't tell. But I make it a point not to cum in anybody's mouth. I prefer oral sex without a condom. But for penetrating sex, I don't know why but for some reason, having a condom doesn't lessen it for me. But oral sex, it lessens it for me.

When detailing their sexual relationship with a biological woman, whether casual sexual partner, girlfriend, or wife, the participants consistently described concern for their partner's health. However, most reported that they did not disclose—and some were directly dishonest about their sexual encounters with males and/or a transgender women to their primary female partner. They had several clear reasons for not disclosing these sexual encounters, one being that they believed they were not compromising the health of their female sexual partner. Condoms were rarely used during oral sex, regardless of the sexual partner. Most of the HIV-infected participants stated they used condoms when engaging in vaginal or anal sex with their female sexual partner but typically not during anal sex with a male and/or a MTF transgender sexual partner. Whether condoms were used or not, from their perspective, they were not placing their female sexual partner at risk; whereas, they did not demonstrate concern for the health of their occasional male or MTF transgender sexual partners.

## CHAPTER 6

### DISCUSSION, LIMITATIONS, AND RECOMMENDATIONS

#### DISCUSSION

Heterosexually identified MSM are an important population to study due to their potential for transmitting HIV and other sexually transmitted infections (STIs) from a group at high risk to a group with little or no known or observable risk. In Los Angeles County, the prevalence of HIV infection among heterosexual females who report sexual contact with a male as their mode of HIV exposure remains high (LAC, 2004; LAC, 2006). These reports, as well as the recent attention on MSM behaviors among heterosexually identified ethnic minority men (Boykin, 2005; Denizet-Lewis, 2003; King, 2004, 2005; Villarosa, 2004), called for further study of this sexual experience. The study originally proposed by the funder (City of Los Angeles, AIDS Coordinator's Office) was to gather initial qualitative data on heterosexually identified men who have occasional sexual encounters with men. In previous research on high-risk transgender women conducted by the principal investigator (Reback et al., 2001; Reback & Lombardi, 2001; Reback et al., 2005), it was found that many of their sexual partners are heterosexual men. On behalf of preoperative transgender women, the principal investigator requested the inclusion of heterosexually identified men who have occasional sex with MTF transgenders in the sample for this study. This report used qualitative methods to better understand the social and sexual meanings that these sexual encounters hold for heterosexually identified men.

Although the study participants were predominately African American/black (61.3%), it is important to note that 38.7% were of other ethnicities and almost one-quarter (22.6%) were

Caucasian/white. Clearly, the phenomenon of heterosexually identified men engaging in hidden sexual encounters with males and/or MTF transgenders is not restricted to African American men. And, although only 19.4% were currently married, 61% were in a current relationship with a biological woman (either wife or girlfriend). Most of the study participants were low income (73% reported income of less than \$999 in the previous 30 days, and 16.7% reported less than \$50 in the previous 30 days), 58.1% reported current substance use, 65.5% reported a history of incarceration, and 58.1% were HIV infected. All reported a minimum of one sexual encounter with either a male or MTF transgender in the previous year and not more than one such sexual encounter per month. What is not known about heterosexually identified MSM is the prevalence of this population.

One of the most salient findings was the universal reports by the participants that no emotional connection was made to their male and/or MTF transgender sexual partner. Some participants excused their sexual behaviors by giving a variety of reasons for these sexual encounters, such as economic need, sexual curiosity, convenience, or anger at their girlfriend/wife. Others who had an occasional sexual encounter with *either* a male or a MTF transgender were more likely to report recreation, sport, variety, or financial need as their reason. And finally, those who had an occasional sexual encounter with a transgender woman *only* were more likely to report using the MTF transgender as a substitute for a biological female sexual partner. These psychological strategies helped the participants maintain their heterosexual identity, despite their sexual behaviors with males and/or preoperative transgenders. Some protected their heterosexual identity by explaining their sexual behavior as infrequent (Tony: “I’m not having sex every day, or every other day, with a man”), accidental (Donnell: “Something just happens”), recreational

(Talon: “We all play games to relieve stress”), unnecessary (Jason: “Don’t need to do that”), or a necessity (Mark: “I needed the money at the time”). Participants who had occasional sexual encounters with transgender women often considered these sexual partners as acceptable substitutes for a biological woman (Joe: “No signs of manliness whatsoever, none”). Although some of the participants reported intrigue at engaging in sexual activities with a transgender woman’s penis, most preferred to avoid all contact with her penis. Though these men ( $n=16$ , or 51.6%) knew that they were interacting sexually with a person with male genitalia, they constructed the relationship as heterosexual, and thus their heterosexual identity was sustained. This was supported by using the term “pussy” to refer to the transgender’s anus during anal sex. Those who had occasional sex with a male also used language to divorce their sexual activity from their heterosexual identity. These participants would use terms such as “man on man” to describe their sexual encounter(s). Intimacy was avoided by depersonalizing male and/or MTF transgender sexual partners and limiting gestures such as kissing, hugging, and eye contact, as well as conversation.

Many participants reported that they chose to have a male or transgender woman as an occasional sexual partner due to the ease and uncomplicated nature of these sexual contacts. These sexual encounters required no obligation or responsibility beyond sexual gratification and, given that these encounters were often devoid of emotional connection, the participants were likely to refer to these partners in derogatory and pejorative terms. The sexual partners were disposable and not integrated into the totality of their life. Yet, despite their ability to compartmentalize the sexual encounter, many expressed shame and guilt immediately following a sexual episode. Although these encounters were typically referred to as “dark,” there was a

particular quality in the sexual activity (“kinky,” “dirty,” “rough”) that drew these heterosexual men back to their male and/or MTF transgender partners. They rarely revealed these sexual encounters to family, friends, or their biological female sexual partner.

Over half of the participants (58.1%) reported current substance use and reported sexual risk behaviors associated with substance use. Substance use increased their likelihood of selecting male and/or MTF transgender partners, engaging in a high-risk sexual activity, and reducing their condom use.

Disclosure of HIV status and discussion of condom use with their occasional sexual partners was minimal and inconsistent. This corresponds with their reports that they depersonalized their occasional sexual partners and that their conversations with these partners on any topic were rare. In the unlikely occasion that HIV status or condom use was discussed, there was no pattern to who initiated this discussion. The participant reported that sometimes they initiated the discussion and sometimes their sexual partner did so. Disclosure practices, however, differed vastly with their biological female sexual partners. While participants rarely disclosed to or used condoms with their occasional male and/or MTF transgender sexual partner, disclosure of their HIV status to their wife/girlfriend was common. The participants maintained a “heterosexual ideology” regarding disclosure. Whereas many gay and bisexually identified men adopt a “partner’s responsibility” attitude regarding disclosure (Reback, 1997; Larkins et al., 2005), these heterosexually identified men felt it was their responsibility to protect their biological female sexual partners. Most participants reported concern for the health of their biological female sexual partner and discussed the steps taken to protect them against HIV transmission.

Condom use with these partners was high. They did not, however, feel the same sense of responsibility toward their occasional male and/or transgender sexual partner. Few participants reported an obligation to disclose their HIV status to or use condoms with their occasional sexual partners. With these sexual partners, the participants reported a belief that most were already HIV infected and, therefore, did not need nor deserve the same level of care.

There were distinct patterns in the sexual behaviors of the heterosexual men in this study. Most participants reported that they refused to kiss their male and/or MTF transgender sexual partners. Although they would receive oral sex, they did not perform oral sex on their transgender sexual partner and rarely (14.3%) did so with their male sexual partner. With a transgender woman partner, they preferred no interaction (sight or touch) with her penis. They were more likely to be the insertive partner during anal sex with a transgender rather than with a male partner (81.3% vs. 19%); however, almost half (42%) reported being the receptive partner during anal sex with a male partner. Among gay and bisexually identified men, a particular sexual activity could be dependent on drug use (e.g., engagement in anal sex) or location (e.g., engagement in oral sex in a public sex environment); however, the sexual activities engaged in by the heterosexually identified men in this study were dependent on their partner type. For example, more participants frequently engaged in oral sex with a male partner and insertive anal sex with a transgender partner.

