
EMPIRICAL ARTICLES

Structure, Agency, and Sexual Development of Latino Gay Men

Sonya G. Arreola

Urban Health Program, RTI International

George Ayala and Rafael M. Díaz

Global Forum on MSM & HIV, AIDS Project Los Angeles

Alex H. Kral

Urban Health Program, RTI International

There is a high prevalence of childhood sexual abuse and HIV among Latino gay men, with limited proven HIV prevention interventions. This study used qualitative methods to explicate earlier findings showing differential health outcomes among Latino gay men who had no sex, voluntary, or forced sex before age 16. Analyses of in-depth interviews with 27 Latino gay men revealed that structural factors in childhood contribute to their developing sexuality by enhancing or inhibiting a sense of agency. Agency is essential for making decisions that are in line with their intentions to have healthy sexual lives. Findings suggest that interventions should focus on developing a sense of sexual agency among Latino gay men by (a) increasing their recognition of structural factors that contribute to feelings of worthlessness in order to relocate internalized blame and homophobia to external structural forces, (b) facilitating awareness of the social structural oppressions that lead to psychological and sexual risk in order to enhance their options for sexual health, and (c) shifting from individually focused constructions of sexual health to those that consider the structural factors that reduce agency and contribute to diminished sexual health among Latino gay men.

There is a growing trend among researchers concerned with the effects of social conditions on health to investigate how intertwined epidemics (or “syndemics”) develop under certain conditions (Singer, 2009; Stall, Friedman, & Catania, 2007). Health disparities related to poverty, stress, or structural violence are some of the conditions that contribute to a significant burden of disease in affected populations. This line of research has been used to enrich our understanding of the sexual health of gay men, and suggests that childhood experiences and the context in

which they occur play significant roles in shaping HIV risk and sexual health of gay men in adulthood. For example, research has shown that experiences of homophobic attacks against gay/bisexual men in their youth help to explain heightened rates of serious health problems, including HIV risk, among adult gay men (Friedman, Marshal, Stall, Cheong, & Wright, 2008; Stall et al., 2003).

Emerging research that specifically focuses on Latino gay men also shows a link between contextual factors in childhood and sexual health in adulthood (Arreola, Neilands, & Diaz, 2009; Arreola, Neilands, Pollack, Paul, & Catania, 2008; Carballo-Diequez & Dolezal, 1995; Diaz, Ayala, Bein, Henne, & Marin, 2001; Jinich et al., 1998). Experiences with childhood homophobia and childhood sexual abuse (CSA) have been associated with psychological distress, risky sexual situations (e.g., sex while under the influence of drugs or alcohol), and risky sexual behaviors that are strongly associated with HIV risk and HIV infection (Arreola et al., 2009; Arreola et al., 2008; Carballo-Diequez & Dolezal, 1995; Diaz et al., 2001; Jinich

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Correspondence should be addressed to Sonya G. Arreola, Urban Health Program, RTI International, 114 Sansome St., Ste. 500, San Francisco, CA 94104. E-mail: sarreola@rti.org

et al., 1998). Furthermore, CSA significantly predicts negative health outcomes such as HIV infection and other sexually transmitted infections, as well as mental health outcomes including depression, suicidal ideation, and substance abuse among adults (Briere, Evans, Runtz, & Wall, 1988; Briere & Zaidi, 1989; Browne & Finkelhor, 1986; Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Holmes, 1997; Holmes & Slap, 1998; Koenig, Doll, O'Leary, & Pequegnat, 2004; Lenderking et al., 1997; Miller, 1999; Molnar, Berkman, & Buka, 2001; Remafedi, Farrow, & Deisher, 1991). Nonetheless, childhood sexual experiences (CSEs) are not always found to be associated with negative outcomes in adulthood (Carballo-Diequez, Balan, Dolezal, & Mello, 2011; Rind, Tromovitch, & Bauserman, 1998; Sandfort, 1981). This suggests that further research is needed to uncover the conditions that may contribute to negative outcomes in adulthood.

The link between CSA and HIV is important for understanding the sexual health of Latino gay men in the United States, who have both a high prevalence of HIV (18%–22%; Centers for Disease Control, 2010; Díaz, Ayala, & Bein, 2004) and CSA. In a national probability survey of adult men who have sex with men (MSM), a significantly higher proportion of Latino MSM reported sexual abuse before age 13 (22%) than did non-Latino MSM (11%; Arreola, Neilands, Pollack, Paul, & Catania, 2005). Findings from a study of the differential effects of forced, consensual, and no CSEs before age 16 on health outcomes among a probability sample of adult Latino MSM help explain the link between CSA and sexual health outcomes (Arreola et al., 2009). This study showed that forced CSEs result in a higher risk profile than consensual or no CSEs. For example, among the three groups, the forced-sex group had the highest levels of psychological distress, substance use, and HIV risk. However, there were no differences in proportions of depression and suicidal ideation between the consensual- and no-sex groups. In addition, although the consensual- and forced-sex groups had higher proportions of substance use and transmission risk than the no-sex group, the forced-sex group had significantly higher proportions of frequent drug use and high-risk sex than the consensual group. These findings indicate that discriminating between forced and consensual sex before age 16 is important for understanding health outcomes in adulthood.

