Since 2000, HIV incidence has increased five-fold within the Vanguard study, a prospective investigation of more than 1,000 gay youth in Vancouver that began in 1995. Mirroring rising rates of HIV infection in gay communities throughout North America, Europe, and Australia, these data beg more questions than answers. Why do gay youth continue to seroconvert to HIV when we think they have all the information they need to protect themselves? Do they believe that bareback sex is “real” and more intimate than protected sex? Are intimacy and love more important than living to old age? Is the fear of being infected so great and the likelihood so imminent that gay youth just want to get it over?

The Vanguard study included an ethnographic arm that set out to qualitatively unravel the factors underlying these HIV seroconversions. Using case study methodology, 26 participants were interviewed—13 of whom seroconverted since the beginning of the study and 13 age-matched participants who remained HIV-negative. Researchers sought clues to explain individual vulnerabilities and social risks by tracing the lives of participants, addressing topics such as childhood history, family relationships, experience of violence, sexual behavior, substance use, social and sexual identities, and environmental conditions.

“Liminal” Time

Many epidemiological analyses have explored HIV-related risk factors, but few have qualitatively addressed the lives of gay men facing HIV risk. The Vanguard interviews attempt to bring voice to statistics, and identify “coming out” as not only a chaotic time, but also a crucial “liminal time.” In anthropology, liminal times are processes of transition and renewal commonly referred to as “rites of passage.” These rites are important public rituals that recognize a set of altered relationships and usually demarcate and celebrate changing social and sexual identities.1 Such rites guide transitions, providing instruction to ensure safe passage.

But, while coming out meets the definition for an important rite of passage, it is often characterized by continued secrecy and isolation and increased sexual activity. Rarely is coming out accompanied by community celebrations or guided by clear traditions about how to safely achieve the transition. Finally, characterized by these social and sexual risks, coming out unfolds at the edge of an adulthood for which many gay youth are poorly prepared by heterosexual socialization. These factors, combined with battered self-esteem, appear to increase the risk of seroconversion.

Inevitably, for most Vanguard study participants, coming out resulted in a migration to specific urban neighborhoods, a process that left them feeling isolated. Matching this physical dislocation, gay youth often shed their former “selves,” and with these selves, any stabilizing effect of family, school, and community life. The only socialization process available to young gay men was the sexually dominated social vortex of gay liminal time, during which they experienced loneliness and a need for acceptance that went beyond normal adolescence. In addition, unlike their heterosexual counterparts, these gay youth faced far more serious consequences due to the risk of HIV. For some, emotional intimacy and validation took priority over physical safety. The Vanguard analysis identifies three interrelated themes associated with an increased HIV risk at coming out, which this article examines: early life and violence, gay identity, and cultural and social landscape.
Editorial: Right of Passage
Robert Marks, Editor

On the edge, on the cusp, at the border: on "liminal" time. There are many moments in life when we move from one set of assumptions about our lives to another. The transition from youth to adulthood may be the most confusing. When this transition is accompanied by an acknowledgment of gay identity, the sense of being on the edge of some great unknown is magnified.

Most societies do not provide support for the most difficult transitions, whether among gay or straight youth. And it seems that people who have trouble negotiating change are likely to be at the highest risk for HIV transmission during the sexual turmoil that is adolescence.

In this issue of FOCUS, Arn Schilder, Patricia Spittal, and Robert Hogg define the ways in which “coming out” can challenge gay male youth. Using data from an analysis of in-depth interviews, they identify a variety of co-factors. One theme that seems to run through many of the participant quotations is a history of violence and victimization.

This factor is also significant in the second article in this issue on prostitution among female street youth, whose lives are defined by sexual victimization and who face increased HIV risk through prostitution. (The authors—Amy Weber, Elise Roy, and Nancy Haley—choose to use “prostitution” rather than “sex work,” because most of these young women are engaged in survival sex and have little choice other than to trade their bodies for food, shelter, or drugs.) Two of the Recent Reports in this issue also highlight victimization as an important element in the lives of runaway youth.