Research findings indicate that gay and bisexual men typically make decisions regarding condom use based on the level of risk involved in a particular sexual activity (e.g., use of a condom during anal sex but not during oral sex; Reback et al., 2004). However, the heterosexually

identified men in this study made decisions regarding condom use based on partner type, rather than sexual activity. The HIV-infected participants were more likely to use a condom during sex with a biological female partner, regardless of the sexual activity, than with a male or MTF transgender sexual partner, again, regardless of the sexual activity. However, condom use was inconsistent among the HIV-uninfected participants; they often did not use a condom with either partner type. Thus, HIV acquisition and transmission could occur among the currently HIV uninfected men if they were to seroconvert and unknowingly transmit HIV to their sexual partner(s).

A prior study on HIV risk factors among transgender women demonstrated that condom use during anal sex decreased with the level of intimacy of the partner, i.e., transgender women were more likely to use a condom with their exchange partners than with their casual partners, and even less likely with their primary partners (Reback et al., 2001). This pattern, however, was reversed with the heterosexually identified men in this sample. They were more likely to use a condom during sex with their primary female partner and less likely to use a condom with their occasional male and/or transgender partners. This, again, corresponds with their “heterosexual ideology” regarding HIV disclosure as well as their use of an occasional partner for disposable sex.

Previous studies have used the terms “non-gay identified” (Goldbaum, Perdue, & Higgins, 1996; Rietmeijer et al., 1998; Williams et al., 2004) or “behaviorally bisexual” (Doll & Beeker, 1996; Stokes et al., 1996; Wohl et al., 2002) to describe heterosexually identified MSM. However, both of these terms describe the population in relation to gay or bisexual men and, thus, miss the



essence of their heterosexual identity. Furthermore, the most common of these two terms, i.e., the term “non-gay identified,” focuses on what these men are *not* (i.e., they are not gay), rather than what they *are* (i.e., they are heterosexual). It is important to respect their chosen sexual identity. As Kinsey noted in 1948 (Kinsey, Pomeroy, & Martin, 1948), culture dictates two discrete sexual categories yet this division is false and contrary to human sexual behavior. Although human sexual behavior is fluid, cultural rules require individuals to adopt rigid distinctions and static labels. One result of this is that individuals then engage in what they interpret as stigmatized behaviors, behaviors which can lead to increased risk taking. These participants aggressively identified as heterosexual, which would suggest that prevention messages targeting gay and bisexual men may not reach this population or are ignored by them.

The goals of this qualitative research study were to (1) better understand the social and sexual meaning of same-sex sexual activities for heterosexually identified men, and (2) determine the HIV risks of these sexual encounters. Heterosexually identified men who have occasional sex with males and/or a preoperative transgender women are a hidden population of which very little is known in respect to their sexual encounters, substance use, frequency of male and/or MTF transgender partner encounters, and condom use. Their occasional sexual encounters are often concealed and their occasional partner type is usually kept secret. To date, very little has been published on this population. A subset of this population, ethnic minority heterosexually identified MSM (commonly referred to as “down low” men), have received recent media attention (Asim, 2003; Denizet-Lewis, 2003; Johnson, 2005; King, 2003; Sternberg, 2001; Vargas, 2003; Villarosa, 2004;); however, much of this information has been anecdotal personal accounts (Boykin, 2005; King, 2004, 2005;) rather than the results of scientific research.

Additional, empirical information would help to inform the development of HIV prevention messages and services targeting this population. Findings from this report indicate that heterosexually identified MSM could potentially be a bridge in the diffusion of HIV and other STIs. Although reported condom use with a biological female partner was high among the HIV-infected participants, condom use was inconsistent among the HIV-uninfected participants. Given that these men have sexual encounters with people from populations with a high HIV seroprevalence rate and people from populations with a low seroprevalence rate, their potential role in the transmission of HIV is of particular epidemiological interest. Additionally, 58.1% of the participants reported current substance use and that their substance use affects sexual decision making regarding activities and partner choice. The heterosexually identified men in this study described their sexual encounters with males and/or MTF transgenders as devoid of emotion and, therefore, their heterosexual identity was not compromised. However, although their identity is unyielding, a virus is portable. Their potential role as a bridge for HIV transmission is independent of their sexual identity.

## **LIMITATIONS**

Social science research has long considered qualitative methods ideal for studying hidden populations and low-incidence behaviors (Strauss & Corbin 1990). The target population of this research study, i.e., heterosexually identified men who have occasional sex with a male and/or a MTF transgender woman, qualifies them as a hidden population, and their occasional sexual behavior qualifies as a low-incidence behavior. However, there are pitfalls to qualitative data, most prominently, external validity. Unlike survey data, qualitative findings are limited in their generalizability.

Another limitation of this study is that the data were collected using a convenience sample. The study participants were recruited through flyers posted at community-based organizations, public sex environments, and through referrals (for example, a transgender woman who was a key informant referred a study participant, and a community outreach worker who provides health education on the streets where sex is exchanged referred a study participant). Many of the study participants responded to a flyer posted at one of the collaborating social service agencies. Typically, individuals who receive services from community-based organizations are disproportionately low income. Several of these social service agencies provide HIV prevention messages to those who are HIV uninfected and also provide HIV/AIDS health care services to those who are HIV infected. Thus, the HIV seroprevalence of the sample (58.1%) should be interpreted with caution. Additionally, many of the study participants were familiar with HIV prevention messages and strategies such as condom use practices, and, therefore, their knowledge base might not be consistent with heterosexually identified men who have occasional sex with males and/or transgender women and who do not frequent an AIDS service organization.

The data collected for this study were derived from self-reports. The validity of self-reported behavior depends greatly on the honesty and accuracy of participants. Error in recall, deliberate falsification, intoxication, and social desirability can influence a participant's self-report (Elliot, Huzinga, & Menard 1989). Given the sensitivity of the topics in this study, some participants may have either underreported or exaggerated certain experiences. While confidentiality was guaranteed and the field interviewer had significant experience working with individuals on

sensitive subject matters, there is always a degree of misrepresentation with self-reported data (Jaccard et al., 2004).

Furthermore, this study was limited by the characteristics of the sample. Findings could differ among heterosexually identified men who are not linked to a social service agency or do not live in the core of a metropolitan area. Thus, selectivity of the sample, in addition to the size, limits generalizability. Despite these limitations, qualitative data are useful for understanding the study participants' interpretation of their behaviors and giving a voice to this hidden population. Through these data, we move toward a better understanding of the social and sexual meaning that occasional sex with males and/or a preoperative transgender women holds for heterosexually identified men.

## RECOMMENDATIONS

- Heterosexually identified men who have sex with men and/or transgender women are a diverse population. Prior work on heterosexually identified MSM has focused primarily on African American “down low” men. However, 38.7% of the men in this study were of other ethnicities. The men in this study ranged in ethnicity/race, marital status, socioeconomic status, educational attainment, and age. Additionally, the motivations for their sexual encounters varied. Interventions targeting these men must be equally diverse as well as culturally and identity-appropriate.
- The participants who had occasional sex with *either* a male or a MTF transgender differed from those who had occasional sex with a transgender *only*. Those who had an occasional

sexual encounter with a transgender woman *only* and avoided all interactions with her penis, had fewer conflicts regarding their heterosexual identity. HIV prevention interventions should target these two groups separately.

- Previous studies have defined this population as “non-gay identified” or “behaviorally bisexual.” Both of these terms ignore the chosen sexual identity of these men. The participants in this study identified as heterosexual. The first step in any effective HIV campaign is to honor and respect the population served. Not surprisingly, previous HIV prevention strategies targeting gay and bisexual men have been unsuccessful in reaching heterosexually identified MSM. HIV prevention strategies for this population should use terms such as “heterosexual” or “straight” and there should be specific HIV programs for this population; they should not be expected to participate in or respond to programs geared toward gay and bisexual men.
- Most of the men in this study had a primary relationship with a biological woman and, although most did not disclose their occasional sexual encounters to their wife or girlfriend, reported very strong family ties. HIV prevention messages as well as HIV and STI testing and counseling can be incorporated into health exams at community fairs along with screening exams for less stigmatized health concerns such as diabetes and high cholesterol.
- As most of the men in this study did not read gay-specific print media, did not participate in gay-identified events, nor patronize gay-specific venues, social marketing campaigns, HIV prevention messages, and agency recruitment ads should target mainstream venues such as

health fairs, street fairs (not gay pride events), adult bookstores, the Internet, and churches. Other ideal venues are bars that cater to heterosexual men but have either a “gay” night or a transgender show one or two nights per week. Napkins or match boxes are a non-invasive manner of advertisement/recruitment. Discreet public service announcements on the radio and television could also be utilized.

