INTERNET AS A MEDIUM TO SEEK PARTNERS AMONG MEN WHO HAVE SEX WITH MEN

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DISSERTATION

Presented to the Faculty of the University of Texas School of Public Health

in Partial Fulfillment

of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

THE UNIVERSITY OF TEXAS SCHOOL OF PUBLIC HEALTH
Houston, Texas
May 2008
PREFACE

The data for this dissertation were provided from an Internet survey which examined how MSM use the Internet to find sex partners. It is part of a collaborative study funded by the Centers for Disease Control and Prevention (CDC), and of which Dr. Michael W. Ross is the principal investigator.

This dissertation includes three papers. Paper 1 titled *Sexuality and the Internet among Men Who Have Sex with Men: A Literature Review*. Paper 2 titled *Differential Processes of Internet vs. ‘Real Life’ Sexual Filtering and Contact among Men Who Have Sex with Men* will be submitted for publication to the journal AIDS. Paper 3 titled *Differential Drug-Related Filtering for Internet vs. in Real Life Sexual Encounters among MSM* will be submitted for publication to the journal AIDS Care.
ACKNOWLEDGEMENTS

I am obligated to my committee members for their constant support and assistance during this project. This dissertation reached its conclusion only by their encouragement and terrific mentoring.

I would like to thank Dr. Susan Tortolero for taking the time and effort to be my advisor in this doctoral journey.

I would also like to thank all three committee members, Dr. Ross, Dr. Tortolero, and Dr. Shegog for reviewing the project and giving me valuable suggestions and advice.

The data collected from the original study were taken with the permission of the principal investigator and the data owner, Dr. Ross.

Last, but not least, I want to honor my father, Hubert Lee Rice, who was with me in the beginning of this doctorate journey. His memory serves me well as I am my father’s daughter.
AN INTERNET STUDY OF MEN WHO HAVE SEX WITH MEN

Publication No. _______

Shelia Renee Rice, B.A., M.A., Ph.D.
The University of Texas School of Public Health, 2008

Dissertation Advisor: Michael W. Ross

While there are reports of developing sexual relationships on the Internet (I) among MSM, there are few reports that have examined the process of developing sexual relationships on the I and comparing to that in real life (IRL). This study examines the process to provide insight into how MSM make decisions about courtship, engages in negotiations for sex, and choose sexual partners and examines the comparative sexual risks taken between I vs. IRL negotiation. This self-selected convenience sample at a national level (n=1001) of MSM recruited through the I, systematically explored the different steps, the process of courtship in a flow chart of I and IRL dating to portray the process of filtering, courtship and/or negotiation for sex. Risk behaviors in both environments are presented along with interactions that create predictable sequences or “scripts”. These sequences constitute ‘filtering’ and ‘sexual positioning’. Differences between I & IRL suggest discussion of HIV/STD status to have consistent differences for all variables except’ unprotected sex’ meaning no condom use. There was more communication on the I in regards to self revealing information or variables relating to reducing risks which enable ‘filtering’ (including serosorting). Data indicate more steps in the I process, providing more complex, multiple steps to filter and position with regard not only to HIV/STD risk but also to negotiate position for complementary sexual interest. The study established a pattern of
MSM’s courtships or negotiation for sex and a pattern of acquisition, and more I negotiation. Data suggest negotiation opportunities which could lend to intervention to advise people how to negotiate safely.

Previous studies have reviewed MSM and drug use. This is a study to review the process of drug use associated with sexual behavior regarding the Internet (I) and in real life (IRL) using a self-selected, convenience sample of MSM (n=1001) recruited nation-wide through the Internet. Data on MSM and drugs illustrate the Internet being used as a tool to filter for drug use among MSM. MSM’s drug use in both environments highlights the use of sexual performance drugs with an IRL pursuit of intimacy or negotiation for sex. IRL encounters were more likely to involve drug use (both recreational and sexual performance-enhancing) than Internet encounters. This may be due to more IRL meetings occurring at bars, clubs or parties where drug use is a norm. Compared with IRL, the Internet may provide a venue for persons who do not want to use drugs to select partners with similar attitudes. This suggests that filtering may be occurring as part of the internet negotiation. Data indicated that IRL persons get drunk/high before having sex in past 60 days significantly more often than Internet participants. Age did not alter the pattern of results. Thus drug filtering is really not recreational drug filtering or selecting for PNP, but appears to be situationally-based. Thus, it should perhaps be seen as another form of filtering to select drug-free partners, rather than using the Internet to specifically recruit and interact with other recreational drug users.
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Sexuality and the Internet among Men Who Have Sex with Men: A Literature Review

INTRODUCTION

Use of the Internet has intensified significantly over the past decade in conjunction to meeting partners for sex and to an unusually high degree, among men who have sex with men (MSM). Sexual practices, such as unprotected anal intercourse performed by some gay men, create dramatic vulnerabilities to potential risks. The act of disclosure in communicating with an individual on-line or dating via the Internet has led to changing contexts of sexual behavior. The virtual age combined with new realms in sexual landscapes has become the newest risk environment for the transmission of Human Immunodeficiency Virus (HIV) and sexually transmitted diseases (STDs). Sexuality becomes radically different, especially coupled with the Internet. The sexual topography of the on-line world forms images by reflection of the off-line world. Intimacy, romanticism, fantasy, and cybersex offer new fodder for social experience and shaping sexual culture. Particularly, access to the Internet among MSM has increased dramatically creating an emphasis for HIV and STD prevention research in public health.

The effects of sensual and sexual expression parallels a complex high toll, as statistics from the Centers for Disease Control and Prevention (CDC) suggest the numbers of new HIV/AIDs patients among MSM in 2004 increased by 8 percent more than the numbers in 2003. There is a question whether this increase is because of an increase in the cases of HIV infections or an increase due to more testing. Regardless, in 2004 MSM was still the primary factor for about 51 percent of all new HIV/AIDs cases in 70 percent of male adolescents and adults (CDC, 2007). STDs are considered markers for high risk sexual practices and remain a
public health challenge to MSM as the risk for susceptibility to HIV infection increases. STDs such as hepatitis B and C, herpes, NSU (nonspecific urethritis), and syphilis make HIV-negative men more vulnerable to contracting HIV and make HIV-positive men more infectious (Shernoff, 2006). Syphilis reached an all-time low in 2000. In years 2000-2005, the number of syphilis cases among MSM rose from seven percent in the country to more than 60 percent in 2005 (Kaiser Daily, 2007). The numbers are rising as MSM continue to have anonymous sex and experience large numbers of partners. The CDC (2007) recorded a severe form of syphilis among MSM called symptomatic early nerve-syphilis, a rare manifestation of syphilis. STD researcher Peterman said study participants believe they do not need to practice safer sex because they already have HIV (CDC, 2007).

Cooper (1998), King (1999), Ross and Kauth (2002) and Tikkanen and Ross (2003) have singled out the factors accessibility, affordability, anonymity, acceptability, and approximation, collectively called the Quin-A engine, to explain why the Internet has become an important medium used by people to enhance their sexual life. These factors have led to new developments in MSM such as a sociological change in the location of sex (Internet), and the domain of sexual possibilities (Ross, Rosser, & Stanton, 2004; Tikkanen & Ross, 2003).

The Internet has become specifically popular among MSM to meet sex partners and set up liaisons (Bull, Lloyd, Rietmeijer, & McFarlane, 2004; Liau, Millett, & Marks, 2006; McFarlane, Ross, & Elford, 2004; Ross, Simon Rosser, McCurdy, & & Feldman, 2007; Ross, Daneback, Mansson, Tikkanen, & Cooper, 2003; Ross, Rosser, & Stanton, 2004; Ross, Rosser, Stanton, & Konstan, 2004; Ross, 2005; Ross, Mansson, Daneback, & Tikkanen,
2005; Ross, Rosser, Coleman, & Mazin, 2006). In the past, customary partner contact among MSM has been in bath houses, gay bars, or personal ads. The Internet has made the possibility of contacting people an order of magnitude bigger. Instead of men going to a bar to pick up other men, they can go on the Internet and find out, at any hour day or night, who is around, their location, and easily make a contact. Due to this, the Internet has become a new sexual risk environment where one can catch things other than the often talked about computer virus. The social impact and use of the Internet to seek out romantic partners and/or sex, is a snapshot of this transformative technology and concurrently, leads to HIV/STI transmission implications. The new order in virtual space provides a productive marketplace for a substantial percentage of MSM to look for partners and for those who do, studies suggest they are more likely to engage in unprotected sex (Liau et al., 2006; Truong, Kellogg, & Klausener, 2007).

The mainstreaming of on-line life began on October 13, 1994 when Netscape’s Mosaic browser was made free, allowing thousands of people to download and experience the World Wide Web (WWW) (Pew Foundation, 2005). Fast-forward to 13 years later where it has transformed the manner in which people educate, shop, care for themselves, bank, work, amuse, communicate, and as highlighted in this research, the increasing salience of sexuality. According to the Online Publishers Association, the Internet is king in the dating world. In 2003, consumers spent $339.5 million on on-line dating in the U.S. This is nearly one-third of all money spent on Web content (Strieff, 2004). A summary of findings from the Pew Internet research (2006) suggested of the active cohort of ten million Internet users who are single and searching for romance, 74 percent have used the Internet to further
their romantic quests. The Pew survey reported 31 percent, or 63 million American adults that know someone who has used a dating website. The survey suggests broad public contact as 26 percent, or 53 million adults report they know someone who has gone on a date with someone met through a dating site (Madden & Lenhart, 2006).

This paper reviews different theories in an attempt to explore Internet sexuality and offer a more systematic study of relationship formation. The academic community has just begun to view social theory and its relation to Internet-mediated sexuality. Theories can present a comprehensive framework for understanding emotions, in particular focusing on romantic love and sexual desire in cyberspace. Despite the promise that the Internet holds for interpersonal relationships, there is very little research on the process or temporal steps of these relationships. The quest is to examine the emergence of relationship formations in cyberspace and compare this ‘Process’ to an In-Real-Life (IRL) Process, in off-line circumstances. Identifying the Process of both On-line and IRL, establishes a timeline of how MSM informs in negotiating for sex/love and drug use on the Internet in a psychological and social domain. In this quest, a conceptual model termed ‘The Process’ is proposed to identify the temporal unfolding of a man’s search for sexual partnership. Courtship is part of a process where many factors are at work. Part of courtship is sexual negotiations, an important aspect of sex (Baumeister, 2001). Courtships in the dimensions of cyberspace are not measured by physical parameters, but by imaginary reality of a novel psychological domain that is not tangible.

As a result of this we are now looking at the Internet as modifying sexuality and sexual context in such a way that it will make it likely there is going to be an impact on
public health issues such as STDs, HIV, and risk (Ross, 2005). Drugs are also a key issue in this quest, as behavior and dating are affected (Risser, Timpson, McCurdy, Ross, & Williams, 2006; Ross, Mattison, & Franklin, 2003). Theories may also create foundations to investigate drug use among MSM and Internet behavior. Recreational drug use affects behavior, as people are less likely to use condoms and more likely to engage in risky behaviors. In a study of HIV-positive MSM (n = 253) with alcohol use disorder, 80 percent of subjects reported experiencing sexual behavior with casual partners, and 71.9 percent of those subjects did not know the HIV status of their partners. Participants also indicated a relationship between the use of substances and sexual risk behaviors (CDC, 2007). The soaring popularity of “party drugs” such as GHB, Special K, and Ecstasy among MSM parallels the rising high-risk sexual behavior in the U.S. (van Kesteren, Hospers, & Kok, 2007). MSM who also inject drugs are at elevated risk for acquiring and transmitting HIV in the U.S. (Bull, Piper, & Rietmeijer, 2002). Also, the behavioral characteristics of HIV-positive MSM are more likely to use recreational drugs and report sexual behavior that is high risk, than never-tested men or HIV-negative men (Elford, Bolding, Davis, Sherr, & Hart, 2004).

This literature review aims to understand the workings, social theory, sexual process, drug-related, and demographic aspects of MSM on the Internet, and to give a better understanding of this group to optimize healthcare and inform the community. Unraveling the nature of a relationship process among MSM is essential for developing effective on-line interventions. Describing this domain could contribute to the literature and may be helpful in predicting accolades and challenges of future Internet facilitated matchmaking.
Theoretical Framework

In this literature review, we are not testing hypothesis based on theories, but at this stage describing processes which may be illuminated by theory. We are observing the application of data to a model as an integrative exploration of the possibilities and uniqueness. Cyberspace is the metaphorical space of networks and computer systems in which on-line communication takes place and data are stored (Wikipedia contributors, 2007). The term came from science fiction and became a de facto synonym for the Internet.

Allucquere Stone (1998) writes of the effects interactivity of computers have on our social communication. Stone’s theory is robust at explaining the myriad influences of the Internet and believes that because our mechanical age is foundational in the work ethic, we look at computers as tools only. Stone implies:

“As with all powerful discourses, their very existence shapes us. Since in a deep sense they are languages, it’s hard to see what they do, because what they do is structure seeing. They act on the systems – social, cultural, neurological – by which we make meaning. Their implicit messages change us.” (pp. 167-168.)

The virtual age is made clear by a gradual disclosure toward interiority and textuality, allowing electronic communication technologies such as television, radio, and computer networks to accompany the discourse networks while social formations are being created (Stone, 1995). The changing discourse networks and social formations maintain the trend toward an enhancement in an awareness of a sense of self, a progressively trend of physical isolation for people in Western societies, and toward reduced sharing of physical space (Stone, 1995). There is a new discourse where communication occurs in cyberspace without
voice or physical appearance. The mechanical age used visual knowledge and that association is ending, while the virtual age is unfolding (Stone, 1995). The term virtual has a similar meaning to ‘pseudo’ or ‘quasi’, meaning it is almost something else or that which is not real, but may have all the full qualities of the real (Wikipedia contributors, 2007). Virtual is a representation rather than the ‘real’ thing. An example is a reflection in a mirror: it is there whether you are there to see it; it is not waiting for any kind of actualization (Wikipedia contributors, 2007). Internet technology created the environment for Internet dating, with participants who may communicate by telephone and e-mail, experience cybersex, and yet never meet each other in person. Stone suggests the virtual age is characterized by technologies, social formations, and discourse networks which continue the trend toward increasing physical isolation of individuals, displacement of shared physical space, both private and public, and an increasing awareness of a sense of self – all by prosthetic communication and textuality (Stone, 1995). The social impact and use of the Internet to seek out romantic partners and/or sex, is a snapshot of their transformative technology.

The discourse between people via the computer gives particular form in a new way. The body does not speak but becomes the spoken as “culture speaks through our mouths” (pg. 107) (Stone, 1995). It is challenging to not be able to see a computer discourse and yet understand how they can structure lives and bring messages or create physical seeing. Cyberspace has a profound effect upon love and sexual desire, as emotions are intense in this seemingly imaginary abode. New personal relationships can be formed by connecting to the
Internet. E-mails can be sent from one continent to another in minutes, and people can experience real-time conversations through instant messaging or chat rooms.

Not only are new personal relationships formed, but Stone suggests the multiplicity of personae that are created in the Virtual Reality scenario. Stone believes Virtual Reality gives us license as a potentiating environment to adopt various personae. She writes “in cyberspace, the transgendered body is the natural body” (Stone, 1995), because anyone can be any body they claim to possess. On the Internet a potential partner can select and maneuver their self-presentation. One can say whatever they choose to say and the time to disclose it. Adopting an online persona may cross boundaries where people may feel a sense of relief or an uncomfortable sense of fragmentation. Some people feel self-transformed with a possibility of self-discovery (Turkle, 1995). Self-presentation online raises an issue of trust as people in reality can be very different than their persona presented online. There may be important information hidden or a purposeful deception. The act of taking advantage of the anonymity of Internet dating, in order to deceive others through false identity or images, is attributed to disinhibition (Donn & Sherman, 2002). Disinhibition is any behavior distinguished by an apparent reduction in caring for self–presentation and the judgment of others (Joinson, 1998). Perhaps some people are not intentionally misleading their Internet cohorts. Have you ever read something and automatically assumed things about the writer? Assumed the writer’s gender or age? Rather, the imprecision of textuality can lead one to create an impression of another person very different from the impression in face-to-face contact (Campbell, 2004). It could be that only a percentage of what one thinks is correct. For example, a person could establish a relationship online with someone who emphasizes
body building and physical fitness. In the next phase of meeting Face-to-Face (FTF), a change in perception can occur when they view the person smoking a cigarette. Thus the online persona does not match the offline reality.

Patrons can construct an often incongruous mental image through online interaction in contrast to what they encounter face to face (Campbell, 2004). The Internet offers a select degree of identifiability forming relationships with others online. A more positive view is the offering of social communication for individuals with higher levels of shyness. The Internet is appealing to some people because of the reduced-cues environment that can censor many of the gating features, necessary in FTF communication. Computers allow individuals to communicate, or get their point across, without gating features such as visible shyness, social anxiety, physical unattractiveness, or a visible handicap (Sheeks & Birchmeier, 2007). A relationship can be based on shared interests rather than proximity or physical attractiveness. Modern Darwinism suggests (Sheeks & Birchmeier, 2007):

“An organism is an integrated collection of problem-solving devices – that is, adaptations – that were shaped by natural selection over evolutionary time to promote, in some specific way, the survival of the genes that directed their construction” (p 256).

The model Environment of Evolutionary Adaptedness (EEA), suggests adaptations and change in human courtship. Regard the powerful effect that fear of rejection has on behavior – in its broadest sense. Romantic/sexual rejection is wounding; the thought of being rejected is wounding, and the memory of such wounding – all leading to the possibility of being rejected, affects most individuals mating behavior (Symons, 2005). The safety and anonymity of cyberspace can allow for more opportunity or freedom, to not be criticized or
judged. The conflict especially for homosexual, bisexual, or transgender populations is considerably reduced in cyberspace, as anxiety is lessened in disclosing their sexual orientation. The MSM who reside in an environment of high stigma or rural isolation may connect to the Web for community. The Internet could be considered a part of evolutionary adaptedness. The underlying motivational system may have been shaped by the ability to function in a world in which rejection has substantial costs (Symons, 2005). The conflict between openness and closeness in the process of self-disclosure is more linear in cyberspace, moving in an unidirectional momentum from nondisclosure to near full disclosure. In a face-to-face (FTF) environment, emotions to reveal and conceal make individuals vacillate between guarded self-concealment and articulate self-disclosure (Ben-Ze'ev & NetLibrary, 2004). Reduced vulnerability and greater anonymity facilitates self-disclosure as risks are reduced. A paradoxical effect of the Internet is people revealing more intimate information in cyberspace, and allowing a profound connection with others. Perhaps an increase in private self-awareness explains some of the sharing – related disinhibition (Donn & Sherman, 2002). A distinct advantage of the Internet is the possibility of being able to connect with such a multitude of people in cyberspace. This advantage could also create a challenge as the temporal speed, intensity, and intimacy created online, without a trust and solid rapport of FTF built over time could create vulnerabilities (Cornwell & Lundgren, 2003).

Sexual Script Theory

Another direction to explore is Sexual Script Theory (SST) as elaborated by Gagnon (1999). Sexual Script Theory holds that in most sexual behavior, the behavior is a script.
Gagnon believes we are not only actors on the stage but we have scripts. Once we have done a behavior two or three times, it becomes scripted. Gagnon suggests (Gagnon, 1990):

“That the actual experience of the sexual as well as what is done sexually by individuals is a result of the particular learning circumstances of a specific culture. The domain of what is learned includes every aspect of the sexual including the reading of physiological events relevant to sexual arousal sexual pleasure, and sexual climax (p. 4).”

The sexual script theorists Gagnon and Simon (1973) and Simon (1986) present sexual encounters as learned interactions that follow predictable scripts or ‘sequences.’ Gagnon and Simon founded SST and its application in clinical practice on the reality that the subjective understandings of each person and their script, substantively determines that person’s choice of sexual proceedings and the following experience of those sexual acts (Jones & Hostler, 2007). Script theory has been applied to both genders behavior on first dates (Pryor & Merluzzi, 1985; Rose & Frieze, 1993); and the steps of sexual behavior leading to intercourse (Edgar & Fitzpatrick, 1994; Geer & Broussard, 1990). The possibility that social actors are exhibiting scripted roles in their sexual behavior is an analogy for Internet sexual interactions (Ross, 2005). Over the past 20 years or so, sociologists Gagnon and Simon have written different renditions of script theory, both individually and together (Campbell, 2004; Gagnon & Simon, 1973; Gagnon, Rosen, & Lieblum, 1982; Gagnon & Simon, 1987; Gagnon, 1990; Gagnon, 1999a; Gagnon, 1999b; Ross, 2005; Simon & Gagnon, 1986; Simon, 1999), but the premise of SST is the notion that sexuality is learned from culturally accessible ideas that define what exactly sex is, how to perceive sexual situations, and what to do in sexual experiences. Therefore individuals adapt from culturally available
scripts to certain interpersonal contexts, and are also changed and internally mapped as ‘intrapsychic scripts.’ Examples of ‘sexual scripts’ discussed in literature include Sexual Scripts - Permanence and Change and the Sexual Scripting of Oral Genital Contacts.

This paper sets out to explore SST and Internet sexuality among MSM. In particular, to show how script theory, as used in sexuality research can be used in reviewing the ‘Process’ from being the first thought, to creating a profile, to consummation. The development of sexual scripts and novellas characterized by textuality, rather than spoken interactions, create relatively unstigmatized social forum regarding relationships online, as in romantic/sexual relationships (Ross, 2005). Researchers who use ‘script theory’ regard scripts as things that dwell inside people’s heads (cognitions), which are expressed out in self-reported data (Frith & Kitzinger, 2001), as in this paper, I propose the ‘Process’ of Internet dating is scripted. This paper proposes sexual scripts are blueprints that guide cognitions and behaviors, both our own and of others. Another proposal in the act of meeting partners online for romantic/sexual purposes is that of script formations. The orderliness (or not) of creating a profile, using textuality for interaction and action, in attempt to explain human action with discursive processes is part of the ‘Process.’ This temporal perception of online relationship is not in global or abstract terms but in ‘bite size’ pieces, which here take on the form of a model(s) created to illustrate our conceptual discussion. Logic is used to generate a list of temporal activities and put them in a sequence in which they would most likely occur (e.g. one must create a profile first to present oneself to others on the Internet).

“The sexual script for men has been identified as including elements such as: actively seeking out sexual partners; endorsement of sexual exploits by
peers; uncontrollable sexuality once aroused; and seeking sex as a source of pleasure for its own sake.” pp 214 (Frith & Kitzinger, 2001).

The establishment of the ‘Process’ model suggests the necessary connectedness of sexual scripting to the broader process of self-definition of MSM, from the very thought process to FTF. The complexity of this model cannot be overestimated. First we must grapple with the challenges of determining what is in the profile and how this speaks about or can give relevance to our topic of interest. The sprawling topography of an online relationship includes having a photograph, safety issues, self disclosure, condom use, seeking capacity, valence, cybersex, and FTF activity to name a few. Add this to the un-charted meaning of any specific aspect of the Process Model, and the complexity and lack of cohesion of Internet online relationship definitions, plus the consideration of cybersex as a new aspect in human sexuality, all lead to an appreciation of exploring new social expression.

In regarding MSM and relationships, there are several categories of cyber intimate relationships and IRL to distinguish:

1. Cursory online friendship, flirting and cybersex.
2. Online relationship created to find IRL sexual partners.
3. Solely online romantic relationships.
4. IRL, nonsexual and or romantic/sexual relationships.

The first category affords MSM the ability to socialize, and meet new friends of the same interest that may be often unavailable in day-to-day lives. These relationships may expand to exploration of sexual identity and cybersex with a sense of perceived safety against
judgment that surrounds same sex activity. It can be negotiating for sex without a profound relationship and a beginning step in emerging young MSM identity.

The second category is an online relationship with the intention to meet a partner IRL. This goal-oriented activity has cyber advantages for coming-out (Daneback, Mansson, & Ross, 2007) or creating a relationship online and moving to a relationship offline. Cybersex may or may not be used as a first step in creating an offline encounter (Vogel, 2004; Cooper, 2002).

The third category is a solely online romantic relationship with the qualities found in online activities. These activities lead to a deeper, more heart-felt relationship. Here the sexual activity does more than provide mere pleasure but has a value and emotional worth such as love.

The fourth category IRL is solely to meet a partner in real life, face to face, without use of the internet. This is the traditional condition which the Internet can be compared against. The relationship could be of friendship leading to or solely romantic/sexual liaisons. Participants use personal ads, or areas of community such as gay bars, bath houses, etc., to meet partners. There are many websites available to create cyber relationships such as the examples in Table 1.
Table 1 Websites Used by Men Who Have Sex with Men

| □ Adult FriendFinder.com | □ Gayweb.com |
| □ AOL | □ Manhunt.net |
| □ Blackplanet.com | □ MSN.com |
| □ BlackVoices.com | □ Planetout.com |
| □ Chat Planet | □ Swingersmeetingplace.com |
| □ Cruisingforsex.com | □ Ultimatebareback.com |
| □ Ebonymale.com | □ Yahoo.com |
| □ Gay.Com |

The General Model of Process for MSM

Personal online relationships are becoming more common and in some cases, progress from online to FTF relationships. The General Model of Process (Figure 1) suggest similarities and differences between online and IRL relationship development. Courtship on the Internet among MSM is paradoxical and assumes a lot of the term “process”. Many of these courtship processes are a short: 10 – 15 minutes. In the younger men, their courtship process is very brief. It is negotiating for sex which is not quite courtship as we know it. Research suggests when people become older, they do want a courtship. They want to separate out getting their physical urges satisfied and real courtship. People clearly make that distinction too. The Internet has reduced sexual negotiation to a
series of key strokes, which can communicate in a very impersonal manner to extremely intimate and personal (personal communication M. Ross).
Figure 1. General dating process among MSM

- Initial Process
- Self Disclosure
  - Status
  - Condom Use
- Seeking Capacity
  - Valence
  - Phone Sex
- FTF Activity
  - Intent
  - Condom Use
  - Future Expectations
The Initial Process

**The Initial Process** is the first step of either computer-mediated communication (CMC) or the first date IRL, and involves the thought process and wanting to communicate with a person or community, or wanting a relationship. Reviewing online relationships, a profile is created to inform invisible social norms and identity. The person is characterized in the profile by descriptions in an effort to create an identity online. External identifying features can include race, age, marital status, employment, number of children, height, weight, geographical location (city and state within the U.S.), and physical characteristics such as penis size. There must be a willingness to share personal information with strangers. Online communication remains dependent on what individual interactants choose to identify, which substantially creates the images other interactants will absorb (Campbell, 2004). One needs to develop a profile for other members to view. Questions leading to disclosure may be answered or left blank depending on personal choice. Questions regarding sexual tastes and HIV status are also posted on the MSM websites. On some gay websites, questions may ask the desired HIV status of future partners, one’s sexual preference (top, bottom, or versatile), whether one is in a partnership or single, and if a long term relationship is desired, one–on–one sexual activities, ménage à trois, social activities or sex parties (Shernoff, 2006). Information is requested if one is willing to receive or give semen anally or orally, or is one into PNP (Party and play meaning drugs with sex). Online identities are how one portrays oneself in cyberspace and about whom a person is online. Research suggests a person can be more intensely oneself online, someone in-between, or an entirely new person (Gillispie, 2006). Creating a profile may contribute to a self-awareness. The Internet is a safe haven for the bisexual participant, or questioning their sexual orientation, or in a pre-gay identity.
Physical-world establishments may not constitute an ideal environment for the exploration of sexual identity as the following interviewee explains.