Taken together with the limited effectiveness of HIV prevention programs for those who have CSA histories (Mimiaga et al., 2009), the previous findings underscore the need to explore the mechanisms that underlie childhood socio-cultural and contextual determinants of adult sexual health among Latino gay men. This article uses qualitative methods to explicate earlier findings showing different health outcomes among Latino gay men who had no sex, voluntary, or forced sex before age 16. In particular, it explores possible mechanisms that link social and contextual factors contributing to sexual development and adult sexual health.

Method

Procedure

From May through July 2001, Latino gay men were recruited from gay-identified venues in San Francisco, including bars and clubs. Guided by a brief screening questionnaire, men were invited to participate in a 90-min, individual interview about Latino gay men's sexuality and, if interested, were given a card with a number to call for further information. Men who called the number were screened for eligibility, which included (a) self-identifying as Latino or Hispanic, (b) self-identifying as gay or bisexual, (c) being from 18 to 40 years of age, (d) having had anal intercourse without a condom within the last six months, and (e) living in the San Francisco Bay Area. We purposively screened for an equal distribution of men who reported no sex at all before 16 years of age, sex before 16 that was not against their will, and sex before age 16 that was against their will. We enrolled on a first-come first-served basis for all three categories, consecutively, until each was filled. To enhance anonymity, all eligible men were scheduled for interviews under whatever first name they choose to use. No identifying information was collected from participants.

Twenty-seven, 60- to 90-min, in-depth, individual, qualitative interviews were conducted between May and August, 2001. Interviews were conducted by the first author (Sonya G. Arreola) in English ($n=20$) or Spanish ($n=7$), depending on participants' preferences. Because interviews were anonymously conducted, participants provided verbal consent. Participants were remunerated \$50 for participation before beginning the interview in order to reduce any pressure to participate or answer questions they may not have wanted to answer. Interviews were audiotaped and later transcribed for analysis. Spanish-language transcripts were translated into English. All study procedures were approved by the institutional review board at the University of California, San Francisco.

A semi-structured interview guide was used to direct the interviews in four parts: *demographics and background* (e.g., "Please tell me about your: 1) country or state of origin, 2)...reasons for migration [if applicable], and 3)...current living situation"), *current sexual experiences* (e.g., "Please tell me about a protected anal sex experience you have had in the last 3 months."; this question was repeated for an unprotected sex experience), *first sexual experiences* (e.g., "Please tell me about your first sexual experience."), and *meaning of sex to respondent* (e.g., "How do think your early sexual experiences have affected your present life?").

Data Coding and Analysis

All 27 interviews were transcribed from the audiotapes and then read through the lens of three broad categories

of sexual initiation before age 16: (a) no sex, (b) voluntary sex, and (c) forced sex. The relationships within and among the three categories were then distilled from a general overview of the data before a more detailed analysis was conducted to fill in and refine the patterns within the three categories (Dey, 1993; Jones, 1985). Based on previously used analytical techniques, known as a “holistic approach” (Comfort, Grinstead, McCartney, Bourgois, & Knight, 2005), the transcripts were reread and analyzed by the first author (Sonya G. Arreola), who organized the content of the interviews under preliminary emergent themes. The second author (George Ayala) reviewed the summaries to provide a secondary perspective and to discuss any possible differences, until a final summary for each interview was created. These final summaries were analyzed for salient domains that existed throughout the interviews. The domains were then used to further analyze the narratives for essential themes that would expand our understanding of the mechanisms that link social and contextual factors contributing to sexual development and adult sexual health.

Results

All of the men we screened at venues and by phone were eligible. All the men enrolled in this study self-identified as gay.

Domains

The results of our initial analyses yielded five central domains:

1. Nature of sexual initiation before age 16: Distinctive patterns emerged regarding the characteristics of voluntary, compared to forced, sexual initiation before age 16. This domain captured the key situational and emotional characteristics of the men's sexual initiation before age 16.
2. Impact of sexual initiation experiences: Almost all the men linked their current sexual lives to their initiating sexual experiences. This domain characterized the effect of sexual initiation experiences on the men's adult sexual lives.
3. Homophobia: All the men described experiences where they felt indirectly or directly mocked, degraded, or physically hurt in childhood or in adulthood for being effeminate or gay. This category represented men's experiences of discrimination based on sexual orientation or gender non-conformity, as well as their own beliefs and attitudes about their sexual desires.
4. Agency: Throughout the interviews, men shared poignant narratives that conveyed varying degrees of vitality and “choice-fullness” in their

interpersonal and sexual lives. We used *agency*, as described in cultural studies literature (Barker, 2011), to express the men's sense of choice, their ability to make decisions or to act independently, and the degree to which they felt they had control of their everyday actions.

