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ORIGINAL PAPER

New Arrivals to New York City: Vulnerability to HIV among Urban Migrant Young Gay Men

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Abstract This qualitative study explored the social experiences and HIV-related sexual practices of 30 young gay and bisexual men who moved to New York City in the past 3 years from other countries or elsewhere in the United States. For many migrants, a key basis of vulnerability to HIV was their engagement with New York City's unfamiliar sexual culture. Many recent arrivals migrated from places with small gay communities and low HIV prevalence, and some came with a practice of limited condom use. Participants described encountering an abundance of sexual opportunity in New York City, accessible to even the newest arrivals through internet sex sites. Some migrants expressed surprise that few men they met were interested in dating or establishing trust before having sex. Although frequent HIV testing was common, HIV status, testing history, and condom use were seldom discussed with sex partners for some men even with new partners or before sex without condoms. International and in-country migrants who are beginning to navigate New York City's gay sexual culture may be more vulnerable to HIV infection than established residents if they are inexperienced in encountering vast sexual opportunity, are less practiced in local norms of sexual communication, or if their lack of economic resources or social connections encourages them to have sex for money or shelter. This article suggests HIV prevention interventions for urban migrants and other men who have sex with men.

Keywords HIV · Men who have sex with men (MSM) · Risk reduction · Urban migration · Qualitative research · Pre-Exposure Prophylaxis (PrEP)

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Introduction

New York City has been a center of HIV transmission among gay and bisexual men since the beginning of the AIDS epidemic (CDC, 1981; Shilts, 1987). In 2013, over 1,600 resident men who have sex with men (MSM) were newly diagnosed with HIV and over 43,000 were living with the virus (NYC DOHMH, 2014). MSM in New York City are an estimated 2.5 times more likely to be diagnosed with HIV than in the U.S. as a whole (Pathela et al., 2011). While gay and bisexual men have built a thriving community, they have had to learn "how to have sex in an epidemic" (Berkowitz & Callen, 1983).

New York City has historically attracted great numbers of migrants, including men seeking the space to explore or celebrate same-sex attraction (Chauncey, 1995; Kaiser, 1997). Today's new arrivals—whether from other countries or from other cities or less urbanized parts of the United States—tend to come from places where gay communities are smaller and HIV may be less prevalent. As these men encounter new urban, social, and sexual environments and navigate the challenges of getting established in an unfamiliar locale, they may be uniquely vulnerable to acquiring HIV and other sexually transmitted infections (Bianchi et al., 2007; Chng, Wong, Park, Edberg, & Lai, 2003).

Research has identified a number of ways where gay and bisexual urban migrants may be at an elevated risk of HIV. Latino immigrant men may encounter greater sexual opportunities and "sexual cultures that they did not know before migrating" (Carrillo, Fontdevila, Brown, & Gómez, 2008, p. 5). Such opportunities, combined with social isolation, poverty, and limited knowledge of sexual disease transmission, can increase HIV risk (Carrillo et al., 2008; Shedlin, Decena, & Oliver-Velez, 2006). Among Latino immigrants in New York City, the anonymity of living in a gay epicenter, often without social connections to home communities, can be

conducive to active sex lives and sexual exploration, particularly soon after migrating (Bianchi et al., 2007). Similarly, in a study of drug users who migrated to a gay resort area in Florida, mainly from elsewhere in the U.S., Egan et al. (2011) hypothesize that increases in drug use and sexual risk may be related to the loss of close family relationships and social and economic capital built up in one's home community. Urban migrant men may also a priori be at greater risk of HIV, as abuse related to sexuality or gender expression can encourage young men to flock to cities with visible gay communities (Bruce & Harper, 2011), and is associated with risky sexual practices and HIV infection (Mimiaga et al., 2009; Stall et al., 2003; Welles et al., 2009).