**John:** Did you come online before you came out offline?

**John:** Oooops, sorry, I meant, did you come out online before you came out offline?

**Big Wolf:** No I came out as a result of speaking to other gay men online back on AOL..... my first provider.......I was victim of a very hate filled fundamentalist family....it was not till meeting gay folk online and talking that I realized gay men were GOOD people (Campbell, 2004).

Different websites may provide a framework where an individual may have identities composed of different facets. The sexual script may frequently shift according to who is ‘on stage’ depending on whom one is talking to or the situation. A person’s capacity to integrate various hues of their personality into one functioning identity, adapting to context and social cues may add complexities to Internet identities. For example, a MSM may be the boss at work, a son living at home, and the acquiescent partner at PNP. Alternative lifestyles in contemporary society, types of family structures, and cultural modes of identity have emerged (Gillispie, 2006), creating multiple foundation for online identities. A profile can be the fluidity between possible selves in establishing one’s identity. Opportunities to explore different identities online are exponential, easy, and non-regulatory, and are also becoming more commonplace (Gillispie, 2006). One reader viewed profiles of the same person on different websites to find the age, weight, and interest changed from profile to profile.
(Davies, 2005). Some of the websites offer features which may include showing who has been looking at your profile, regarding who is presently logged onto the site or presenting the status of a message that one has sent (e.g. read, unread, deleted) (Davies, 2005).

Photograph

The term **Photograph** listed in the first construct of the **Process Model** may or may not be included in the profile. Anecdotal references to photographs online, suggest the image can be more appealing than the actual person, or experiencing viewing photographs of low resolution (Davies, 2005). The age of the photograph is also questionable. For some participants, photographs may be akin to an insurance policy of attractiveness. Regardless, most preferred photographs before meeting versus trusting self-descriptions. The term ‘swimmers body’ is a depiction that may mean “lean and fit” to one and couch potato to another. Some send a photograph of a headless torso which may reveal a defined upper body, but assumptions could be the head is hidden because he is not attractive or the person may not want to be recognized (Davies, 2005). Photographs can create expectations regarding the physical appearance of another (Campbell, 2004) which can either fuel illusions or attract future partners. Digital images can also create a stronger sense of how that person appears IRL. One advantage of exchanging photos is to avoid unrealistic expectation that could cause a surprise. In one study, people who met on the Internet and then IRL found their partners to be even better looking than photos or just the way they imagined him or her (Ben-Ze'ev & NetLibrary, 2004). Photographs portray a person’s physical appearance and attractiveness which in turn can be used as an assessment or measure of social value.
Lawrence Sugiyama (2005) conceptually suggests a discussion on the evolutionary psychology of attractiveness. He views the study of attractiveness within a larger framework of relationship value, including coalition value and mate value. Why does one photo appeal to one and not another? It is suggested that human physical attractiveness assessment is created by adaptations functioning to search for cues to human social value across many domains of interaction (e.g. mating, cooperation) (Ben-Ze'ev & NetLibrary, 2004). Different collections of preference mechanisms are thought to have evolved in response to changing adaptive problems and the associated stimuli. Individuals may be attracted to someone muscular and tall, yet lack those properties themselves (Sugiyama, 2005). People view physical appearance as an important element of interpersonal attraction and speak of ‘chemistry’ or ‘first impression’. Some sites suggest posting photographs usually results in more responses (Donn & Sherman, 2002). The possibility that the picture does not accurately represent what the person looks like on a daily basis, or could be a photo taken 10 years earlier, or could be someone else’s photograph does exist.

Safety

Safety, also listed in the first construct of the Process Model, depicts meeting a partner when it concerns location, or how to make oneself feel safe. Safety issues revolve around where to meet a partner such as bars, bathhouses, public parks, public restrooms, sex clubs, adult book stores, the Internet, phone sex or personals line. Safety or the perception of, is a valid part of the Process Model, as affirming “queer space” in a hostile environment necessary among MSM. Campbell (2004) defines queer havens as spaces where lesbian and gays can affirm their identities, congregate, and safely explore their sexuality. A gay bar for example, allows MSM to feel safe as the presumption is everyone else is of like sexual
identity. The gay bars may have bouncers to eject hostile individuals for safety. Bathhouses, sex clubs, and adult book stores may also have a same interest environment. Meeting places have a connection with coercive sex in safety issues. Coercive sex is defined as force or persuasion in sexual interactions, resulting in unwanted activities by one or more participants (Mutchler, 2000). In one study, all of the young men (n = 30) expressed desires to have sex for pleasure and fun, yet 18 of the men told stories of being forced or feeling pressured into having sex they did not completely want. Some young men described rape and being ‘taken advantage of’ by dates (Mutchler, 2000). Some participants prefer to travel to a public environment place and see what kind of person he is meeting, before revealing a home address (Tikkanen & Ross, 2000).

The Internet brings up issues of trust which transfers on to safety as the person in reality can be very different than the persona presented online (Donn & Sherman, 2002). Life on the screen can also feel safer as one can just ‘disconnect’ and virtual sex is safer than sex anywhere (Turkle, 1995).

The **Initial Process IRL** is to meet someone and think of dating that person or to experience a first date. Historically, physical proximity has been an important element in forming relationships as it was necessary to meet another and allow more interaction time (Donn & Sherman, 2002). In offline relationships, people get to know each other from their actual interaction and actual meeting, along with the possibility of family, friends, neighbors, or circle of acquaintances. This context does not exist in online relationships (Ben-Ze'ev & NetLibrary, 2004). There is a verbal involvement, awareness of the social context of communication, and perception of communication partners IRL (Donn & Sherman, 2002). Cues to regulate feedback communication IRL consists of ‘smiles, distance, eye contact,
head nods,’ and other nonverbal context which delivers to listeners and speakers, information to assimilate and modify, allowing the ability to regulate and control exchanges (Kiesler, 1986). IRL communication is built upon a greater social presence as the possibility of physical touch or nonverbal abide. Consider the art of flirting, a behavior of mainly nonverbal signals. Eye contact is an example as there are several different types of eye contact in this context. There is the “across the room” eye contact, the “in passing” eye contact and the most important “conversational eye contact.” Each is different yet similar in communicating without words, suggesting much and saying little (Anonymous, 2007).

Communication equivalent in computer-mediated interaction are emoticons, graphic representations of facial expressions. Messages can be imbued with social meaning through the creation and use of ‘relational icons,’ ‘emoticons,’ or ‘smiley faces’ made with typographic symbols that appear sideways as resembling facial emotions (Walther & D’Addario, 2001). These computer-mediated symbols are substituting for the nonverbal cues absent from computer communication in comparison to FTF communication. An example of icons used for expression of emotion are a wink, smile, and frown respectively: ;-) ☺ /frownface (Danet, Ruedenberg-Wright, & & Rosenbaum-Tamari, 1997).

Communicating IRL includes personal ads as one avenue of date selection, and has flourished over the years with numbers increasing in magazines, newspapers, and other periodicals (Phua & Kaufman, 2003). Personal ads are a balance of openness and risk management as advertisers are seeking and concurrently guarding themselves against risks (Montini & Ovrebro, 1990). Similar to the Internet profile, the personal ad can list an individual’s best traits and not mention or minimize the less desirable ones, while requesting desired traits in a potential partner (Phua & Kaufman, 2003). Unlike the Internet, this type of
personal communication takes time and the sense of instant gratification and immediacy to
the connection is not present.

The ‘Process Model’ reviews both Online and IRL, in a sequential functional
approach to textuality and FTF communication (Figures 2 and 3).
Figure 2. Model of process In Real Life (IRL) dating among MSM

MODEL OF PROCESS IN REAL LIFE (IRL) DATING AMONG MSM

Initial process
- Dating Experience

Self Disclosure
- Intent
- Status
- Condom use

Seeking Capacity
- Phone use
- Phone sex

Face To Face (FTF) Activity
- Condom use
- Behavior
Figure 3. Model of process in online dating among MSM

**MODEL OF PROCESS IN ONLINE DATING AMONG MSM**

- **Initial process**
  - Photo
  - Safety

- **Self Disclosure**
  - Selective self-presentation
  - Status
  - Condom use

- **Seeking Capacity**
  - Valence
  - Cybersex

- **Phone Experience**
  - Experience
  - Intent
  - Condom use
  - Status
  - Phone sex

- **FTF Activity**
  - Intent
  - Status
  - Condom use
  - Experience
  - Future expectations
Online interactions are reflected through possible social and commutative effects such as instant messaging, web logs, shared hypermedia and graphical chats. The environment of Online is less cooperative because of the unique conditions imposed by the medium itself (Brennan, 1991). Online characteristics differ in the regulation of the interaction such as:

1. The amount of utterance is determined by the speaker. In synchronous online, utterances are swift with a medium of 5 - 13 words per utterance in typing. Feelings of interactivity heighten for interactants as it is known the person typing is not idle and not finished speaking.

2. One cannot overlap utterances. Two interactants may be typing in synchronism yet the first to press the “return” key has their utterance displayed first.

3. The timing or order of utterance does not need to be sequentially relevant for meaningful communication.

4. An interactant does not need to be present when the other person is typing, but has the option of reading the script later to read what has been transmitted (Riva, 2002).

In a text only environment, the interactant types messages which are sequentially displaced, conveying a message. An IRL conversation is temporal, being oral and non-verbal in the negotiation of conversational synchrony and turn-taking in social cues. American sociologists Sproull and Kiesler (1991) suggest social cues in IRL allow interactants to identify interpersonal situations. The sociologists conclude that Online interactants communicate in a social vacuum upon identities that can fade in and out and disappear (Sproull & Kiesler, 1991).

Hypothetically, communication IRL occurs in a cooperative environment where both interactants are regulated by mutual adjustment and correction (Goodwin & Heritage, 1990).
The regulation is created using a complex system of yielding behaviors and turn taking (Patterson, Jordan, Hogan, & Frerker, 1981; Patterson, 1982) Behaviors in communicating IRL can be quite different than online communicating. For example, the temporal information found IRL, and the negotiation of verbal synchrony, is not captured by textuality. Turn taking IRL conversation is not a linear progression of lines of text (Riva 2002). Patterson (1990) describes behaviors that silently reflect communication such as shifting the head away from the speaker, the initiation of gesture (nodding yes or no, a smile), or an audible inhalation. There are some social cues lacking in textuality (Madell & Muncer, 2007). Riva (2002) suggests two differences between IRL communicating and Online, being (1) communication with a computer screen and keyboard takes a longer time than IRL communication and (2) varied metacommunicative features like tone of voice, posture, and facial expression is lacking.

IRL allows a social control function of nonverbal behavior (e.g., distance, touch, lean, gaze, facial expression, orientation, and paralinguistic cues) to exercise influence to change the behavior of others (Edinger & Patterson, 1983). Textuality does not have nonverbal behavior and is considered the ‘cues-filtered-out’ approach in communicating. This online concept of social presence may allow interactants to express themselves more freely and openly (Riva & Galimberti, 2001; Sheeks & Birchmeier, 2007).

Self Disclosure

The definition of self-disclosure includes any message about the self that a person communicates to another individual (Cozby, 1973; Wheeless, 1978). Identities are perceived and built online using strategic ‘positioning’; created and recreated by the user (Riva & Galimberti, 2001). Disclosure of a relationship of intimacy and romance is of highly
personal information (Gibbs, Ellison, & Heino, 2006). Giuseppe (2001) suggests a strategic communication process in online seduction. Having insight into how others view us or perceive our personality is an important aspect of social life. The interaction and communication is a journey to know someone else and let them know us. Sociologist Turkle (1997) describes aspects of the self as stepping through the screen into a virtual area and reconstructing identities on the other side of the looking glass. Turkle suggest this reconstruction is our cultural work ongoing as people are able to create a self by cycling through many selves. An example of reconstruction in MSM, are online vernaculars for describing the body such as bodybuilders, musclebears, and chubhs. These terms are associated with certain sexual predilections. The reference to a type such as *gaymuscle* is a person who identifies himself as a bodybuilder or expresses their sexual attraction to bodybuilders (Campbell, 2004). Self-disclosure is similar in many respects between Online and IRL, but Online disclosure has different strategies. IRL does not allow the same experience of deliberate self-presentation. Reduced cues and asynchronous textuality allow for ‘selective self-presentation’ (Gibbs et al., 2006). The linguistic and verbal cues deem controllable which in turn leads to a more malleable, selectable self-censorship in online presentation (Walther, 1996). Participants have more time to think about what to say next in presenting themselves deliberately and positively (Gibbs et al., 2006). In self-disclosure, a person is experiencing the paradoxical nature of online relationships such as detached attachment with distance and immediacy. IRL relies on many sources to communicate signals for self-presentation while learning another person’s attitudes (Ben-Ze’ev & NetLibrary, 2004). Online experiences a lack of visual content. The eyes are important in communicating thoughts or emotions i.e. ‘The eyes are the windows into the soul.’ Also,
some studies suggest the Internet acts to exaggerate disclosure and compress the normal relationship process (Merkle & Richardson, 2000).

In exchanging personal information, MSM could use the Internet to decide what sexual activities would occur upon meeting IRL. Self-presentation may include conversations of sexual preferences such as anal sex, using condoms for anal sex, or oral sex, and exchanges of what sexual preferences are desired. The motives include directing interactants to form an impression of both online and IRL participants. In meeting a person for MSM sexual or romantic relationships, important information is exchanged such as HIV/STDs status.

Serosorting

In self-presentation or disclosure, MSM can ask about HIV/STDs status or reveal status. MSM are now usually raised with AIDS awareness yet not everyone makes the necessary life changes. Serosorting is a term used to describe someone who has made his decision to have sex based on the partner’s HIV status. HIV serosorting is unprotected sex with men of the same HIV status (Truong et al., 2007).

One study in the San Francisco area found unprotected anal intercourse (UAI) and STIs increasing while HIV incidence stabilized. Although MSM are engaging in UAI, they are concurrently choosing HIV sero-concordant partners (Truong et al., 2007). The CDC (2003) assessed sexual behaviors of HIV-positive men with partners at risk for infection. Data (n = 105 HIV-positive men) supported interpersonal communication (1) disclosure of a participants seropositive status and (2) specific safe sex communication with partners. Results indicated those who reveal their seropositive status and discussed safer sex with partners had a significantly higher prevalence of protected vaginal or anal intercourse
(Crepaz & Marks, 2003). MSM were interviewed in London (n = 128) about their experience of sexual risk, HIV prevention, and e-dating. Using the Internet to filter and serosort, HIV-positive men are able to meet other concordant men for anal sex without condoms. Serosorting is one of the ways MSM reflexively manage aspects of their identity online (Davis, Hart, Bolding, Sherr, & Elford, 2006b).

Some HIV-negative men ask every potential partner his status and when was the last time he was tested and then only will have unprotected anal sex with HIV-negative men. Others limit barebacking to just being on top (Shernoff, 2006). There is a misperception that serosorting brings, as discourse could be HIV-negative, STD-free, yet does not reflect the last time a participant was tested or how often they are tested. Serosorting can look one way yet not really be addressed. Anecdotally it may be easier to serosort on the Internet as it could challenge some FTF, because one must find the right words or time or summon up courage to have the conversation.

To have sex of any type, especially anal sex without condoms, is a high-risk decision. The condomless sex phenomenon could include many variables such as using crystal methamphetamine and searching for sex online, too much alcohol, depression, and being too optimistic after the advent of highly active antiretroviral therapy (HAART) (Shernoff, 2006). There are abundant theories as to why men are taking sexual risks but no definite answers. Shernoff (2006) defines barebacking as intentional unprotected sex (anal sex). The prevalence of barebacking among HIV positive MSM is evident by the number of Internet sites devoted to barebacking (Halkitis & Parsons, 2003).

In disclosure or self-presentation, requesting knowledge of HIV/STDs status can parallel condom use.
Condom Use

Part of the **Process Model** in meeting MSM includes one’s use or non use of condoms for anal or oral sex. Some people talk about this before they meet IRL and some discuss condom use FTF. The Internet presents a fast screening tool for large numbers of potential sex partners, thus facilitating condom behaviors by performing searches for other men who are interested in safe sex. Behavioral scientist Ross (2000) says the Internet provides a vehicle where a huge amount of data are collected, and a system of communication that allows sharing of that knowledge.

The rules and definitions about one's sexual relationship can change. A person may use condoms until he meets a partner and creates a monogamous relationship. Condoms, intimacy and trust are often interwoven themes in committed relationships. A well known slogan 'Use a condom every time' suggests by protecting both participants from possibly transmitting HIV / STDs, one is showing love and care for the significant other. Couples have said condoms interfered with the beginning of sexual intimacy. Another excuse was that men felt uncomfortable talking about HIV, thus avoiding talking about condoms (Shernoff, 2006).

One interviewee at a public forum UC Berkeley (1999) spoke about comfort level saying 'condoms kind of wrinkle up and cause more extra friction, and that.... there are probably other issues of intimacy or something that might be related to that. And I think for me, that sets a choice I'm making' (Speaking out about sex in silent spaces.). There can also be an unspoken assumption that if a condom is not used, the participant must be positive, or it is just not an issue.
Seeking Capacity

**Seeking capacity** is the next construct that takes into account the fact that those involved in IRL or online dating may have relational goals and describes another step in relationship formation. Impression management can lead to both the development of personal relationships online and IRL. Research suggests greater self-disclosure will direct one to greater perceptions of success (Gibbs et al., 2006). However, there is the assumption that success may mean different things for different IRL dating participants and different online dating participants. How one deems success may be indirectly connected with relational goals. This could include negotiating for sex, a short term relationship, or a lasting relationship ranging from impersonal to extremely intimate and personal emotions. Age can be a factor in date selection as studies have shown people have a preference for prospective dates to be in a certain age group, often dependent on one's own age. Age can be used as a proxy for attractiveness and maturity in seeking a partner (Kaufman & Phua, 2003).

Sex-seeking contact advertisements are placed in magazines and newspapers and are not very different from Internet postings as both are used to facilitate the formation of relationships. Online however has the ability for instant interaction with relative anonymous marketing (Rietmeijer, Bull, & McFarlane, 2001). Public places that IRL participants traffic do not have the relative privacy of creating sex contacts. In some cases, e-dating permeates offline as meeting participants in a bar include discovering they have a profile. Here, the profile URL replaces the e-mail address or phone number (Davis, Hart, Bolding, Sherr, & Elford, 2006a). Bonds of affection can be developed and maintained linking sexual expression to such phenomena as love, attraction, commitment, and intimacy. How a person seeks meaning and intimacy is a contextual journey for both IRL and Online relationships.
For some, the stages of the **Process Model** are navigated with great speed while others hold a process of involvement with mindfulness where the relationship slowly is born. Online participants are communicating by IM (Instant Messenger), e-mailing, or talking via the Internet. This could lead to phone conversations and cybersex. IRL 'seeking capacity' is continued dating and phone conversations. In both Online and IRL, the conversations could again direct serosorting and condom use.

The analogy for Internet sexual interactions is playing scripted roles in sexual behavior. The activity on the computer screen is the co-construction of a script, in which the actors are also the playwrights (Ross, 2005). Sociocultural scripts organize and define social experience and are created through social interactions via social learning or observation, and are used to assess and guide behavior in social situations (Gagnon & Simon, 1973; Simon & Gagnon, 1986). This theoretical discourse posits that expectations, beliefs, and behavior in the realm of love, sex and mating are affected by the sociocultural scripts experienced, and by the patterns of reinforcement and punishment received, by people in their lifetimes (Peplau, Fingerhut, & Beals, 2004). Sexual scripts are utilized by participants communicating by phone or cybersex and experienced by participants during these venues. If the participant continues with the relationship, he must decide whether the relationship should be carried out over the telephone, Internet, or in person.

**Telephone Use**

Using the telephone is another type of connection and closer to IRL communication than Online communication. The telephone does not involve typing as interactants engage with the other participant’s real voice and involves the immediacy of IRL (Ben-Ze'ev & NetLibrary, 2004). There is less anonymity with the telephone as gender and sometimes age
can be determined. Telephone use does not employ visual cues such as physical attractiveness or facial expressions, but can highlight tone of voice or personality. A challenge to e-mail communication is it often fails to convey tone. In all writing, one must consciously insert tone as in writing a letter. Editors Shipley and Schwalke (2007) say that the e-mail does not replace letter writing but does replace the telephone call. When typing an e-mail one does not think ‘I’m writing a letter’ but instead thinks ‘I am chatting’ like using the telephone (If you've got mail, you've got to be careful;2007). Telephone use allows a quickness to connect, listen to, and respond, and is a tool interactants can use to become more aware of each other’s needs and stimulate their relationship.

Telephone sex is defined as a type of virtual sex between two or more persons via telephone with sexual explicit conversation. Masturbation or sexual fantasy may come from several forms, including (but not limited to): narrated, guided and enacted suggestions, confessions, sexual anecdotes, expressions of sexual love or feeling, and discussion of sensitive, very personal sexual topics (Wikipedia contributors, 2007). Either participants may vocally simulate sexual intercourse, masturbation, and/or engage in scenarios of sexual role playing. Telephone sex may serve as a channel for shared intimacy and sexuality as the mind creates the image and then the body responds. There are some features both telephone and online relationships share such as disclosure, no STDs given, and external appearance is not significant (Ben-Ze'ev & NetLibrary, 2004). Telephone conversations can include the kind of sexual things participants want or like, HIV/STDs status on both interactants, condom use or unprotected sex is expected or 'phone sex'.

Telephone use in relationship formation and telephone sex are part of SST. The central notion of SST is the premise that sexuality is learned from culturally available
messages that give definition to what ‘counts’ as sex, how to perceive sexual situations, and how to act in sexual encounters (Frith & Kitzinger, 2001). Telephone sex may be part of the developmental process of labeling and thereby constructing what sex is understood to be. The telephone can be used in the Online or IRL Process. Cybersex, a close cousin of telephone sex is only used in the Online Process.

Cybersex

Cybersex is a participant being able to access computer proxy sexual activity using textuality for sexual arousal, often to orgasm (Ross, 2005). Cybersex is also called Internet sex, computer sex, or net sex; all considered a virtual sex encounter where two or more participants send sexually explicit messages via a computer network to describe a sexual experience. It is role-playing where participants pretend a fantasy sex, describing actions and responding in mostly textuality (Wikipedia contributors, 2007). Activities can include viewing photographs to erotic text including masturbation, also referred to as ‘cybering’ (Ross, 2005). Talking freely about intimate matters combined with the anonymity provided by the computer can enhance people’s ability to say things they might not be comfortable saying IRL (Ben-Ze'ev & NetLibrary, 2004). The participant may create a visceral, mental picture in the minds of their interactants using vivid imagination. Some cybersex is filmed by the use of webcams to create real-time video of partners or parts of partners (Wikipedia contributors, 2007). Most people who engage in cybersex meet online and have never met IRL (Ross et al., 2005).

Cybersex is external language intimately related to interior dialogue, where interaction with another mediates meaning. The meaning sexually can range from negotiating for sex to intimacy. Cybersex adapts cues existing within the limits of language
and textual display to a communicative act driven by the interactants goals and guided by thoughts and desire. The communications vary ranging from ‘talking dirty’ and flirting, to intimate details of having intercourse (Ross et al., 2005). The communication of textuality makes available an investigation of scripts associated with cybersex behavior (Ross, 2005). For example, Gagnon and Simon (1984) proposed the acquisition of the intrapsychic and interpersonal scripts for oral genital contacts. The action of the participant is the interpersonal script and what the participant thinks about their conduct is the intrapsychic script (Simon & Gagnon, 1986). The scripted sexual behavior captured by textuality provides an opportunity to review the process, form, and unfolding of sexual encounters online (Ross, 2005).

Advantages of cybersex include non-transmission of STDs and an avenue for HIV positive participants to achieve gratification and sexual release without putting their partners at risk (Wikipedia contributors, 2007). Some relationships never move beyond cybersex while others use cybersex as a stepping stone to meet FTF.

FTF

Social interaction is primordial in how identities are affirmed or denied, culture is transmitted, shared meaning, understanding, and the coordination of human conduct obtained (Goodwin & Heritage, 1990). Participants can graduate from self-presentation in online personals to the role of anticipated future interaction FTF (Gibbs et al., 2006). Some participants choose not to go online but want the traditional method of meeting partners IRL. The different approaches Online versus IRL can range from subtle to distinct.

Research found the Online participants to be younger, usually residing in small cities or towns, living with a girlfriend or parents, and having lower formal education (Daneback et
al., 2007), less connected with the urban homosexual subculture, and more bisexual (Ross et al., 2007). Other studies suggest different findings such as Online participants have higher income, more education, and also be younger (Binik, Mah, & Kiesler, 1999; Hewson, 2003).

Some traditional meeting places IRL for bisexual and rural gay men are physical locations such as parks, bars, and informal gatherings (Williams, Bowen, & Horvath, 2005). Other venues for IRL include video stores and bathhouses (Horvath, Bowen, & Williams, 2006).

Participants who preferred the Internet as an introduction to IRL saw it as a convenient interaction after screening: first screen, second Internet contact, third telephone contact, fourth FTF (Ross et al., 2007). The advantage of not cruising the bars include expense, alcohol, smoke, travel time and preparation in comparison to cruising from the comfort and safety of home, anytime of day or night (Ross et al., 2007). One study (n = 4,974) MSM in the UK found 82 percent had used the Internet to find a sexual partner and almost half the men, 47 percent, preferred the Internet to bars or 'offline' venues (Bolding, Davis, Sherr, Hart, & Elford, 2004). This study used multivariate analysis finding HIV-positive, high-risk sexual behavior, and older age all independently associated with increased use of the Internet for sex (p < 0.05). Misrepresentation on the Internet was studied regarding Latino MSM in the US (n = 1,026) to measure respondents, finding a higher degree of deception in Internet situations compared to IRL (Ross, Simon Rosser, & Mazin, 2006).

Both Online and IRL follows a general logic of portraying the self to create sexual relations that will work offline and online -- as there are changing arrangements of bodily co-present (Davis, Hart, Bolding, Sherr, & Elford, 2006a). Several studies conducted both in Europe and the US suggest participants utilizing the Internet to meet sexual partners are more
likely to experience high-risk behaviors such as self-reported unprotected anal intercourse (UAL) (Bolding, Davis, Hart, Sherr, & Elford, 2005; Horvath et al., 2006; Liau et al., 2006; Rietmeijer et al., 2001; Tikkanen & Ross, 2000; Vogel, 2004).

Some participants preferred to meet partners IRL giving reasons such as the building of a relationship and experiencing a 'real presence' in a major study (n = 1,017) of HIV-risk behavior in U.S. Latino MSM regarding IRL and the Internet. Data indicated IRL creates the advantage of 'an accurate view of the whole person' and gives presence to use of all the senses, including behavioral assessment, mannerisms, and smell. Thus attraction and chemistry (physical attraction) are highlighted in this assessment (Ross et al., 2007). Being in one's presence, includes a study on the effects of nonverbal intimacy on arousal and behavioral adjustment where there was a pattern of positive correlations regarding eye contact, duration of talking, and facial pleasantness, and the rating of perceived friendliness (Patterson et al., 1981). This study regarding intimacy changes FTF supported other research proposing such behaviors enhance interpersonal intimacy (Argyle & Dean, 1965). The lack of nonverbal communication in textuality led some psychologists to believe that such relating is leaner and therefore online relationships are less rich, less personal, and less involving than IRL (Baym, 2002). Researcher Hardey believes differently and says that disembodied anonymity which distinguishes Online relationships acts as a building block for the creation of trust and creating real world relationships versus the construction of fantasy selves (Hardey, 2002). Stone (1991) and Turkle (1995) suggest within virtual spaces, where occupants are anonymous, people leave their embodied selves and the norms and expectations of behavior in their everyday lives. The Process Model attempts to construct
the link between the virtual identity and the real as people move from a digital space to relationships off-line. In FTF a person can translate textuality online into action offline.