5. Structure: In contrast to the men's individual sense of agency, they also described situations where externally determined constraints reduced their options and inhibited their sense of agency. The cultural studies literature offered another useful label for this domain: *structure*. Structure refers to the recurrent, patterned arrangements that influence or limit the choices and opportunities available. As such, structure includes the factors that limit the individual through pre-organized perceptions from social structures that determine and influence the opportunities individuals may have (Barker, 2011).

Essential Themes

The results of further analyses, using the domains as guides, revealed five essential themes: *sexual initiation*, *sexual initiation impact on adult sexuality*, *homophobia*, and *resiliency* and *healing*. These themes are described here.

Sexual initiation.

Voluntary sexual initiation. Unlike the assumption that all sexual experiences before a certain age (16 years) are necessarily abusive, men's narratives revealed that many CSEs were positive. Men who voluntarily initiated sex before 16 spoke fondly and tenderly about their sexual experiences with similarly aged boys. Their sense of agency and vitality was expressed in the tenor of their stories:

My cousin and I used to bathe together and fool around. I was 10 and probably he was 14. He kissed me and touched me, like we find ourselves both with a hard-on kind of thing. That continued for a few years. I felt we had a relationship. We used to fight a lot, but then we were very intimate. We used to stay up late at night watching movies. We would be able to fool around, or we would go to the roof. I think I developed a pattern because all the men that I consequently met in my life were men like him. (Participant 8, age 39)

The same expression of fondness for first sexual encounters was evident in the narratives of men whose consensual sexual initiation was with older men, as opposed to similarly aged boys:

I was 13 years old and went to see my cousin play soccer. I was biking and I just saw this very handsome man and we started talking. Next day I said “oh my God, I'm in love.” It was so obvious that when I saw him again, I got a hard-on and he noticed. So the next day he invited me to bike around. He took me to this outdoor area and we had the great sex. It was the first time I was penetrated.

I know he was much older. I didn't feel much pain. He was very tender and careful. It was great. The next day there I was happy to see him again. That was the end of it. (Participant 17, age 40)

No sexual initiation before age 16. Men who initiated sex after age 16 expressed mixed feelings of guilt and pleasure regarding their first sexual encounters, coupled with internalized homophobia and denial of their sexual selves:

It was very ironic that growing up most of my life everyone had always told me that I was gay but I had never really realized that I was gay until when I had my first sexual encounter and that was really traumatizing but at the same time liberating because I kind of got to know myself a bit more and understand myself. One of the things also that I think was really difficult growing up is that I had self-hatred because I didn't want to accept myself. (Participant 19, age 29)

The homophobia the men experienced in childhood led to denial of feelings of attraction to other boys or men from fear of becoming what society told them was sick:

I was afraid of being gay. I thought it was some bad disease; you know a sick person. I learned these beliefs growing up from people that I hung out with—in the family or school. There is like a lot of teasing about being gay or fags. (Participant 13, age 37)

Forced sexual initiation. Contrary to the fondness expressed in the narratives of voluntary sexual initiation before age 16, forced sexual initiation narratives conveyed fear, shame, and bewilderment. Above all, these narratives conveyed an impression of stolen innocence. Distinct from men whose sexual initiation was voluntary, men who were forced described what “he would do to me,” rather than what “we would do together”:

I was so scared. I was petrified; I was nervous. I had never gone into like a nervous state like that before. . . . Then he would, without words, he would just grab my hand and he would go like this, like stroking. And then he would say [“volteate”] like turn around and then he would turn me around. Then he pulled down my pants. I was shaking; I was nervous. Then he would pull down my underwear and he would spit on his hand and then lubricate me back there. Then he would lubricate his own and he would do me. (Participant 9, age 28)

Narratives of forced sex, such as the previous one, were distinctly distressing to men who experienced it. Most tried to figure out why they had been forced to have sex against their will. One young man's uncle forced anal sex on him at the age of nine, presumably because his effeminacy signaled that he would like it,

deserved it, or that would not resist. There was a quality of inexorableness in these narratives:

He attacked me because he knew that I was gay and I knew that I was gay already because I was 10 years old and I knew at the age of five that I was gay. I later asked my uncle “why did you see me as a target?” He said “because I knew you were going to like it and I knew that you were going to buy into it.” (Participant 30, age 25)

In all the forced-sex narratives before age 16, the duration of the forced sexual episodes ranged from multiple times over months to several years, usually with the same man and, sometimes, eventually with other men as well. The men who experienced forced sex explained that it was not the sex itself that they found traumatic. Many would begin to experience pleasure mixed with fear and humiliation. It was, rather, the premature loss of innocence and the “inappropriateness of having someone else decide for me that it was time to have sex.” The act of someone else taking away their ability to choose when and with whom to have sex was particularly distressing:

I was six years old, he was much older. He made me touch his penis. He took me to the bathroom. I felt guilty and dirty. I don't know if I was conscious that it was something forbidden. He made me suck his dick. Maybe every other day, maybe for the whole first grade. Later I felt pleasurable. Then, when we came to the second grade, I didn't see him anymore. I miss him after that. That school was very sad and depressed for me. I had problems going to school. Sometimes I cry and I didn't want to go in, but they forced me because I had to go to school. The bathrooms were ugly. It smelled bad. But at the same time the bathrooms made me feel good, because I remembered that guy. Sometimes when I have that smell, it still reminds me. Not directly of that guy but that makes me horny maybe. The smell could be the reason. I think the first time or the second time it was abuse but then maybe I like it and it wasn't abuse. I think abuse is to force someone to do something that they even didn't know. I didn't know how to make sex, not there with this guy. I don't mean that sex is bad. But, I think at six years old that it's not the right age to start making sex. The worst part was I started to like it—the worst part of it was like it woke me up at night, sexual activity that I didn't know before. I think it wasn't the right age to start having sex with anybody. That was the bad part. I remember after that in the second grade I start looking for sex with kids. (Participant 4, age 34)

As portrayed in the prior narrative, the interpretation of forced sex changed over time when pleasure became associated with the sexual experiences. The initial abusive feeling of not wanting the sex changed to desire, as experiences of coercion, fear, and loss of agency became associated with pleasure and desire. For men who experienced forced sex, there was a sense of inevitability during the sexual encounters, coupled with a lack of will to resist the course of the sexual experience. Men who

were forced describe perpetrators' use of bodily strength, coercion, threats of harm to the boy or his family, and ridicule and blaming to engender co-conspirators of the boys. However, the respondents were most distressed by a feeling of powerlessness that would continue into adulthood:

I think the most difficult thing is to be told "don't tell anybody or I will hurt you" I think because I feel like I cannot do anything or say anything, like I had no control. I have felt that for a long time. (Participant 9, age 26)

In these accounts, perpetrators used emotional, psychological, and physical means to strip young boys of their sexual agency.

Sexual initiation impact on adult sexuality.

Voluntary sexual initiation. Men who began to explore their homosexuality before age 16 in the context of a consensual relationship spoke of their adult sexual encounters in similar tones to those expressed about voluntary CSEs. Some explicitly linked their early experiences to how they felt about sexuality as adults:

I still remember [my first lover] with a lot of tenderness—the way he looked, how he treated me, which I think probably influenced the way I had sex from there on. I think it was a good experience; therefore, I see sex positive. (Participant 8, age 39)

Compared to men who had been forced, men who had voluntary sexual experiences before age 16 expressed themselves more fluidly and described more flexibility and greater trust in their relationships with their partners:

[My current lover] is someone I trust a great deal and he is someone that I admire as a person. He is trustworthy. I was able to have the love of my life by the men whom I could trust well. I trust him that he will tell me things, even though it is hard for me at times that he tells me things that are not working well for him for the relationship. I trust him that if he put himself at risk he will tell me. I trust him that if he gets bored with me he'll tell me. I trust him to tell me things, to communicate with me. (Participant 27, age 39)

There was also a sense of agency regarding adult sexual behavior in adapting to the threat of HIV infection among those who were able to consensually explore their sexuality in adolescence:

When AIDS came around I know my sexuality changed. It was impacted by that. I'm less sexually active. I think there is a component of living in San Francisco where so many men are positive. I enjoy being bottom. I enjoy anal sex but I'm not as open to that as I was before. (Participant 8, age 39)

No sexual initiation before age 16. For the men who initiated sex after age 16, the same conflicted feelings they experienced in childhood, of guilt and pleasure about their sexuality, continued into adulthood. They described feelings of aloneness and loneliness at being unable to openly share their sexual lives with their families or in work environments, which reinforced their confusion and limited their options. In one man's explanation for why a famous Mexican composer/singer is accepted in Latino culture, we hear the sense of frustration and isolation that comes from being seen as a source of derision for being gay:

I think they accept Juan Gabriel because he is not their son. They accept it because he is entertainment and he is funny to look at, and he is funny to make fun of, so I think he affords them a sense of detached entertainment. But when it is in your own family, I think it becomes a very touchy subject that a lot of them they don't like to talk about. And this is the exact same thing with my family. I don't feel like I can talk to them about my relationships; I can't talk about my frustrations. (Participant 19, age 29)

In the narratives of men who had initiated sex after age 16, there was a tension between the men's longing to have sexual lives with other men and a strong, negative attribution of their behavior when this desire was satisfied. Above all, unlike the men who initiated voluntary sex before 16, the men who delayed expressing themselves sexually had a diminished sense of choice:

Ah, I think it was because of all this stuff that you are taught like this is dirty, it shouldn't happen kind of stuff. I don't know. I know that the first—I don't know. Maybe even the first year of—actually already having sex with guys, sometimes I used to feel just—I used to feel mad at them even though the sex was great and stuff like that. I don't know. It just feels dirty. It feels like you are doing something wrong. After doing it I felt guilty. (Participant 21, age 25)

Forced sexual initiation. The narratives of forced sexual initiation indicate that the perpetrators' strategy to silence those whom they forced into sexual encounters worked to reduce agency among these young, impressionable boys. Among those forced into sexual initiation, this lack of agency—and, often, loss of will—was reflected again in the narratives of adult sexual episodes. One young man, whose sexual initiation had been forced, described using alcohol to feel comfortable engaging in sex as an adult. Although he was concerned about drinking during adult sexual episodes, his tone hinted at fatalism over becoming infected with HIV:

Because once again right now I'm concerned. I have a drinking problem. I know that. I am concerned that at some point getting drunk and being totally unconscious

or not thinking clearly and end up with somebody and basically have sex with no protection and then end up being infected. (Participant 10, age 26)

Another man, whose sexual initiation was forced, verbalized what many of the men who were forced into sex spoke about, which is that they continued into adulthood to search for connection and intimacy. In this man's search, his longing included a resignation to accepting a false promise of love in exchange for a fleeting moment of affection:

I've been on a search for love since I was little, I think. I wanted the hugs and the kisses and the love, and I think that is why I became so promiscuous because I went out searching for that love, even if it was fake love. Even if they promised me "[O]h I love you so much. I like you." As long as the lie was only for an hour that was okay with me. But the hurt came back after that and I think that is why I even got infected because I was so much into that search to just want to be told, even if it was for an instant that I was cared for, then it was okay. It's worth going through the pain that I am going through afterwards but at least during that one time I'm being embraced and I'm being touched and I'm being kissed and I'm being cared for. Now at night I realize that that is a big thing; it's a big issue for me. It's sad but that is the way it was for me. (Participant 12, age 46)

Homophobia. As evident in some of the previous quotes, homophobia was present, to varying degrees, across all the narratives. The men attributed their feelings of guilt and shame to living in a culture that reinforces the perception that gay men and gay sex are "against nature":

I was scared thinking that I might be gay because I was enjoying sex with a man. I didn't want to be gay because I knew people who were gay were ridiculed—I mean I was around it. Gay people were disparaged by friends and family or laughed at. I didn't want to be laughed at or disparaged, so I was scared. Then I felt guilty about it. It was all in secret. Of course, nobody knew about it except me and him, so we were hiding it. Secrets, you know. (Participant 11, age 34)

Many of the men's descriptions of the constraints within which they explored their sexuality and initiated first sexual experiences were echoed in accounts of their adult sexual experiences. Some men explicitly interpreted the link between a homophobic childhood environment and adult sexuality:

I was closeted then and my cousin was a secret. We never—I never talked to anybody about it and it's something that I did in secret. My sexuality with men was separate from my individuality. It was like another persona and that's the only sexuality that I knew. In my

twenties with men, I was in the Navy; I was still closeted and again, it was a whole separate identity than the self that I presented to everybody else. Well, they felt the same. I was used to doing it that way with my cousin. There was a whole separate secret identity around sex and I knew how to hide that and how to live with that, so it was easy to take living—it was easy to take that—keeping my sexuality a secret. I knew how to do that and I did it. I was able to do it well, and I was able to do that as an adult when I was in the Navy. The idea of keeping it a secret and feelings of guilt and shame around it are still really present when I start having sex as an adult. (Participant 15, age 31)

The negative impact of the homophobic environment in which most men grew up, and the resulting secrecy and isolation, was inexorable. Nonetheless, compassion flourished in men's interactions with other gay men who had lived through similar experiences:

I knew how painful it had been for me around my family and all the feelings that I had gone through. Feelings of unworthiness and feelings that the church, family, parents—wouldn't like me. A lot of really painful feelings I went through let me know what he must have gone through and that he went through them alone like I did. So I felt sad about his having to go through it alone just like I did. So I just listened. (Participant 11, age 34)

Over the course of their lifetimes, homophobic, socio-cultural environments provided powerful meta-messages about homosexuality to the men in this study. Even when not the direct targets of these messages, as boys, insidious and pervasive symbols of homophobia were unavoidable. They were present in the degrading jokes about "*jotos, locas, or maricones*"; admonitions about how "*bad, shameful, dirty, or wrong those people are*"; and the oblique rejections of the one family member or neighbor about whom "everyone knew . . . was gay but all pretended he was not when we were with him." It is within this context that some boys, who were "discovered" or suspected by adults in their environment to be attracted to boys or men, were directly targeted for their "transgressions."