Societal responses to the root causes of factors such as violence and victimization, substance abuse, and homophobia would go a long way toward reducing the risks young people face. But until these causes get that attention, we must make do with responding to the consequences: disaffection, confusion, and despair.

Schilder and his colleagues suggest that gay youth need “rites of passage,” both communal and personal, to navigate growing up in a world that has given them no institutionalized support or direction. Many in the gay community—and in other communities—have advocated for HIV prevention programs that go beyond safer sexual and substance use prescriptions.

Information and skills are crucial. But so are programs that, for example, connect older generations of gay men with their younger peers, offer young gay men opportunities to socialize in more affirmative ways, and intervene with the hopelessness and isolation of adolescence, replacing it with the motivation to remain healthy.

As with after-school programs for inner city kids, including the notorious “midnight basketball,” these are just the programs that some legislators would like to eliminate. They seem to some to be a waste of money: “Why should taxpayers cover ‘recreational’ activities?” they ask. But, there is a lot more going on at these events than pizza and bowling, and their long-term effects—for both young people and gay men living in the centers of the epidemic—may be more powerful, and cost-effective, than other prevention strategies.

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Violence and Early Life

Vanguard data suggest that dangerous coming out experiences are often foreshadowed by violence in childhood and adolescence, and this serves as “a process of vulnerabilization.” The study found that violence was often a consequence of a boy’s exhibiting atypical social sex roles, and left him especially prone to sexual coercion and substance use when navigating the fundamental change of identity.

In general, researchers have found higher levels of sexual violence among sexual minority men and an association between a history of violence and HIV-related risk, which is a crucial factor underlying the social relationships that are central to the coming out process. In a national random sample of gay men in the United States, 21 percent experienced childhood sexual abuse, a much higher rate than in the general population. This study found a relationship between abuse and the risk behaviors associated with both HIV infection and domestic violence.

More often than not, as for the HIV-positive man quoted here, Vanguard data uncovered combinations of violence among participants with HIV versus HIV-negative matches: "He was 17, and I was eight years old. I guess I was just giving off this energy. He started molesting me and forced me to blow him. That was my introduction to sex and that went on for years.”

Family dysfunction and imbalances of power between parents left some Vanguard participants with poor or undeveloped interpersonal skills. A functional family life appeared to positively affect an individual’s success in navigating both the terrain of risks regarding interpersonal relationships and experiences of isolation, stigma, and loss. Among HIV-positive participants, discord between parents...
contributed to a participant’s inability to be intimate and, thus, to negotiate safety. Moreover, participants were more inclined to have short-term relationships and more casual sex. Overall, HIV negative matches revealed supportive family environments that validated the individual.

The German scholar Axel Honneth suggests that any attempt to control someone else’s body against his or her will generates a level of humiliation that destroys that person’s relationship with his or her self much more deeply than other forms of contempt.2 The strong presence of physical violence and substance use among people with HIV in the Vanguard study speaks to such deep disconnections with the self. Other studies suggest the adult consequences of childhood abuse are substance abuse, mental distress and depression, revictimization, and sexual impulsivity.6 Survivors often have great difficulty recognizing, establishing and maintaining boundaries and frequently have physical, psychological, and sexual conflicts between themselves and others7—factors that become central to vulnerability when gay youth come out.

Gay Identity

The Vanguard study found that migration to urban centers was often associated with the transition of social identity, leaving many participants isolated and unguided at a time when they were navigating both the options and risks associated with being gay. One HIV-positive man, with a particularly horrific history of abuse and abandonment, said: “For me and a lot of people, especially if you are from a small town, when you first come out, you are a new face in town. You are a kid in a candy store because all these men want you.”