Klausner (2004) believes that there is a difference between people seeking sex online and people who seek sex at a more casual street-based, or social encounters, with minimal overlap. There is some generalization but people, who go on the Internet, stay there and people who seek sex in bookstores or clubs usually keep going back to bookstores or clubs. The different locales somehow attract and collect different sexual networks (Vogel, 2004).

Research using an online survey looked at young adults and found different patterns of sexual behavior comparing those Online and those who did not use the Internet (McFarlane, Bull, & Rietmeijer, 2002). Scientists have used these high risk networks associated with Online use to monitor STD transmission, which is not seen as much in the adult bookstores or sex clubs at present (Vogel, 2004). Psychologist Rebchook noted that the proportion of new syphilis cases documented, regarding individuals in sex clubs and bath houses was shrinking, yet the cases of syphilis for MSM Online was increasing (Vogel, 2004).

Although some Internet affinities develop into IRL partners, many cultivated relationships do not cross the bridge into the physical world. A participant can formulate an impression where expectation of another person significantly differs from the impression that would be created IRL. This can manifest into a disappointing situation if two interactants are meeting for an expected sexual liaison, only to find that FTF, there is no physical attraction (Campbell, 2004). An example of disappointment is told in the book 'I liked Your Profile': Experiences In Gay Online Dating, where the author says, "Meeting Sean seemed to be a sort of necessary fate. He provided me with all the answers I needed about 'Pig'. This helped me to stop romanticizing about what might have been, and helped me see the person I was
falling for didn’t really exist. It wasn’t much of a comfort. The whole gay lifestyle is in need of a major overhaul (Davies, 2005).

In the Process Model, FTF is the last stage where the person gets to finally meet and assess his date. When participants meet FTF, sex can occur such as mutual masturbation, receptive oral sex, insertive oral sex or receptive or insertive anal sex, rimming or being rimmed, or other sexual activities. It is negotiation of identity and risk while looking someone in the eye. Whether one discussed condom use by profile or phone, this is the time when the condom is used or not. There is the premise that a person is not real on the other end of the Internet connection until he knocks at the door (Vogel, 2004).

Condom Use FTF

In a round table discussion held at UCSF (2004) an interviewee said "If you mention condoms in your ad, you are likely to get less attraction for a variety of reasons, whether people make assumptions that you are going to have issues around playing with positive men or negative men" (Vogel, 2004). It can be complex as every profile can be communicated two or three different ways. Clinical psychologist Murphy says a voice mail or e-mail message is easy to misinterpret but IRL one can clarify or explain immediately so there's less room for misunderstanding (Murphy, 2007). Those that put 'condoms' and 'positive' in the profile or personal ads do not get as many responses. Frank Strona, co-creator of a website called SafeSexCity.com says the top three questions are: "Are you a top? Do you fuck? Do you wear condoms?" (Vogel, 2004). The man that is positive and uses condoms can respond to these questions in a way to get attention. Imagine the communication has been Online, a profile, a personal ad or a telephone call -- but when the person is knocking on the door, being able to say, "Oh, by the way, this is my situation..." (Vogel, 2004). Then it is time to
negotiate or the subject is dropped. Under conditions of sexual arousal, the quality of a person's thoughts or goals may be distorted in favor of pleasure or fantasy (Ross et al., 2007). In a public forum entitled "The Rubberless Fuck" at UC Berkeley (1999), personal narratives were communicated about negotiating risk taking where spoken language was not accepted. The nexus between silence and sex aims to a contradiction of preventative messages based on negotiating risk reduction and disclosure of serostatus (Speaking out about sex in silent spaces.). Some participants let their partners 'decide' if condoms will be used. The rationale is:

- "that their partners are aware of the risk of HIV (re)infection and
- a conscious decision making process has occurred prior to having sex and
- people know their own status and use serostatus as a criteria for choosing partners"

(Speaking out about sex in silent spaces.).

The formula is human nature, emotions and sexual desire with the other half of the equation the date, not in front of the person until 20 minutes before sex is happening (Vogel, 2004).

Some MSM have used two condoms, called the 'Double Bag' with a clear delineation of not wanting infection. This prevention method is also questionable as doubling the condoms could cause one to rip (HIV InSite, 2007). Approaching a relationship can revolve around the meaning of different identities such as having STDs, being HIV positive or negative. The Internet can be used to 'filter' prospective e-dates in and out based on sexual identities (Davis, Hart, Bolding, Sherr, & Elford, 2006a; Davis, Hart, Bolding, Sherr, & Elford, 2006b). To ask for a monogamous relationship is requesting neither partners to
communicate the virus to each other, but also if an open relationship is wanted, condoms are used (HIV InSite, 2007). A common complaint in using condoms with a steady partner is reduced pleasure. Also some MSM believe unprotected sex is a way to demonstrate trust, commitment, and love to a partner (Peplau et al., 2004).

Drug Use Among MSM

There is consensus on the association between drug use and unsafe sex among MSM. The influence of any substance increases the chance of getting HIV during sex as a persons' negotiation skills for safe sex may be impaired (Shernoff, 2006). Adherence to treatment for HIV can be compromised by drug use, leaving the body more vulnerable. Transmission of HIV can also be obtained though sharing of contaminated injection equipment (Ross, Kelaher, Wodak, & Gold, 1994). Drugs of choice may include (Table 2).
Table 2  Drugs of Choice Among MSM

- LSD, Acid, Mushrooms (hallucinogens)
- Ketamine (Special K)
- Cocaine (crack or powder form)
- Viagra, Cialis, or Levitra
- Poppers / Rush
- Alcohol
- GHB; Gamma hydroxybutyrate (not an amphetamine)
- Ecstasy /XE (MDMA)
- Heroin
- Methamphetamine (Crystal Meth)
- Marijuana

A study in Sydney, Australia investigated injecting drug users’ (IDUs) \( [n = 1,245] \) predictors of having sex while intoxicated. The most common drugs participants used and were intoxicated during sex included marijuana, heroin, and alcohol. Drugs used to increase libido (psychostimulants, amphetamines, and cocaine), were lower than alcohol and heroin, which have been suggested to drop libido. Data supported that having sex while intoxicated is common in IDU’s (Ross et al., 1994).

Drugs and unsafe sex practices compromise quality of life among MSM (Figure 3). Substance abusers whose sexual orientation is toward people of the same sex are frequently unrecognized and underserved populations with challenges that are specific and extremely complex. Interactions involving addiction, psychology, sexuality, and physiology are combined with cultural attitudes.
Figure 4. MSM and Risk

MSM and RISK

Internet Dating

Condom Use

Serosorting

High Risk Sexual Behavior

MSM UAI

Likelihood of Transmission

Recreational Drugs

Sharing Infected Injection Equipment
The Gay Circuit Party atmosphere is an avenue for club drugs as participants attend parties for social reasons and largely sensation-seeking purposes. Circuit parties may have tens of thousands of patrons where there is a high prevalence of drug use and sex. Data was collected at three major gay circuit parties (1998 – 1999) in North America. Data suggested use of alcohol (79 %), ecstasy (72 %), and Special K (60 %), cocaine (39 %), crystal methamphetamine (36 %), volatile nitrites (39 %), marijuana (45 %), and GHB (28 %) in the past 12 months. Unsafe sex and sexual activity while on drugs was closely associated with the sensation-seeking domain of attendance (Ross et al., 2003).

Crack Cocaine and its impact on number of sex partners (n = 4,939) over a period of 12 months was researched finding significant positive associations between drug use and number of partners. Cocaine was positively associated with prostitution for both male and female subjects (Maranda, Han, & Rainone, 2004). Cocaine use also indicated significant relationships to drug use and syphilis in African Americans (n = 407). This study indicated increased infection markers for STDs; Chlamydia and herpes simplex-2.

The association of drug use with HIV and STDs has been recorded indicating a need for screening and treatment into drug programs. Greater anonymity and self disclosure on the Internet creates a feeling of belonging. The conflict between revealing – concealing, expressiveness – protectiveness is common of IRL personal relationships, especially for stigmatized groups such as HIV-positive, AIDS, homosexuality, alcoholism, and drug addiction. This conflict is greatly reduced in cyberspace (Ben-Ze'ev & NetLibrary, 2004). There is a link between MSM, the Internet, drug use, and risk (Figure 4). Like a chain of events, MSM report high-risk sexual behavior (i.e., UAI with a partner of discordant or
unknown HIV status) than men surveyed off-line (Elford et al., 2004), linked to behavioral characteristics of MSM are known to change by HIV status. Data supports studies where HIV-positive men have more recreational drug use to high risk sexual behavior than never-test or HIV-negative men (Elford, Bolding, Maguire, & Sherr, 2001; Elford, Bolding, & Sherr, 2002).

Changing contexts of sexual behavior, coupled with the Internet and recreational drug use, creates an emphasis Internet-based for HIV and STDs prevention research in public health. More studies are needed toward understanding same-sex behavior and research on men who are largely safe, and their lifestyle, partnering and prevention activities, caretaking, ethics, and values help support them.
Differential Processes of “Internet” vs. “Real Life” Sexual Filtering and Contact among Men who Have Sex with Men

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) cite men who have sex with men (MSM) as carrying the highest burden of HIV in the U.S., manifesting 71% of cases in male adults and adolescents, and accounting for close to 53% of all new HIV/AIDS cases in 2005 in the U.S. (National Center for HIV/AIDS, Viral hepatitis, STD, and TB Prevention (CDC), 2007). The dimensions of HIV-related behaviors in MSM regarding courtship or negotiating for sex are complex as disclosure speaks of the past and creates the future. AIDS has killed over 300,000 people in the U.S. since the beginning of the epidemic illustrating the fact that HIV looms over every sexual encounter among MSM (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (CDC), 2007).

Americans search for romance on the Internet and according to the Pew Internet research (2006), of the 10 million single looking for romantic partners, 74 percent report they use the Internet (Madden & Lenhart, 2006). On-line daters are defined as Internet users meeting people on-line or who have gone to an on-line dating website. On-line daters report dating websites help people find a better match because they have access to a larger pool of potential dates (Madden & Lenhart, 2006).

Behavioral research among MSM has traditionally reviewed the Internet in many risk factors for this HIV at-risk population including recruiting through the Internet (Bolding, Davis, Sherr, Hart, & Elford, 2004; Daneback, Mansson, & Ross, 2007; Kok, Hopers, Harterink, & De Zwart, 2007; Konstan, Rosser, Ross, Stanton, & Weston, 2005; Tikkanen & Ross, 2003), cultural (J. Elford, Bolding, & Sherr, 2002; J. Elford, Bolding, Davis, Sherr, &
Hart, 2004; Evans, Wiggins, Mercer, Bolding, & Elford, 2007; Ross, Simon, Rosser, & Mazin, 2006) e-dating (Bolding, Davis, Hart, Sherr, & Elford, 2007; Davis, Hart, Bolding, Sherr, & Elford, 2006a; Hospers, Kok, Harterink, & de Zwart, 2005; Kaufman & Phua, 2003; Tikkanen & Ross, 2000) filtering, where e-daters choose to meet with other potential e-daters (Bolding et al., 2007; Davis, Hart, Bolding, Sherr, & Elford, 2006a; Hospers et al., 2005; Kaufman & Phua, 2003) and between online [Internet] and In Real Life (IRL) sexual negotiation (Horvath, Bowen, & Williams, 2006; Ross, Simon, Rosser, McCurdy, & Feldman, 2007; Ross, Rosser, & Stanton, 2004). Sex is a significant aspect of the lives of MSM as they navigate through the complexities of relationships and courtship guided by the drive for emotional and physical connection with another person. Navigation under the best circumstances are challenged by dating ritual, and sexual experiences and filtering of potential partners (Halkitis, Gomez, & Wolitski, 2005). The process of relationship is further intricate as the Internet brings socio-structural factors of reducing feelings of alienation (Horvath et al., 2006), meeting one’s first sexual partner (Bolding et al., 2007; Tikkanen & Ross, 2000) and high levels of unprotected anal intercourse (UAI) (Horvath et al., 2006; Tikkanen & Ross, 2000; van Kesteren, Hospers, & Kok, 2007). Ross (2005) noted that negotiation may be easier on the Internet due to the lack of embarrassing social cues and lowered impact of rejection. Generally, MSM do not seek HIV infection, although the complex phenomena of ‘barebacking’ are to have intentional unsafe anal sex (Halkitis & Parsons, 2003; Shernoff, 2006). However, this is usually between self-reported HIV seroconcordant partners.
Filtering is a term used to sort by sexual interest on the Internet. This term refers to risk reduction strategy whereby some MSM only engage in unprotected anal intercourse with partners of the same HIV status, also known as serosorting (Elford, Bolding, Sherr, & Hart, 2007). The use of the Internet in negotiating for sex has transmission of HIV/STD implications because of the efficient, rapid way of finding partners, which raises epidemiological risk. Filtering is manifested on the Internet rather than negotiated face-to-face (FTF). The Internet allows for pairing of preference for safer sex. Filtering criteria involves risk characteristics, serostatus, as well as a person’s appearance (Davis et al., 2004). How men maneuver around risk scenarios on-line involves using chatting, messaging, and Internet-dating profiles for condom-use/non-use (Davis et al., 2004). Identity as well as anonymity promotes the process of Internet filtering creating an environment for HIV-positive men to meet other positive men for unprotected anal intercourse (UAI). Although HIV transmission is reduced through serosorting, the potential transmission of STIs such as Chlamydia, gonorrhea, genital herpes, Lymphogranuloma venereum (LGV) and syphilis are implicated (Davis, Hart, Bolding, Sherr, & Elford, 2006b) as are reinfection with other strains of HIV, many of which may be drug-resistant.

According to Davis, Hart, Bolding, Sherr, & Elford (2006), filtering has three main themes: (1) pre-empting, (2) matching, and (3) declaring. Pre-empting eliminates the need for a discussion of safer sex as the information is, for example, provided in the Internet profile, a biographical sketch. Matching is an extension of pre-empting and reaffirms the profile with on-line chat, to participate in an online discussion in a chat room (Merriam-Webster, 2007) therefore allowing for the matching of preferences between partners. The
third stage, *declaring*, manifests in making intentions clear in Internet profile information. For example, condom use is in the Internet profile so the prospective partner expects to find practitioners of condom use in the pool of possible partners (Davis, Hart, Bolding, Sherr, & Elford et al., 2006b).

Positioning for complementary interest is a term used to sort by sexual interest on the Internet referring to specific sexual acts or preferences. This process of matching sexual interest leads to a connection of like, where one’s sexual act is the partners’ desire or the desire of both. An example is rimming, penetration of anus with the tongue (Love, 1992) as an esoteric sexual behavior, not so frequently practiced and found in Internet profiles. The starting point is to review, match, and choose the desired position for complementary interest.

Few studies have examined the process of developing sexual relationships on the Internet and compared to that in real life (IRL) (Bolding, Davis, Hart, Sherr & Elford, 2007). This study examines the process to provide insight into how MSM develop their courtship, engage in negotiations for sex, and choose sexual partners, and examines the comparative sexual risks taken between Internet vs IRL negotiation.

**METHODS**

A cross-sectional survey was provided to participants recruited on-line in a nationwide self selected convenience sample of MSM.

**Population**

An on-line survey entitled “The Men’s Sexual Health Survey” was available to all men visiting selected gay/MSM websites, chatrooms, and personal ads in 2005.
Inclusion criteria for this study were that men were over 18 years of age, U.S. residents, English speaking, and completed at least the first tier of the survey. Data were collected on all male visitor volunteers. Respondents came from all 10 HHS U.S. health regions.

Procedures

An on-line questionnaire was developed using Microsoft FrontPage and Access software. The instrument was an anonymous, self-administered survey designed and developed based on literature reviews, to measure issues of sexual behaviors and sexual safety among MSM who use the Internet to mediate sexual encounters. Pilot studies identified most commonly used gay and bisexual websites as those having chatrooms, listserves and personal ads. Websites were contacted through emailed contact letters and telephone in order to request their participation. Links to the survey were housed in the following Internet sites: Adult FriendFinder.com, AOL.com, Blackplanet.com, BlackVoices.com, Chat Planet, Cruisingforsex.com, Ebonymale.com, Gay.com, Gayweb.com, Manhunt.net, MSM.com, Planetout.com, Swingersmeetingplace.com, Ultimatebareback.com, and Yahoo.com.

When respondents visited participating study websites they could click on the survey link and they were taken to a new website with an introductory page that included the survey title, “The Men’s Sexual Health Survey”, a criterion stating that the survey is for men only, ages 18 and over. Information was provided regarding the survey with an estimation that it takes 30-40 minutes average to complete, depending on modules taken. All answers were kept anonymous and confidential. For those interested, respondents could access the survey
after completing an on-line consent form for their agreement to be in the study (Appendix C). Respondents who chose not to participate were taken to a page that says, “Thank you for your time. If you change your mind, please feel free to return.”

Measurement

The on-line survey was adapted from a previous questionnaire developed by the Boston University School of Public Health, Denver Health Department Division of STDs and HIV, and The University of Texas School of Public Health with funding provided by the CEC-funded pilot studies (Appendix B). Survey questions of sexual orientation identification, types of sexual partners and behaviors were worded in such a way that respondents felt comfortable in disclosing sexual behaviors they do not identify with. The survey items included demographic information (i.e., age, gender, ethnicity, relationship status, sexual orientation, education level, and state they live in) as well as behavioral risk questions for the previous 12 months on the number of partners, change in sex partners, substance use, types of sexual activity, condom use, and STD/HIV testing and treatment history. The survey also included a series of open-ended questions, which had text boxes for respondents to type in their answers. Respondents had the ability to type as much or as little as they felt appropriately answers the question based on their experiences with meeting sex partners on-line. Open-ended questions were used to solicit experiences of meeting men through the Internet for sexual encounters, the on-line screening processes used to determine who to meet face-to-face, use of email communication to negotiate sexual safety, and condom use. The web surveys were collected continuously over a six month period intended to cover seasonal or vacation fluctuations in website visitors.
Methods for this study and Analysis

A total of 1000 subjects enrolled were considered eligible for the study if logged on to the site, over 18 years of age, and consented to the survey. When the number commencing the questionnaire reached 1,000, the site was closed to further recruitment. A sample power analysis was run indicating that the data from 850 subjects would be able to detect differences at p< 0.05 in this group. Dropout was expected so the number was expanded to 1,000 which was approved by the IRB. For analysis the sample was divided by situations, having the same respondent describe different events labeled as last Internet partner and last IRL partner. Two sets of data were extracted for the same individual, one for the ‘in real life’ (IRL) encounters and one for the ‘internet’ encounter. The difference in the process (filtering and contact) between IRL and Internet are then described. It is necessary to define these clearly because the Internet encounter subsequently results in an IRL encounter. Therefore, we are talking about the process of encounter from initial contact through to sexual contact.

The analysis for this paper is a comparison of IRL with Internet dating (last partner recruited by each method) among MSM. Analysis includes a panel of demographic variables (Tables 1-3), sexual behavior variables (Tables 4 and 5), and attitudinal variables, using t-tests for continuous data and prevalence (Tables 6 and 7). Flow charts of MSM meeting partners IRL and on the Internet (Figures 1 and 2) are presented. All analyses were carried out in SPSS version 15.0 using a 5% level of significance (2-tailed) unless otherwise noted. The study was approved by the appropriate University and CDC Committees for the Protection of Human Subjects.
RESULTS

All 1000 subjects were males over 18 years of age, currently living in the U.S. and had engaged in anal or oral sex with a man in the past 12 months. The demographics are shown in Tables 1-3. The majority of this sample were Whites (83%) followed by Hispanics (9%) and Blacks (4%). Most of the subjects were paid employees (84%) and nearly a third of respondents earned, 50,000 dollars. Ninety-two percent of the study participants were born in the United States.

The most common sexual relationship reported was ‘not in a relationship’ (48%) followed by ‘having multiple partners’ (23%). Sexual orientation of the sample was gay (78%) and bisexual (12%). The disclosure of homosexuality was most frequently communicated to male friends (64%) and male partners (sexual, other than committed) (63%), least frequently to female partners (3%), and in between to co-workers (50%), family members (57%) and healthcare professionals (50%).

Only one-third of the participants thought that it is easier to talk about using condoms over the Internet than IRL or on the phone. Ninety percent thought that it is easiest to find married men for sex on-line and 81 percent think that it is easiest to find partners for unprotected sex on-line. More than half of the participants thought that there is no difference as to which group (Married straight men, Unmarried straight men, Bisexual men, Openly gay men, No difference) is more likely to give them HIV or other STDs. The average time spent communicating via the Internet before getting sex was an average of 8.2 hours or a median of 1 hour. The most frequent means to know that a man was ‘safe’ to meet for sex was gut feeling (41%), followed by asking a lot of questions (40%), seeing a photo first (33%),
followed by talked on the phone (26.4%). More than 91 percent of the participants had exchanged photos over the Internet (n=503) and in 91 percent of the cases, seeing a photo influenced their decision to meet in person. Only a third of participants (34%), said that they would meet a person they have met over the Internet without seeing a picture first. More than three-fourths of the participants had already used the Internet to decide about the sexual activities, oral and anal sex, and condom use for anal sex that would occur when they would meet face-to-face. Most had communicated for a while, revealed and known the HIV and sometimes STD statuses over the Internet, but only 18 percent had “cyber sex” (sharing a fantasy online while masturbating) before meeting. Over half of the participants had talked over the phone about sexual activities after meeting online but very few of them talked about HIV and STD status and a mere 15 percent had “phone sex”.

Only 15 percent of the people had met several times before having sex and 33 percent felt that they already had a relationship with the man they met online but not face-to-face. There are 608 respondents with complete data who could be included into either group (Internet or IRL). Among the 608, 143 (24%) are “IRL” sex partners and 465 (76%) Internet sex partners. Of the 143 IRL partners, 48 are non-main partners and 95 main partners. Of the 465 Internet partners, 277 are non-main partners and 188 main partners. In the past 60 days, respondents reported finding significantly more of their partners online than IRL (Internet 4.67, SD=9.03; IRL 1.44, SD=5.93, t=-6.50. df=601, p=.000).

Internet Use

The average number of days per week the subjects logged on to the Internet was over 6 with 38% reporting to spend 2-4 hours on the Internet per day, followed by 18.5%
spending 5-7 hours per day. The most common place used to access the Internet was at home (69%) followed by workplace (40%) and school (13%). More than 93% of the sample had ever logged on to the Internet to look for a sex partner with an average of 22 days in the last 60 days. When it came to using the phone line to look for sex partners, 66.5% of the participants responded in the affirmative. Though the most common sites used from home were chat sites to connect for sex followed by general information sites, at work place the most common sites visited were general information websites followed by non-sexual chat sites. The most common sites used to connect for sex were Gay.com (59%), Manhunt.net (37%), Yahoo.com (29%), AOL.com (27%), and Crusingforsex.com (18%). Fifty-nine percent of the participants had been to chat rooms to look for sex partners and an equal percentage had browsed profile information for the same. Eighty-five percent of the subjects (n=585) had created at least one profile containing sexual information for chat rooms they visited to find sex partners. Almost half of the sample reported mentioning their HIV status (n=461) in their profiles. Almost half of the participants also reported mentioning their desire for both insertive (n=461) and receptive oral (n=421) sex in their profiles. When on the Internet, the majority of the subjects reported spending their time chatting with other MSM.

Participants reported less than half (37%) ever having sex with a female (n=374) with their first heterosexual experience at an average age of 17.9 years. For the rest of the questions about sexual experiences with females, less than 25% of the subjects answered and this number kept decreasing for more specific questions. Hence no statistical analysis was done for this data.
Male sexual behavior

The average age for the first sexual experience with a male was 17.5 years with the most recent experience occurring within the past 7 days. The mean number of how many partners respondents had in their lifetime was 171 (n=685) with a range from 0 to 3000. Of these, a mean of 66.5 partners were met on-line (range = 0 to 2000) and a mean of 5.4 (n=659) were met on a phone sex or personals line. In the past 60 days, the subjects had a mean of 5.4 male sex partners of whom 4.7 were met on the Internet.

Participants reported 14 percent (n=135) meeting their main partner on-line. Only 3.4 percent (n=34) reported their main male partner has HIV or AIDS while 22.9 percent (n=229) reported knowing their main partners STD status and/ or history. Less than nine percent reported using a condom the last time having anal sex with their main partner.

Over half of the participants (n=612) reported having anal sex with other male partners (not their main partner) in the past 60 days of which 33 percent (n=331) were met on-line. The sexual behaviors with other male partners differed from those met IRL and on the Internet (Table 6). More participants knew the HIV status of their Internet partners as compared to IRL (Table 7). Forty-two percent did not use condoms the last time they had anal sex with these IRL male partners and 39.2 percent for other Internet partners.

Differences between the Internet and IRL relationships

There are similarities and differences between Internet relationships (Figure 1) and IRL relationships development (Figure 2). Courtship on the Internet among MSM consists of a range of experiences as the courtship process can be a brief 10-15 minutes or a long lasting relationship. The Internet Flow chart constructed from the data, link between the virtual
identity, being on or simulated on a computer and the real, as MSM move from cyber space to relationships off-line. The IRL flow chart depicts meeting and assessing in negotiation of identity and risk while looking someone in the eye. The Internet Flow Chart and IRL Flow Chart portray distinctive steps in negotiating for sex or forming an environment for courtship.

Self-disclosure is a strategic communication process in seduction as interaction and communication create a process of knowing someone else and letting them know oneself in return. Part of the process in meeting MSM includes filtering/ screening for sexual practices and use or non use of condoms for anal sex. The Internet presents a fast screening tool for large numbers of potential sex partners in a short time. In self-presentation or disclosure, requesting knowledge of HIV/STDs status can parallel condom use. In both IRL and Internet relationships, the conversations could direct serosorting and condom use.

Internet and IRL Relationship for Sexual Negotiation Processes

The ‘Process’ were created by a synopsis of various sources, including a foundation of literature reviews in conjunction with the question flow of The Men’s Sexual Health Survey (Appendix B). A logical flow chart was designed based on reported behavior from the sample chain of behaviors and n values. The flow chart is a description of steps identified in the filtering encounter that logically evolved. This description is a picture that depicts the encounter with points of divergence.