Resiliency and healing. Compared to men who had been forced to have sex and, to some extent, the men who delayed sexual initiation until after age 16, men who explored their sexuality with friends and consensually initiated sex during childhood had more confident narratives about their sexual development and their adult sexuality. During the interviews, this group of men was more present with their sexual narratives and expressed less confusion about their sexuality. Furthermore, they were far less likely to internalize shame and fear about their homosexuality. They attributed societal homophobic reactions to inappropriate institutional or cultural norms or to the perpetrators, rather than to

themselves. One participant was especially conscious of the childhood influences (such as a nurturing and accepting grandmother) and experiences (such as having a friend with whom to explore his sexuality when he was 11 years old) that helped to forge a strong sense of self-esteem. In his narrative, one hears the personal agency that helps him discriminate between whom he knows himself to be and the person society wants to portray him to be:

When I was 11 years old I met my first gay friend and he taught me a great deal of things. He taught me about being gay by taking me out to cruise; showed me a spot where you could have sex. I think it's amazing to meet men who only met other gay men when they were in the twenties or their thirties and their forties. That is so sad, and I say I can't believe it. When I was 11 I had another gay person in my life. And that is very rare and I was very fortunate to have one another. We teased together. We'd cruise together; we got men together and so until this day we are still very close. The importance of having another gay person at that age is that you don't feel like this alien in the world like a lot of gay men are made to feel. . . . I'm black, Latino, immigrant and gay. It can't get tougher than that, but you know all those things make me who I am and when I went to school my grandma said "everybody there will be different from who you are, if anyone ever puts you down, that person is less than you are." Now, when it happens, it is so minimal to me about being Black, Latino, being gay, being an immigrant. I have too much self-esteem to let those things bother me. And to me it is all things—all the four forces that make me stronger. I take great pride in who I am. (Participant 8, age 39)

Even when agency was crushed in childhood through forced sex or a homophobic environment, some men found a sense of agency through therapy. The act of choosing a therapist, the therapeutic regard, and the exploration of men's feelings in adulthood challenged the feelings of shame while nurturing an authentic sense of self and agency in the world:

So I saw this guy [therapist] and the first time I saw him I told him about my problem. I said "I think I am a homosexual and I don't want to be a homosexual, so that is why I'm here because I want you to help me not to be a homosexual. To make all the right adjustments to make me a real man." He laughed at me, actually. He was so cool. He says "what do you mean by a real man?" "A man, a man, a real man. Homosexuals are not men, okay." "So what kind of man do you want to be then?" "A real man. A man that can fall in love with a woman, you know, and have children and lead a normal life and forget about getting turned on by other men. As a real man, I don't want to fall in love with another man." He said "what's wrong with that?" I was like "what is wrong with that? That is a sin. That is disgusting." "Is it? I mean really. When you think about that, do you really feel that you are going to puke?" I go

"no. It turns me on but that is not good." "Oh, so how can you tell me that it is disgusting, if you like it?" It was like so confusing. Wow, I came here because I wanted this guy to help me and the only thing he is doing is kicking me out of the closet. . . . He made me do other things, actually. He would help me to cut the cord with my parents, and with the church and everything, and I started to be myself. That was very useful. (Participant 6, age 37)

In this narrative, the healing that was derived from positive psychotherapy was a form of healing and a source of resiliency.

Discussion

The narratives in this study reveal that agency is an important mechanism that underlies how contextual experiences in childhood can determine adult sexual health for Latino gay men. Agency is essential to making decisions that are in line with one's intentions, especially when in situations that are charged with competing emotions. For the men in this study, social structures in childhood limited agency through symbolic forms of structural hostility, such as the recurrent homophobic messages of unworthiness and humiliation, and physical manifestations of structural violence, such as forced sex. For Latino gay men, to the extent that social structures limited a sense of agency during sexual development in childhood, a reduced sense of agency continued into adulthood, reinforcing a sense of reduced choice and will over sexual encounters. Nonetheless, for men who did not experience forced sex, to the extent that their experiences defied the structural homophobic messages, agency and sexual health flourished.

The sense of agency among men who initiated sex after age 16 was limited. The feelings of attraction to other men were often mixed with guilt or fear. Conversely, among those who initiated voluntary sex before age 16, the descriptions of sexual exploration in consensual relationships with same- or older-aged men were accompanied by high levels of resiliency. These men appear to have developed a sense of self and a quality of agency when describing both their childhood and adult sexual episodes, even in the face of virulent homophobic environments. This sense of agency was common among men who had had at least one supportive and accepting role model or significant older family member who helped them navigate the detrimental social norms that often disparaged loving feelings between boys or men. Thus, as opposed to the sexual act alone, having had someone with whom to explore burgeoning sexual feelings, along with the feelings of companionship and regard experienced during these early sexual experiences, appears to have challenged the damaging effects of homophobic messages. These features of their sexual encounters may have moderated this group of men's

internalization of the homophobic messages. Conversely, men who delayed sexual initiation seem to have been more susceptible to internalizing homophobic messages, sometimes leading to confused sexual encounters in adulthood, although not forced.