Another man, who described recurrent childhood sexual assaults, associated his gay identity with shame, rejection, and the loss of social status. Acknowledging an identity that is devalued by society is humiliating for anyone, but for sexual minorities, it is a normative process of life. To come out, is to adopt a “spoiled” identity, often resulting in a loss of self-esteem, both stigmatization and marginalization, denigration of gay men’s sexuality, social sex roles, and beliefs. Gay men are systematically deprived of rights, including the right of sexual protection, subject to restrictions of personal autonomy, and made to feel they are not full partners in social interactions.2

Cultural and Social Landscape

In this way, gay youth migrate unguided and unsupported into a landscape of HIV-related risks and come out into urban gay communities as if into a cultural vacuum. The Vanguard study revealed key challenges for these youth, including depression, isolation, the need for intimacy, gay-related stigma, and the desire to disassociate from sex. All are potent catalysts for risk that make coming out hazardous.

Living to an old age was often not conceivable to Vanguard participants. Moreover, after lives filled with difficulty and isolation, many young gay men wanted intimacy and emotional support above anything else as is clear from the words of one HIV-positive participant: “Sex with condoms is what you do until you get to the point where you can have sex without condoms. But you get to a point where you want that intimacy. Bareback sex is real. I feel you . . . and you feel me. There is nothing in between us. It is the ultimate in intimacy.”

Power was often dependent not only on one’s role in anal intercourse, but also on the appearance of the male physique and by social sex roles. As one HIV-positive man put it, the receptive anal sex role meant less power: “Of course we’re taught from an early age that males are dominant. So you know right away . . . if you are a ‘bottom,’ you are less powerful.” Being receptive also implied a different state of consciousness for another HIV-positive man: “You’ve been so trained by society that who and what you do is really wrong. So why wouldn’t you want to disengage when you are shoving your dick inside a guy? I’m very conscious when I’m fucking somebody. When I am being a bottom, I am less conscious.” A “top” expressing domineering behavior had higher social status in the affective world of these gay youth as this HIV-positive man clearly stated: “Femininity in a guy turns me right off. Even a hint of it can destroy a once beautiful man. If somebody is interested in a sexual encounter, and they show any kind of femininity; it shuts me off. That’s it, I move on.”

With stress often came substance use, exacerbating risks during the liminal times of coming out. Stressful experiences included being out-of-town, being
unemployed, and experiencing the breakup of a relationship. One participant said: “I was pretty messed up when I came out in the summer of 1995. I was going out with this guy and then we broke up. I started drinking a lot and going to the bathhouse. This one time I just slipped up and was not careful.”

Disconnective or perhaps dissociative behaviors were a recurring theme among HIV-positive participants. Sex often appeared to be someone else’s experience, echoing the coping strategies used by survivors of abuse. More often than not, participants said they were able to separate their emotions from their sexual experiences. For one HIV-positive man who experienced sexual assault as a child, depression was a key factor in his seroconversion: “When I’m depressed, I have incredibly low self-esteem and feel self-destructive. It is like anyone can do anything they want to me and I don’t care. It is almost like I’m not there. And I go for physical intimacy, and separate myself from emotions. That is my escape.”

Social Lives

The sexual lives of gay men are inseparable from the sociocultural landscape into which they come out. Broadly speaking, the gay social calendar is predictable in terms of important festivals, or “High Holidays.” In order of importance, these are: Pride Week, Halloween, New Year’s Eve, and Easter, which are punctuated by six long weekends, or “Low Holidays.” The normal order is relaxed for these periods, which are liminal by their very nature, and attendees are able to blow off steam from a pressure cooker of oppression. As one HIV-positive man noted, these festivals involve increased social exchange, which leads to increased substance use and sexual interaction. “Pride [week] is about being together with friends, and, there was one group of friends, that I’ve gotten to know better since last year’s Pride. Uh, but usually the drugs make you horny, and then you end up going home with someone.”

For gay men, these are social, carnal, and spiritual times linked to their cultural identity. For many gay youth, the gay cultural and affective life resides in this “floating” social world, a world governed by alternative codes of social behavior, sexual transcripts, and cultural constructs.

Coming out is not unlike the hazing of first-year university students away from home, who experience new freedoms and the risk of being alone. During this stressful time, coming out usually means voracious socialization, polysubstance, and lots of sex. One HIV-positive man said he partied every weekend, and sometimes seven nights a week, during the year he came out.