Hypothesized Sex Partner Seeking on the Internet

The ‘Process’ of Relationship Among MSM on the Internet begins with the Safety Check activity where a participant checks on whether a particular prospective partner is “safe”. Padgett’s definition is employing an online method in order to determine if a person
is physically safe (i.e., not abusive) to meet in person (Padgett, 2007). This Safety Check branches off the Profile review, which is a tool to create a representation on the Internet. Representations can include descriptions of race, age, height, weight, geographical location and photograph. Additionally one may provide the HIV status, the desired HIV status of future partners, a preference of sexual role (bottom, top, or versatile), whether one is partnered or single, and if a long-term relationship is sought (Shernoff, 2006). Profile leads to the Chat activity, which is defined as a participant being able to talk on the Internet in an informal or familiar manner. To “Chat” is to be involved in an online discussion with others in a chat room or to partake in synchronous conferencing, i.e., digital communication happening at the same time, and occasionally in asynchronous conferencing. Chat or communicating can lead into three activities: Cybersex, telephone contacts, and/or face-to-face (FTF). Cybersex is sex-oriented exchanges and conversations on-line, utilizing material of a sex-oriented nature available on-line. Terms include computer sex, net sex, or internet sex regarding an encounter where two people communicate remotely via the Internet and send sexually explicit text describing a sexual activity. Masturbation is usually present and can be enhanced by webcams for real-time video. This has been described as where one participant describes online what he wants the other participant to do and may achieve orgasm (Ross, 2005). Chat can lead to the Phone activity, where a participant can utilize the phone in meeting, greeting, and getting to know potential or present partners in pursuit of a relationship. This stage is utilizing dialogue for the purpose of courtship or negotiation for sex by phone. Chat can also lead to FTF, the term used to describe meeting someone in person or in real life (IRL) being the real physical presence as opposed to meeting on the
Internet. Both Cybersex and Phone can lead to **Phone Sex** which is sex-oriented conversations by phone. This is a social utility of an auditory nature for the purpose of talking about sex or acting out sexual fantasies and sexual arousal. **FTF** can lead to **After FTF but before sex**, which is the time period where people can meet, date, have conversations before moving to the phase of having sex. This part of the process is short in some relationships or part of a courtship nature in others. **FTF** can also lead to the activity **Sex**, which is the act of or behavior with a sexually motivated nature. Sex refers to the biology through attraction, communication, and courtship. Defining sex includes sexually motivated behavior or phenomena (Merriam-Webster, 2008).

**Sexual Activities**

“**Sex**” in Figure 2 leads to the many types of sexual activities that MSM may choose such as the top figure **Mutual Masturbation (MM)**, defined as a sexual act of stimulation where two or more men stimulate themselves or one another sexually, most commonly with the hands. This may be done when the participants wish to enjoy a mutual sexual act without full intercourse, or may be used as foreplay, an interlude, or an alternative to penetration (Wikipedia contributors, 2008). **Rimming** is the penetration of anus with tongue (Love, 1992). **Oral Receptive** sex is sexual activities that involve the use of the mouth to stimulate genitalia, also called fellatio (Wikipedia contributors, 2008). Oral Receptive is the person receiving the penis. **Oral Insertive** is oral sex or sexual activities that involve the use of the mouth to stimulate genitalia, also called fellatio (Wikipedia contributors, 2008). Oral Insertive is the person whose genitals are being stimulated or the person inserting the penis. **Anal Receptive** is anal sex, a method of human sexual behavior which involves the anus,
anal cavity, sphincter value and/or rectum. Anal sex is the insertion of the erect penis into the rectum. The receptive role is the partner being penetrated. Anal sex can be pleasurable due to the stimulation that the insertive person’s erect penis causes when massaging or rubbing the prostate (Wikipedia contributors, 2008). **Anal Insertive** is also anal sex where the insertive role is the partner penetrating. Anal sex can be pleasurable due to the stimulation of the penis inside the anus (Wikipedia contributors, 2008). **Other**, the last sexual activity listed by respondents includes other sexual activities that include the following: water sports, kissing, licking, role plays, bondage, S & M, anal sex, digital, toys, masturbation, oral sex, nipple play, fisting, and multiple partners listed in Table 5 and defined in Appendix A. Questions regarding condom use reflected decisions whether protection was used by the participant or the partner and if the intention or desire to use was present.

The multiple steps in the flow chart(s) are related with participants making choices to enter one or more activities with decision points made. The strengths of the decision points are reflected in the percentages and the number of participants in the flow chart (Figures 1 and 2). These flow charts illustrate the process and decision flow and highlight the degrees of decision making in certain areas, illuminating sexual choices or condom use.

**IRL**

The “Process” of Relationship among MSM IRL (the traditional way of meeting MSM) is a picture of courtship or negotiation for sex for those that do not meet on the Internet. The interpersonal dynamics depict sexual encounters with different boundaries as
the participants navigate through the intricate flow of sexual relationships and courtship on a more traditional connection.

The first activity, **Last time you met a new male IRL**, defines a foundational timetable of emotional or physical connection between a MSM and a partner. This leads to the next activity **How long before sex?** This activity defines the timetable to the sexual activity. Leonard & Ross discuss the importance of the last sexual encounter as, in a large sample, providing an easily recollectable event that can provide an average “snapshot” of sexual activity (Leonard & Ross, 1997). The next activity **Face to Face (FTF) No Sex** defines the time of meeting, courtship, or dating with no sex involved. This time period is brief in some relationships and of a courtship hue in others. This part of the process includes making decisions about sex and choosing their sexual partners. A choice can be made to connect with the partner by phone or go straight to sex. The **Phone** activity is the use of the phone in meeting, greeting, and getting to know potential or present partners in pursuit of a relationship. The phone is a tool used to dialogue for the purpose of courtship or negotiation for sex by phone. The Phone activity can go straight to sex or to phone sex. The question specified “Did you talk on the phone before having sex?” The **Phone Sex** activity is sex-oriented conversations by phone. This is a social utility of an auditory nature for the purpose of talking about sex or acting out sexual fantasies and sexual arousal. FTF and Phone can lead to **Face to Face (FTF) with Sex**, being the act of or behavior with a sexually motivated nature. Sex refers to the behavior through attraction, communication, and courtship. In this context, sexual behavior, attraction, and romance between the same sex, male or men who have sex with men (MSM). Sex leads to multiple choices in parallel to the flow chart of the
Process among MSM on the Internet: MM, RIM, Oral Receptive, Oral Insertive, Anal Receptive, Anal Insertive, and Other. Again activities regarding condom use are replicated in both flow charts.

The purpose of these flow charts is to illustrate the complexities of sexual relationships and courtships, and potential decision points for safe sex negotiation, of MSM in both Internet venues and In Real Life. HIV makes these relationship choices more complex as MSM carry the majority of the burden. The “Process” flow charts illustrate the steps of partner selection of MSM and provide a picture to show the same person in different events (Internet vs IRL) making choices. This illustrates how the same participant may follow different patterns in sexual partner acquisition on the Internet and IRL, and demonstrate points in this flow where safer decisions may be promoted.

The Internet (Figure 1) and IRL (Figure 2) flow charts also depict sexual activities listed as “Other”. The participant was asked ‘When you met face-to-face, which of the following occurred?’ Other sexual activities (Table 5) were checked and the respondent specified different sexual activities from traditional kissing and touching to the more esoteric. The Internet had a much higher number of ‘other’ sexual listings (n=40) and activities than IRL (n=16).

Sexual Activities

The results of Discussion of Status are shown in Table 7. Status is defining one’s state or condition, being HIV positive or negative, if a person has STDs (other than HIV), and condom use. Status leads to serosorting, the method of seeking only to engage in sexual activities, with partners of the same reported HIV status as oneself (Wikipedia contributors,
2007). Data suggest differences between the last Internet event and IRL event. All the variables exhibited different prevalence except for ‘Understood we were going to have unprotected sex’. Data suggest more communication on the Internet than IRL, in regards to self revealing information.

The results of **Comparison of Sexual Experiences with Internet vs. IRL Partners**, are shown in Table 6 suggest no difference in prevalence regarding Mutual Masturbation, Oral Receptive or Oral Insertive behaviors. Data suggest differences between Internet vs. IRL regarding Rimming, Receptive Anal Sex and Insertive Anal Sex. There were no differences in condom use suggesting differences in practices but not protective behaviors.
Table 1  Distribution of Sample by Racial/Ethnic Groups

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>23</td>
<td>2.3</td>
</tr>
<tr>
<td>Black / African American</td>
<td>46</td>
<td>4.6</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>86</td>
<td>8.6</td>
</tr>
<tr>
<td>Native American / American Indian</td>
<td>17</td>
<td>1.7</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>White / European American</td>
<td>827</td>
<td>82.6</td>
</tr>
<tr>
<td>Multi racial / Mixed race</td>
<td>37</td>
<td>3.7</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>1.4</td>
</tr>
<tr>
<td>Don’t want to answer</td>
<td>3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Note. Participants were asked to check all that apply, and so totals sum to >100% or Σn.
<table>
<thead>
<tr>
<th>Education Level</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th grade or less</td>
<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>Some high school</td>
<td>26</td>
<td>2.6</td>
</tr>
<tr>
<td>High school graduate / GED</td>
<td>108</td>
<td>10.8</td>
</tr>
<tr>
<td>Some college</td>
<td>275</td>
<td>27.5</td>
</tr>
<tr>
<td>Community college degree</td>
<td>42</td>
<td>4.2</td>
</tr>
<tr>
<td>Technical school training</td>
<td>41</td>
<td>4.1</td>
</tr>
<tr>
<td>College graduate</td>
<td>300</td>
<td>30.0</td>
</tr>
<tr>
<td>Post graduate</td>
<td>199</td>
<td>19.9</td>
</tr>
<tr>
<td>Don’t want to answer</td>
<td>5</td>
<td>0.5</td>
</tr>
</tbody>
</table>
Table 3  Distribution of Sample by Income

<table>
<thead>
<tr>
<th>Income Range</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>104</td>
<td>10.4</td>
</tr>
<tr>
<td>$10,000 to $19,999</td>
<td>103</td>
<td>10.3</td>
</tr>
<tr>
<td>$20,000 to $29,999</td>
<td>152</td>
<td>15.2</td>
</tr>
<tr>
<td>$30,000 to $39,999</td>
<td>139</td>
<td>13.9</td>
</tr>
<tr>
<td>$40,000 to $49,999</td>
<td>131</td>
<td>13.3</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>313</td>
<td>31.3</td>
</tr>
<tr>
<td>Don’t want to answer</td>
<td>58</td>
<td>5.8</td>
</tr>
</tbody>
</table>
Table 4  Places Where MSM Find Sex

<table>
<thead>
<tr>
<th>Place</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bars</td>
<td>363</td>
<td>36.3</td>
</tr>
<tr>
<td>Bathhouses</td>
<td>155</td>
<td>15.5</td>
</tr>
<tr>
<td>Public parks</td>
<td>79</td>
<td>7.9</td>
</tr>
<tr>
<td>Public restrooms</td>
<td>55</td>
<td>5.5</td>
</tr>
<tr>
<td>Sex clubs</td>
<td>143</td>
<td>14.3</td>
</tr>
<tr>
<td>Adult book stores</td>
<td>117</td>
<td>11.7</td>
</tr>
<tr>
<td>Internet</td>
<td>477</td>
<td>47.7</td>
</tr>
<tr>
<td>Phone sex or personals line</td>
<td>114</td>
<td>11.4</td>
</tr>
<tr>
<td>Classified newspaper ad</td>
<td>115</td>
<td>11.5</td>
</tr>
</tbody>
</table>

*Note. Participants were asked to check all that apply, and so totals sum to >100% or Σn.*
<table>
<thead>
<tr>
<th>Activity</th>
<th>Internet</th>
<th>IRL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water sports</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Kissing, licking</td>
<td>45</td>
<td>25</td>
</tr>
<tr>
<td>Role plays, bondage, S&amp;M</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Anal, digital</td>
<td>33</td>
<td>19</td>
</tr>
<tr>
<td>Toys</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Masturbation</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Oral sex</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Nipple play</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Fisting</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Multiple partners</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>16</td>
</tr>
<tr>
<td>Experience</td>
<td>Internet (%)</td>
<td>IRL (%)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td>Mutual Masturbation</td>
<td>66.8 (n=522)</td>
<td>67.4 (n=399)</td>
</tr>
<tr>
<td>Rimming</td>
<td>53.4 (n=506)</td>
<td>46.1 (n=375)</td>
</tr>
<tr>
<td>Oral Receptive</td>
<td>81.3 (n=523)</td>
<td>78.6 (n=407)</td>
</tr>
<tr>
<td>Oral Insertive</td>
<td>82.1 (n=519)</td>
<td>78.3 (n=400)</td>
</tr>
<tr>
<td>Receptive Anal Sex</td>
<td>44.3 (n=524)</td>
<td>34.7 (n=406)</td>
</tr>
<tr>
<td>If yes, did he use a condom?</td>
<td>60.4 (n=232)</td>
<td>68.5 (n=143)</td>
</tr>
<tr>
<td>Did you want him to use a</td>
<td>56.7 (n=203)</td>
<td>60.4 (n=111)</td>
</tr>
<tr>
<td>condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insertive Anal Sex</td>
<td>45.6 (n=456)</td>
<td>38.6 (n=352)</td>
</tr>
<tr>
<td>If yes, did you use a condom?</td>
<td>66.4 (n=238)</td>
<td>60.4 (n=111)</td>
</tr>
<tr>
<td>Did you intend to use a condom?</td>
<td>71.2 (n=222)</td>
<td>76.1 (n=138)</td>
</tr>
<tr>
<td>Experience</td>
<td>I (%)</td>
<td>IRL (%)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Mutual Masturbation</td>
<td>72.2 (n=57)</td>
<td>69.6 (n=55)</td>
</tr>
<tr>
<td>Rimming</td>
<td>73.4 (n=58)</td>
<td>54.4 (n=43)</td>
</tr>
<tr>
<td>Oral Receptive</td>
<td>89.2 (n=74)</td>
<td>84.3 (n=70)</td>
</tr>
<tr>
<td>Oral Insertive</td>
<td>88.8 (n=71)</td>
<td>83.8 (n=67)</td>
</tr>
<tr>
<td>Receptive Anal Sex</td>
<td>64.2 (n=52)</td>
<td>40.7 (n=33)</td>
</tr>
<tr>
<td>If yes, did he use a condom?</td>
<td>53.1 (n=17)</td>
<td>53.1 (n=17)</td>
</tr>
<tr>
<td>Did you want him to use a condom?</td>
<td>37.5 (n=9)</td>
<td>41.7 (n=10)</td>
</tr>
<tr>
<td>Insertive Anal Sex</td>
<td>60.9 (n=42)</td>
<td>52.2 (n=36)</td>
</tr>
<tr>
<td>If yes, did you use a condom?</td>
<td>60.7 (n=34)</td>
<td>39.3 (n=22)</td>
</tr>
<tr>
<td>Did you intend to use a condom?</td>
<td>75. (n=24)</td>
<td>71.9 (n=23)</td>
</tr>
</tbody>
</table>

- Analysis includes only casual partners; Internet and In Real Life partners
<table>
<thead>
<tr>
<th>Topics of Discussion</th>
<th>Internet (%)</th>
<th>IRL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What kinds of things we like to do when having sex with men</td>
<td>93.3 (n=525)</td>
<td>66.8 (n=438)</td>
</tr>
<tr>
<td>Found out his HIV status</td>
<td>80.2 (n=526)</td>
<td>60.2 (n=440)</td>
</tr>
<tr>
<td>Revealed my HIV status</td>
<td>81.2 (n=522)</td>
<td>61.5 (n=434)</td>
</tr>
<tr>
<td>Found out if he had STDs (other than HIV)</td>
<td>58.2 (n=517)</td>
<td>30.3 (n=438)</td>
</tr>
<tr>
<td>Revealed if I had STDs (other than HIV)</td>
<td>59.9 (n=524)</td>
<td>30.6 (n=437)</td>
</tr>
<tr>
<td>We talked about using condoms</td>
<td>71.4 (n=522)</td>
<td>57.5 (n=438)</td>
</tr>
<tr>
<td>Understood we were going to have unprotected sex</td>
<td>36.3 (n=520)</td>
<td>32.2 (n=437)</td>
</tr>
</tbody>
</table>
Figure 1  IRL process of relationship among MSM

- Some n’s vary due to missing data
Figure 2. Internet process of relationship among MSM

- Safety Check n=405
- Profile n=553
- Chat n=518
- Phone n=545
- Phone Sex n=50
- Cybersex n=96
- After FTF but before sex n=488
- FTF n=552

**Sex**

- Oral receptive n=425
- Oral insertive n=426
- Rimming n=270
- Mutual Masturbation n=349
- Did you want him to use a condom? n=140
- If no, why not? n=115
- Did you use a condom? n=158
- If no, why not? n=158
- Did you intend to use a condom? n=158
- Other n=158
- Anal receptive n=232
- Anal insertive n=208

---

If yes, did he use a condom? n=140
If no, why not? n=115
Did you want him to use a condom? n=115
If no, why not? n=158
Did you use a condom? n=158
If no, why not? n=158
Did you intend to use a condom? n=158
Other n=158
DISCUSSION

This is one of the first studies to examine the process of MSM negotiating for sex regarding the Internet and IRL, using a self selected, convenience sample at a national level of MSM recruited through the Internet. Previous investigations have looked at the Internet but none have yet systematically explored the different steps, the process of courtship and compared it to the IRL process.

The flow charts of Internet and IRL dating portray the process of filtering, courtship and/or negotiating for sex (including positioning). The flow charts compare MSM’s sexual risk behaviors as they unfold in both environments. The Figures present sexual encounters as interactions that create predictable sequences or “scripts”. The Internet flow chart portrays these collective patterns that specify sexual sequences and behaviors: these sequences constitute “filtering” and “sexual positioning”. As Gagnon and Simon note, interpersonal scripts are patterns of interaction that allow one to function in sexual situations (Irvine, 2003). Both the Internet and IRL flow charts pattern the interpersonal script that Gagnon and Simon (1984) wrote “is a process that transforms the social actor from being exclusively an actor to being a partial scriptwriter or adapter shaping the materials of relevant cultural scenarios into scripts for behavior in particular contexts” (pg, 53).

The differences seen here between Internet and IRL suggests discussion of HIV/STD status to be different for all variables except “Understood we were going to have unprotected sex,” meaning no condom use. There was more communication on the Internet in regards to self revealing information on variables relating to reducing risk (HIV/STD status, preference for safe sex, condom use) which enable “filtering” (including serosorting). The data indicate
more steps in the Internet process compared to IRL processes prior to face-to-face contact, and these largely constitute affective confirmation of mutual attraction (photo, chat, phone, cyber- and phone-sex) while they may also contribute to information-seeking and sexual negotiation. Compared with IRL, the Internet process appears more complex and provides for multiple steps to filter and position with regard not only to HIV/STD risk but also to negotiate position for complementary sexual interests. It appears that the concern on the Internet is to confirm the “chemistry” as well as the risk, whereas IRL the “chemistry” has already been established (Ross et al., 2007).

The higher percentage of “Discussed what kinds of things we like to do when having sex with men” suggest complementary positioning. The data revealing items related to disclosure of HIV/STD, and sexual practice questions “Found out his HIV status”, “Revealed my HIV status”, “Found out if he had STDs (other than HIV)”, “Revealed if I had STDs (other than HIV),” and “we talked about using condoms” indicates strategic positioning for perceived risk reduction. In Table 7, all variables except one were higher in the Internet situation for discussion of HIV/STD status and condom use.

Data indicating comparison of sexual experiences with Internet partners versus IRL reveal differences in Rimming, Receptive Anal Sex, and Insertive Anal Sex, in the direction of higher levels in the Internet initiated encounter compared to IRL initiated encounter. There were no differences in condom use. This suggests filtering and complementary positioning in negotiation on the Internet, which could indicate profile content issues as well as negotiation as risk reduction processes. However, the process of filtering may be compromised because the most frequent means of knowing that a man was “safe” was
reportedly “gut feeling”, and seeing a photo (which may both address affective, rather than rational, decision-making). The processes of asking a lot of questions, and talking on the phone, may be based on more rational decision-making. A third of the Internet encounter sample felt that they already had a relationship with the man they had met on-line but not yet face-to-face, confirming that for a sizeable proportion, accelerated intimacy was operating (Ross et al., 2007).

These data have several limitations. Men recruited while actively seeking sexual partners through websites such as Gay.com, Manhunt.net, Yahoo.com, and Crusingforsex.com might be expected to be more sexually active than those recruited from the general population. A larger sample of MSM identified through a random probability survey might provide greater confidence in generalizability. Drop-out rate before the end of the questionnaire, is approximately 48% in these data as noted by Jain & Ross, in press. Data published previously suggest that less than one percent of those who see the banners complete the questionnaire. Ross (2003) noted that more than 1,700,000 banners in a study of Internet dropout, 0.62 percent linked to the website; and of these only 34 percent commenced the survey, and one half of these completed the survey (Ross, Daneback, Mansson, Tikkanen, & Cooper, 2003). Because data included MSM who just had Internet partners, and MSM who just had IRL partners, there is a degree of overlap in these data between those respondents and respondents who had both IRL and Internet partners in the past 60 days. These data suggest that IRL and Internet sexual encounters initiated on the Internet are independent with regard to discussion of HIV/STD status and condom use, as
well as many sexual behaviors in Internet-generated compared to IRL-generated sexual
encounters.

This paper establishes a pattern of MSM’s courtships or negotiation for sex and a
pattern of partner acquisition. Data suggest more negotiation on the Internet and decisions
being made based on un-verifiable information. Secondly, data suggest many negotiation
opportunities which could lend to intervention to advise people how to negotiate safely.
**Differential Drug-Related Filtering for Internet vs. In Real Life Sexual Encounters Among MSM**

**INTRODUCTION**

The roles of substance use in the expression of sexuality are powerfully linked among men who have sex with men (MSM). Psychoactive drug and alcohol use are predictors of unprotected sex with casual partners (Drumright et al., 2006; Finnegan & McNally, 2002; Jack, 2000; Halkitis et al., 2005; Hirshfield, Remien, Humberstone, Walavalkar, & Chiasson, 2004; Purcell, Parsons, Halkitis, Mizuno, & Woods, 2001; Purcell, Moss, Remien, Woods, & Parsons, 2005) as are drugs used to enhance sexual behaviors such as Viagra, Cialis, or Levitra (Sanchez, Gallagher, & HITS-2002 Investigators, 2006; Sherr, Bolding, Maguire, & Elford, 2000; Spindler et al., 2007) and Poppers /Rush (Amyl Nitrites (French & Power, 1998; Lampinen, Mattheis, Chan, & Hogg, 2007; Purcell et al., 2001). Venues for gay men to socialize include the social and sexual action at circuit parties (Finnegan & McNally, 2002) weekend long gatherings that center on partying, dancing, sexual activity (Guss & Drescher, 2000) and polydrug use with unsafe sex (Halkitis, Palamar, & Mukherjee, 2007; Mattison, Ross, Wolfson, Franklin, & HNRC Grp, 2001; Ross, Mattison, & Franklin, 2003). MSM partaking of recreational drugs are less likely to use condoms. The combination of recreational drug use such as crystal methamphetamine (crystal meth), GHB, Ketamine (Special K), Ecstasy, Cocaine, Viagra, Poppers, and marijuana, with new Internet venues to meet sex partners increase the risk of acquiring sexually transmitted infections STIs) or for transmitting HIV (Daneback et al., 2007; Ross et al., 2007; Ross, 2005). Understanding the associations between HIV transmission risk behavior and substance use for different venues
of Internet or In Real Life (IRL) mediated sexual initiation is an important element of HIV prevention for MSM.

The reasons why MSM combine drugs with sex are varied and entangled with risk. Drugs may decrease both anxiety and self-observation (Ostrow, 2000), lead to escape or denial (deny they were engaging in risky behavior) (Halkitis et al., 2005) with an increase in verbosity, confidence, and alertness with euphoria (Guss & Drescher, 2000). For example methamphetamine use lowered inhibitions, increased excitement and led men to not caring about their actions associated with marathon sex (e.g., sex lasting for days) (Halkitis et al., 2005), cocaine can produce a sense of well being and increased self-esteem (Guss & Drescher, 2000), poppers enhance sexual experience and relax muscles (in particular the anal sphincter), and intensify orgasm (French & Power, 1998), marijuana was associated with creating sexual moods and behaviors (Halkitis et al., 2005), and Viagra, used to counteract erectile dysfunction, reduced by some drugs, allowing prolonged sexual activity (Spindler et al., 2007). Substance use can compromise thinking and judgment, leading to risky sexual behaviors (Halkitis et al., 2005) thereby increasing the transmission of HIV/STIs.

The phenomenon Party and Play (PNP) is a term used by MSM to describe using illegal drugs in a sexual setting, either one-on-one, or in groups. The typical choice of drug is methamphetamine or ecstasy (Carey & O’Connor, 2005). This has been described as both a ‘plague’ and ‘epidemic’ in the gay community. Some internet profiles list ‘PNP’ or the reverse ‘No PNP’ (Wikipedia contributors, 2008).

The Internet has created a new dimension to intimacy in changing contexts of sexual behavior (Ross, 2005) and a tool one can use to choose or filter specific desires. Profiles, for
example can create a textual picture or representation that communicates sexual desires, status, or drug use, at a glance. Filtering information in order to explore or communicate sexual requests (Rice & Ross, in preparation) has been demonstrated as an intentional use of the Internet. Thus, the Internet has been shown to act as a filtering (for partner sexual characteristics and serosorting) and positioning (to establish complementary sexual positioning) mechanism. However, the Internet may also act as a filtering mechanism for other related characteristics, such as preference for drug use generally or drug use associated with sex. While it has been demonstrated that some MSM use drugs at high levels associated with sex (Carey & O’Connor, 2005) or specifically with circuit parties, there have been no studies to date that indicate whether MSM also use the Internet for drug-related filtering. In this study, our null hypothesis is that Internet partners and IRL partners will show no significant differences in their use of 1) general recreational drugs, and 2) sexually-related drugs (Viagra/Cialis/Levitra, or nitrites (poppers).

METHODS

A cross-sectional survey was provided to participants recruited on-line in a nationwide self-selected convenience sample of MSM.

Population

An on-line survey entitled “the Men’s Sexual Health Survey” was available to all men visiting selected gay/MSM websites, chatrooms, and personal ads. Inclusion criteria were that men were over 18 years of age, U.S. residents, English speaking, and completed at least the first tier of the survey. Data were collected on all male visitor volunteers to ensure
inclusivity to capture all possible MSM respondents, and from participants in all 10 HHS
U.S. health regions.

Procedures

An on-line survey was developed using Microsoft FrontPage and Access software. The instrument was an anonymous, self-administered survey designed and developed by the study PI to measure issues of sexual behaviors and sexual safety among MSM who use the Internet to mediate sexual encounters. Pilot studies identified most commonly used gay and bisexual websites as those having chatrooms, listserves and personal ads. Websites were contacted through emailed contact letters and telephone in order to request their participation. Links to the survey were housed in the following Internet sites: Adult FriendFinder.com, AOL.com, Blackplanet.com, BlackVocies.com, ChatPlanet, Cruisingforsex.com, Ebonymale.com, Gay.com, Gayweb.com, Manhunt.net, MSM.com, Planetout.com, Swingersmeetingplace.com, Ultimatebareback.com, and Yahoo.com.