When the men were robbed of agency as boys, as exemplified in the CSA experiences, there were few or no choices about the sexual encounter. Instead of agency, men who were forced into sex against their will were abandoned to make sense of the experience on their own, often internalizing responsibility for the event and a belief that they deserved the abuse because of their attraction to boys and men. Forced sex also created confusion about the role of pleasure and intimacy in sex during childhood and adulthood. A homophobic environment further reinforced the internalization of reduced agency during sexual encounters, as boys learned to hide or keep secret their sexual encounters. The toll of CSA, especially when accompanied by virulent homophobia, was palpable.

The narratives of the Latino gay men who participated in this study reveal the deep longing for connection, intimacy, and acceptance. They suggest that a sense of agency about themselves as sexual beings is critical to sexual health. This suggests that childhood contextual factors of CSA and homophobia oppress sexual agency in a way that may contribute to negative psychological and sexual health outcomes. Conversely, an environment that allows for young gay boys to explore their own sexuality as it evolves increases agency and may support more affirmative psychological and sexual health outcomes.

The findings on agency described in this study have several implications for sexual health promotion for Latino gay men. Interventions directed at the individual level could help Latino gay men recognize the external factors that contribute to their feelings of worthlessness and guilt, which, in turn, contribute to HIV risk. Relocating internalized blame and homophobia to external structural forces is essential for enhancing a sense of agency that competes with the internalized negative conceptions of gayness imposed by homophobic environments in childhood and adulthood. Interventions must also raise awareness among communities of Latino gay men regarding the social structural oppressions that lead to psychological and sexual risk. The findings of this study indicate that by so doing, sexual agency will be enhanced to the extent that Latino gay men advocate for themselves, as well as each other.

The findings also suggest that we begin to shift from exclusively individually focused constructions of sexual health to those that consider the social structural factors that reduce agency and contribute to diminished sexual health among Latino gay men. Structural interventions aim to alter the context within which health is produced or reproduced and locate the source of public health

concerns in factors in the social, economic, and political environments that shape and constrain individual, community, and societal health outcomes (Blankenship, Bray, & Merson, 2000). Social structural interventions would allow for a larger social engagement beyond that of individually focused interventions. Family, friends, and extended community members, including other gay men, could each play a role as social actors promoting sexual health. For example, each social actor could participate in a campaign to protect Latino gay men from CSA while challenging homophobic remarks, attitudes, and behaviors. This would alleviate some of the uncertainty and conflicted feelings that Latino gay men may be experiencing.

Finally, the conclusions of this study have implications for enhancing agency among gay youth, in general. Safe spaces for young gay people and their families to explore and address their sexual feelings have the potential to help gay youth to externalize internalized attributions of poor self-worth they sometimes make about their sexual feelings, experience adults intervening in a proactive way on their behalves, and be in the company of others like themselves. For young gay people, having opportunities to explore themselves socially, sexually, bodily, emotionally, and communally with others who are like themselves increases the chance to experience, practice, and realize a sense of agency. Toward his goal, much can be learned from programs and organizations that feature gay/straight alliances in schools, gay mentorship relationships, gay youth drop-in centers, and the house/ball scene. If well designed and managed, these sorts of programs can help in the positive socialization of young gay people by normalizing their early sexual experiences, promoting healthy emotional and sexual development, and encouraging critical self-reflection along the way.

References

- Arreola, S. G., Neilands, T. B., & Diaz, R. (2009). Childhood sexual abuse and the sociocultural context of sexual risk among adult Latino gay and bisexual men. *American Journal of Public Health, 99*(Suppl. 2), S432-S438.
- Arreola, S. G., Neilands, T. B., Pollack, L. M., Paul, J. P., & Catania, J. A. (2005). Higher prevalence of childhood sexual abuse among Latino men who have sex with men than non-Latino men who have sex with men: Data from the Urban Men's Health Study. *Child Abuse & Neglect, 29*, 285-290.
- Arreola, S. G., Neilands, T. B., Pollack, L. M., Paul, J. P., & Catania, J. A. (2008). Childhood sexual experiences and adult health sequelae among gay and bisexual men: Defining childhood sexual abuse. *Journal of Sex Research, 45*, 246-252.
- Barker, C. (2011). *Cultural studies: Theory and practice* (4th ed.). Thousand Oaks, CA: Sage.
- Blankenship, K. M., Bray, S. J., & Merson, M. H. (2000). Structural interventions in public health. *AIDS, 14*(Suppl. 1), S11-S21.
- Briere, J., Evans, D., Runtz, M., & Wall, T. (1988). Symptomatology in men who were molested as children: A comparison study. *American Journal of Orthopsychiatry, 58*, 457-461.