- Many (65.5%) of the participants reported a history of incarceration. HIV prevention efforts should target men newly released from jail/prison.
- In addition to targeting HIV prevention messages to heterosexually identified men, specific messages should also target their primary biological female partner(s) and their occasional male or transgender sexual partner(s). The participants withheld their occasional sexual encounters from their primary biological female partner and, for those who were HIV infected, used historical language to explain their HIV infection. Information and educational messages could target these [biological] women. Conversely, their occasional male and/or transgender female sexual partners were treated with little regard for their health. A male sexual partner was referred to as “only a man,” and a MTF transgender sexual partner was referred to as “not a real woman.” Their lack of emotional connection with their occasional sexual partner is a concern for HIV prevention. HIV prevention strategies could target the gay and bisexual men and the transgender women who engage in sexual encounters with heterosexually identified men.

- As these sexual encounters are primarily hidden, individual health promotion counseling sessions that are generalized and not specific to HIV or STIs may be a good approach for working with this population.
- The participants in this study were greater than their occasional sexual encounters. Regardless of their individual social and economic circumstances, each had a full life. Interventions should examine the complexity of their life and adopt what is commonly referred to as the “whole man approach” (Kegeles, 2006). Otherwise, the totality of their human experience is relegated to an occasional sexual encounter.





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## APPENDIX A

### THE STUDY PARTICIPANTS

*Anthony* is a 34-year-old African American who is HIV infected. To Anthony, sex with biological women and transgender women means gratification, ego satisfaction, and increased self-esteem. He talks about “conquering” a woman to “satisfy [his] ego.” When he was growing up, sex and sexual innuendoes were very common in his household. Anthony was 13 years old when he was sexually molested by a transgender babysitter and cites that as “probably the reason why every now and then” he has sex with transgenders. In that first sexual experience, he had both oral and anal sex and he was both the insertive and receptive partner. Currently, Anthony is in a “beautiful” relationship with a woman. He told her that he occasionally has sex with transgenders and, according to Anthony, she “took it really well.” Anthony has never told anyone else. Anthony goes to gay-identified locations, i.e., clubs and public sex environments such as parks and streets, for the purpose of meeting transgenders for sex. He is looking to “bond with a male with female parts.” He prefers to be the bottom in his sexual encounters with transgender women. To satisfy this desire, his girlfriend sometimes uses a strap-on dildo when they have sex, but Anthony states this is different from his encounters with transgenders because his girlfriend cannot ejaculate. Anthony states that he enjoys the way transgender women sound and act like biological women at the time of orgasm (“it’s a heightened experience for me”) and appreciates that while a woman might “play games,” a transgender will “tell you right off [that] she loves you.” Anthony’s first experience with a transgender woman was very significant for him. As he states, “What I’m doing is I’m trying to recapture that first time.” From Anthony’s perspective, sex with a transgender woman is an “experience [that’s] hard to put into words;” it is a “unique sexual experience.”

*Berkeley* is a 24-year-old Hispanic who is HIV uninfected. Berkeley has occasional sex with transgender women, which he says is like “living two lives.” He identifies as “straight” but once in a while “fools around” with a transgender woman. Berkeley and his best friend had sex with a transgender woman together a “long time ago,” and this is the only friend who knows about these occasional sexual encounters. He usually meets transgender women on city streets that are known for cruising, and he has sex with them in alleyways, motels, or their apartments. These sexual encounters usually consist of Berkeley receiving oral sex and being the insertive partner in anal sex, “never, never the other way.” When engaging in anal sex he tries to use condoms but, if they are not around, he will have sex without them. Berkeley reports, “I try to use condoms as many times as I can.” He also does not use condoms if he feels the transgender woman “takes care of herself.” He ascertains this by asking about her lifestyle and sexual behaviors. Furthermore, he will ask a transgender woman if she would like to use a condom and, if she says that it does not matter, he will not have sex with her. He has had previous relationships with biological women but never with a transgender woman. Berkeley states that he discusses HIV and condom use with both biological and transgender women before having sex. Berkeley does not typically have sex with the same transgender woman twice because he is concerned they “will talk.” Berkeley states that, to him, sex with a transgender woman and a biological woman is “the same,” but he also states that he has sex with transgender women “out of pity” and because he “feels sorry for them.” If he had a choice between having sex with a

biological or transgender woman, it would depend “on who was prettier.” Berkeley is currently homeless.

**Bernardo** is a 40-year-old Latino who is HIV infected. Bernardo has a strong identification with his religious and cultural background and, thus, pays a huge emotional and psychological price when he has sex with a male. Bernardo was raised in Mexico, where, he reports, people were admired by peers and family for being a “stud,” and having sex with a woman makes him feel like a stud. His first sexual encounter with a man occurred when he was 14 or 15 years old and, now, when he has sex with a male he wants to have sex with an older man who resembles this man. Bernardo refers to sex with men as the “dark side” and becomes consumed with guilt and shame after each same-sex sexual experience. He believes homosexuality is “a horrible, damning sin” and describes his desires for sex with men and drug use, specifically methamphetamine use, as “a demon that comes into me”; he only has sex with men when he uses methamphetamine. According to Bernardo, he would not “even consider a penis within a couple of inches of [his] body” when he is not high; however, when he uses methamphetamine, he becomes the receptive partner in anal sex. These sexual encounters always take place in a bathhouse and these experiences are very ritualized. Bernardo begins by buying women’s clothing, including undergarments, and nail polish. He dresses and does his nails once he is inside the bathhouse, and then pursues anal sex as the receptive partner—in a sling—until he leaves. The ritual continues with him disposing of the garments in the garbage and, once back at home, praying for release from his “demon.” Bernardo is attracted to the bathhouse because “the attention men give you, it’s incredible, it makes you feel loved, feel wanted.” Bernardo says that he desires sex with men when he’s high on methamphetamine. When he uses the drug, Bernardo states his religious background and his morals “go out the window.” Sex on methamphetamine is a great pleasure, “better than a good meal,” but it is always followed by torment or what he refers to as his “dark side.” Bernardo had a girlfriend and together they did methamphetamine, but their drug use caused the relationship to end. “Once you introduce that [methamphetamine] in a relationship, you might as well forget about the relationship.” Bernardo states that gay sex is “an aberration a hundred percent” and blames methamphetamine (“this drug destroys everything it comes in contact with”) for his same-sex sexual encounters. He reports that he is “100% straight” and goes to great lengths to keep his occasional sexual encounters with men a secret. He cites both unsafe sex and injection drug use as the cause of his HIV infection.

**Chuck** is a 48-year-old African American who is HIV infected. Chuck has one child and three grandchildren. Chuck, who was raised Catholic, states that his upbringing has affected his attitude toward sex. “They do a job with you, guilt and shame.” Chuck has occasional sex with transgender women and, even less frequently, with men. When Chuck has sex with a transgender woman, he feels alive and wanted; he states he wants to hear the words, “I love you.” “That’s my love, for the moment.” Chuck is currently involved with a biological woman who does not know that he is HIV infected. He believes it is not necessary to tell her as he only has oral sex with her. With transgender women, he has receptive oral and insertive anal sex. Chuck reports that he always uses condoms, that is, unless he smokes crack or drinks alcohol, in which case condoms are rarely used. Chuck drinks alcohol to quell his feelings of guilt and shame regarding sex with transgender women, stating, “I have a hang-up, I don’t know who I am. I know what I am supposed to be doing.” Chuck first had sex with a man in his early twenties, when a family friend forced the sexual encounter; he continued to have a sexual



relationship with this man for about 1 year. He meets transgenders at a public park where they are known to congregate; he does not go to gay-identified venues such as gay bars, bathhouses, or sex clubs. He feels “safe” with transgenders and has “no secrets” from them. Chuck states that he has no problem discussing his HIV status with a transgender woman because he assumes 99% of them are positive. He is afraid a biological woman would reject him if she knew of his HIV status.