When respondents visited participating study websites they could click on the survey link and they were taken to a new website with an introductory page that included the survey title, “The Men’s Sexual Health Survey” and a criterion stating that the survey is for men only, ages 18 and over. Information was provided regarding the survey with an estimation time of 30 – 40 minutes average to complete, depending on modules taken. All answers were kept anonymous and confidential. For those interested, respondents could access the survey after completing an on-line consent form for their agreement to be in the study (Appendix C). Respondents who chose not to participate were taken to a page that says, “Thank you for your time. If you change your mind, please feel free to return.”
Measurement

The on-line survey was adapted from a previous questionnaire developed by The Boston University School of Public Health, Denver Health Department Division of STDs and HIV, and The University of Texas School of Public Health with funding provided by the CDC-funded pilot studies (Appendix B). Survey questions of sexual orientation identification, types of sexual partners and behaviors were worded in such a way that respondents felt comfortable in disclosing sexual behaviors they do not identify with. The survey items included demographic information (i.e., age, gender, ethnicity, relationship status, sexual orientation, education level, and state they live in) as well as behavioral risk questions for the previous 12 months on the number of partners, change in sex partners, substance use, types of sexual activity, condom use, and STD/HIV testing and treatment history. The survey also included a series of open-ended questions, which had text boxes for respondents to type in their answers. Respondents had the ability to type as much or as little as they felt appropriately answers the question based on their experiences with meeting sex partners on-line. Open-ended questions were used to solicit experiences of meeting men through the Internet for sexual encounters, the on-line screening processes used to determine who to meet face-to-face, use of email communication to negotiate sexual safety, and condom use. The web surveys were collected continuously over a six month period intended to cover seasonal or vacation fluctuations in website visitors.

Methods for this study and Analysis

The analysis for this paper is reviewing drug use among MSM for Internet and IRL mediated sexual initiation in comparison to sexual and drug behavior with Main partner. The
effect of age is also examined. Respondents were considered eligible for the study if logged on to the site, over 18 years of age, and consented to the survey. When the number commencing the questionnaire reached 1,000, the site was closed to further recruitment. A sample power analysis was run indicating that the data from 850 subjects would be able to detect differences at p<0.05 in this group. A further 150 subjects were recruited to account for expected attrition. In this sample, dropout by the time respondents reached the 2nd module of questionnaire was 48%. However, these analyses only involved questions in the first module. For analysis the sample was divided by situation, last sexual initiation on the Internet and IRL. Two sets of data were extracted for each respondent, one for the last “in-real-life” (IRL) encounters and one for the last “Internet” encounter. In order to control for the fact that people might have had an Internet but not IRL partners, analysis was repeated for men who had both Internet and IRL contacts reported, thus allowing a within-respondent comparison for both IRL and Internet partners. Analysis is descriptive of demographic variables (Tables 1-4), prevalence of sexual behaviors (Tables 5, 6, & 7) and t-test were applied for continuous data. All analyses were carried out in SPSS version 15.0 using a 5% level of significance (2-tailed) unless otherwise noted. The study was approved by the appropriate University and CDC Committees for the Protection of Human Subjects.

RESULTS

All 1000 subjects were males over 18 years of age, currently living in the U.S. and had engaged in anal or oral sex with a man in the past 12 months. The demographics of both groups are shown in Tables 1-3. The majority of this sample were Whites (83%) followed by Hispanics (9%) and Blacks (4%). Most of the subjects were paid employees (84%) with
almost one-third having a total annual income over 50,000 dollars (32%). Ninety-two percent of the study population was born in the United States.

The most common sexual relationship reported was ‘not in a relationship’ (48%) followed by “having multiple partners” (23%). Sexual orientation of the sample was gay (78%) and bisexual (12%). The disclosure of homosexuality was most frequently communicated to male friends (64%) and partners (63%), then coworkers (50%), family members (57%) and healthcare professionals (50%) and, least frequently to female partners (3%).

Only one-third of the participants thought that it is easier to talk about using condoms over the Internet than IRL or on the phone. Ninety percent thought that it is easiest to find married men for sex online and 81 percent think that it is easiest to find partners for unprotected sex online. More than half of the participants thought that there is no difference as to which group (married straight men, unmarried straight men, bisexual men, openly gay men, no difference) is more likely to give them HIV or other STDs. The average time spent communicating via the Internet before getting sex was an average of 8.2 hours or a median of 1 hour. The most frequent means to know that a man was ‘safe’ to meet for sex was gut feeling (41%), followed by asking a lot of questions (40%), seeing a photo first (33%), followed by talked on the phone (26.4%). More than 91 percent of the participants had exchanged photos over the Internet (n=503) and in 91 percent of the cases, seeing a photo influenced their decision to meet in person. Only a third of participants (34%), said that they would meet a person they have met over the Internet without seeing a picture first. More than three-fourths of the participants had already used the Internet to decide about the sexual
activities, oral and anal sex, and condom use for anal sex that would occur when they would meet face-to-face. Most had communicated for a while, revealed and known the HIV and STD statuses over the Internet, but only 18 percent had “cyber sex” (sharing a fantasy online while masturbating) before meeting. Over half of the participants had talked over the phone about sexual activities after meeting online but very few of them talked about HIV and STD status and a mere 15 percent had “phone sex”.

Only 15 percent of the people had met several times before having sex and 33 percent felt that they already had a relationship with the man they met online but not face-to-face. There are 608 respondents who could be included into either group (Internet or IRL). Among the 608 respondents, 143 (24%) are “IRL” sex partners and 465 (76%) Internet sex partners. Of the 143 IRL partners, 48 are non-main partners and 95 main partners. Of the 465 Internet partners, 277 are non-main partners and 188 main partners.

Internet Use demographics

The average number of days per week the subjects logged on to the Internet almost approached 7 with 38% reporting to spend 2-4 hours on the Internet per day, followed by 18.5% spending 5-7 hours per day. The most common place used to access the Internet was at home (69%) followed by workplace (40%) and school (13%). More than 93% of the sample had ever logged on to the Internet to look for a sex partner with an average of 22 days in the last 60 days. When it came to using the phone line or personal line to look for sex partners, 66.5% of the participants said yes. Though the most common sites used from home were chat sites to connect for sex followed by general information sites, at work place the most common visited sites were general information websites followed by non-sexual chat
sites. The most common sites used to connect for sex were Gay.com (59%), Manhunt.net (37%), Yahoo.com (29%), AOL.com (27%), and Cruisingforsex.com (18%). Fifty-nine percent of the participants had been to chat rooms to look for sex partners and an equal percentage had browsed profile information for the same. Eighty-five percent of the subjects (n=585) had created at least one profile containing sexual information for chat rooms they visited to find sex partners. Almost half of the sample reported mentioning their HIV status (n=461) in their profiles. Almost half of the participants also reported mentioning their desire for both insertive (n=461) and receptive oral (n=421) sex in their profiles. When on the Internet, the majority of the subjects reported spending their time chatting with other MSM.

Participants reported less than half (37%) ever having sex with a female (n=374) with their first heterosexual experience at an average age of 17.9 years. For the rest of the questions about sexual experiences with females, less than 25% of the subjects answered and this number kept decreasing for more specific questions. Hence no statistical analysis was done for this data.

Male sexuality demographics

The average age for the first sexual experience with a male was 17.5 years with the most recent experience occurring within the past 7 days. The mean number of how many partners respondents had in their lifetime was 171 (n=685) with a range from 0 to 3000. Of these, a mean of 66.5 partners were met online (range = 0 to 2000) and a mean of 5.4 (n=659) were met on a phone sex or personals line. In the past 60 days, respondents reported
finding significantly more of their partners online than IRL (Internet 4.67, SD=9.03; IRL 1.44, SD=5.93, t=-6.50. df=601, p=.000).

Fourteen percent of respondents (n=135) reported meeting their main partner online. Only 3.4 percent (n=34) reported their main male partner has HIV or AIDS while 22.9 percent (n=229) reported knowing their main partners STD status and/ or history. Less than nine percent reported using a condom the last time having anal sex with their main partner.

Over half of the participants (n=612) reported having anal sex with other male partners (not their main partner) in the past 60 days of which 33 percent (n=331) were met online. The sexual behaviors with other male partners differed from those met IRL and on the Internet, i.e. respondents reports of non-traditional sexual activities were reported Internet (n=40) and IRL (n=16). More participants knew the HIV status of their Internet partners as compared to IRL. A 42 percent did not use condoms the last time they had anal sex with these IRL male partners and 39.2 percent for other Internet partners.

Drug use demographics

Over 25 percent of the participants reported “I like to drink / use alcohol,” (n=225) and “It’s OK for my partners to drink alcohol” (n=279). Profile information also included “I like to use drugs” (n=70) and “It’s OK for my partners to use drugs” (n=99). Eighteen percent had attended a circuit party with 37 percent having sex with at least one man during the last circuit party attended. Approximately 19 percent had sex with one partner, 56 percent had sex with 2-4 partners, 12.5 percent had sex with 8-10 partners, and 12.5 percent had sex with more than ten partners in the past 60 days.
Prevalence comparing Main Partner, Internet, and IRL sexual encounters for the results of drug use in the past 60 days are shown in Tables 5 and 6. Data suggest differences between Main partner, Internet partner, and IRL partner use of drugs. Data indicate that it was the IRL partners who had higher drug use in sexual encounters, rather than the Internet partners. The Internet was associated with more people filtering for no drug use, with half of Internet partners and 60% of main partners using drugs, including recreational drugs and sexual performance-enhancing drugs, in their last sexual encounter. Removing the “main partner” category (Table 6) did not change the pattern of results.

The drugs of higher prevalence used to enhance sexual behaviors included Viagra, Cialis, or Levitra, and Poppers/Rush. The category “none” had the highest number of respondents (n=169. Main partner, n=100 IRL partner, and n=229 Internet partner), also suggesting using the Internet to filter for not using drugs. A separate analysis without main partner showed no significance other than the category, “no drugs used.” A paired t-test indicated that the Internet participants get drunk/high before having sex in past 60 days less often than IRL participants, t(173)= -2.408, p<.0001.

Regarding drug use and age, analysis was used to view which drugs were used by a particular age group and how often (Table 7). The differences in age groups regarding Methamphetamine, GHB, Ketamine, Ecstasy, Cocaine, Heroin, LSD, along with the category ‘don’t want to answer’ and ‘other drugs’ did not suggest difference in prevalence. Age groups were divided into four groups, 18 – 25 years, 26 – 34 years, 35 – 42 years, and 43 – 78 years of age. The drugs used in the past 60 days with Main partner, Table 6 suggested the older age group is more likely to use Viagra. Poppers/Rush were used more in the Main
partner category, and the most commonly used but not different in age groups is Marijuana. In the category ‘no use of drugs’, the older age (43 – 78), was much less likely to use drugs before sex than the other three age groups and only half as likely as the other two groups. The next category, Internet partners and drugs used in past 60 days, suggested a higher Viagra use in the oldest age group (age 43 – 78). No use of drugs was highest in the second age group (age 25 – 34) and second highest in the older age group (age 43 – 78). The IRL partners and drugs used in the past 60 days had a higher prevalence Viagra use in the oldest age group (age 43 – 78). The drugs Poppers/ Rush, along with Marijuana and ‘no use of drugs’ was not higher in the IRL partner’s category.
<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>23</td>
<td>2.3</td>
</tr>
<tr>
<td>Black / African American</td>
<td>46</td>
<td>4.6</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>86</td>
<td>8.6</td>
</tr>
<tr>
<td>Native American / American Indian</td>
<td>17</td>
<td>1.7</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>White / European American</td>
<td>827</td>
<td>82.6</td>
</tr>
<tr>
<td>Multi racial / Mixed race</td>
<td>37</td>
<td>3.7</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>1.4</td>
</tr>
<tr>
<td>Don’t want to answer</td>
<td>3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

*Note. Participants were asked to check all that apply.*
Table 2  Distribution of Participants by Education Level

<table>
<thead>
<tr>
<th>Education Level</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th grade or less</td>
<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>Some high school</td>
<td>26</td>
<td>2.6</td>
</tr>
<tr>
<td>High school graduate / GED</td>
<td>108</td>
<td>10.8</td>
</tr>
<tr>
<td>Some college</td>
<td>275</td>
<td>27.5</td>
</tr>
<tr>
<td>Community college degree</td>
<td>42</td>
<td>4.2</td>
</tr>
<tr>
<td>Technical school training</td>
<td>41</td>
<td>4.1</td>
</tr>
<tr>
<td>College graduate</td>
<td>300</td>
<td>30.0</td>
</tr>
<tr>
<td>Post graduate</td>
<td>199</td>
<td>19.9</td>
</tr>
<tr>
<td>Don’t want to answer</td>
<td>5</td>
<td>0.5</td>
</tr>
<tr>
<td>Income Range</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>----------------------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>104</td>
<td>10.4</td>
</tr>
<tr>
<td>$10,000 to $19,999</td>
<td>103</td>
<td>10.3</td>
</tr>
<tr>
<td>$20,000 to $29,999</td>
<td>152</td>
<td>15.2</td>
</tr>
<tr>
<td>$30,000 to $39,999</td>
<td>139</td>
<td>13.9</td>
</tr>
<tr>
<td>$40,000 to $49,999</td>
<td>131</td>
<td>13.3</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>313</td>
<td>31.3</td>
</tr>
<tr>
<td>Don’t want to answer</td>
<td>58</td>
<td>5.8</td>
</tr>
</tbody>
</table>
Table 4  Places Where MSM Find Sex

<table>
<thead>
<tr>
<th>Place</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bars</td>
<td>363</td>
<td>36.3</td>
</tr>
<tr>
<td>Bathhouses</td>
<td>155</td>
<td>15.5</td>
</tr>
<tr>
<td>Public parks</td>
<td>79</td>
<td>7.9</td>
</tr>
<tr>
<td>Public restrooms</td>
<td>55</td>
<td>5.5</td>
</tr>
<tr>
<td>Sex clubs</td>
<td>143</td>
<td>14.3</td>
</tr>
<tr>
<td>Adult book stores</td>
<td>117</td>
<td>11.7</td>
</tr>
<tr>
<td>Internet</td>
<td>477</td>
<td>47.7</td>
</tr>
<tr>
<td>Phone sex or personals line</td>
<td>114</td>
<td>11.4</td>
</tr>
<tr>
<td>Classified newspaper ad</td>
<td>115</td>
<td>11.5</td>
</tr>
</tbody>
</table>

*Note.* Participants were asked to check all that apply, and so totals sum to >100% or Σn.
Table 5  Comparison of Drug Use in Internet and IRL Sexual Encounters in the Past 60 Days

<table>
<thead>
<tr>
<th>Drug</th>
<th>Your Main Partner (%)</th>
<th>IRL Partners (%)</th>
<th>Other Internet Male Partners (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=283</td>
<td>Casual n=143</td>
<td>Casual n=465</td>
</tr>
<tr>
<td>Methamphetamine (Crystal Meth)</td>
<td>5.6 (n=16)</td>
<td>13.9 (n=20)</td>
<td>6.6 (n=31)</td>
</tr>
<tr>
<td>GHB</td>
<td>2.1 (n=6)</td>
<td>5.5 (n=8)</td>
<td>3.0 (n=14)</td>
</tr>
<tr>
<td>Ketamine (Special K)</td>
<td>1.7 (n=5)</td>
<td>4.8 (n=7)</td>
<td>1.0 (n=5)</td>
</tr>
<tr>
<td>Ecstasy/ X/ E</td>
<td>4.5 (n=13)</td>
<td>10.4 (n=15)</td>
<td>3.2 (n=15)</td>
</tr>
<tr>
<td>Cocaine (crack or powder form)</td>
<td>4.9 (n=14)</td>
<td>9.0 (n=13)</td>
<td>3.2 (n=15)</td>
</tr>
<tr>
<td>Heroin</td>
<td>n=0</td>
<td>n=0</td>
<td>n=0</td>
</tr>
<tr>
<td>Viagra, Cialis or Levitra</td>
<td>8.8 (n=25)</td>
<td>18.8 (n=27)</td>
<td>10.5 (n=49)</td>
</tr>
<tr>
<td>LSD, acid, mushrooms</td>
<td>0.3 (n=1)</td>
<td>0.6 (n=1)</td>
<td>0.2 (n=1)</td>
</tr>
<tr>
<td>Poppers / Rush</td>
<td>13.4 (n=38)</td>
<td>27.2 (n=39)</td>
<td>14.4 (n=67)</td>
</tr>
<tr>
<td>Marijuana</td>
<td>17.3 (n=49)</td>
<td>20.2 (n=29)</td>
<td>10.5 (n=49)</td>
</tr>
<tr>
<td>None</td>
<td>59.7 (n=169)</td>
<td>6.9 (n=100)</td>
<td>49.2 (n=229)</td>
</tr>
<tr>
<td>Other</td>
<td>2.4 (n=7)</td>
<td>4.8 (n=7)</td>
<td>1.7 (n=8)</td>
</tr>
</tbody>
</table>
Table 6  Comparison of Drug Use in Casual Internet and IRL Sexual Encounters in the Past 60 Days

<table>
<thead>
<tr>
<th>In the past 60 days, what drugs did you use before having sex with:</th>
<th>IRL Partners (%)  n=143</th>
<th>Internet Partners (%)  n=465</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine (Crystal Meth)</td>
<td>13.9 (n=20)</td>
<td>6.6 (n=31)</td>
</tr>
<tr>
<td>GHB</td>
<td>5.5 (n=8)</td>
<td>3.0 (n=14)</td>
</tr>
<tr>
<td>Ketamine (Special K)</td>
<td>4.8 (n=7)</td>
<td>1.0 (n=5)</td>
</tr>
<tr>
<td>Ecstasy/ X/ E</td>
<td>10.4 (n=15)</td>
<td>3.2 (n=15)</td>
</tr>
<tr>
<td>Cocaine (crack or powder form)</td>
<td>9.0 (n=13)</td>
<td>3.2 (n=15)</td>
</tr>
<tr>
<td>Heroin</td>
<td>n=0</td>
<td>n=0</td>
</tr>
<tr>
<td>Viagra, Cialis or Levitra</td>
<td>18.8 (n=27)</td>
<td>10.5 (n=49)</td>
</tr>
<tr>
<td>LSD, acid, mushrooms</td>
<td>n=1</td>
<td>n=1</td>
</tr>
<tr>
<td>Poppers / Rush</td>
<td>27.2 (n=39)</td>
<td>14.4 (n=67)</td>
</tr>
<tr>
<td>Marijuana</td>
<td>20.2 (n=29)</td>
<td>10.5 (n=49)</td>
</tr>
<tr>
<td>None</td>
<td>6.9 (n=100)</td>
<td>49.2 (n=229)</td>
</tr>
<tr>
<td>Other</td>
<td>4.8 (n=7)</td>
<td>1.7 (n=8)</td>
</tr>
</tbody>
</table>
Table 7  Internet and IRL Sexual Encounters and Drug Use in the Past 60 Days by Age

<table>
<thead>
<tr>
<th>Drug</th>
<th>Ages 18-24 (%)</th>
<th>Ages 25-34 (%)</th>
<th>Ages 35-42 (%)</th>
<th>Ages 43-78 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=225)</td>
<td>(n=298)</td>
<td>(n=228)</td>
<td>(n=249)</td>
</tr>
<tr>
<td>Viagra</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Partner</td>
<td>0.4</td>
<td>3.0</td>
<td>0.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Internet Partner</td>
<td>0.4</td>
<td>3.8</td>
<td>3.9</td>
<td>11.2</td>
</tr>
<tr>
<td>IRL Partner</td>
<td>0.4</td>
<td>3.0</td>
<td>1.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Poppers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Partner</td>
<td>2.2</td>
<td>3.7</td>
<td>3.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Internet Partner</td>
<td>2.7</td>
<td>8.7</td>
<td>6.6</td>
<td>8.0</td>
</tr>
<tr>
<td>IRL Partner</td>
<td>1.8</td>
<td>5.0</td>
<td>3.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Partner</td>
<td>5.8</td>
<td>5.4</td>
<td>3.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Internet Partner</td>
<td>3.6</td>
<td>5.4</td>
<td>5.3</td>
<td>5.2</td>
</tr>
<tr>
<td>IRL Partner</td>
<td>2.7</td>
<td>4.7</td>
<td>2.6</td>
<td>1.2</td>
</tr>
<tr>
<td>No drugs used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Partner</td>
<td>15.0</td>
<td>21.0</td>
<td>20.0</td>
<td>11.0</td>
</tr>
<tr>
<td>Internet Partner</td>
<td>16.4</td>
<td>26.5</td>
<td>25.0</td>
<td>22.5</td>
</tr>
<tr>
<td>IRL Partner</td>
<td>10.2</td>
<td>10.1</td>
<td>11.0</td>
<td>8.8</td>
</tr>
</tbody>
</table>
DISCUSSION

This is one of the first studies to examine the process of drug use regarding the Internet and IRL using a self-selected, convenience sample of MSM recruited nation-wide through the Internet. Previous investigations have looked at MSM and drug use, but none have systematically explored that combination on the Internet and compared it to the IRL process, for last sexual partner. Here we were interested in whether the filtering for sexual acts that occurs on the Internet extends to filtering or selecting for drugs and “Party and Play” (PNP).

The data on MSM and drugs illustrate the Internet as being a site where there is less drug use among MSM. What is interesting is the type of drugs, as data indicate MSM using drugs both for sexual behavior enhancement as well as recreational drugs. The usage is aimed at sexual performance and enhancement, and may be a way of countering the sexual performance-inhibiting effects of recreational drugs. Table 6 compares MSM’s drug use as they unfold in both environments, highlighting the reduced use of sexual performance drugs with an Internet pursuit of intimacy or negotiation for sex. Ross (2005) describes the mutable contexts of sexual behavior on the Internet which challenges the essentializing of self and sexuality: these data, however, suggest that Internet-generated sexual encounters may be less mutable with regard to drug use than IRL-initiated ones.

The contextual characteristics of the sites may have some influence on these data. Men who contact partners on the Internet may be focused on quick sex with minimal ties (Ross et al., 2007) where drugs would interfere with driving to a contact, having sex, and driving away. Those at an IRL contact site may be using drugs as part of their experience at
that site (such as a circuit party, club or bar). It seems that more sober sex is Internet-mediated, which may be one advantage of the medium as a sexual site. This view is supported by the relatively short median times between meeting and sex reported.

Previous studies have demonstrated that MSM drug users tend to report higher rates of unprotected anal intercourse (UAI) (Finnegan & McNally, 2002; Guss, 2000; Halkitis et al., 2005; Mattison et al., 2001; Purcell et al., 2005; Shernoff, 2006). Are sexual performance drugs more likely than others to lead to unsafe sex among users? Hypothetically one might not think so, but we still need to surmise how they contribute significantly to unsafe sex. There are studies that link the use of specific substances being predictive of high-risk sex. Some studies have demonstrated the finding linking poppers and UAI (Drumright et al., 2006; Hirshfield et al., 2004; Lampinen et al., 2007; Purcell et al., 2005), associated with increased sexual risk-taking (Shernoff, 2006). Alternatively, it may simply be that poppers are an accompaniment to risk, rather than causally related. Viagra, Cialis, or Levitra were approved the Food and drug Administration in March 1998 to treat erectile dysfunction (Spindler et al., 2007) and have become associated with sexual high-risk behavior in MSM (Hirshfield et al., 2004; Sanchez et al., 2006; Shernoff, 2006; Sherr et al., 2000; Spindler et al., 2007). Data in this study also indicate Internet filtering for “no drugs.” Compared with IRL, the Internet may provide a venue for persons who do not want to use drugs to select partners with similar attitudes. This suggests that filtering may be occurring as part of the Internet negotiation. Data also indicated that persons in Internet sexual encounters report they got drunk / high less before having sex in past 60 days significantly more often than IRL participants. Age did not alter the pattern of results.
Filtering and complementary positioning have been documented as processes used by MSM when negotiating sex on the Internet (Rice & Ross, in preparation). However, the association between IRL and Internet use and their association with drug use has, to our knowledge, not been described in prior studies, and thus may warrant further study. The association of Internet use and MSM has been documented in approximately 18 percent ever attended a circuit party suggesting concomitant drug use and sex (Mattison et al., 2001; Ross, Mattison et al., 2003). Of these, over half reported having sex with 2-4 partners, 12.5 percent with 8-10 partners, and 12.5 percent with more than ten partners.

This is a comparison where the variable of interest is the event (last IRL versus Online partner) rather than the person. The research design can examine a subset of respondents which control for the person because it is the same person describing their last Internet and last IRL drug use. However, because of the relatively low drug use reported, a paired comparison of this subset which had both Internet and IRL-acquired partners in the past 60 days had too few cases to provide stable or meaningful results. While these data showed the Internet and IRL partners vary in drug use with sex and how the Internet may be used for filtering of drug use or for not using drugs, these findings should be interpreted in the light of study limitations. It is difficult to generalize these findings to all MSM Internet users because this was a nonrandom sample of convenience. Data published previously suggest that less than one percent of those who see the banners complete the questionnaire making this a significant recruitment challenge. Ross et al. (2003) noted that of the 1,700,000 participants in an on-line Internet sexuality questionnaire researching instrument dropout biases, 0.62 percent linked to the website; and of these only 34 percent commenced
the survey, and one half of these completed the survey. A further limitation is that the drug alcohol was not included in the specific drugs listed associated with the last sexual encounter. Future research needs to include drug use and alcohol with other samples.

These data confirm that while there is some difference in drug use on the Internet compared with IRL, this is in the direction of greater drug use in IRL-initiated encounters. Thus, sexually-related drug usage associated with the Internet is really not recreational drug filtering or selecting for PNP, but for no drug use. It should perhaps be seen as another form of sexual filtering and sexual matching rather than using the Internet to specifically recruit and interact with other recreational drug users. Further, it seems that the context of consummation for Internet-mediated partners acts to select against drug use, perhaps relating to travel dynamics or the more plentiful use of drugs and alcohol in partner meeting sites such as parties, clubs and bars. These data emphasize the very different contexts of IRL and Internet-mediated sexual encounters and how the same person may engage in significantly different sexually-related drug behaviors in different contexts.
Synthesis

A study of men who have sex with men (MSM) regarding the process of negotiating for sex utilizing the internet and in-real-life (IRL), using a self selected convenience national sample. This research compares Internet, systematically reviewing the different steps to the process of courtship and comparing it to the IRL process.

The final paper is a study of MSM to review the process of drug use utilizing the Internet or IRL and comparison of experiences. This paper reviews whether the filtering for sexual acts that occurs on the Internet extends to filtering for drugs.
Appendices
Appendix A: Sexual Terms

**Safety Check***- the condition of being safe from undergoing hurt, injury, or loss in the pursuit of meeting or creating a relationship. To check on whether a particular prospective partner is ‘safe.’ Padgett’s definition: Employing an online method in order to determine if a person is safe to meet in person (Padgett, 2007).

**Profile***- a tool to create a representation on the Internet. Representations can include descriptions of race, age, height, weight, geographical location and photograph. Additionally, one may provide the HIV status, the desired HIV status of future partners, a preference of sexual role (bottom, top, or versatile), whether one is partnered or single, and if a long-term relationship is sought (Shernoff, 2006).

**Chat***- to talk on the Internet in an informal or familiar manner. To chat is to be involved in an online discussion with others in a chat room. To partake in synchronous conferencing, occasionally in asynchronous conferencing.

**Cybersex***-sex-oriented exchanges and conversations online; material of a sex-oriented nature available online. Terms include computer sex, net sex, or internet sex regarding an encounter where two people communicate remotely via the Internet and send sexually explicit text describing a sexual experience. Masturbation is usually present and can be enhanced by webcams for real-time video. M. Ross’s definition: Where one participant describes online what he wants the other participant to do and may achieve orgasm (Ross, 2005).