- Briere, J., & Zaidi, L. Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry*, 146, 1602–1606.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the literature. *Psychological Bulletin*, 99, 66–77.
- Carballo-Dieguez, A., Balan, I., Dolezal, C., & Mello, M. B. (2011). Recalled sexual experiences in childhood with older partners: A study of Brazilian men who have sex with men and male-to-female transgender persons. *Archives of Sexual behavior*. Advance online publication. doi: 10.1007/s10508-011-9748-y
- Carballo-Dieguez, A., and Dolezal, C. (1995). Association between history of childhood sexual abuse and adult HIV-risk sexual behavior in Puerto Rican men who have sex with men. *Child Abuse & Neglect*, 19, 595–605.
- Centers for Disease Control, & Prevention. (2010). *Prevalence and awareness of HIV infection among men who have sex with men—21 cities, United States, 2008*. Atlanta, GA: Author.
- Comfort, M., Grinstead, O., McCartney, K., Bourgois, P., & Knight, K. (2005). “You cannot do nothing in this damn place”: Sex and intimacy among couples with an incarcerated male partner. *Journal of Sex Research*, 42, 3–12.
- Dey, I. (1993). *Qualitative data analysis: A user-friendly guide for social scientists*. London: Routledge/Taylor & Francis.
- Dhaliwal, G. K., Gauzas, L., Antonowicz, D. H., & Ross, R. R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long-term effects. *Clinical Psychology Review*, 16, 619–639.
- Díaz, R. M., Ayala, G., & Bein, E. (2004). Sexual risk as an outcome of social oppression: Data from a probability sample of Latino gay men in three U.S. cities. *Cultural Diversity & Ethnic Minority Psychology*, 10, 255–267.
- Díaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health*, 91, 927–932.
- Friedman, M. S., Marshal, M. P., Stall, R., Cheong, J., & Wright, E. R. (2008). Gay-related development, early abuse and adult health outcomes among gay males. *AIDS & Behavior*, 12, 891–902.
- Holmes, W. C. (1997). Association between a history of childhood sexual abuse and subsequent, adolescent psychoactive substance use disorder in a sample of HIV seropositive men. *Journal of Adolescent Health*, 20, 414–419.
- Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of the American Medical Association*, 280, 1855–1862.
- Jinich, S., Paul, J. P., Stall, R., Acree, M., Kegeles, S. M., Hoff, C., et al. (1998). Childhood sexual abuse and HIV risk-taking behavior among gay and bisexual men. *AIDS & Behavior*, 2, 41–51.
- Jones, S. (1985). The analysis of depth interviews. In R. Walker (Ed.), *Applied qualitative research* (pp. 45–55). London: Gower.
- Koenig, L. J., Doll, L. S., O’Leary, A., & Pequegnat, W. (Eds.). (2004). *From child sexual abuse to adult sexual risk: Trauma, revictimization, and intervention*. Washington, DC: American Psychological Association.
- Lenderking, W. R., Wold, C., Mayer, K. H., Goldstein, R., Losina, E., & Seage, G. R., III. (1997). Childhood sexual abuse among homosexual men: Prevalence and association with unsafe sex. *Journal of General Internal Medicine*, 12, 250–253.
- Miller, M. (1999). A model to explain the relationship between sexual abuse and HIV risk among women. *AIDS Care*, 11, 3–20.
- Mimiaga, M. J., Noonan, E., Donnell, D., Safren, S. A., Koenen, K. C., Gortmaker, S., et al. (2009). Childhood sexual abuse is highly associated with HIV risk-taking behavior and infection among MSM in the EXPLORE Study. *Journal of Acquired Immune Deficiency Syndrome*, 51, 340–348.
- Molnar, B. E., Berkman, L. F., & Buka, S. L. (2001). Psychopathology, childhood sexual abuse and other childhood adversities: Relative links to subsequent suicidal behaviour in the US. *Psychological Medicine*, 31, 965–977.
- Remafedi, G., Farrow, J. A., & Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics*, 87, 869–875.
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, 124, 22–53.
- Sandfort, T. (1981). *The sexual aspect of paedophile relations: The experience of twenty-five boys*. Amsterdam: Pan/Spartacus.
- Singer, M. (2009). *Introducing syndemics: A critical systems approach to public and community health*. San Francisco: Jossey-Bass.
- Stall, R., Friedman, M. S., & Catania, J. (2007). Interacting epidemics and gay men’s health: A theory of syndemic production among urban gay men. In R. J. Wolitski, R. Stall, & R. O. Valdiserri (Eds.), *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp. 251–274). Oxford, England: Oxford University Press.
- Stall, R., Mills, T. C., Williamson, J., Hart, T., Greenwood, G., Paul, J., et al (2003). Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. *American Journal of Public Health*, 93, 939–942.

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