Recommendations

It is unlikely that HIV incidence will subside if we do not deal with gay men as whole social beings. To reduce harm requires five key actions. First, childhood health interventionists must acknowledge that violence exists in the lives of many gay boys making early intervention a priority. Second, health practitioners who deal with adult gay men need to identify this trauma and intervene appropriately. Third, communities need to understand coming out as a liminal time and create culturally safe environments—including rituals and customs—that assist gay youth to safely transition into adulthood. Fourth, health interventionists should incorporate gay men’s cultural beliefs and values in their strategies to make HIV prevention relevant. Finally, prevention initiatives need to educate gay men about how gender constructs devalue and contribute to risk.

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Female Street Youth and Prostitution
Amy E. Weber, MSc, Élise Roy, MD, MSc, and Nancy Haley, MD, FRCPC

Facing limited social and economic resources, which may force them to resort to sexual or drug-related activities to meet daily survival needs, urban street youth are at increased risk of HIV infection. This article reviews the epidemiological data on homelessness and HIV and focuses on female street youth and their relationship to sex work.

Worldwide, homeless people are at risk for serious physical and mental health problems and the repercussions of infectious diseases such as tuberculosis and AIDS. The definition of "street youth" varies and often reflects country-specific constructs, however, one consistent factor among all street youth is their precarious living conditions, which are characterized by poverty, residential instability, and emotional and psychological vulnerability. Estimates of the number of homeless youth vary depending on the sampling strategy and the definition of street youth employed. In the United States, it is estimated that as many as two million youth run away from home each year.\(^5\) One study found that 7.6 percent of a nationally representative sample of U.S. youth reported that they had experienced at least one night of homelessness over a 12-month period.\(^2\) Canadian estimates of the number of homeless youth range from 45,000 to 150,000, most of whom live in the major cities.\(^3\)

Approximately 4 percent of homeless youth in the United States are HIV-positive.\(^4\) Other samples estimate HIV prevalence among all U.S. adolescents as two- to ten-times lower. Of the studies that have explored HIV-related characteristics and behaviors of street youth, many have not distinguished between male and female youth. But there are important differences, particularly with respect to sexual behaviors that may have an effect on the likelihood of HIV infection.

Both male and female street youth have been shown to engage in high-risk behaviors such as injection drug use, unprotected sex, and prostitution. While such HIV risk behavior has been well-characterized, HIV risk among particular subgroups of these youth, such as females who engage in prostitution, are not well-understood.\(^5\)

Life on the Streets
A Montreal study compared HIV risk factors and correlates of these factors between female street youth involved in prostitution and female street youth with no history of involvement in prostitution.\(^6\) The median age for young women at study entry was 19 years; 96 percent were born in Canada, 8 percent were of Aboriginal ancestry, and the majority (79 percent) had some

References

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See also references cited in articles in this issue.
high school education. The study applied a broad definition of prostitution in order to capture a spectrum of situations involving any “exchange of sex for money, gifts, drugs, a place to sleep or other things.”

Participants involved in prostitution were more likely than participants who were never involved in prostitution to report significant instability characterized by a history of homelessness, running away from home, or having been kicked out of home. Such “unstable lifestyles” have been associated with increased risk for HIV infection, and the probability of engaging in both sexual and drug-related risk behaviors increases with the length of the homelessness. In addition, as homelessness lengthens, material needs grow, thereby further reducing inhibitions against risk-taking and increasing exposure to other high-risk populations.

Substance Use

The Montreal study also found that young women involved in prostitution reported greater substance use including binge alcohol and drug use, magnifying HIV risk in two ways. The likelihood of engaging in HIV risk behaviors may increase during times of decreased cognition associated with substance use, and the use of substances during sex may lead to a decrease in both the perception of risk and the negotiation of safer sex.

An important difference between the two Montreal groups related to injection drug use, which was more common among participants involved in prostitution. Young women in prostitution tended towards more frequent needle sharing, and more young women in prostitution reported preferring to inject cocaine, a behavior that has been independently associated with HIV-related risk. Sharing behaviors may be a function of homelessness and drug addiction, particularly cocaine addiction, rather than involvement in prostitution, and needle sharing is further encouraged by the unstable lives of street youth, who are often without a safe place to live. A stable environment may contribute to safer injection practices by reducing the threat of arrest or drug theft.