**Face-to-Face (FTF)***- the term used to describe meeting someone in person or in real life (IRL). As opposed to meeting on the Internet, FTF is the real physical presence.
**After Face-to-Face (FTF) But Before Sex**- the time period where people can meet, date, have conversations before moving to the phase of having sex. A part of the process which is short in some relationships or part of a courtship nature in other relationships.

**Phone**- to utilize the phone in meeting, greeting, and getting to know potential or present partners in pursuit of a relationship. Utilizing dialogue for the purpose of courtship or negotiation for sex by phone.

**Phone Sex**- sex-oriented conversations by phone. A social utility of an auditory nature for the purpose of talking about sex or acting out sexual fantasies and sexual arousal.

**Sex**- the act of or behavior with a sexually motivated nature. Sex refers to the biology through attraction, communication, and courtship. Sex can also evolve as an instinctive response to the right stimulation. In this context, sexual behavior, attraction, and romance between the same sex, male or men who have sex with men (MSM).

**Mutual Masturbation (MM)**- a sexual act of stimulation where two or more men stimulate themselves or one another sexually, most commonly with the hands. This may be done when the participants wish to enjoy a mutual sexual act without full intercourse, or may be used as foreplay, an interlude, or an alternative to penetration (Wikipedia contributors, 2008).

**Masturbation**- sexual stimulation of one’s own genitals often performed manually and often to point of orgasm. The most common male technique is to hold the penis with a loose fist and move the hand creating friction on the shaft until orgasm and ejaculation take place (Wikipedia contributors, 2008b). Masturbation creates an orgasm not involving penetration of partner (Love, 1992).

**Anal, Digital**- the prostate gland contributes fluid to semen. This gland is touch-sensitive, and is directly stimulated using a dildo or well-lubricated finger inserted into the anus.
Stimulating the prostate gland from outside via pressure on the perineum can feel pleasurable. Semen is sometimes ejaculated into an item such as a tissue. Digital is anal penetration with one or more fingers (Wikipedia contributors, 2008a).

**Oral Receptive**-oral sex is sexual activities that involve the use of the mouth to stimulate genitalia, also called fellatio (Wikipedia contributors, 2008c). Oral receptive is the person receiving the penis.

**Oral Insertive**-oral sex is sexual activities that involve the use of the mouth to stimulate genitalia, also called fellatio (Wikipedia contributors, 2008c). Oral insertive is the person whose genitals are being stimulated or the person inserting the penis.

**Receptive Anal Sex**-anal sex is a method of human sexual behavior which involves the anus, anal cavity, sphincter value and/or rectum. Anal sex is the insertion of the erect penis into the rectum. The receptive role is the partner being penetrated. Anal sex can be pleasurable due to the stimulation that the insertive person’s erect penis causes when massaging or rubbing the prostate (Wikipedia contributors, 2008a).

**Insertive Anal Sex**-anal sex is a method of human sexual behavior which involves the anus, anal cavity, sphincter value and/or rectum. Anal sex is the insertion of the erect penis into the rectum. The insertive role is the partner penetrating. Anal sex can be pleasurable due to the stimulation of the penis inside the anus (Wikipedia contributors, 2008a).

**Water Sports**-the use of urine for sexual arousal (Love, 1992). Usually urination on another person or from another for the purpose of sexual arousal.

**Kissing, Licking**-touching one person’s lips to another is kissing, used as an expression of romantic feeling or sexual desire. The tongue can also be an important part in kissing. Kissing body parts is a form of foreplay (Wikipedia contributors, 2008). Licking is the
action of passing the tongue over the receiving partners body for arousal as a part of physical intimacy (Wikipedia contributors, 2008).

**Role Play**- sex play in acting out fantasies. The participant may dress up in costume or use their imagination to create a persona in satisfying a sexual fantasy and/or that of their partner.

**Bondage**- physical or mental restriction of a partner (Love, 1992) Bondage is the practice of tying up people for sexual pleasure (Wikipedia contributors, 2008).

**S & M (Sadism & Masochism)**- Sadism is empowerment and sexual arousal derived from injuring others; and Masochism is the ability to transfer emotions caused by pain to erotic feelings or a medium in which to analyze weakness and strengths (Love, 1992).

**Toys**- a sex toy is a device or object used in creating human sexual pleasure. Examples include vibrators, penile toys, nipple toys and anal toys (Wikipedia contributors, 2008).

**Nipple Play**- nipples are erogenous zones where pleasure is an important part of sexual activity.

**Fisting**- the act of inserting a fist or hand into the anus (Love, 1992).

**Condom**- a protective sheath, usually latex worn over the penis to prevent venereal infection during coitus (Merriam-webster, 2008).

**Rimming**- penetration of anus with the tongue (Love, 1992).

**Last time you met a new male**^defines a foundational timetable of emotional or physical connection between a MSM and a partner.

**How long before Sex?**^defines the timetable to the sexual experience. Sex is the act of or behavior with a sexually motivated nature. Sex refers to the biology through attraction, communication, and courtship. Sex can also evolve as an instinctive response to the right
stimulation. In this context, sexual behavior, attraction, and romance between the same sex, male or men who have sex with men (MSM).

*Indicates Internet.
^Indicates In Real Life.
Appendix B:  Men’s Health Survey

Men’s Sexual Health Survey
Men’s Sexual Health Survey

1. How old are you? ____________

If less than 18 years old STOP HERE

2. Are you:

- Male
- Female
- Transgendered male to female
- Transgendered female to male
- Other (please indicate _____________)

If MALE go to Question 3, otherwise STOP HERE

3. Where do you currently live?

Country: ____________ State/Province: ____________ Zip code: ____________

If you live in the United States Question 4, otherwise STOP HERE

4. What best describes the racial/ethnic group you belong to? (check all that apply)

- Asian
- Black/African American
- Hispanic/Latino
- Native American/American Indian
- Pacific Islander
- White/European American
- Multi racial/Mixed race
- Other (Specify____________________)
- Don’t want to answer
5. Have you had anal (fucking) or oral (sucking) sex with a man in the past 12 months?
   ○ Yes        ○ No        ○ Don’t want to answer

If YES go to Question 6, otherwise STOP HERE

6. What is your year of birth? __________

If your year of birth is after 1987 STOP HERE

7. Which of the following best describes your sexual relationship(s)? (check all that apply)
   ○ My main partner is a woman (she is more important to me than any other sexual partner)
   ○ My main partner is a man (he is more important to me than any other sexual partner)
   ○ I only have sex with my main partner
   ○ My main partner and I agree that it is OK to have sex with other people
   ○ I have sex with other people that I do not tell my main partner about
   ○ I am not in a relationship
   ○ I have multiple partners who I have sex with regularly
   ○ I have multiple partners who are one-time partners
   ○ I am celibate or I do not have sex

8. What is the highest grade in school you completed?
   ○ 8th grade or less
   ○ Some high school
   ○ High school graduate or GED
   ○ Some college
   ○ Community college degree
   ○ Technical school training
   ○ College graduate
   ○ Postgraduate
   ○ Don’t want to answer

9. Do you work for pay now, (including temporary, odd and off the books jobs)?
   ○ Yes        ○ No        ○ Don’t want to answer
10. What was your income over the past year (total income, pre-tax)?
   - Less than $10,000
   - Between $10,000 and $19,999
   - Between $20,000 and $29,999
   - Between $30,000 and $39,999
   - Between $40,000 and $49,999
   - $50,000 or more
   - Don’t want to answer

11. Do you have any kind of health insurance, such as private insurance, a managed care plan, public insurance/assistance?
   - Yes
   - No
   - Don’t want to answer

12. Were you born in the United States?
   - Yes
   - No
   - Don’t want to answer

(If YES go to Question 13)

12a. If no, how long have you been in the US?
   - Less than a month
   - Between 1 month and 6 months
   - Over 6 months but less than a year
   - 1 year or more

13. Which of the following best describes your sexual orientation or identity?
   - Heterosexual/Straight
   - Gay
   - Bisexual
   - Down-Low
   - Man who has sex with other guys
   - Same-gender loving
   - Other (please describe): ____________________________
   - No specific orientation
   - Don’t know
14. Who knows that you have sex with other guys? (Please check all that apply)

- Wife or committed female partner
- Female partners (sexual, other than committed)
- Committed male partner
- Male partners (sexual, other than committed)
- Male friends (not sexual)
- Female friends (not sexual)
- Coworkers
- Parents or other family members
- Minister or other clergy
- Doctor/healthcare professional
- Nobody
- Other (please describe): ________________________________

15. How many days per week on average do you log on to the Internet?

______ days

16. On average, when logged on, how many hours per day do you spend on the Internet?

- Less than 1 hour
- 2-4 hours
- 5-7 hours
- 8-10 hours
- More than 10 hours
- Don’t want to answer

17. Where do you use computers to access the Internet? (check all that apply)

- School
- While at work
- At the library
- At home
- At friends (at their place)
- Cyber cafes or bars—coffee shops or bars with computers
- Other (specify) ________________________________

18a. Have you ever logged on to the Internet to look for a sex partner (one-time or regular partner)?

- Yes
- No
- Don’t want to answer

18a1. If yes, how many days on average in the past 60 days, have you spent seeking men for sex over the Internet?

_______ days
18b. Have you ever called a phone sex or personals line to look for a sex partner (one-time or regular partner)?

- Yes
- No
- Don’t want to answer

18b1. If yes, how many days on average in the past 60 days have you spent seeking men for sex on a phone sex or personals line?

_______ days

19. What types of Internet sites do you go to (Please check all that apply in each location)?

<table>
<thead>
<tr>
<th>Types of Sites You Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where you login or access</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>School</td>
</tr>
<tr>
<td>Work</td>
</tr>
<tr>
<td>Library</td>
</tr>
<tr>
<td>Home</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Cyber Cafes</td>
</tr>
</tbody>
</table>

20. If you have ever logged on to the Internet to connect for sex, what sites have you used to find sex partners? (check all that apply)

- Adult FriendFinder.com
- MSN.com
- AOL
- Planetout.com
- Blackplanet.com
- Swingersmeetingplace.com
- BlackVoices.com
- Ultimatebareback.com
- Chat Planet
- Yahoo.com
- Cruisingforsex.com
- Other (please indicate)
- Ebonymale.com
- Other (please indicate)
- Gay.Com
- Other (please indicate)
- Gayweb.com
- I have never logged on to the Internet to connect for sex
- Manhunt.net
- Don’t want to answer
21. If you have ever logged on to the Internet to connect for sex, in what ways have you looked for your partner? (check all that apply)

- □ By going into chat rooms to look for partners
- □ By going to bulletin boards to look for partners
- □ By browsing profile information
- □ Other __________________ (Please indicate)
- □ Don’t want to answer
- □ I have never logged on to the Internet to connect for sex

22. Have you created at least one profile containing sexual information for chat rooms you visit to find sex partners?

- ○ Yes
- ○ No

(If NO go to Question 23)

22a. If yes, what information does your profile usually contain? (Please check all that apply)

- □ My HIV status
- □ Sexually transmitted diseases that I might have (other than HIV)
- □ I like receptive oral sex (I suck my partner)
- □ I like insertive oral sex (my partner sucks me)
- □ I like receptive anal sex (my partner fucks me)
- □ I like insertive anal sex (I fuck my partner)
- □ I like rimming or being rimmed
- □ I like fisting or being fisted
- □ I like bare-backing (anal sex with no condoms)
- □ I use condoms
- □ I want my partners to use condoms
- □ I like to drink/use alcohol
- □ It’s OK for my partners to drink alcohol
- □ I like to use drugs
- □ It’s OK for my partners to use drugs
- □ Don’t want to answer
- □ Other (please describe):

__________________________________________
23. When on the Internet, how often do you spend time in chat rooms...

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding sex partners</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Chatting with other men like myself</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Non-sexual chat</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Finding friends (not sexual)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Getting information on AIDS/HIV or STDs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

24. Have you ever had sex with a female?

○ Yes ○ No ○ Don’t want to answer

(If YES go to Question 25, otherwise go to Question 40)

25. How old were you when you first had oral (sucking) or anal/vaginal (fucking) sex with a female partner?

______ years

26. When was the last time you had oral (sucking) or anal/vaginal (fucking) sex with a female partner?

○ Within the past 7 days
○ 8-14 days ago
○ 15-30 days ago
○ Between 1 and 12 months ago
○ More than 12 months ago

27. In your lifetime, how many female sex partners have you had? ______

27a. How many of those female sex partners were met online/on the Internet? ______

27b. How many of those female sex partners were met on a phone sex or personals line? ______

28. How many female sex partners have you had in the past 60 days? ______

(If zero go to Question 40, otherwise go to Question 28a)

28a. How many of those did you meet online? ______

28b. How many of those did you meet on a phone sex or personals line? ______
29. Were any of these women that you had sex with in the past 60 days a main partner (someone who is more important to you than any other sexual partner)?

○ Yes  ○ No  ○ Don’t want to answer

(If YES go to Question 29a, otherwise go to Question 31)

29a. Did you meet your main female partner online?

○ Yes  ○ No  ○ Don’t want to answer

29b. Did you meet your main female partner on a phone sex or personals line?

○ Yes  ○ No  ○ Don’t want to answer

29c. Does your main female partner have HIV or AIDS?

○ Yes  ○ No  ○ Don’t know  ○ Don’t want to answer

29d. Do you know your main female partner’s STD status and/or history (other than HIV)?

○ Yes  ○ No  ○ Don’t know  ○ Don’t want to answer

29e. The last time you had vaginal sex with your main female partner, was a condom used?

○ Yes  ○ No  ○ Don’t want to answer  ○ We have not had vaginal sex

29f. The last time you had anal sex with your main female partner, was a condom used?

○ Yes  ○ No  ○ Don’t want to answer  ○ We have not had anal sex

29g. The last time you had sex with your main female partner, did you get drunk or high before having sex?

○ Yes  ○ No  ○ Don’t want to answer
30. In the past 60 days, what drugs did you use before having sex with your main female partner? (Check all that apply)

- Methamphetamine (Crystal Meth)
- GHB
- Ketamine (Special K)
- Ecstasy/X/E
- Cocaine (crack or powder form)
- Heroin
- Viagra, Cialis or Levitra
- LSD, acid, mushrooms or other hallucinogen
- Poppers/Rush
- Marijuana
- None
- Don’t want to answer
- Other (please describe): ___________________________

31. Did you have anal or vaginal sex with other female partners (not your main partner) in the past 60 days?

- Yes
- No
- Don’t want to answer

(If YES go to Question 31a, otherwise go to Question 40)

31a. How did you meet these other female partners (check all that apply)?

- Online
- Phone sex or personals line
- In-person
- Don’t want to answer

(If ONLINE go to Question 36, otherwise go to Question 32)
32. Now think of all your other female partners (not including your main partner) in the past 60 days who you **did not meet on the Internet**. Please tell us:

<table>
<thead>
<tr>
<th>With your other sex partners…</th>
<th>Each and every time</th>
<th>More than half the time</th>
<th>About half the time</th>
<th>Less than half the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you have anal sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Did you have vaginal sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Did you know their HIV status?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Did you know their STD status and/or history? (other than HIV)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Did you get drunk or high before having sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

33. The last time you had **vaginal** sex with one of these other **non-Internet female partners**, was a condom used?

- ○ Yes
- ○ No
- ○ Don't want to answer
- ○ We have not had vaginal sex

34. The last time you had **anal** sex with one of these other **non-Internet female partners**, was a condom used?

- ○ Yes
- ○ No
- ○ Don’t want to answer
- ○ We have not had anal sex
35. In the past 60 days, what drugs did you use before having sex with other non-Internet female partners? (Check all that apply)

- Methamphetamine (Crystal Meth)
- GHB
- Ketamine (Special K)
- Ecstasy/X/E
- Cocaine (crack or powder form)
- Heroin
- Viagra, Cialis or Levitra
- LSD, acid, mushrooms or other hallucinogen
- Poppers/Rush
- Marijuana
- Other (please describe): ___________________________
- None
- Don’t want to answer

36. Now think of all your other female partners (not including your main partner) in the past 60 days who you did meet on the Internet. Please tell us:

<table>
<thead>
<tr>
<th>With your other sex partners…</th>
<th>Each and every time</th>
<th>More than half the time</th>
<th>About half the time</th>
<th>Less than half the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you have anal sex?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Did you have vaginal sex?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Did you know their HIV status?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. Did you know their STD status and/or history? (other than HIV)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e. Did you get drunk or high before having sex?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

37. The last time you had vaginal sex with one of these other Internet female partners, was a condom used?

- Yes
- No
- Don’t want to answer
- We have not had vaginal sex
38. The last time you had **anal** sex with one of these other **Internet female partners**, was a condom used?

- ☐ Yes
- ☐ No
- ☐ Don’t want to answer
- ☐ We have not had anal sex

39. In the past 60 days, what drugs did you use before having sex with other **Internet female partners**? (Check all that apply)

- ☐ Methamphetamine (Crystal Meth)
- ☐ GHB
- ☐ Ketamine (Special K)
- ☐ Ecstasy/X/E
- ☐ Cocaine (crack or powder form)
- ☐ Heroin
- ☐ Viagra, Cialis or Levitra
- ☐ LSD, acid, mushrooms or other hallucinogen
- ☐ Poppers/Rush
- ☐ Marijuana
- ☐ None
- ☐ Don’t want to answer
- ☐ Other (please describe): ___________________________ 

40. Have you ever had oral (sucking) or anal (fucking) sex with a male?

- ☐ Yes
- ☐ No
- ☐ Don’t want to answer

If YES go to Question 41, otherwise STOP HERE

41. How old were you when you first had oral (sucking) or anal (fucking) sex with a male?

_____ years

42. When was the last time you had oral (sucking) or anal (fucking) sex with a male?

- ☐ Within the past 7 days
- ☐ 8-14 days ago
- ☐ 15-30 days ago
- ☐ Between 1 and 12 months ago
- ☐ More than 12 months ago
43. In your **lifetime**, how many male sex partners have you had? ______

43a. How many of those male sex partners were met online? ______

43b. How many of those male sex partners were met on a phone sex or personals line? ______

44. How many male sex partners have you had in the past 60 days? ______

*(If zero go to Question 54, otherwise go to Question 44a)*

44a. How many of those were met online? ______

44b. How many of those were met on a phone sex or personals line? ______

45. Were any of these men that you had sex with in the past 60 days a main partner (someone who is more important to you than any other sexual partner)?

- Yes
- No
- Don't want to answer

*(If YES go to Question 45a, otherwise go to Question 47)*

45a. Did you meet your main male partner online?  
  - Yes
  - No
  - Don't want to answer

45b. Did you meet your main male partner on a phone sex or personals line?  
  - Yes
  - No
  - Don't want to answer

45c. Does your main male partner have HIV or AIDS?  
  - Yes  
  - No  
  - Don't know  
  - Don't want to answer

45d. Do you know your main male partner’s STD status and/or history (other than HIV)?  
  - Yes  
  - No  
  - Don’t know  
  - Don’t want to answer

45e. The last time you had **anal** sex with your main male partner, was a condom used?  
  - Yes  
  - No  
  - Don’t want to answer  
  - We have not had anal sex

45f. The last time you had sex with your main male partner, did you get drunk or high before having sex?  
  - Yes  
  - No  
  - Don’t want to answer
46. In the past 60 days, what drugs did you use before having sex with your main male partner? (Check all that apply)

- Methamphetamine (Crystal Meth)
- GHB
- Ketamine (Special K)
- Ecstasy/X/E
- Cocaine (crack or powder form)
- Heroin
- Viagra, Cialis or Levitra
- LSD, acid, mushrooms or other hallucinogen
- Poppers/Rush
- Marijuana
- None
- Don’t want to answer
- Other (please describe): ___________________________

47. Did you have anal sex with other male sex partners (not your main partner) in the past 60 days?

- Yes
- No
- Don’t want to answer

(If YES go to Question 47a, otherwise go to Question 54)

47a. How did you meet these other male partners (check all that apply)?

- Online
- Phone sex or personals line
- In-person
- Don’t want to answer

(If ONLINE go to Question 51, otherwise go to Question 48)
48. Now think of all your other male partners (not including your main partner) in the past 60 days who you did not meet on the Internet. Please tell us:

<table>
<thead>
<tr>
<th>With your other sex partners…</th>
<th>Each and every time</th>
<th>More than half the time</th>
<th>About half the time</th>
<th>Less than half the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you have anal sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Did you know their HIV status?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Did you know their STD status and/or history? (other than HIV)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Did you get drunk or high before having sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

49. In the past 60 days, what drugs did you use before having sex with other non-Internet male partners? (Check all that apply)

- Methamphetamine (Crystal Meth)
- GHB
- Ketamine (Special K)
- Ecstasy/X/E
- Cocaine (crack or powder form)
- Heroin
- Viagra, Cialis or Levitra
- LSD, acid, mushrooms or other hallucinogen
- Poppers/Rush
- Marijuana
- None
- Don’t want to answer
- Other (please describe): ___________________________ _______

50. The last time you had anal sex with one of these other non-Internet male partners, was a condom used?

○ Yes
○ No
○ Don’t want to answer
○ We did not have anal sex
51. Now think of all your other male partners (not including your main partner) in the past 60 days who you did meet on the Internet. Please tell us:

<table>
<thead>
<tr>
<th>With your other sex partners…</th>
<th>Each and every time</th>
<th>More than half the time</th>
<th>About half the time</th>
<th>Less than half the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you have anal sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Did you know their HIV status?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Did you know their STD status and/or history? (other than HIV)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Did you get drunk or high before having sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

52. In the past 60 days, what drugs did you use before having sex with other Internet male partners? (Check all that apply)

- Methamphetamine (Crystal Meth)
- GHB
- Ketamine (Special K)
- Ecstasy/X/E
- Cocaine (crack or powder form)
- Heroin
- Viagra, Cialis or Levitra
- LSD, acid, mushrooms or other hallucinogen
- Poppers/Rush
- Marijuana
- None
- Don’t want to answer
- Other (please describe): ___________________________ _______

53. The last time you had anal sex with one of these other Internet male partners, was a condom used?

- ○ Yes
- ○ No
- ○ Don’t want to answer
- ○ We did not have anal sex
54a. Do you think it is easier to talk about using condoms over the Internet than in-person?

○ Yes ○ No

54a1. If yes, why? ____________________________________________________________

54b. Do you think it is easier to talk about using condoms over the Internet than on the phone?

○ Yes ○ No

54b1. If yes, why? ____________________________________________________________

55. Where do you feel it is safe to find men for sex? (check all that apply)

☐ Bars
☐ Bathhouses
☐ Public parks
☐ Public restrooms
☐ Sex clubs
☐ Adult book stores
☐ Internet
☐ Phone sex or personals line
☐ Classified ad in newspaper

56. Where do you think it is easiest to find married men for sex?

○ Online ○ Phone sex or personals line ○ In-person

57. Which group do you feel is more likely to give you HIV or other STDs?

○ Married straight men
○ Unmarried straight men
○ Bisexual men
○ Openly gay men
○ No difference

58. Where do you think it is easiest to find partners for unprotected sex?

○ Online ○ Phone sex or personals line ○ In-person
The following questions have to do with the last time you met a man for sex via the Internet or a phone sex/personals line. If you have never met a man for sex this way, please go to Question 95.

59. About how long did you communicate with each other via the Internet before getting together for sex?

_____ hours _____ minutes  □ Did not communicate via the Internet

60. About how long did you communicate with each other via the phone sex or personals line before getting together for sex?

_____ hours _____ minutes

□ Did not communicate via phone sex/personals line

61. How did you know that a man was “safe” to meet in person for a sexual encounter (check all that apply)?

□ Online background checks
□ Saw a photo
□ Talked on phone
□ Instinct/gut feeling
□ Online references
□ Asked a lot of questions and looked for consistency in answers
□ Other:_____________________________

62. Did seeing a photo influence your decision to meet in person?

○ Yes ○ No

63. Did you exchange photos via the Internet before meeting in person?

○ Yes ○ No

64. Would you meet in person someone you met over the Internet without seeing a picture first?

○ Yes ○ No

64a. Would you meet in person someone you met on a phone sex or personals line without seeing a picture first?

○ Yes ○ No

65. Did you use the Internet to decide which sexual activities would occur when you met face-to-face?

○ Yes ○ No

(If NO go to Question 66)
65a. Did you use the Internet to talk about anal sex (fucking) before meeting face-to-face?

○ Yes ○ No

(If NO go to Question 65b)

65a1. Did you use the Internet to talk about using condoms for anal sex (fucking) before meeting face-to-face?

○ Yes ○ No

65b. Did you use the Internet to talk about oral sex (sucking) before meeting face-to-face?

○ Yes ○ No

(If NO go to Question 66)

65b1. Did you use the Internet to talk about using condoms for oral sex before meeting face-to-face?

○ Yes ○ No

(If NO go to Question 66)

If you only communicated via a phone sex or personals line (and not the Internet), please go to Question 76. Otherwise continue to Question 66.

When you were communicating via the Internet before you had sex, which of the following, if any, happened?

66. We IM’d, chatted, or e-mailed on the Internet before we met.

○ Yes ○ No

(If NO go to Question 67)

66a. If yes, how many times? ______ times.

67. We discussed what kinds of sexual things we like to do when having sex with men.

○ Yes ○ No

68. I found out his HIV status.

○ Yes ○ No
69. I revealed my HIV status.

   ○ Yes   ○ No

70. I found out whether he had STDs (other than HIV).

   ○ Yes   ○ No

71. I revealed whether I had STDs (other than HIV).

   ○ Yes   ○ No

72. We talked about using condoms.

   ○ Yes   ○ No

73. I understood we were going to have unprotected sex.

   ○ Yes   ○ No

74. We had “cyber sex” before we met (e.g. sharing a fantasy online while masturbating/jerking off).

   ○ Yes   ○ No

75. **After** you met via the Internet, did you talk on the phone before meeting each other in person?

   ○ Yes   ○ No

**(If NO go to Question 84)**

75a. If yes, how many times?   ______times

**When you talked on the phone, which of the following, if any, happened?**

76. We discussed what kinds of sexual things we like to do when having sex with men.

   ○ Yes   ○ No

77. I found out his HIV status.

   ○ Yes   ○ No

78. I revealed my HIV status.

   ○ Yes   ○ No
79. I found out whether he had STDs (other than HIV).

   ☐ Yes  ☐ No

80. I revealed whether I had STDs (other than HIV).

   ☐ Yes  ☐ No

81. We talked about using condoms.

   ☐ Yes  ☐ No

82. I understood we were going to have unprotected sex.

   ☐ Yes  ☐ No

83. We had “phone sex” before we met (e.g. sharing a fantasy on the phone while masturbating/jerking off).

   ☐ Yes  ☐ No

After you met a man face-to-face, but before you had sex, which of the following, if any, happened?

84. We met several times (dated) before we had sex.

   ☐ Yes  ☐ No

(If NO go to Question 85)

   84a. If yes, how many times?  ________ times

85. We discussed what kinds of sexual things we like to do when having sex with men.

   ☐ Yes  ☐ No

86. I found out his HIV status.

   ☐ Yes  ☐ No

87. I revealed my HIV status.

   ☐ Yes  ☐ No

88. I found out whether he had STDs (other than HIV).

   ☐ Yes  ☐ No
89. I revealed whether I had STDs (other than HIV).