**Derrick** is a 39-year-old African American who is HIV uninfected. Derrick works part-time as a driver and also works out as a body-builder. Sex for Derrick is about having a good time and “getting off.” Derrick was raised as a Baptist and, as a child, he attended church two or three times weekly. His first sexual experience with a man was when he was 29 years old and was given \$60 to receive oral sex. At the time, Derrick was homeless and he heard that he could find someone on the Boulevard who would put him up in an apartment in exchange for sex. Typically, his same-sex sexual encounters are for exchange—sex for money; however, Derrick has had sex with men just because he “likes them.” When he has not charged for sex, the men tend to be younger and Derrick is always the “top.” When Derrick charges for sex, the men tend to be older and into “harder stuff” such as fisting, defecation, and/or violence. Derrick has discussed these occasional sexual encounters with his girlfriends (biological women), but he has not told any of his male friends. Derrick went through a phase last year when he was attracted to transgenders and had a 4-month relationship with a transgender. He stated that the sex in that relationship was “great.” Initially they used condoms but stopped using them as the relationship progressed because, as Derrick states, “I guess I was just falling in love.” Derrick never discusses HIV with his girlfriends. Derrick states that he has never had a male sexual partner who insisted on using a condom; however, he did have one male sexual partner who insisted on *not* using a condom during anal sex. Derrick reports that he refused to have anal sex with that partner if a condom was not used. Except for two occasions, Derrick reports that he uses condoms for anal and vaginal sex; his condom use during oral sex is inconsistent. Derrick has been incarcerated twice, both times for prostitution. While incarcerated he had sex with transgenders.

**Donnell** is a 42-year-old African American who is HIV infected. Donnell was married for 6 years but is currently divorced. Donnell, whose father is a preacher, believes he has sinned by having sex with a man. Donnell’s first sexual experience with a man was in the military when he was 17 years old. He believes “all gay men are whores” and, thus, uses condoms with men “98%” of the time and the other 2% is when he has sex with men he knows are HIV infected. Donnell has hepatitis C and, therefore, he limits his drinking, but he does use drugs—he states that he would like a drug-free sexual partner to help keep him off drugs. Donnell enjoys sex more when he is not using drugs—“with drugs something always doesn’t go right”—but he does not get aroused with a man unless he is using drugs. He was sober for a year, during which time he did not have sex with a man. After having sex with a man, he always prays, “Forgive me, God, because I know this is wrong.” Donnell lies when women ask him how he became HIV-positive, telling them he contracted HIV through needle use.

**Fred** is a 55-year-old Native American who is HIV infected. Fred is unsure how he acquired HIV infection but believes he did so from female sex workers. When Fred was young, he was sexually abused by his stepbrother and a male neighbor. He had sex with a transgender for the

first time while incarcerated because, as he says “I needed a woman . . . to substitute.” His wife, daughter, and mother all died within an 8-year period, and he is dealing with extreme loneliness stating, “I have no friends.” Cocaine is part of his sexual experiences with men, transgender women, and biological women. Fred finds transgenders to have sex with on the streets; he does not go to gay-identified venues. Although Fred would like to date a woman, he does not do so “because I don’t want to infect her.” He believes a biological woman would be fearful about his HIV status; with men, however, Fred states, “I don’t really care if they know.” Fred reports that he uses condoms regardless of his partner’s HIV status. Fred feels sex is a beautiful thing, but after he has sex with a man he feels dirty.

**Gio** is a 29-year-old Caucasian who is HIV uninfected. Gio occasionally has sex with a male and does so primarily for income. Gio states that he has feelings of guilt about these sexual encounters that, he says, stem from religious, moral, and legal reasons. He has also had two sexual experiences with transgenders. His first sexual experience with a man was at the age of 14 when a neighbor, whose lawn he was mowing, invited him in and, as Gio put it, “groped him.” He has had two long-term relationships with women. Gio identifies himself as an alcoholic who no longer drinks but still smokes marijuana and, occasionally, crack cocaine to “put the guilt on the back burner.” He has never been asked to put on a condom but “absolutely” asks his male sex partners to wear a condom during anal sex. What he likes best about these sexual encounters is the money; what he likes least about them is the sex. Gio has been incarcerated but did not have sex during his incarceration.

**Hector** is a 44-year-old African American who is HIV uninfected. He has occasional sex with men but not transgender women, stating, “If I want a woman, I’ll get a woman.” Hector reports that 80% of the sex he has is masturbation. In the last 6 months, he had sex three times, each time with a different man, and four times with the same woman. He meets men at adult bookstores. Hector has men perform oral sex on him and forces them to swallow when he ejaculates. It is important to him to “be in control, have my fantasies lived out, and my scenarios worked out the way I want it.” He never performs oral sex on them. He has little or no conversation with these men and afterwards goes home and masturbates while thinking of the experience. He has never had anal sex with a man but states that he fantasizes about it. He likes that these sexual encounters are anonymous and forbidden.

**Howard** is a 42-year-old African American who is HIV infected. At the time of his interview, Howard was very sick with HIV disease. Howard is a recovering drug addict who has been drug-free for 5 months. Howard has occasional sex with transgender women and reports that he is turned on by their beauty. He also has occasional sex with men, but does so even less frequently than he has sex with transgender women, and does not find sex with men as exciting as sex with transgenders. He first started thinking of sex with a transgender when he was 14 and knew a cute, effeminate boy in school. His first sex experience with a transgender woman was when he was about 21 or 22. Howard does not talk about these sexual encounters with his friends, nor has he told his current girlfriend. He has been incarcerated “about five times” on drug charges and, when incarcerated, he tells them he’s gay so he will be put in the “gay dorms,” where he then searches for a transgender to be his “wife” during his incarceration. Howard states he prefers sex with biological women and cannot lay next to a transgender woman after they have had sex.

**Jackson** is a 45-year-old African American who is HIV uninfected. Jackson has been married for 8 years. He describes his parents as sexually conservative. The first time he had sex with a man was when he was in his early 20s; he has had sex with transgenders twice and both times were several years ago. When Jackson has sex with a man, he states he is the receptive partner in oral sex only. Neither his wife nor friends know that he has occasional sex with men; if his wife ever asked him, “I’d probably walk away and never see her again.” Jackson usually drinks alcohol, but does not use drugs, when he has sex with a man; he drinks more when he has sex with a man than when he has sex with a woman. Jackson cites variety as the reason he occasionally has sex with a man. “I’m tired of vanilla, let me have some strawberry.” He also tires of heterosexual male-female dynamics and reports, “Once in a while I get tired of certain types of bullshit [and] with men there’s less drama.”

**Jacob** is a 34-year-old Caucasian who is HIV uninfected. Jacob was raised by an East Coast Italian family. As a child, his parents told him that he should not be a “womanizer,” and he remembers that his family laughed at gay people. Jacob reports suffering from “my fear problems” since he was approximately 7 years old, which he states as a reason he started drinking. Jacob has occasional sexual encounters with men and transgender women. The first time he had sex with a male he was 18 years old. He and a friend were drinking and Jacob received oral sex from him. He does not like to give oral sex nor does he like to be the receptive partner in anal sex; however, he has done so for money and/or drugs (crack or crystal). When Jacob has sex with a male partner, drugs play a role “about 80% of the time.” He further states that when alcohol or drugs are involved, he gets careless about his needle use. Jacob was 22 years old the first time he had sex with a transgender woman—he had been drinking, he went to the Boulevard to find drugs, met a transgender woman, and she performed oral sex on him. This then became his pattern for sexual encounters with transgender women. Jacob finds transgender women to be more sexually liberal than biological women. He says that it is easier to meet a transgender woman and have sex with her the same night. He also finds transgender women less judgmental of his lifestyle—he identifies as being homeless and a drug addict—and finds transgender women to be more accepting of him. He states that due to his homelessness and drug addiction, biological woman will not talk to him. He can talk with transgender women about “anything” and some have been good friends; the last time he had sex with a transgender woman it “made me feel better about myself.” During sexual encounters with transgender women, Jacob is “the male role” and usually receives oral sex. He has been the insertive partner during anal sex but reports that it [anal sex] is “really not my thing.” Jacob prefers receiving oral sex from transgender women. Jacob says he will not have anal sex with a transgender woman without using a condom; however, when he has sex with a biological woman he only uses a condom if she asks him to. Jacob likes transgender women to look like biological women, and the more they look like a biological woman the greater his attraction.

