

Barebacking: Psychosocial and Public Health Approaches

Edited by Perry N. Halkitis, PhD, Leo Wilton, PhD & Jack Drescher, MD

(www.jackdreschermd.net)

From the Introduction:

Why Barebacking?

In the late 1970s, a deadly virus which could be transmitted via sex appeared in the midst of an unsuspecting, sexually active community. Before anyone was even aware of the virus' existence, thousands had become infected. By the beginning of the 1980s, gay men in American cities were suddenly afflicted with Kaposi's sarcoma, a rare form of skin cancer more commonly found in equatorial Africa. Unusual, opportunistic infections, indicating some form of immunosuppression, took down young men in their prime. People were dying and although the modes of transmission suggested a biological vector, no specific etiological agent for this "Gay Related Immunodeficiency" would be found for several years. Whatever was causing it, however, appeared to have infiltrated the blood supply, affecting not only hemophiliacs, but potentially endangering anyone who needed a transfusion. There was growing panic and serious public discussion of quarantining gay people—or at least of tattooing them with the modern scarlet letters of what would eventually come to be known as AIDS (Shilts, 1987; Rotello, 1997).

At the time this is being written, it is almost 25 years since AIDS appeared on the American scene as a growing public health concern. Much has happened since then, both bad and good. There has been a terrible loss of life. However, effective means of diagnosing, treating and preventing the spread of AIDS have been found. Yet the number of people infected with HIV continues to grow, despite the development and implementation of numerous educational and psychoeducational efforts.

Public health models often operate under the assumption that unsafe sexual practices are the result of ignorance or lack of knowledge. However, to the amazement and chagrin of those familiar with the epidemic's history, some individuals continue to risk exposing themselves to HIV infection—even when they know how to avoid doing so. Which brings us to the subject of this special issue of the *Journal of Gay and Lesbian Psychotherapy* on barebacking.

Barebacking, which many in the gay community would commonly define as intentional unprotected anal intercourse, was a subject of discussion in the popular press long before academics and clinicians took notice. As early as 1996, Jesse Green wrote of the phenomenon, calling it "Flirting with Suicide," in *The New York Times Magazine*. Then, in 1997, Stephen Gendin wrote of his desire for unprotected anal intercourse (UAI) in a *Poz* magazine entitled "Riding Bareback." He expressed the beliefs and desires of HIV-positive men like himself who felt there was no reason to avoid UAI, as there was no longer any "logical" medical concern about sharing ejaculate with others of the same serostatus. As the phenomenon grew, it was suggested that barebacking was a mechanism by which HIV-positive men could feel closer and more emotionally intimate with their sexual partners (Halkitis, 2001), particularly within a society that continued to stigmatize them for having HIV.

What followed was a growing public discussion about barebacking. Leading gay publications like *The Advocate* (April 13, 1999) and *Poz* (February, 1999) featured cover stories on the subject, offering harm reduction strategies for those engaging in the behavior. In the meantime, debate began to emerge about the health of the gay community in light of this phenomenon. Leading HIV prevention agencies took note, but dismissed the barebacking phenomenon as one confined to only a small subset of men. However some researchers believed that barebacking behavior was more pervasive than HIV prevention agencies would acknowledge (Halkitis and Parsons, 1998).

While barebacking appears to have begun as a phenomenon confined to those who had already seroconverted, it quickly drew the attention of those who had not. Internet sites dedicated to "raw sex" began to appear. Today, sites like *barebackcity.com* or *barebacksex.com* provide a venue for barebackers to meet each other. At any given moment, thousands of men, regardless of age, race, or HIV serostatus, log on to these sites in search of sexual partners. Simultaneously within large gay communities, bareback sex parties have grown in popularity. Such events, confined either to one serostatus or open to all (colloquially referred to as "Russian Roulette" parties), permit men to bareback with numerous partners within a brief period of time. In this regard, research has confirmed that barebacking is a phenomenon that cuts across demographics and serostatus (Halkitis and Parsons, 2003; Halkitis, Parsons and Wilton, 2003; Mansergh et al., 2002).

These behaviors are, of course, a matter of great concern. The rate of new HIV diagnoses among men having sex with men (MSM) has increased by 14% between 1999 and 2001 (Valdiserri, 2003). High rates of infection have been noted among young MSM, especially those of color (Koblin et al, 2000; Valleroy et al., 2000).

There have been dramatic increases in the incidence of sexually transmitted infections (STI's), other than HIV, such as gonorrhea (Centers for Disease Control and Prevention, CDC, 1999; 2000) and syphilis (Ciesielski, 2003). This trend has become so alarming that the CDC released a public health alert focused on taking action to combat increases in STDs and HIV infection in this population (CDC, 2001).

Wolitski et al. (2001) warned that these unsafe behaviors might lead to a resurgence in the HIV epidemic in the MSM community. Sadly, some research now appears to suggest that this is, in fact, happening (Valdiserri, 2003).

While no evidence currently points to a direct link between barebacking and a rise in HIV infections, these epidemiological trends coincide with the growing popularity of barebacking within the gay community. It should be noted that this rise in infections also parallels increases in the use of club drugs, reliance on the Internet as a source of sexual connection in the gay community, implementation of Highly Active Antiretroviral Therapy to fight AIDS, and decreased funding for HIV prevention in the United States. Thus, multiple factors are likely at play.

Nevertheless, epidemiological data suggest that unsafe sex is escalating in the gay male communities of the United States, and occurring within a cultural and sociological context very different from one that existed 10 years ago.

It has been suggested that barebacking represents a very different type of sexual experience than those traditionally examined in HIV behavioral research, and that the construct of barebacking is poorly defined (Halkitis et al, 2004) . Further, MSM may use differing heuristics in making sense of barebacking, and in negotiating the sexual safety associated with it. Even among the published studies above, the behavioral research regarding barebacking falls short in two main domains: (1)

there may be incongruity between “professional” definitions of barebacking and the manner in which the behavior is understood at the community-level; and (2) there is no understanding of why some men develop along trajectories that may lead to barebacking behaviors while others do not. Further, there is no understanding of the transition points that place men at risk, or the risk or protective bases which predispose men to behave in certain sexual manners. What most researchers can agree upon is that barebacking refers to sex without a condom, and most probably to “intentional” anal sex without a condom (Goodroad et al. 2000). How an individual’s intentions for unsafe anal sex or other factors related to this behavior remains unclear. With that in mind, some (Halkitis et al., 2004) have proposed differentiating between barebacking behavior and a “barebacking identity.” In other words, a man who thinks of himself as a “barebacker” does not necessarily have the same psychological profile or motivations as another who eschews a “barebacking identity” but who nevertheless practices unprotected anal sex.

Regardless of whether one has a bareback identity or not, the practice of UAI has immediate consequences for the health of the gay community. For HIV-negative men, initial infection with HIV and infections with other STI’s is the most immediate consequence of unsafe transmission behaviors. There is also a potential for initial infection with medication resistant/untreatable HIV mutant variants (Boden et al., 1999). For HIV-positive gay and bisexual men, unsafe sexual acts may place them at risk for “superinfection” (Jostet et al., 2002), rapid loss of CD4 cells (Wiley et al, 2000), and risk for contracting other STI’s which may lead to immune system deterioration (Bonell, Weatherburn and Hickson, 2000). Clearly these are matters of great concern that require our attention.