○ Yes ○ No

90. We talked about using condoms.

○ Yes ○ No

91. I understood we were going to have unprotected sex.

○ Yes ○ No

92. Did you feel you already had a relationship with this man you met online before you met face-to-face?

○ Yes ○ No

(If NO go to Question 93)

92a. If yes, please rate how strong/close your online relationship was before you met face-to-face?

<table>
<thead>
<tr>
<th>Not close at all</th>
<th>Very close relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 1</td>
<td>○ 5</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

93. When you met face-to-face, which of the following occurred?

93a. We met but did not have anal (fucking) or oral (sucking) sex.

○ Yes ○ No

93b. Mutual masturbation (jerking each other off).

○ Yes ○ No

93c. Receptive oral sex (you sucked your partner).

○ Yes ○ No

93d. Insertive oral sex (your partner sucked you).

○ Yes ○ No

93e. Receptive anal sex (your partner fucked you).
93e1. If yes, did he use a condom?

○ Yes ○ No

(If YES go to Question 93e3)

93e2. If no, why not?

_______________________________________________

93e3. Did you want him to use a condom?

○ Yes ○ No

(If YES go to Question 93f)

93e4. If no, why not?

_______________________________________________

93f. Insertive anal sex (you fucked your partner).

○ Yes ○ No

(If NO go to Question 93g)

93f1. If yes, did you use a condom?

○ Yes ○ No

(If YES go to Question 93f3)

93f2. If no, why not?

_______________________________________________

93f3. Did you intend to use a condom?

○ Yes ○ No

(If YES go to Question 93g)

93f4. If no, why not?

_______________________________________________

93g. Rimming or being rimmed.

○ Yes ○ No
93h. Other sexual activities.

○ Yes ○ No

(If NO go to Question 94)

93h1. If yes, please specify:
________________________________________________

94. When was the last time you met a new male partner in-person for sex (not through the Internet or a phone sex/personals line)?

______ days _____ months _____ years

○ Never. I have never met a man for sex this way.

(If NEVER go to Question 115, otherwise go to Question 95)

95. How long did you know each other before getting together for sex?

______ hours _____ minutes ________ days ________ months

Before you had sex which of the following, if any, happened?

96. We met several times (dated) before we had sex.

○ Yes ○ No

(If NO go to Question 97)

96a. If yes, how many times? _____ times

97. We discussed what kinds of sexual things we like to do when having sex with men.

○ Yes ○ No

98. I found out his HIV status.

○ Yes ○ No

99. I revealed my HIV status.

○ Yes ○ No

100. I found out that he had STDs (other than HIV).

○ Yes ○ No
101. I revealed that I had STDs (other than HIV).
   ○ Yes    ○ No

102. We talked about using condoms.
   ○ Yes    ○ No

103. I understood we were going to have unprotected sex.
   ○ Yes    ○ No

104. Did you talk on the phone before having sex?
   ○ Yes    ○ No

(If NO go to Question 114)

104a. If yes, how many times? ______ times

When you talked on the phone, which of the following, if any, happened?

105. We discussed what kinds of sexual things we like to do when having sex with men.
   ○ Yes    ○ No

106. I found out his HIV status.
   ○ Yes    ○ No

107. I revealed my HIV status.
   ○ Yes    ○ No

108. I found out that he had STDs (other than HIV).
   ○ Yes    ○ No

109. I revealed that I had STDs (other than HIV).
   ○ Yes    ○ No

110. We talked about using condoms.
   ○ Yes    ○ No

111. I understood we were going to have unprotected sex.
   ○ Yes    ○ No
112. We had “phone sex” before we met (e.g. sharing a fantasy on the phone while masturbating/jerking off).

   ○ Yes  ○ No

113. When you met face-to-face, what kind of sex occurred?

   113a. We met but did not have sex.

       ○ Yes  ○ No

   113b. Mutual masturbation (jerking each other off).

       ○ Yes  ○ No

   113c. Receptive oral sex (you sucked your partner).

       ○ Yes  ○ No

   113d. Insertive oral sex (your partner sucked you).

       ○ Yes  ○ No

   113e. Receptive anal sex (your partner fucked you).

       ○ Yes  ○ No

(If NO go to Question 113f)

   113e1. If yes, did he use a condom?

       ○ Yes  ○ No

(If YES go to Question 113e3)

   113e2. If no, why not?

       ________________________________________________

   113e3. Did you want him to use a condom?

       ○ Yes  ○ No

(If YES go to Question 113f)

   113e4. If no, why not?

       ________________________________________________
113f. Insertive anal sex (you fucked your partner).

○ Yes ○ No

(If NO go to Question 113g)

113f1. If yes, did you use a condom?

○ Yes ○ No

(If YES go to Question 113f3)

113f2. If no, why not?

________________________________________________________________________

113f3. Did you intend to use a condom?

○ Yes ○ No

(If YES go to Question 113g)

113f4. If no, why not?

________________________________________________________________________

113g. Rimming or being rimmed.

○ Yes ○ No

113h. Other sexual activities.

○ Yes ○ No

(If NO go to Question 114)

113h1. If yes, please specify:

________________________________________________________________________

The following questions have to do with meeting a man via the Internet. If you have never met a man via the Internet, please go to Question 119.

114. Were you ever afraid for your physical safety when meeting a man you met through the Internet for a face-to-face encounter?

○ Yes ○ No
115. What did you do to make yourself feel safe from harm when meeting in person for the first time a man you met through the Internet (check all that apply)?

☐ Told a friend where you were going
☐ Met in a public place
☐ Met during the day
☐ Met on “your turf”
☐ Had your own transportation
☐ Safe-call (for example, called a friend during the encounter and/or when the encounter was over)
☐ Gave a friend your Internet partner’s personal information (for example, name, phone number)
☐ Brought a friend to the encounter
☐ Carried a cell phone
☐ Got to know him online before meeting in person
☐ Other: ___________________________________________

116. Have you ever traveled more than 100 miles to meet an Internet partner?

☐ Yes ☐ No ☐ Don’t want to answer

117. IN GENERAL, WHICH OF THESE PARTNER TRAITS ARE IMPORTANT TO YOU (CHECK ALL THAT APPLY)?

☐ RACE
☐ AGE
☐ STRAIGHT-ACTING
☐ OPENLY-GAY
☐ TOP ONLY
☐ BOTTOM ONLY
☐ VERSATILE
☐ HIV STATUS THE SAME AS YOURS
☐ HIV STATUS DIFFERENT THAN YOURS
☐ BAREBACKING
☐ MARRIED TO WOMEN

☐ OTHER: ____________________________________________
118. WHICH OF THESE PARTNER TRAITS ARE IMPORTANT TO YOU WHEN **USING THE INTERNET** TO FIND PARTNERS (CHECK ALL THAT APPLY)?

- RACE
- AGE
- STRAIGHT-ACTING
- OPENLY-GAY
- TOP ONLY
- BOTTOM ONLY
- VERSATILE
- HIV STATUS THE SAME AS YOURS
- HIV STATUS DIFFERENT THAN YOURS
- BAREBACKING
- MARRIED TO WOMEN
- OTHER: ______________________________________
- I DO NOT USE THE INTERNET TO FIND PARTNERS

119. Have you ever been tested for a sexually transmitted disease, **not** including HIV, the virus that causes AIDS?

- Yes
- No
- Don’t want to answer

*(If YES go to Question 120, otherwise go to Question 123)*

120. When was the last time you were tested for STDs?

- Less than 3 months ago
- Between 3 months and 6 months ago
- More than 6 months but less than 12 months ago
- More than 12 months ago
- Don’t want to answer

121. Where were you tested for STDs?

- At the health department (includes STD clinics and HIV testing/counseling sites)
- At a hospital (Emergency Room, Urgent Care Clinic, Inpatient Unit)
- At a blood bank
- At a doctor’s office
- At a community clinic
- In a correctional facility
- In the military
- In a drug treatment program
- In a non-clinic setting (street outreach, van, community center, etc.)
- In a school clinic
- Other (please specify) _________________________________
122. The last time you were tested for an STD, why were you tested (check all that apply)?

- □ I had symptoms
- □ I get tested routinely
- □ I had unprotected sex
- □ I thought I might have been exposed/infected
- □ My partner knew he/she was infected
- □ A doctor or nurse suggested it to me
- □ It was part of a routine physical
- □ I asked for the test
- □ A sex partner asked me to get tested
- □ Other (please specify) _________________________________
- □ Don’t want to answer

123. Do you think you will get tested for STDs in the future?

- ○ Yes
- ○ No
- ○ Don’t want to answer

(If YES go to Question 124, otherwise go to Question 125)

124. When do you think you will get tested for STD?

- ○ Within the next 3 months
- ○ Between 3 and 6 months from now
- ○ More than 6 months from now
- ○ Don’t want to answer

125. People have many reasons for not getting tested for STD. Please tell us whether any of these apply to you (check all that apply).

- □ I am not at risk for STD
- □ I don’t have any symptoms
- □ I don’t want to know if I have an STD
- □ I don’t know where to get checked for STD
- □ I would be embarrassed to get tested for STD
- □ Testing for STD would be very uncomfortable
- □ I don’t want the clinic/my doctor to report my test results to any government agency
- □ I don’t trust that my test results will be kept private
- □ I am afraid to find out if I have an STD
- □ Other (please specify) _________________________________
126. Has a health care professional ever told you that you have or have had a sexually transmitted disease (STD)?

- ☐ Yes
- ☐ No
- ☐ Don’t want to answer

(If NO or DON’T WANT TO ANSWER go to Question 126d)

126a. If yes, have you ever been infected by someone you met over the Internet?

- ☐ Yes
- ☐ No
- ☐ Don’t know
- ☐ Don’t want to answer

126b. Which of the following STDs have you ever been told you had (check all that apply)?

- ☐ Gonorrhea ("dose", "clap", "drip")
- ☐ Chlamydia ("The Clam", "Gooey Stuff")
- ☐ Syphilis ("Pox", "Bad Blood")
- ☐ Non-gonococcal urethritis (NGU)
- ☐ Hepatitis A
- ☐ Hepatitis B (HBV)
- ☐ Genital herpes
- ☐ Genital warts
- ☐ Genital lice ("crabs")
- ☐ Other (please specify) _________________________________
- ☐ I have not had an STD
- ☐ Don’t want to answer

126c. Which of the following STDs have you been told you had within the last year (check all that apply)?

- ☐ Gonorrhea ("dose", "clap", "drip")
- ☐ Chlamydia ("The Clam", "Gooey Stuff")
- ☐ Syphilis ("Pox", "Bad Blood")
- ☐ Non-gonococcal urethritis (NGU)
- ☐ Hepatitis A
- ☐ Hepatitis B (HBV)
- ☐ Genital herpes
- ☐ Genital warts
☐ Genital lice ("crabs")
☐ Other (please specify) ______________________________
☐ I have not had an STD in the last year
☐ Don’t want to answer

126d. Do you agree or disagree with the following statements?

126d1. When I am about to have sex with someone new, it is their responsibility to ask me about STDs (other than HIV).
   ○ I agree       ○ I disagree

126d2. When I am about to have sex with someone new, it is my responsibility to bring up STDs (other than HIV).
   ○ I agree       ○ I disagree

127. Have you ever been tested for HIV, the virus that causes AIDS?
   ○ Yes       ○ No       ○ Don’t want to answer

(If YES go to Question 128, otherwise go to Question 132)

128. How many times have you tested for HIV?
   ○ Once
   ○ Twice
   ○ Three times
   ○ Four or more times
   ○ Don’t want to answer
129. When was the last time you were tested for HIV?

- Less than 3 months ago
- Between 3 months and 6 months ago
- More than 6 months but less than 12 months ago
- More than 12 months ago
- Don't want to answer

130. Where were you tested for HIV?

- At the health department (includes STD clinics and HIV testing/counseling sites)
  - At a hospital (emergency room, urgent care clinic, inpatient unit)
  - At a blood bank
  - At a doctor’s office
  - At a community clinic
  - At home (using a testing kit)
  - In a correctional facility
  - In the military
  - In a drug treatment program
  - In a non-clinic setting (street outreach, van, community center, etc.)
  - In a school clinic
  - Other (please specify) ________________________________

131. The last time you were tested for HIV, why were you tested?

- I get tested routinely
- I had unprotected sex
- I thought I might have been exposed/infected
- I had symptoms
- My partner knew he/she was infected
- A doctor, nurse, or other health care professional asked me to
- The Health Department asked me to
- A sex partner asked me to
- It was for a hospitalization or surgical procedure
- To apply for health insurance or life insurance
- To comply with guidelines for health workers
- To apply for a new job
- For military induction, separation, or during military service
- For immigration
- Other (please specify) ________________________________
- Don’t want to answer
132. Do you think you will get tested for HIV in the future?

○ Yes ○ No ○ Don’t want to answer

(If YES go to Question 133, otherwise go to Question 134)

133. When do you think you will get tested for HIV?

○ Within the next 3 months
○ Between 3 and 6 months from now
○ More than 6 months from now
○ Don’t want to answer

134. People have many reasons for not getting tested for HIV. Please tell us whether any of these apply to you (check all that apply):

☐ I am not at risk for HIV
☐ I don’t want to know if I have HIV
☐ I don’t know where to get checked for HIV
☐ I don’t want the clinic/my doctor to report my test results to any government agency
☐ I don’t trust that my test results will be kept private
☐ I am afraid to find out if I have HIV
☐ I would be embarrassed to get tested for HIV
☐ I already know I am HIV positive
☐ With the new treatments for HIV/AIDS it is not important anymore to find out if you have HIV
☐ There is nothing I can do about it
☐ Other (please specify) _________________________________
☐ Does not apply, I get tested for HIV
☐ Don’t want to answer

135. Has a health care professional ever told you that you have HIV?

○ Yes ○ No ○ Don’t want to answer

(If NO or DON’T WANT TO ANSWER go to Question 135b)

135a. If yes, do you think you might have been infected by someone you met over the Internet?

○ Yes ○ No ○ Don’t know ○ Don’t want to answer
135b. Do you agree or disagree with the following statements?

135b1. When I am about to have sex with someone new, it is their responsibility to ask me about HIV.

⊙ I agree ⊙ I disagree

135b2. When I am about to have sex with someone new, it is my responsibility to bring up HIV.

⊙ I agree ⊙ I disagree

136. How often do you go to gay-identified or gay-friendly bars, coffee shops, restaurants, etc.?

⊙ Weekly
⊙ Monthly
⊙ Every few months
⊙ Once or twice a year
⊙ Never
136a. In the past 12 months, how often have you gone to any of the following places where gay men hang out, meet or socialize?

<table>
<thead>
<tr>
<th>How often did you go to</th>
<th>Didn't visit</th>
<th>Once a month or less</th>
<th>About once a week</th>
<th>Several times a week</th>
<th>About once a day</th>
<th>Several times a day</th>
<th>Don't know</th>
<th>Don't want to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bars</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cafes and restaurants</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Dance clubs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fitness clubs or gyms</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gay Pride and similar events</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>House parties</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Social organizations</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Parks and beaches (not public sex areas)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Retail businesses</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Street locations</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Raves or circuit parties</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bathhouses/gay saunas</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sex establishments</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

137. How often do you read local (based in your state or city) gay newspapers?

- O Weekly
- O Monthly
- O Every few months
- O Once or twice a year
- O Never

138. Are you seen as a client/patient by professionals (e.g. physician, dentist, lawyer, accountant) who you know are gay?

- O Yes
- O No

139. Are you a member of any gay sporting, professional or social organizations?

- O Yes
- O No
140. What proportion of your leisure time with others is spent with gay or bisexual people?

- All
- Most
- About half
- Less than half
- Little
- None
Question Set A

1. Which of the following best describes your positioning during anal sex?

- Totally top/insertive partner: you put your penis in your partner’s ass
- Mostly top/insertive partner: you put your penis in your partner’s ass
- Totally bottom/receptive partner: you put your partner’s penis in your ass
- Mostly bottom/receptive partner: you put your partner’s penis in your ass
- Versatile: Top or bottom
- Neither. I do not have anal sex.

2. Which of the following best describes your positioning during oral sex?

- Totally top/insertive partner: you put your penis in your partner’s mouth
- Mostly top/insertive partner: you put your penis in your partner’s mouth
- Totally bottom/receptive partner: you put your partner’s penis in your mouth
- Mostly bottom/receptive partner: you put your partner’s penis in your mouth
- Versatile: Top or bottom
- Neither. I do not have oral sex.

3. Rate the following sexual behaviors on a scale of 1 to 7 as to how much physical pleasure they give to you (or click on NA if Not Applicable)

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>Not Pleasurable</th>
<th>How pleasurable:</th>
<th>Extremely Pleasurable</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Insertive Anal Sex (you fuck your partner) without a condom and cumming in your partner</td>
<td>○</td>
<td>1 2 3 4 5 6</td>
<td>7</td>
<td>○</td>
</tr>
<tr>
<td>b. Insertive Anal Sex (you fuck your partner) without a condom and NOT cumming in your partner</td>
<td>○</td>
<td>1 2 3 4 5 6</td>
<td>7</td>
<td>○</td>
</tr>
<tr>
<td>c. Insertive Anal Sex (you fuck your partner) with a condom and cumming while in your partner</td>
<td>○</td>
<td>1 2 3 4 5 6</td>
<td>7</td>
<td>○</td>
</tr>
<tr>
<td>Sexual Activity</td>
<td>Not Pleasurable</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>d. Insertive Anal Sex (you fuck your partner) with a condom and NOT cumming while in your partner</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Receptive Anal Sex (your partner fucks you), without a condom and having your partner cum in you</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Receptive Anal Sex (your partner fucks you) without a condom and NOT having your partner cum in you</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Receptive Anal Sex (your partner fucks you) with a condom</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Insertive Oral Sex (your partner sucks you) without a condom and cumming in your partner’s mouth</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Insertive Oral Sex (your partner sucks you) without a condom and NOT cumming in your partner’s mouth</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Activity</td>
<td>Not Pleasurable</td>
<td>How pleasurable:</td>
<td>Extremely Pleasurable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------------</td>
<td>-----------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>j. Receptive Oral Sex (you suck your partner) without a condom and NOT having your partner cum in your mouth</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Receptive Oral Sex (you suck your partner) without a condom and having your partner cum in your mouth</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l. Mutual Masturbation (jerking each other off) and you and your partner both cum</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>m. Mutual Masturbation (jerking each other off) and only you cum</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>n. Mutual Masturbation (jerking each other off) and only your partner cums</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
4. *Aside from the physical pleasure*, rate the following sexual activities on a scale of 1 to 7 as giving you the **most emotional intimacy or closeness with your partner** (or click on **NA** if Not Applicable)

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>Not Intimate</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Extremely Intimate</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Insertive Anal Sex (you fuck your partner) <strong>without a condom and cumming in your partner</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>b. Insertive Anal Sex (you fuck your partner) <strong>without a condom and NOT cumming in your partner</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>c. Insertive Anal Sex (you fuck your partner) <strong>with a condom and cumming while in your partner</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>d. Insertive Anal Sex (you fuck your partner) <strong>with a condom and NOT cumming while in your partner</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>e. Receptive Anal Sex (your partner fucks you), <strong>without a condom and having your partner cum in you</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>f. Receptive Anal Sex (your partner fucks you) <strong>without a condom and NOT having your partner cum in you</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
</tbody>
</table>
### Sexual Activity

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>[Not Intimate]</th>
<th>[Extremely Intimate]</th>
<th>[Not Applicable]</th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Receptive Anal Sex (your partner fucks you) with a condom</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Insertive Oral Sex (your partner sucks you) without a condom and cumming in your partner's mouth</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Insertive Oral Sex (your partner sucks you) without a condom and NOT cumming in your partner's mouth</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Receptive Oral Sex (you suck your partner) without a condom and having your partner cum in your mouth</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Receptive Oral Sex (you suck your partner) without a condom and NOT having your partner cum in your mouth</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. If you meet a guy who is really your physical or sexual ideal, would you experience more physical pleasure from having sex with him, compared to having sex with someone who was just physically okay?

- No more pleasure
  - No more pleasure ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
- Intensely more pleasure
  - Intensely more pleasure ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
6. If you meet a guy who is really your physical or sexual ideal, would you experience **more emotional intimacy or closeness** by having sex with him, compared to having sex with someone who was just physically okay?

<table>
<thead>
<tr>
<th>No more intimacy</th>
<th>Intensely more intimacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td>7</td>
</tr>
</tbody>
</table>

7. If you meet a guy who is really your physical or sexual ideal, how likely would you be to have unprotected anal sex compared to having sex with someone who was just physically okay?

<table>
<thead>
<tr>
<th>Completely unlikely</th>
<th>Completely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td>7</td>
</tr>
</tbody>
</table>

8. If you had sex with your physical or sexual ideal, would you feel lucky that he was attracted to you?

<table>
<thead>
<tr>
<th>Do not feel lucky</th>
<th>Feel completely lucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td>7</td>
</tr>
</tbody>
</table>

9. If you had sex with your physical or sexual ideal, would you feel lucky that he pleasured you?

<table>
<thead>
<tr>
<th>Do not feel lucky</th>
<th>Feel completely lucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td>7</td>
</tr>
</tbody>
</table>

10. If you top (fuck) other guys: If you had unprotected anal intercourse with your physical or sexual ideal, **would you feel emotionally fulfilled** if you cum inside him?

<table>
<thead>
<tr>
<th>Not fulfilled</th>
<th>Completely fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td>7</td>
</tr>
</tbody>
</table>

- ○ Cannot answer, I do not top (fuck)
- ○ Cannot answer, I do not have anal sex at all
- ○ Cannot answer, since I would never have unprotected anal sex
11. If you bottom for (get fucked by) other guys: If you had unprotected anal intercourse with your physical or sexual ideal, would you feel emotionally fulfilled if he cumns inside you?

<table>
<thead>
<tr>
<th>Not fulfilled</th>
<th>Completely fulfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>O 1</td>
<td>O 6</td>
</tr>
<tr>
<td>O 2</td>
<td>O 5</td>
</tr>
<tr>
<td>O 3</td>
<td>O 4</td>
</tr>
<tr>
<td>O 4</td>
<td>O 3</td>
</tr>
<tr>
<td>O 5</td>
<td>O 2</td>
</tr>
<tr>
<td>O 6</td>
<td>O 1</td>
</tr>
</tbody>
</table>

- O Cannot answer, I do not bottom (get fucked)
- O Cannot answer, I do not have anal sex at all
- O Cannot answer, since I would never have unprotected anal sex

12. Whether you have oral or anal sex with other guys, would you feel more physically attractive or desirable if your partner wants to have unprotected sex and share semen (cum)?

<table>
<thead>
<tr>
<th>Do not feel more attractive</th>
<th>Feel completely more attractive</th>
</tr>
</thead>
<tbody>
<tr>
<td>O 1</td>
<td>O 6</td>
</tr>
<tr>
<td>O 2</td>
<td>O 5</td>
</tr>
<tr>
<td>O 3</td>
<td>O 4</td>
</tr>
<tr>
<td>O 4</td>
<td>O 3</td>
</tr>
<tr>
<td>O 5</td>
<td>O 2</td>
</tr>
<tr>
<td>O 6</td>
<td>O 1</td>
</tr>
</tbody>
</table>

13. Whether you have oral or anal sex with other guys, would you feel more masculine if your partner wants to have unprotected sex and share semen (cum)?

<table>
<thead>
<tr>
<th>Do not feel more masculine</th>
<th>Feel completely more masculine</th>
</tr>
</thead>
<tbody>
<tr>
<td>O 1</td>
<td>O 6</td>
</tr>
<tr>
<td>O 2</td>
<td>O 5</td>
</tr>
<tr>
<td>O 3</td>
<td>O 4</td>
</tr>
<tr>
<td>O 4</td>
<td>O 3</td>
</tr>
<tr>
<td>O 5</td>
<td>O 2</td>
</tr>
<tr>
<td>O 6</td>
<td>O 1</td>
</tr>
</tbody>
</table>
Question Set B

1. Have you ever logged on to the Internet to find information about STD or HIV?
   ○ Yes    ○ No

(If NO go to Question 2)

1a. If yes, please tell us what type of STD/HIV information you were trying to find (check all that apply)

- Human immunodeficiency virus (HIV)
- Gonorrhea ("dose", "clap", "drip")
- Herpes (HSV)
- Chlamydia ("The Clam", "Gooey Stuff")
- Human papillomavirus (HPV or genital warts)
- Hepatitis B (HBV)
- Syphilis ("Pox", "Bad Blood")
- Genital warts
- Genital lice ("crabs")
- Non-gonococcal urethritis (NGU or NSU)
- Another STD (please specify): ________________________________
- How to prevent STD/HIV transmission
- STD/HIV risk behaviors
- Symptoms of STD/HIV
- Where to get tested/treated for STD/HIV
- STD/HIV infection rates
- Other (please specify): ________________________________

1b. Where on the Internet did you actually find STD/HIV information (check all that apply)?

- General health website(s) (please specify) ______________________
- Men’s health website(s) (please specify) ______________________
- Gay-targeted website(s) (please specify) ______________________
- State/local health department website(s) (please specify)
  ______________________
- Federal government website(s) (please specify) ______________________
- Other Site(s) (please specify) ______________________
- Chat room(s) (please specify) ______________________
2. Many persons have indicated that they use the Internet to find support as they explore their sexual identity (e.g., from a chat room, bulletin board, testimonials, etc.). How often have you looked for such information or support online?

- Never
- Rarely
- Occasionally
- Often
- Always
- Don't want to answer

IF NEVER OR DON'T WANT TO ANSWER, END OF QUESTION SET GO TO QUESTION SET C

2a. Where on the Internet did you actually find support for exploring your sexuality?

- Website(s) (please specify) _____________________
- Chat room(s) (please specify) _____________________
- Bulletin board(s) (please specify) _____________________
- Other (please specify) _____________________

2b. Other than sources found over the Internet, to whom else have you looked for support while exploring your sexuality (check all that apply)?

- Healthcare provider
- Friends
- Family
- Coworker
- Teacher
- Clergy
- Other (please specify) _____________________
2c. Where have you found the most support while exploring your sexuality (check all that apply)?

- Website(s) (please specify) _____________________
- Chat room(s) (please specify) _____________________
- Bulletin board(s) (please specify) _____________________
- Friends
- Family
- Coworker
- Teacher
- Clergy
- Other (please specify) _____________________
Question Set C

1. Have you ever been in jail or prison for greater than 24 hours?
   ○ Yes ○ No

IF NO, END OF QUESTION SET
GO TO QUESTION SET D

1a. Before you were in jail or prison did you ever have sex (anal or oral) with another man?
   ○ Yes ○ No

1b. When you were incarcerated did you have any sex (anal or oral) with another man?
   ○ Yes ○ No

IF NO, END OF QUESTION SET
GO TO QUESTION SET D

1b1. Did you have anal sex with a man in jail or prison?
   ○ Yes ○ No

(If NO go to Question 1b4)

1b2. Were you (check all that apply)?
   □ bottom (being fucked) □ top (fucking)

1b3. Do you feel you were forced to engage in this sexual behavior?
   ○ Yes ○ No

1b4. When you were incarcerated did you have oral sex with another man?
   ○ Yes ○ No

1b5. If yes, did you (check all that apply)?
   □ give (sucking) □ receive (being sucked)

1b6. Do you feel you were forced to engage in this sexual behavior?
   ○ Yes ○ No
Question Set D

1. As a child or adolescent, were you ever forced to have unwanted sexual activity with adults or adolescents who were at least four years older than yourself?