**Jason** is a 37-year-old African American who is HIV infected. Jason is currently married, has a young daughter, and works in the entertainment industry. Jason explains that when he and his wife are fighting he goes to adult bookstores to have sex with men; he also states that he would not have oral sex with men if his wife would have oral sex with him. He reports that he needs sex to release tension and that if he goes a period of time without sex he “acts out” against his wife. For Jason, sex with his wife is an expression of love and a release of stress. With men,

however, sex is a manifestation of power and dominance over another human being. He experiences this power and dominance by placing men on their knees when performing oral sex on him. Sex with men makes Jason feel attractive and, he states, he enjoys feeling “adored” by these men. Jason meets his male sexual partners at adult bookstores, where they engage in oral sex and Jason is always the receptive partner. He never sees the same male sexual partner twice. Jason states that he does not have sex with men enough to consider himself bisexual. He remembers his mother once telling him that if he ever “became gay” to make sure he was not a “queen;” she told him to “be a man.” Both Jason and his wife identify as born-again Christians. He manages the conflict between his religious beliefs and sexual encounters with men by shutting out all religious thoughts during these sexual experiences. He focuses only on the moment without thinking about the consequences, which he says is “most assuredly why I am HIV positive.” He asks for God’s forgiveness after each same-sex sexual experience and tells himself, each time, that it is the last time. He has one friend with whom he has told of these sexual encounters and together they pray about it. Jason believes he became HIV infected when receiving rough oral sex. Jason told his wife that he became HIV infected from having sex with a man in the past but told her that he no longer has sex with men. He feels the worst when he thinks about his wife finding out about his same-sex sexual encounters. Jason states he always uses condoms when he has anal or vaginal sex but not when he has oral sex.

**Jay** is a 40-year-old African American who is HIV infected. Jay has been clean and sober for 5½ years. Jay occasionally has sex with transgenders and he says he has been “very adventurous in this area.” Jay believes that transgender women “understand heterosexual men better than [biological] women.” The first time he had sex with a transgender woman, it was for drugs. Jay explains that he is ashamed of this part of his life and so he does not discuss it with his friends. Jay has a 6-year-old daughter who is also HIV infected. His child’s mother is currently incarcerated and he keeps these occasional sexual experiences from his daughter. He meets his transgender sexual partners at a transgender friend’s house or at a 12-step meeting; Jay never goes to bars or sex clubs. He prefers to perform anal sex from the back because, as he states, seeing a transgender woman’s penis is a “turn off.” He usually initiates the condom discussion but does not use a condom if his sexual partner does not want to. In the last 6 months, he has had sex with two transgender women. Jay has an extensive criminal record.

**Jerry** is a 41-year-old African American who is HIV infected. Jerry has been intrigued with transgenders since the age of 13 or 14 and also occasionally has sex with men. He has been married twice and has a son, who does not live with him. Jerry meets transgender women on the Boulevard and prefers younger transgenders, he finds them less “jaded.” In the past 6 months, Jerry has had sex with two biological women, three men, and one transgender woman. He claims women sexually excite him more than men. Regarding his preferred sexual activity, Jerry states that he is “one hundred percent into barebacking” with both men and transgender women. He is exclusively a “top” with transgender partners and usually, but not exclusively, a “bottom” with male partners, and reports that he does not ejaculate with either partner type. Jerry reports that he is rarely asked his HIV status. At age 11, doctors wanted to prescribe human growth hormones to Jerry because he was not developing fully “as a man.” He states that he became “promiscuous” at the age of 36 and around that time he lived as a transgender sex worker, and he was living with another transgender sex worker. Jerry has been incarcerated several times but did not have sex while incarcerated. When he was homeless and smoking crack regularly, Jerry

found it easier to have an occasional male sexual partner, but now that his life is a bit more “stable” (i.e., he lives in a residential facility, does not smoke crack but drinks alcohol and uses methamphetamine occasionally) he would like to build a relationship with a biological woman. As Jerry does not identify as gay, he never goes into gay-identified venues such as bars, bookstores, bathhouses, or sex clubs. Jerry works in the music business.

**Jim** is a 40-year-old African American who is HIV infected. Jim was raised in a religious family where homosexuality was “taboo” and sex was only permissible in marriage. Jim states that there was much racism when he was growing up and that male sexuality was the only thing “we had to take pride in;” he says his need to be “macho” stems from his upbringing. Jim has never been married and has a 21-year-old daughter from a prior relationship. A couple of years ago Jim told his daughter about his occasional sexual encounters with transgender women, and she reacted by telling Jim that she never wanted to talk to him or see him again. Jim describes himself as “very sexually active.” He has sex primarily with biological women and occasionally with transgender women. Jim’s first sexual experience was when he was about 4 or 5 years old and was with a babysitter [biological woman]. Jim’s first sexual experience with a transgender woman was in his teens. He had harassed her and then felt some remorse, so he apologized and offered to give her a ride home, which resulted in sex. Jim has been incarcerated three times, each time for “drug-associated” crimes. During his incarcerations, Jim had sex with transgenders but not with other men. Initially, when Jim had sex with a transgender woman he received oral sex and was the insertive partner in anal sex; however, recently he has given as well as received oral sex and occasionally has been the receptive partner in anal sex. When he has been the receptive partner during anal sex, Jim pretends that he is having sex with a biological woman who is wearing a strap-on dildo. Jim does admit that he is unable to maintain the illusion when he is the active partner during oral sex. Jim feels “dirty” after sex with a transgender and has regrets. Jim uses crack cocaine every time he has sex with a transgender woman and, as his drug use increased, so did his “sexual appetite.” Jim does not discuss his HIV status with transgender women and, unless he knows that she is HIV negative, he does not use a condom as he assumes “they [transgender women] are all positive.” He states that he does discuss HIV before sex with a biological woman. Jim believes he became HIV infected through unsafe sex with transgenders. Whether he has sex with the same transgender woman more than once depends on how well she creates the illusion of being a woman. Jim drinks alcohol and uses crack cocaine and, according to Jim, the majority of transgenders he meets on the Boulevard have methamphetamine. Jim only has a few friends and most of them know that he occasionally has sex with a transgender woman. Jim never goes to gay-identified venues as he does not want to be associated with or accused of being gay.

**Joe** is a 35-year-old African American who refused to disclose his HIV status. The first time Joe had sex with a man, he was 17 years old; he was working at a fast food restaurant and the manager gave him a ride home and performed oral sex on him. Joe said the sexual experience was “great,” but he felt scared and disgusted. In the last 6 months, Joe had sex with men four times; he has had sex with transgenders twice in his life. Joe states that he went through a “Christian phase” when he was 20 to 25 years old, and during that time, he “drank to anesthetize” himself so he “wouldn’t want to look at men.” Joe reports that when he has sex with men, he uses condoms about “50%” of the time. He currently has a girlfriend whom he has

been dating for 6 months. Most recently Joe had a sexual experience with a man that he met at church.

**John** is a 43-year-old African American who is HIV infected. For John, sex is very important, stating he must “have it a couple of times a day.” In the past, John used crack cocaine, alcohol, and methamphetamine daily; however, now he only drinks daily “because of my [HIV] status” and uses other drugs, particularly crack cocaine, during sex. When he does get high, he states he “can’t wait” to have sex, it’s “like an addiction” and the sex is “just better.” John uses condoms when he is the receptive partner during anal sex but when high, he has sex without condoms (“you don’t think about no condom”). When John was 8 or 9 years old, he was molested by an older man; he continued to have sexual contact with this person until he was 20. His older brother also “messed with him.” According to John, as a child his relationship with his father was physically abusive so he “went looking for love” with older men. John was 18 years old the first time he had sex with a woman. He was in a relationship and married to a biological woman for 14 years. He met his wife in a gay club. He describes the conflict between his sexual desires and his religious upbringing as a “constant battle” and states, “I’m not happy, this is just tearing me up.” John prefers to be the receptive partner in anal sex and states that effeminate men are a “turn-on” for him. He states that as the receptive partner during anal sex he feels “like a woman.” When he has sex with a woman, she is the dominant partner; when he has sex with a man, he is the dominant partner. When he was younger, he preferred having sex with transgender women but “switched” to gay men after a transgender “broke my heart.” If his sexual partner is also HIV infected, he does not use a condom. Sex takes him out of reality, and more so when he is high, which John describes as more sensuous.