Finally, participants involved in prostitution had initiated sexual activity at a younger age than those not involved in prostitution. In general, younger age of first intercourse among girls has been linked to greater frequency of risky sexual behavior, including sex with at-risk partners such as bisexual men, injection drug users, and HIV-positive men. In addition, young age of sexual initiation is a concern because the physiological vulnerability (cervical epithelial immaturity) of younger women puts them at increased risk of HIV infection. The Montreal study also found that young women involved in prostitution reported more lifetime and recent sexual partners and were more likely to report unprotected sexual activities with partners.

Approximately 50 percent of the young women in both groups of the Montreal study reported a history of pregnancy. The proportions of participants reporting pregnancy is close to double that found in a study of American female homeless youth, but similar to the proportion of homeless youth reporting pregnancy in a study conducted in California, and are indicative of high levels of unprotected sex. Street youth also face significant institutional and personal barriers to health services, including screening for sexually transmitted diseases, HIV counseling and testing, condom education and provision, pregnancy counseling, and access to effective birth control measures such as injectable contraceptives.

Conclusion

Young women involved in prostitution are at increased risk of HIV infection due to their sexual and drug using behaviors. For this group, injection drug use most likely represents the greatest HIV-related risk. Strategies to reduce needle sharing, for example, ongoing education campaigns, increased access to needle exchange facilities, and other drug addiction services are important methods to decrease HIV transmission. Further, risk of HIV infection due to sexual risk behavior is far from being limited to commercial partners as these young women take sexual risks in their personal relationships. Strategies to reach these youth and to provide them with personalized prevention messages, preventative health care, and stable environments should be a priority for public health authorities.

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Youth, Sexual Orientation, and HIV Risk

A study of homosexual, bisexual, and heterosexual youth found that condom use and the social-cognitive determinants of HIV risk varied by gender and sexual orientation. Gay youth were more likely to use condoms than others and bisexual youth took the most risks.

Researchers collected data from 478 adolescents aged 13 to 21 who accessed services at four community agencies in New York City, San Francisco, and Los Angeles between March and December 1993. Researchers asked about behavior, including specific sexual acts, number of partners and sex acts, condom use, and sexual negotiation skills, and about social-cognitive perceptions, including perceived risk for HIV, social norms of friends, self-efficacy, and partner beliefs.

The sample was 29 percent African American, 36 percent Latino, and 35 percent White or “other.” Fifty-five percent identified as heterosexual, 22 percent as homosexual, and 23 percent as bisexual. Prevalence and frequency of sex acts—vaginal and anal—were similar for all sexual orientations, except lesbians, who self-reported fewer sex acts overall. Condom use differed significantly by sexual orientation and gender: bisexual females having vaginal sex with male partners and gay males having anal sex were most likely to use a condom.

Gay male youth perceived themselves to be at higher risk for HIV than their heterosexual peers and had greater ability to make safer sex enjoyable, according to agreement with statements such as “I can put a condom on (myself/my partner) and enjoy the experience.” However, they were less successful than other groups in demonstrating proper condom use and effective negotiation skills, suggesting a gap exists between positive attitudes toward HIV prevention and safer sex skills.

Bisexual youths reported highest sexual risk-taking and the lowest perceptions of risk for HIV. Heterosexual youths demonstrated the highest abilities for proper condom use, but reported low rates of actual use and less positive HIV-related attitudes and beliefs.

Coming Out and HIV-Related Risk

The difficulties surrounding sexual debut—including vulnerability regarding first acts of anal sex, loneliness, desperation, and homelessness—were of greater concern than the threat of HIV infection to participants in a qualitative study of “coming out.” In response, sexual health must be approached within the wide context of gay male life.

Researchers interviewed 20 working-class gay men aged 19 to 45 in the northern English town of Barnsley. The interviews were analyzed by the authors for themes regarding coming out and acculturation into the gay community.