☐ Yes, sex with males
   If yes, how often?  ○ Once or rarely  ○ Sometimes  ○ Regularly

☐ Yes, sex with females
   If yes, how often?  ○ Once or rarely  ○ Sometimes  ○ Regularly

☐ No, I was never forced to have sex with men or women, or older adolescents

☐ Don’t want to answer

2. Was your first sex partner male or female?
   ○ Male  ○ Female  ○ Don’t want to answer

   IF DON’T WANT TO ANSWER, END OF QUESTION SET
   GO TO QUESTION SET E

2a. Did your first sex partner force you to have sex with them?
   ○ Yes  ○ No  ○ Don’t want to answer

2b. Did you force your first sex partner to have sex with you?
   ○ Yes  ○ No  ○ Don’t want to answer
**Question Set E**

1. Please select the statement that best describes where you are now with condom use for anal and/or vaginal sex (fucking) with your **main female partner** (a woman who is more important to you than any other sexual partner)

   - I haven’t thought about using condoms
   - I have thought seriously about using condoms
   - I am planning to use condoms
   - I have been using condoms **but not every time**
   - I have been using condoms **every time** for over a month now
   - I have been using condoms **every time** for over 6 months
   - I do not have anal or vaginal sex (fuck) with my main female partner
   - Does not apply, I do not have a main female partner

2. Please select the statement that best describes where you are now with condom use for anal and/or vaginal sex (fucking) with **other female partners** in the past 60 days who you **did not meet on the Internet**

   - I haven’t thought about using condoms
   - I have thought seriously about using condoms
   - I am planning to use condoms
   - I have been using condoms **but not every time**
   - I have been using condoms **every time** for over a month now
   - I have been using condoms **every time** for over 6 months
   - I do not have anal or vaginal sex (fuck) with my other non-Internet female partners
   - Does not apply, I have not had any non-Internet female partners in the past 60 days

3. Please select the statement that best describes where you are now with condom use for anal and/or vaginal sex (fucking) with **other female partners** in the past 60 days who you **did meet on the Internet**

   - I haven’t thought about using condoms
   - I have thought seriously about using condoms
   - I am planning to use condoms
   - I have been using condoms **but not every time**
   - I have been using condoms **every time** for over a month now
   - I have been using condoms **every time** for over 6 months
   - I do not have anal or vaginal sex (fuck) with my other Internet female partners
   - Does not apply, I have not had any Internet female partners in the past 60 days

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4. Please select the statement that best describes where you are now with condom use for anal sex (fucking) with your **main male partner** (a man who is more important to you than any other sexual partner)

- I haven’t thought about using condoms
- I have thought seriously about using condoms
- I am planning to use condoms
- I have been using condoms *but not every time*
- I have been using condoms *every time* for over a month now
- I have been using condoms *every time* for over 6 months
- I do not have anal sex (fuck) with my main male partner
- Does not apply, I do not have a main male partner

5. Please select the statement that best describes where you are now with condom use for anal sex (fucking) with **other male partners** in the past 60 days who you **did not meet on the Internet**

- I haven’t thought about using condoms
- I have thought seriously about using condoms
- I am planning to use condoms
- I have been using condoms *but not every time*
- I have been using condoms *every time* for over a month now
- I have been using condoms *every time* for over 6 months
- I do not have anal sex (fuck) with my other non-Internet male partners
- Does not apply, I have not had any non-Internet male partners in the past 60 days

6. Please select the statement that best describes where you are now with condom use for anal sex (fucking) with **other male partners** in the past 60 days who you **did meet on the Internet**

- I haven’t thought about using condoms
- I have thought seriously about using condoms
- I am planning to use condoms
- I have been using condoms *but not every time*
- I have been using condoms *every time* for over a month now
- I have been using condoms *every time* for over 6 months
- I do not have anal sex (fuck) with my other Internet male partners
- Does not apply, I have not had any Internet male partners in the past 60 days
Question Set F

1. Have you ever engaged in any type of group sex (sex with two or more people at the same time, for example, an orgy, barebacking party or swingers party)?
   ○ Yes  ○ No  ○ Don’t want to answer

(If NO or DON’T WANT TO ANSWER go to Question 7 in this question set)

2. How many times in the past 12 months have you participated in any type of group sex activity?
   ______ times in the last year

2a. Of these, how many were found or organized using the Internet?
   ______ times

3. What type of group sex activities have you participated in within the past 12 months? (Check all that apply)
   □ Male/female settings (swinger parties) where no condoms were used
   □ Male/female settings where condoms were used by everybody
   □ Male/female settings where condoms were used by some of the people but not by all of the people
   □ Male-only settings (parties, bathhouses or sex clubs) where no condoms were used
   □ Male-only settings where condoms were used by everybody
   □ Male-only settings where condoms were used by some of the men but not by all of the men
   □ Male-only settings where drugs and alcohol were present

4. When you participated in these activities, please indicate what type of sex you engaged in? (Check all that apply)
   □ I gave oral sex (you sucked others)
   □ I received oral sex (others sucked you)
   □ I had anal sex where I was the top (you fucked others)
   □ I had anal sex where I was the bottom (others fucked you)
   □ I had vaginal sex
5. Now thinking about these activities, did you use condoms every time you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gave oral sex? (you sucked others)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Received oral sex? (others sucked you)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Had anal sex where you are the top? (you fucked others)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Had anal sex where you are the bottom? (others fucked you)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Had vaginal sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

6. Have you ever traveled more than 100 miles for a group sex activity?

- ○ Yes
- ○ No
- ○ Don't want to answer

7. Have you ever attended a circuit party?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Don't want to answer

IF NO OR DON'T WANT TO ANSWER, END OF QUESTION SET
GO TO QUESTION SET G

7a. When was the last time you attended a circuit party?

- ○ Within the past 7 days
- ○ 8-14 days ago
- ○ 15-30 days ago
- ○ Between 1 and 12 months ago
- ○ More than 12 months ago

7b. How did you find out about it?

- ○ Newspaper ad
- ○ Internet
- ○ Flyer
- ○ Friend
- ○ Other: _______________________________________________________________________

7c. Did you have sex with at least one man during the last circuit party you attended?
7b1. Approximately how many men did you have sex with during the circuit party?

- ○ 1
- ○ 2-4
- ○ 5-7
- ○ 8-10
- ○ More than 10
Question Set G

1. Would you describe your sexual orientation or identity as gay?
   ○ Yes ○ No ○ Don’t want to answer

(If YES go to Question 2, otherwise go to Question 3)

For the following questions please answer...1 if you Strongly Disagree; 2 if you Disagree; 3 if you are Neutral; 4 if you Agree; 5 if you Strongly Agree.

2. What are your feelings about gay men?

<table>
<thead>
<tr>
<th></th>
<th>1 Strongly Disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I am comfortable about people finding out I am gay</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. I feel comfortable being a homosexual man</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Homosexuality is as natural as heterosexuality</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. When I think about homosexual men, I have negative thoughts</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Gay men make me feel uncomfortable</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. I avoid thinking about my homosexuality</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. Society punishes people for being gay</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. Discrimination against gays is still common</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. Most people have negative reactions to gays</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

3. Would you describe your racial/ethnic group as Black/African-American?
   ○ Yes ○ No ○ Don’t want to answer

IF NO OR DON’T WANT TO ANSWER STOP HERE

OTHERWISE GO TO QUESTION 4
4. What are your experiences with racism and how do you feel about life as a Black/African American man?

<table>
<thead>
<tr>
<th></th>
<th>1 Strongly Disagree</th>
<th>2 Disagree</th>
<th>3 Neutral</th>
<th>4 Agree</th>
<th>5 Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Lighter skin Blacks/African Americans are probably more successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It is understandable when store owners follow young Black/African American adolescents more closely in their stores</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c. I am the only Black/African American person in many social settings</td>
<td></td>
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<tr>
<td>d. Many Black/African American people wish their skin were lighter and their hair straighter</td>
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<tr>
<td>e. I would date someone who had darker skin than I do</td>
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<td></td>
<td></td>
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<tr>
<td>f. I do not believe that racism still affects the success of Blacks/African Americans</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>g. I have been looked over for a higher position because of my race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Black/African American people don’t seem to like each other very much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I would feel more comfortable in a predominantly White neighborhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. I am very proud of my Black/African American heritage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. I have been picked on because of my skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>l. I feel the All-American ideal is blond hair and blue eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. I am more attracted to White people or people with lighter skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
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</tr>
<tr>
<td>n. Television and movies are only showing the type of beautiful people everyone else wants to see, they are not trying to push a White ideal on Black/African American people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>o. On any given day someone disrespects me or ignores me because of my race</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>p. I understand why people may be afraid of me because I am a Black/African American man</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>q. I sometimes am shocked to find highly educated Black/African American people</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>r. I am happy with the way I look</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>s. Black/African American people can only find true success in the entertainment and sports industry</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>t. I am happy to see successful Blacks/African Americans featured in television and magazines</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

END OF SURVEY
THANK YOU!
CONSENT TO PARTICIPATE IN RESEARCH
BOSTON UNIVERSITY SCHOOLS OF MEDICINE,
PUBLIC HEALTH, DENTAL MEDICINE AND
THE BOSTON MEDICAL CENTER

IRB Protocol#__________
Title: Internet Sex among Non-Gay Identifying Men Who Have Sex with Men
(Internet Survey — Eligibility Screening)

Principal Investigator: Seth L. Welles, ScD, PhD
Department of Epidemiology
Boston University School of Public Health
715 Albany Street, T3E
Boston, MA 02118
Phone: (617) 638-5471
E-mail: slwelles@bu.edu

Why are these questions being asked?

You are being asked to answer a series of questions to see if you are eligible to take part in an Internet research survey. We know very little about who uses the Internet to socialize and find sex partners. Some men may be at greater risk for HIV and sexually transmitted diseases (STDs). Your answers to this survey will help us understand how men are using the Internet, and if they are at greater risk for STDs. This research study is being conducted by the Centers for Disease Control and Prevention, Boston University School of Public Health, Denver Public Health and the University of Texas, Houston, School of Public Health.

What questions will I be asked?

To see if you are eligible, some of the questions we will ask you will be about your age, sex and where you live. We will also ask about sexual behaviors and activities.

Appendix C: Consent form
What will happen in this research study?

A total of 11,500 eligible men will be asked to participate in this study.

The research will take place at Boston Medical Center (BMC).

What will I have to do if I agree to answer these questions?

If you agree to answer these questions, a screen will appear with a list of questions and answers. Next to each answer will be a box or circle that you can click on with your computer mouse to answer the question. Sometimes there will be a box where you can type your answer. You can change your answers at any time. When you are done answering all of the questions you can click on a button at the bottom of the screen to go to the next list of questions. You can also go back to questions you have already answered. Answering these questions will take 10-15 minutes.

After answering all of the questions, a screen will appear telling you if you are eligible for the research survey. If you are eligible, instructions will appear on this screen telling you how to learn more about and take the survey.

Are there any risks or discomforts I might experience by answering these questions?

You might feel some discomfort answering questions about sexual behaviors. If this is true for you, you can refuse to answer any questions. Since this survey is anonymous, we will not be able to contact you directly about any new findings. However, we will update the study website with this information.

NO NAMES OR INFORMATION THAT CAN TELL ANYONE WHO YOU ARE WILL BE RECORDED.

Since your answers are being sent over the Internet, there is a small chance that your answers could be seen by others. We have created safeguards to give your responses the same level of security as ATM machines, banks, and credit card systems. Information that you submit will be electronically coded so that only we can decode the data. Your responses will also be stored on servers protected by electronic "firewalls" that prevent anyone who is not on our research staff from viewing them. Finally, your responses will be stored on a server that requires a login name and password that only we will have. Your privacy is very important to us!
Do I have to answer these questions?

No, you do not have to answer any question that you don’t want to. You will suffer no penalty if you do not answer these questions.

Can I stop answering these questions after I start?

You have the right to stop at any time. We will post any new information on the website that may change your decision to stay in this study.

What are the potential benefits of answering these questions?

You will receive no direct benefit. However, you taking part may help us better understand why some people are not eligible for the research survey.

Are there alternatives to answering these questions?

Your alternative is to not be in the study.

Are there any costs to me by answering these questions?

The only cost to answer these questions is what you usually pay for Internet access.

Will I be paid for answering these questions?

You are eligible to win a $20 gift certificate from Giftcertificates.com. One of every 24 men will be chosen at random over the course of the study. When you finish the survey, a special pop-up window will appear if you have won.

Will my information be kept private?

No names, e-mail addresses, or any other personal information that can be used to identify you will be recorded. Your answers to these questions will be stored in a special data file. This data file will be protected by a password. Research staff that manage or analyze the data will be able to open this file. Your answers will be kept on a secure computer for at least five years after the end of the research study.

Information you provide may be reviewed by state/federal offices or the Internal Review Board at BMC. Information from this survey may be used for research purposes. It may also be published. Neither your name nor any other identifiers are recorded. Your name will never be on any report or publication.

What are my rights as a participant?

By consenting to answer these questions you do not waive any of your legal rights. Giving consent means that you have read the information about this study and that you
agree to participate. You may print a copy of this form to keep. This form can also be viewed and printed at our website at any time.

If at any time you withdraw from this study you will not suffer any penalty or lose any benefits to which you are entitled.

You may obtain further information about your rights as a research subject by calling the Office of the Institutional Review Board of BMC at 617-638-7207. If this study is being done outside the United States, you can ask us for contact information for the local Ethics Board.

We will try to answer all of your questions. If you have questions or concerns at any time, or if you need to report an injury while participating in this research, contact Seth Welles at slwelles@yahoo.com or the study coordinator, Don Allensworth-Davies at (617) 638-5816.

**Is there compensation for research related injury?**

If you think that you have been harmed by being in this study, please let us know right away. If your part in this study takes place at BMC, you can get treatment at BMC. If your part in the study is not at BMC, you can ask us where treatment would be available locally. You and your insurance company will be billed for this treatment.

**What are my rights to refuse or withdraw?**

Answering these questions is voluntary. If you choose to take part, you have the right to refuse to answer any question at any time. If you decide to answer these questions and then change your mind, you can withdraw from the research study. You also have the right to stop at any time. Being in the study is completely up to you. Your decision will not affect you being able to get health care at BMC or Denver Public Health.

If there are any new findings during the study that may affect whether you want to continue to take part, these will be announced on our website.
Appendix B

Study Consent Form

Flesch-Kincaid Grade Level = 8.2
(This level is based on the exclusion of all information preceding the first question)
CONSENT TO PARTICIPATE IN RESEARCH
BOSTON UNIVERSITY SCHOOLS OF MEDICINE,
PUBLIC HEALTH, DENTAL MEDICINE AND
THE BOSTON MEDICAL CENTER

IRB Protocol#
Title: Internet Sex among Non-Gay Identifying Men Who Have Sex with Men
(Internet Survey)

Principal Investigator: Seth L. Welles, ScD, PhD
Department of Epidemiology
Boston University School of Public Health
715 Albany Street, T3E
Boston, MA 02118
Phone: (617) 638-5471
E-mail: slwelles@bu.edu

Why is this survey being done?

You are being asked to take part in an Internet research survey because you have stated that you are an adult man who has sex with other guys. We know very little about who uses the Internet to socialize and find sex partners. Men who have sex with other guys may be at greater risk for HIV and sexually transmitted diseases (STDs). Your answers to this survey will help us understand how men are using the Internet, and if they are at greater risk for STDs. This research study is being conducted by the Centers for Disease Control and Prevention, Boston University School of Public Health, Denver Public Health and the University of Texas, Houston, School of Public Health.

What questions will I be asked?

We want to find out how you spend time on the Internet, and if you find dates or sex partners online. We want to know what kinds of sex you have with other guys. Finally, we want you to tell us about your experiences with and how you feel about racism, discrimination towards gays, HIV, and STDs.
What will happen in this research study?

A total of 11,500 men at all sites will be asked to participate in this study.

The research will take place at Boston Medical Center (BMC).

What will I have to do if I agree to take part in this survey?

If you agree to take part you will be asked to create a username and password on this website. This username and password will keep your answers private and anonymous.

After you have created your username and password, a screen will appear with a list of questions and answers that you can choose. Next to each answer will be a box or circle that you can click on with your computer mouse to answer the question. Sometimes there will be a box where you can type your answer. You can change your answer to a question at any time. When you are done answering all of the questions you can click on a button at the bottom of the screen to go to the next list of questions. You can also go back to questions you have already answered. When you have finished answering all of the questions, a special message will appear telling you that you are done with the survey.

Creating your username and password, and answering all of the questions, will take 15-60 minutes. If you get interrupted and can't answer all the questions at one time, or if you lose your connection, your answers will be saved. You can come back to this website and use your username and password to finish answering the questions. Survey length will vary based on question responses and skip patterns.

Are there any risks or discomforts I might experience by taking this survey?

You might feel some discomfort answering questions about sex with other men, HIV or STDs, but this is unlikely. If this is true for you, you can refuse to answer any questions.

You might be afraid that your answers are not private or that you cannot answer questions without other people knowing who you are. NO NAMES OR INFORMATION THAT CAN TELL ANYONE WHO YOU ARE WILL BE RECORDED.

There may be findings during the survey that could affect if you want to continue to take part. Since this survey is anonymous, we will not be able to contact you directly about any new findings. However, we will update the study website with this information.

Since your answers are being sent over the Internet, there is a small chance that your answers could be seen by others accidentally or by people tampering with our system. We have created safeguards to give your responses the same level of security as ATM machines, banks, and credit card systems. Information that you submit through your web browser will be electronically coded so that only we decode the data. This function is available on the latest Internet browsers. Your responses will also be stored on servers.
protected by electronic "firewalls" that prevent anyone who is not on our research staff from viewing them. Finally, your responses will be stored on a server that requires a login name and password that only our research staff will have. Your privacy is very important to us!

Do I have to take this survey?

No, you do not have to take this survey if you don't want to. You have the right to refuse to take part in this survey. You will suffer no penalty if you do not take part in this survey. Taking this survey is completely voluntary.

Can I stop taking the survey after I start?

If you choose to take part, you have the right to stop at any time. We will post any new information on the web site that may change your decision to stay in this study.

What are the potential benefits of taking this survey?

You will receive no direct benefit. However, being in the study may help us better understand how to address the spread of HIV infection and STDs among other men in the future.

Are there alternatives to testing this survey?

Your alternative is to not be in the study.

Are there any costs to me by taking this survey?

The only cost to take part in this survey is what you usually pay for Internet access.

Will I be paid for taking this survey?

You are eligible to win a $20 gift certificate from Giftecertificates.com. One of every 24 respondents will be chosen at random over the course of the study. When you finish the survey, a special pop-up window will appear if you have won.
Will my information be kept private?

Your username and password will keep your answers private. No names, e-mail addresses, or any other personal information that can be used to identify you will be recorded. Your answers to this survey will be stored in a special data file. This data file will be protected by a password. Research staff who manage or analyze the data will be able to open this file. Your answers will be kept on a secure computer for at least five years after the end of the survey.

Information you provide may be reviewed by state/federal offices or the Internal Review Board at BMC. Information from this survey may be used for research purposes. It may also be published. However, neither your name nor any other identifiers are recorded. Your name will never be on any report or publication.

What are my rights as a research survey participant?

By consenting to answer these questions you do not waive any of your legal rights. Giving consent means that you have read the information about this study and that you agree to participate. You may print a copy of this form to keep. This form can also be viewed and printed at our website at any time.

If at any time you withdraw from this study you will not suffer any penalty or lose any benefits to which you are entitled.

You may obtain further information about your rights as a research subject by calling the Office of the Institutional Review Board of BMC at 617-638-7207. If this study is being done outside the United States, you can ask us for contact information for the local Ethics Board.

We will try to answer all of your questions. If you have questions or concerns at any time, or if you need to report an injury while participating in this research, contact Seth Welles at slwelles@yahoo.com or the study coordinator, Don Allensworth-Davies at (617) 638-5816.

Is there compensation for research related injury?

If you think that you have been harmed by being in this study, please let us know right away. If your part in this study takes place at BMC, you can get treatment at BMC. If your part in the study is not at BMC, you can ask us where treatment would be available locally. You and your insurance company will be billed for this treatment.
**What are my rights to refuse or withdraw?**

Answering these questions is voluntary. If you choose to take part, you have the right to refuse to answer any question at any time. If you decide to answer these questions and then change your mind, you can withdraw from the research study. You also have the right to stop at any time. Being in the study is completely up to you. Your decision will not affect you being able to get health care at BMC or Denver Public Health.

If there are any new findings during the study that may affect whether you want to continue to take part, these will be announced on our website.
Appendix C

Banner Ad & Study Description
Advertising

IRB Protocol#________________
Title: Internet Sex among Non-Gay Identifying Men Who Have Sex with Men

I. Banners to Appear on Selected Web Sites

II. Survey Site Description to Appear on Selected Internet Search Engines and Web Sites

We want to know about your sexual health. Take the Men’s Sexual Health Internet Survey! Men like you are at risk for HIV and sexually transmitted diseases (STDs). Your answers to this Internet survey will help people who work in health care understand how HIV and STDs are spreading so that treatment and education can be given to those who need it. We want to find out what kinds of sex you have and your experiences with racism, gay people, HIV and STDs. We also want to know how you find sex partners and how you feel about safe sex. Your answers will be 100% anonymous and confidential.

III. Chat Room Text

**SEEKING MEN FOR SEXUAL HEALTH INTERNET SURVEY**
We want to know about the kinds of sex you have and your experiences with racism, gay people, HIV and STDs. All answers are 100% anonymous and confidential. This is a legitimate survey sponsored by the Centers for Disease Control and Boston University. Visit <Website URL> for more information. [If web links are not permitted in chat room replace last sentence with: See my profile for a link to the site.]

Appendix D: Drug terms
**Methamphetamine**—a stimulant of the central nervous system and pressor substance with properties similar to amphetamine. Abuse may lead to dependence (2007) Dorland's Medical Dictionary for Health Consumers, 2007). Crystal Meth, the street drug can be created by a specific set of chemicals, all of which can be purchased legally. The name crystal meth refers to its crystalline shape and the word meth comes from methamphetamine. This drug allows the user to experience euphoric feelings, often lasting eight hours or more. Crystal meth can be taken orally, injected, smoked, or snorted. Smoking is the most popular use (Crystalmeth Addiction, 2008).

**GHB—Gamma Hydroxy Butyrate**—a central nervous system depressant, usually orally ingested. No therapeutic uses, known with common slang: battery Acid, Date Rape Drug, Liquid Ecstasy, Scoop, and Easy Lay. This drug is usually ingested in liquid form such as being mixed with alcohol. GHB is popular at ‘raves’ or dance clubs (DEA briefs & background, drugs and drug abuse, drug descriptions, GHB.).

**Ketamine**—street names include Special ‘K’, super acid, jet. Ketamine comes in a white or off-white powder form, or in a clear liquid. This drug is a tranquilizer most commonly used on animals. Ketamine is one of the club drugs popular at ‘raves’. Special K is marketed as a dissociative general anesthetic for veterinary or human use (U.S. Drug Enforcement Administration, 2008).

**Ecstasy**—MDMA (methylenedioxymethamphetamine)-is a psychoactive, synthetic drug similar to the hallucinogen mescaline and stimulant methamphetamine. Street names for MDMA include XTC, Ecstasy, hug, and love drug. MDMA is both a stimulant and psychedelic, using the chemical serotonin to communicate with other neurons (The National Institute on Drug Abuse, 2008).
**Cocaine**—a powerful stimulant and addictive drug. The powered form can be dissolved in water and injected or snorted. Crack is cocaine that comes in a rock crystal form which can be heated and its vapors smoked. The name ‘crack’ comes from the crackling sound heard when the drug is heated (National Institute on Drug Abuse, 2008a).

**Heroin**—a highly addictive drug, processed from morphine, a naturally occurring substance taken from poppy plants. Heroin is typically sold as a black sticky substance (black tar heroin), or as a white or brownish powder. This drug is usually snorted, injected, or smoked. Injection is the predominant method of use (National Institute on Drug Abuse, 2006).

**Viagra, Cialis or Levitra**—is an oral medication used for erectile dysfunction (ED). These drugs help most men with ED improve erections to achieve harder erections (VIAGRA ® Official Site, 2007).

**LSD, Acid, Mushrooms or other hallucinogen**—(lysergic acid diethylamide) is in the hallucinogen class of drugs causing distortions in a person’s perception of reality. Hallucinogens disrupt the interaction of nerve cells and serotonin where under the influence, people see images, feel sensations, and hear sounds that are not real. Street name includes acid (National Institute on Drug Abuse, 2008b). Mushrooms produce a plant alkaloid called psilocybin which mimics the neurotransmitter serotonin on brain receptors creating hallucinogens (Johns Hopkins Medicine, 2006).

**Poppers/ Rush**—poppers are amyl nitrite, sold in small glass spherical one can pop and then inhale the vapors. Street names include rush, jolt, locker room and Jack Hammer. They are sold in adult bookstores. The effect is to relax the muscles of the body thus becoming a popular drug among MSM as anal intercourse is easier. Vasodilatation gives the user large
amounts of oxygen to the brain, thus giving the user a ‘rush’ (The Sputnik Drug Information Zone, 2008).

**Marijuana**—a dry mixture of flowers, stems, leaves, and seeds of the hemp plant cannabis sativa, it is usually smoked. Street names include joint, nail, pot, weed, grass, ganja or hash. The main chemical is THC (delta-9-tetrahydrocanabinol). Certain nerve cells, cannabinoid receptors in the brain have protein receptors that bind to the THC which can lead to the high that users experience when using marijuana. Cannabinoid receptors found in the brain influence memory, thought, pleasure, concentration, time and sensory perception, and coordinated movement (National Institute on Drug Abuse, 2008c).
Appendix E: Acronyms

**CDC**—Center for Disease Control and Prevention

**FTF**—Face to Face

**GHB**—Gamma Hydroxy Butyrate

**HIV**—Human Immunodeficiency Virus

**IRL**—In-Real-Life

**MM**—Mutual masturbation

**MSM**—Men who have sex with men

**NSU**—Nonspecific urethritis

**PNP**—Party and Play

**S & M**—Sadism & masochism

**SST**—Sexual script theory

**UAI**—Unprotected anal intercourse

**WWW**—World wide web
Literature Cited


Ross, M., Mansson, S., Daneback, K., & Tikkanen, R. (2005). Characteristics of men who have sex with men on the internet but identify as heterosexual, compared with heterosexually identified men who have sex with women. *Cyberpsychology & Behavior, 8*(2), 131-139.


Vita

Shelia Reneé Rice was born in Morgan City, Louisiana on Christmas Day, the only daughter of Doylene Tipton Rice and Hubert Lee Rice. After completing her studies at the Academy of the Sacred Heart in Grand Coteau, she entered Louisiana State University, at Baton Rouge, Louisiana. She transferred to Nicholls State University in Thibodaux and received the degree of Bachelor of Arts with a major in Broadcast Journalism in 1985. In 1994, she moved to Houston, Texas and entered the University of St. Thomas and received a Bachelor of Arts in Psychology in 1999, with honors in Psi Chi Honor Society and Alpha Sigma Lambda. Rice entered the University of Houston-Clear Lake and received a Masters of Art in Psychology in 2002, with honors in Psy Chi Honor Society. In September, 2003 she entered The University of Texas Health Science Center, School of Public Health.