**Josh** is a 27-year-old Caucasian who is HIV uninfected. Josh was raised as a Southern Baptist and was told that all sex before marriage is wrong. Josh was 22 when he had his first sexual experience with a transgender woman. He met her in a bar and did not initially know that she was a transgender woman but, when he found out, he thought, “might as well experiment with life, I only live one life.” He went home with her and waited 3 days before having sex because he wanted to be “comfortable” and make sure it was what he wanted. The sex was good: “I never came that quick,” and that is what “kept me with” transgenders. He recalls that he was attracted to her because “she was very beautiful...her personality and how she carried herself.” Josh has never had sex with a man; he says that having sex with a transgender woman is not “like you are messing with another man.” With transgender women, he receives oral sex and is only the insertive partner in anal sex; even with biological women he prefers anal sex over vaginal sex. Transgender women, Josh states, know how to please a man and he enjoys the respect he receives from them. Josh feels that sex with a transgender woman is better than sex with a biological woman because a transgender is “a man that’s been changed over; men know how to please men better.” His condom use with transgender women is inconsistent. He does not use condoms during oral sex and uses condoms during anal sex about 50% of the time and if he thinks the transgender “has something.” Josh has told some of his girlfriends about his occasional sexual encounters with transgender women; he feels it is best to be honest. When he told one ex-girlfriend, who is the mother of his child, she left him. “She just smacked me and left.” His friends also know about these sexual encounters (“I ain’t ashamed of what I do.”), and he has brought some transgender women home to meet his family. He has lost a few friends

because, he reports, they felt he is gay, but he sees a transgender woman as a woman and “heterosexual men ain’t gay.”

**Keith** is a 60-year-old Asian Pacific Islander who is HIV infected. Keith works in the health care field and reports a needle stick in 1993 as the route of his HIV infection. Keith has been married for 40 years and has two children and three grandchildren. His wife is aware of his HIV status and insists that he wear a condom when they have sex. However, Keith’s wife is rarely interested in sex and thus, as Keith reports, 4 months ago he began to have sex with men. The first time Keith had sex with a man, he was in the service, stationed in Vietnam, and he was drunk. The other soldier initiated the sexual contact, and they ended up having sex several times that week. Currently, Keith goes to a downtown bathhouse and, on a rare occasion, to a gay bar. He finds masculine men attractive. Additionally, Keith has had sex with two male neighbors, both of whom are married and one of whom he met at church. Keith states that when he is having anal sex with a male partner, he pretends he is having sex with his wife. Keith states that when he is “horny,” he looks for sex with another male as opposed to a biological woman because “a woman will charge” money and a man will not. Keith reports that he always uses condoms, although there is usually no discussion about HIV. When the sex with men is over, there is no conversation, and if he happens to see his neighbors socially—around the neighborhood or at church—they never discuss their sexual encounters.

**Ken** is a 44-year-old Caucasian who is HIV infected. Growing up as a practicing Catholic, Ken was raised with the message that one must be married to have sex. His first sexual experience was at the age of 13 with a male neighbor; he was given “a few dollars” to receive oral sex from the man. He continued to have sex with males for the next few years, but by the time Ken was 16, he had a steady girlfriend and stopped having sexual encounters with men. Ken was incarcerated in 1999 and, while incarcerated, had sex with the same man four times and struggled with concerns about “turning gay.” Ken became HIV infected through needle use and learned about his HIV infection while incarcerated. Ken was married for 23 years and divorced in 2000. Since his divorce, he has only had casual sexual encounters and no primary relationships. Ken has one gay friend with whom he has confided his encounters with other men; other than that, he does not talk with his heterosexual friends about his occasional sexual encounters with other men. He would like to have a primary relationship with a woman but is only interested in an occasional sexual encounter with men. He finds men on the Internet and on cruising streets. Ken states that he has told every woman that he has been sexual with that he is HIV infected, but he does not tell his male sexual partners. Ken does not believe it is necessary to tell men that he is HIV infected as he is the receptive partner in oral sex and, therefore, he “figures they’re not at risk.” He uses condoms with a woman if she is not HIV infected. Ken states that when he tells a woman about his HIV status, “a door slams.” Ken had anal sex with a male partner twice and both times he was the receptive partner. Ken only exchanged sex for money or drugs when he was an adolescent and, since 1999, he has not used drugs during a sexual encounter. Sex, with both men and women is “purely sex, no feelings.” Ken has four children and he states he would not want them to learn of his sex experiences with men.

**Mark** is a 47-year-old Caucasian who is HIV infected. Mark describes himself as a “Jewish man from New York.” Mark only has sex with men for money. He is in a primary relationship with a woman, and they have a 10-month old daughter. When discussing sex, both with men and

women, Mark states that he is “not into sex that much.” He is a self-labeled “conservative” in his social, political, and economic values. The first time he had sex with a man was when he was driving a cab in the 1980s. He was high on heroin and one of his fares offered him money for sex. Mark always uses drugs before and/or after engaging in exchange sex; he feels ashamed about it and describes the men as “pieces of shit.” Mark will not hesitate to lie about his HIV status with his male exchange sexual partners because he wants the money. In the last 6 months, Mark has had sex with three women and two men. What he likes best about the sexual experiences with the men is the money, what he likes least is the sex.

**Michael** is a 40-year-old African American who is HIV infected. Michael has been in a relationship with his girlfriend (biological woman) for 7 months, and she is also HIV infected. For Michael, sex is for gratification and recreation and, sometimes, for barter (i.e., sex for money and/or drugs). The first time Michael had sex with a male, he was 15 years old. He has told his girlfriends “bits and pieces” about his sexual experiences with men but is cautious because one girlfriend left him when she found out. He does, however, tell his sister everything. He finds his male sexual partners in cruising areas that are known as gay public sex environments. He engages in oral sex with men; he had anal sex with men twice, about 7 years ago, but did not like it. Drugs, primarily crack cocaine and marijuana, and alcohol are almost always involved. The use of drugs and alcohol during these sexual encounters “kind of adds to the pleasure but it also adds to the guilt.” Michael does not use condoms during oral sex and finds talking about condoms with his male sexual partners is “a turn-off.” From Michael’s perspective, the best part of these encounters is the sex, the chase, and the anonymity. When asked about the number of heterosexually identified men who have sex with other males and/or transgender women, he replied, “There are more than people would imagine.”

**Paul** is a 22-year-old African American who is HIV uninfected. Paul states that his upbringing “very much” influences his attitude toward sex; his parents were “very strict” and would not accept him “messing around with males.” He used to be “closed-minded” about homosexuality, but because of his own experiences, he “would not damn that individual.” Paul first had sex with a male when he was 19 years old and in the military; he had an “emotional” friendship with the man and they engaged in mutual masturbation. They both told their girlfriends at the time, and they both also agreed not to do it again. Paul does not identify as gay or bisexual and states that he is “not a labeled person.” He also feels, in regard to his same-sex sexual encounters, that he does not “do it enough to really matter.” Paul currently has a girlfriend, who, as he says, “comes first regardless of anything,” and he uses condoms to protect himself “in every measure.” Paul also has a male friend he has sex with—he reports mutual masturbation—about every 4 months. His friend is relocating overseas, and Paul says he “won’t go out and look for another male.” Paul does not go to gay bars or clubs because of the “catty atmosphere.” Marijuana is often part of his sexual encounters with men and alcohol is sometimes included. He doesn’t, however, smoke marijuana or drink alcohol when he has sex with women, stating that “a woman that smokes any drug, that’s what she is going to be dedicated to.” Paul states that he does not want to have sexual encounters with men forever, it is “just not the way I was raised.” He cites the “companionship thing” as one of the reasons he has same-sex sexual encounters. Paul’s sexual experiences with men consist of masturbation and, he reports, that he wears condoms “all the time.” Paul does not discuss these sexual encounters with his male friends, except those he has occasional sex with. Paul is currently homeless.



**Phillip** is a 44-year-old African American who is HIV infected. Phillip was 21 years old when he had sex with a transgender woman for the first time; she was his uncle's friend. Phillip states that once in a while, he gets the urge for sex with a transgender but that, for him, they will never replace biological women. Phillip had sex with a man once but did not like it. He confessed that sex with transgenders was a factor in his marriage ending. Phillip is never a "bottom" in these sexual encounters as, he states, it would be "against my manhood." After having sex with a transgender he always feels depressed and asks, "What's wrong with me?" Phillip is inconsistent with his condom use with transgenders and states that he believes that "all transgenders are [HIV] positive." Phillip does not discuss his sexual encounters with transgenders with any of his friends.