Three main themes emerged. First, men were often introduced to the gay community through public sex environments. Public spaces often provided the only access to other gay men, because study participants often had neither the money nor the transportation to take part in rural area's limited gay and lesbian pubs and clubs. Second, becoming acculturated required learning a new “language,” that is, becoming familiar with the terms gay men used to talk about sexual behavior in the context of societal stigma.

Third, participants had to adapt to a new sexual culture, which included voicing personal health concerns that were often at odds with a partner's desire. Many men spoke of an inability, due to inexperience and feelings of disempowerment, to use a condom for the first few acts of anal sex. These themes suggest that sexual identity development influences HIV risk-related behavior, specifically through levels of...
disempowerment as newly out gay men become acculturated to the gay community.

**Survival Sex among Homeless Youth**

The first national study of homeless youth in United States concluded that 27.5 percent of street youth and 9.5 percent of youth in shelters had ever engaged in survival sex, that is, the selling of sex to meet subsistence needs. Earlier estimates from smaller studies had found proportions ranging from 10 percent to 50 percent.

Study participants, aged 12 to 21, had spent at least one night in the past year away from home, including staying at a youth or homeless shelter, an abandoned building, outside, or with a stranger. Researchers recruited 631 youth from 23 different shelters throughout the United States and 528 street youth from cities chosen for their high concentrations of street youth.

Between November and December 1992, researchers collected information on demographic background, victimization, criminal behavior, substance use, sexually transmitted diseases, and suicide attempts. They were prevented by federal regulations from asking questions about sexual orientation or risky sexual behaviors. The mean age was 16 years for youth in shelters and 18 years for street youth.

Survival sex occurred for the same background characteristics for both youth in shelters and street youth. The older the participant, the more likely he or she was to have engaged in survival sex: 18.0 percent of youth in shelters and 36.3 percent of street youth aged 20 to 21 had had survival sex compared with 4.7 for youth in shelters and 14.3 percent street youth aged 12 to 13. In addition, 18.0 percent of youth in shelters and 37.4 percent of street youth who had been away from home for more than a year had engaged in survival sex, as compared with 5.5 percent of youth in shelters and 9.2 percent of street youth who had been away for 30 days or less.

The odds of survival sex were also higher for youth who had been victimized before leaving home, engaged in criminal activity, attempted suicide, had an STD, been psychiatrically hospitalized, or been pregnant.

**Homeless Youth and HIV Risk**

HIV risk among youth is associated with the severity of homeless circumstances, not just the state of being homeless, according to a study of homeless youth in Washington, D.C. Field workers identified 288 homeless participants, aged 14 to 21, by enlisting city outreach and social service agencies to identify eligible youth. The researchers collected information about homelessness and HIV risk behavior between July 1995 and January 1996. Eighty-one percent of the participants were African American; 51 percent were female.

Those characteristics positively associated with HIV risk were those that also conveyed a more severe or dangerous experience of being homeless, such as “ever spending the night in a public place,” sexual victimization, and financial support through illegal activities, most commonly selling drugs or stealing. For both males and females, HIV risk increased with age. Both sexes reported high rates of unsafe sexual behavior and low rates of injection drug use.

Going hungry while homeless correlated with HIV risk for male youth only, who represented 49 percent of participants. For female youth, HIV risk increased if an individual had been thrown out of homes or ever stayed with a stranger.

**Next Month**

Recent surveys suggest that both sex and health are among the most widely searched topics on the Internet. While research in the area of HIV and the Internet is new, there appears to be two important pieces of evidence: people who use the Internet to find sexual partners are more likely to engage in riskier sexual activity and the Internet may help to form a bridge to reach these individuals with HIV prevention messages.

In the April issue of FOCUS, Jonathan Elford, PhD, a researcher at the City University in London, reviews the literature on HIV, risk, and the Internet. Michael W. Ross, PhD, MPH, a University of Texas, Houston researcher, discusses the potential for using the Internet to deliver HIV prevention and HIV-related counseling.
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