**Sam** is a 37-year-old African American; his HIV status is unknown. Sam has tested twice for HIV but both times he failed to return for his test results. Sex for him is about both making love and the release of pressure. Sam was brought up to believe that sex is only between a man and a woman. He has sex with a transgender woman when he cannot "get to my girl," and during sex with a transgender he "pretends [she] is a real woman." Sam is unlikely to have sex with a transgender if he can be with a biological woman. Sam was raised in the Baptist church and was told that he should be married to have sex. Thus, he considers each sexual encounter with a transgender woman a "fall" or "slip" and justifies it by telling himself, "Everyone falls." Sam states that no one knows of his sexual experiences with transgender women; if they found out he "couldn't go round my homeboys." Sam does not look for sexual experiences with transgenders but "if it happens, it happens." He says he must be "really hard up" to have sex with a transgender. Sam does not use condoms with his girlfriend but does with everyone else. Sam states that in the past, he used both cocaine and methamphetamine but stopped because he could no longer afford those drugs; he continues to use alcohol and marijuana. When he has sex with transgender women he only receives oral sex, except for once, when he was the insertive partner during anal sex. Sam never kisses the transgender women he has sex with and he never has sex more than once with the same transgender. Sam states that sex with his girlfriend is better because he "has feelings for women," whereas he does not have feelings for transgender women. He assumes most transgenders are HIV infected but he "turns that thought off" to have sex with them. Sam has a 15-year-old daughter about whom he states, "I hope she never finds out."

**Talon** is a 31-year-old Caucasian who is HIV uninfected. According to Talon, sex is the barometer with which he can gauge his self-worth. He only has occasional sex with men for money and does so because he doesn't have another way to make money that is "as quick and painless." And, since having sex with men is a "money issue," it has lost some of its value. The first time Talon had exchange sex with a man, he was approached in a store parking lot and the man paid him to be the receptive partner in oral sex. Of that first same-sex sexual experience, Talon states, "I just kind of closed my eyes and just said my penis doesn't really know, my penis doesn't really know." Talon generally receives oral sex from men; he did give oral sex twice and both times he had the man wear a condom. Regarding condom use he reports, "Out of five or six [times], I'd say four." Talon meets his exchange sexual partners primarily on cruising streets; he never goes to gay-identified venues such as gay bars, bathhouses, sex clubs.

**Terry** is a 32-year-old African American; his HIV status is unknown. Terry identifies himself as a drug addict. Terry's father is a pastor, as is his grandmother, and his grandfather is a bishop. When Terry was growing up, it was preached to him that homosexuality is an abomination. He was married for 9 years, has a son, and is now divorced. While married, Terry described the sex with his wife as boring; however, he found sex with transgender women exciting. Terry was 15 or 16 years old the first time he had sex with a man. A man invited Terry into his car and offered to perform oral sex on him for \$20, but after the oral sex was finished, he left without paying Terry the money. Terry was incarcerated for second-degree murder, which has since been overturned. He was sentenced instead for assault with a deadly weapon. While incarcerated, the only sex he had was with his wife during conjugal visits. Currently, Terry hustles on the Boulevard, but states he has to be drunk to have sex with men. When Terry has sex with a transgender woman, he likes to penetrate her "doggy style" so he does not see her penis and he feels in control. Terry states that he would prefer to be in a relationship with a woman but presently feels socially inadequate for a biological woman. Terry believes that if he continues to use drugs and remains unemployed, then his next relationship will probably be with a transgender woman because he finds them to be more accepting.

**Tony** is a 42-year-old African American who is HIV infected. Sex is about pleasure for Tony, and his attitude toward sex has not been impacted by his religious or cultural background. Tony's first sexual experience was with a male friend at the age of 14; later that same year, Tony had his first sexual experience with a female friend. Tony is currently divorced but has had the same girlfriend for over 4 years. Neither Tony's current girlfriend nor his ex-wife know of his occasional sexual encounters with men, and Tony voiced concern and fear that his girlfriend will learn of these activities. Tony reports that he always used a condom when having sex with his wife and during his occasional sexual encounters with other men. During his sexual encounters with men, Tony is both the insertive and receptive partner in both oral and anal sex. He was not an active partner in oral sex with his wife and did not have anal sex with her. He never discusses HIV with his male sexual partners. With men, when the sex is over, he wants them to "get dressed and get out of my bed." With women, however, he likes them to stay around for a couple of hours. Tony is only attracted to men he finds masculine and "heterosexual." When Tony was in his 20s he was in a relationship with a man. Alcohol is always a part of his sexual encounters with men. When Tony has sex with a man, he tells himself that he is the only man they have "messed with." If he thought they had "men on the side" he would not be interested in them.

**Vince** is a 42-year-old Caucasian who is HIV infected. For Vince, occasional sex with a man or a transgender woman is a good way to get rid of frustration, release stress, and avoid being physically abusive to his wife of 6 months. Vince believes that sex with a biological woman other than his wife would constitute "cheating"; sex with a man is also "cheating" but not to the degree as sex with a biological woman, and sex with a transgender woman is "not cheating [because] they're not fully one or the other." Vince used to have sex with men more than with transgenders, whereas now he has sex with transgenders more than with men. He feels he is moving in the direction of having sex solely with biological women, which is his ultimate goal. Vince had sex with a woman for the first time at age 16 and had sex with a man for the first time at 20 or 21. Vince was raised in the Midwest; he described his upbringing as conservative and sex was not discussed. Vince believes that if he had not been raised in the conservative Midwest and if he had received different "messages" about sex, his life would be "totally different" today.

and he would “apt to be more on the gay side.” When he does have sex with a man or transgender woman, he “blocks out” his childhood Midwest messages. Although he has known of his HIV infection for over 10 years, he has only used condoms in the past 5 years. Vince states that he will not have sex with someone who refuses to use a condom and that he always uses condoms with his wife. Vince’s wife knows about his occasional sexual encounters—she suspected, confronted him, and he confessed. His friends do not know about his sexual encounters with men and transgender women and, if they did, he feels it would “change the friendship totally.”

*Willie* is a 27-year-old Asian Pacific Islander who is HIV uninfected. Occasionally, Willie has sex with a transgender woman and states he “can’t really explain it.” He finds transgender women more willing to have sex with him than biological women. He states that he has never had a real relationship with any of the transgender women he has had sex with. The first time he had sex with a transgender, he was 14 years old. Willie does not talk about his experiences with transgender women with his friends. In these sexual encounters, Willie reports that he is always the “top,” always “dominant,” and alcohol use is always involved. Of the sex with transgender women, Willie states, “It’s a thrill . . . it’s an experience.” Willie says that transgenders “know how to do it [oral sex]” better than biological women. He particularly likes Hispanic transgenders and also has transgenders as friends.



## APPENDIX B

### FOCUS GROUP QUESTIONS: SERVICE PROVIDERS WHO WORK WITH MSM, BIOLOGICAL WOMEN, OR TRANSGENDER WOMEN

1. Will each of you briefly describe how your work relates to this study, i.e., do you work with [MSM/biological women/transgender women] who have sex with heterosexual men? Do you work with heterosexual men who have incidental sex with [men/transgender women]?
2. Could you describe the demographics of this population (i.e., their age, race, socio-economic status, etc.) or are they not a homogeneous group?
3. Do these men have ongoing heterosexual relationships?
4. What can you tell us about the nature of these relationships (i.e., do they have a regular partner? married? divorced?)
5. Do they conceal their sexual relations with [men/transgender women] from their regular female partner? If so, is it difficult to hide their behavior? Any idea how they hide their behavior? If they hide their behavior, are they ever “found out?” If so, how are they “found out?”
6. Where do these men meet, (i.e., pick up) their occasional sexual partners? Where do they have sex?
7. What type of sex do they have? Are their sexual patterns routine or varied? (If they have intercourse, do they prefer to be tops or bottoms?)
8. Do they prefer sex with pre-op or post-op transgender women? Why?
9. Do they discuss HIV risks? Do they ask the HIV status of their [male/transgender] partner? Do they disclose their HIV status? Do they or will they use a condom?
10. What role, if any, do drugs play in these sexual encounters? If drugs are involved, what drugs are they using? Do they offer/sell/exchange drugs for sex activities?
11. What role, if any, does the Internet play in these sexual encounters?
12. How, if at all, do you think these men differ from men who identify as bisexual or gay?
13. What type of social networks do these men have? Who are their friends? Do their friends know about their sexual activities with [men/transgender women]?

14. Overall, what are your “impressions” of these men?
15. What questions should we ask during our interview with these men (i.e., please help us construct the interview outline for the study participants.)
16. Do you think we will have problems recruiting these men for interviews? What are your thoughts on ways to find these men? (Agencies? Public bathrooms? Bars? Outreach? Parks?) How should we screen them so we are not interviewing people who are not members of our target population but are trying to get the interview reimbursement?
17. What would you, as service providers, like to see come out of this project?
18. [Discuss “key informants,” insiders who know the population] Do you know of people who would be a good “key informants” that we can interview?
19. Are there any final questions you might have? Does anyone have anything they’d like to add? Is there anything we’ve missed that you think we should know? Any problems you foresee that we haven’t covered?

## APPENDIX C

### KEY INFORMANT INTERVIEW QUESTIONS

1. How do you know about the target population (heterosexual men who have incidental sex with other men and/or MTF transgenders)?
2. Could you describe the demographics of this population (i.e., their age, race, socio-economic status, etc.) or are they not a homogeneous group?
3. Do these men have ongoing heterosexual relationships?
4. What can you tell us about the nature of these relationships (i.e., do they have a regular partner? married? divorced?)
5. Do they conceal their occasional sexual relations with men and/or transgender women from their regular female partner? If so, is it difficult to hide their behavior? Any idea how they hide their behavior? If they hide their behavior, are they ever “found out?” If so, how are they “found out?”
6. Where do these men meet, (i.e., pick up) their occasional sexual partners? Where do they have sex?
7. What type of sex do they have? Are their sexual patterns routine or varied? (If they have intercourse, do they prefer to be tops or bottoms?)
8. Do they prefer sex with pre-op or post-op transgender women? Why?
9. Do they discuss HIV risks? Do they ask the HIV status of their male/transgender partner? Do they disclose their HIV status? Do they or will they use a condom?
10. What role, if any, do drugs play in these sexual encounters? If drugs are involved, what drugs are they using? Do they offer/sell/exchange drugs for sex activities?
11. What role, if any, does the Internet play in these sexual encounters?
12. When did these men typically start having sexual encounters with other men and/or MTF transgenders (at what age, at what point in their life)?
13. Why did these sexual encounters start? What is the motivation?
14. How, if at all, do you think these men differ from men who identify as bisexual or gay?
15. What type of social networks do these men have? Who are their friends? Do their friends know about their sexual activities with men/transgender women?

16. Overall, what are your “impressions” of these men?
17. What questions should we ask during our interview with these men? (i.e., please help us construct the interview outline for the study participants.)
18. Do you think we will have problems recruiting these men for interviews? What are your thoughts on ways to find these men? (agencies? public bathrooms? bars? outreach? parks?) How should we screen them so we are not interviewing people who are not members of our target population but are trying to get the interview reimbursement?
19. Are there any final questions you might have? Is there anything you’d like to add? Is there anything I’ve missed that you think I should know? Any problems you foresee that I haven’t covered?



## APPENDIX D

### STUDY PARTICIPANT INTERVIEW QUESTIONS

1. Sex can have a variety of purposes or roles in a person's life, and having sex can mean different things to different people. Even for the same person, sex can have different meanings at different times and with different people. What roles would you say sex plays in your life?
2. What “meaning” would you say sex has for you?
3. Does your cultural, ethnic, or religious background play a part in how you view sex?
4. Do you remember the first time you had sex with a [man and/or transgender woman]? Can you tell me about it? How did it happen? What motivated the activity? [Probe: when, where, circumstances, study participant age at the time, drug use involved, type of sex involved]
5. Do you know if your friends or any of the guys you hang out with have sex with men and/or transgender women? Do you ever talk about these sexual activities with your male friends?
6. Do you have a girlfriend? Are you married? [Probe: ask about any heterosexual relationship(s) including dating]
7. How do you conceal your sexual relations with [men and/or transgender women] from your [girlfriend/wife]? If so, is it difficult to hide? Have you ever been “found out?” If so, how were you “found out?”
8. Where do you meet, (i.e., pick up) your sexual partners? Where do you go to have sex?
9. Do you ever go to more “gay” identified places to have sex such as bathhouses, sex clubs, gay bars? [If so, get specifics]
10. How many different people have you had sex with in the past 6 months? How many of these partners were [biological] females? Males? Male-to-female transgender women? [Probe: How many were anonymous sex partners?]
11. What type of sex do you like to have with [men and/or transgender women]? Do you always do the same things or do you do different things sexually?
  - a. If they have intercourse, do they prefer to be tops or bottoms?
  - b. If sexual acts vary, what determines what type of sex will take place?
  - c. If they exchange sex for money and/or drugs, or other needed items, ask how much for each type of sexual activity?

- d. [If they are willing to talk about their girlfriend/wife ask...] How is this sex different from the sex you have with your girlfriend/wife? What do you like about it?
12. Do you ever see the same sex partner (male/transgender) more than once? On an ongoing basis? [Probe: on the emotional relationship between the man and the sexual partner]
13. Do you use any drug and/or alcohol? Do you use any drugs/alcohol with the men and/or transgender women you have sex with? [Probe: How are drugs/alcohol involved?]
14. Do you ever find people to have sex with on the Internet? [If so, ask what sites?]
15. Have you ever been asked to put on a condom? Do you ask the [guy and/or transgender woman] to put on a condom? [Probe: about condom use. Are condoms ever used? If so, during what types of sexual acts? How common/uncommon is condom use?]
16. Do you mind telling me your HIV status?
17. Has anyone ever asked you your HIV status or told you theirs? Do you ever ask your male/transgender sex partner their HIV status? [Probe: If yes, is HIV status talked about before or after sexual activity, or is it specific to certain sexual activities, i.e., anal sex?] Do you ever talk about HIV with your girlfriend/wife?
18. Do you get into conversations with these sexual partners and, if so, what do you talk about?
19. What do you like most about these relationships/sexual encounters? What do you like least?
20. When the sex is over, what are your feelings about yourself and your sexual partner? [Probe: the feelings, e.g., happy, sad, dominant, shameful, powerful, guilty]
21. In an average month, how often do you have sex with a male/transgender? [In an average week/six months/year?]
22. Have you ever been incarcerated [gone to jail or prison]? If yes, did you have sex with male(s) or MTF transgenders while incarcerated? [If yes, probe about these relationships and situations.]
23. Now, I'd like you to talk about a specific sexual encounter. I'd like you to focus on your most recent sexual experience with a male/transgender woman. When did this sexual encounter occur? Try to remember the sexual experience as vividly as possible. Tell me the story of when it happened, how it happened, and what happened.
  - a. When did it occur?
  - b. Where did he meet his partner (what day and time of day)?
  - c. What was he doing before he met his partner?
  - d. Where did the sex occur?

- e. Was this the first time he had sex with this particular partner? If not, how long has he known him/her? And how would he describe the relationship?
  - f. What attracted him to this partner?
  - g. What kind of sexual activities took place? Condom use?
  - h. Was HIV discussed?
  - i. What was going through his mind before having sex? While having sex?
  - j. Were any drugs/alcohol involved? Used before meeting up with sexual partner? Did they use drugs/alcohol together?
  - k. What needs or desires were satisfied from that sexual encounter?
  - l. What needs or desires were not satisfied from that sexual encounter?
  - m. Was that sexual experience typical of most of your sexual experiences with a male/transgender, or was it unusual? In what ways?
  - n. Thinking back on that sexual experience, do you think it was safe or unsafe? Why?
24. What can you tell me that I don't know? What should I know? Is there anything you would like to add?
25. How should I go about finding other guys to interview? How can I make sure that I am talking to guys I need for the study and not just someone who is trying to get the interview reimbursement?
26. What kind of HIV prevention intervention do you think you would respond to and would have an affect on you?
27. [If HIV infected...] What kind of HIV services do you want and need?