Studies have demonstrated elevated HIV prevalence (EMIS, 2013; Evans et al., 2011) and diagnosis rates (Egan et al., 2011) among migrant MSM. However, we know of no research that directly measures whether *incidence* of HIV infection is greater among recent urban migrants. We do know that recent arrivals are a sizeable part of New York City's gay community and its HIV-affected population. In a 2008 study of men recruited at gay-themed venues, 23 % had lived in New York for 3 years or less, of whom 74 % were born elsewhere in the United States and 26 % in other countries or U.S. territories. Of these new arrivals, 21 % tested positive for HIV, including 15 % of those who did not report prior HIV diagnosis, suggesting high levels of undiagnosed and possibly recent HIV infection among recent migrants (NHBS, 2008).

In the U.S., vulnerability to HIV is particularly acute among gay and bisexual men who are young, of color, or economically disadvantaged, and these patterns may hold among migrant men. Between 2001 and 2010 in New York City, as HIV diagnoses decreased for all other age, risk, and race/ethnic groups, they increased by 82 % among MSM who are 18–29 years old, and by 15 % for those who are black or Latino (NYC DOHMH, 2011). Younger men have a higher risk of HIV infection per sexual contact (Scott et al., 2014), and may be less able than older men to negotiate condom use (Agwu & Ellen, 2009) or enact other means of reducing the risk of exposure (Jin et al., 2010). HIV acquisition may also be driven by social and economic considerations, particularly for men of color. Among black and Latino MSM, lack of economic resources or social support is associated with sexual practices that can lead to HIV exposure (Ayala, Bingham, Kim, Wheeler, & Millett, 2012; Díaz, Ayala, & Bein, 2004), while unrecognized HIV infection is associated with unemployment among black men (Mayer et al., 2014). In a recent meta-analysis, higher incidence among black MSM correlates less with racial differences in self-reported sexual risk practices, and more with black men's lower engagement in effective antiretroviral therapy and with structural barriers that may increase HIV risk; these barriers include greater poverty, limited education, and lower access to healthcare (Millett et al., 2012). Research has begun to explore how lack of stable housing may also increase young men's vulnerability to HIV (Clatts, Goldsamt, Yi, & Gwadz, 2005; Halkitis et al., 2013; Kipke, Weiss, & Wong, 2007), identifying young men who experience the dual displacements of migration and homelessness as another critical population of concern.

To explore young migrants' vulnerability to HIV, and to guide prevention efforts for this population, the New York City Health Department interviewed a cross section of gay and bisexual men, 18–29 years old who recently migrated to New York from other countries or elsewhere in the United States. To build on findings from surveillance and survey research, the study used qualitative, open-ended interviews to explore new arrivals' sexual experiences and understandings of HIV risk. The goal was to identify how different aspects of migration can contribute to HIV vulnerability, including (1) whether gay and bisexual men who tend to migrate are a priori at greater risk of HIV infection; (2) if migration and displacement from family and community of origin increase social isolation and marginalization that may contribute to sexual risk-taking; and (3) the ways new arrivals engage New York City's sexual culture and structures of sexual opportunity. As our concern with HIV risk extended to all gay and bisexual new arrivals, we interviewed both international and in-country migrants. However, the small size of the sample did not allow for a formal comparison between types of migrants.

Method

In 2011, the 3 authors conducted in-person, semi-structured interviews with 30 young men living in New York City. Authors were senior staff in the Bureau of HIV/AIDS Prevention and Control experienced in qualitative interviewing on sexual practices—one a gay Mexican immigrant living with HIV who came to the U.S. without legal residency, the other two white, U.S.-born heterosexual men. We recruited participants using English and Spanish language postcards that asked "New to New York?" and advertised "A study on sex and health for gay and bisexual men, between 18 and 29 years old, who moved to New York City in the past 3 years." With the aim of recruiting a sample of new arrivals diverse in place of origin, ethnicity, education, and current economic resources, we distributed postcards through HIV prevention programs, other agencies that serve gay and bisexual men, and a university-based research study of young MSM; we also posted postcards on a university bulletin board, at a City sexual health clinic and at a gay-themed curio store (Table 1). To explore HIV risk among lower-income and unstably housed migrants, we actively recruited clients of homeless shelters and drop-in programs that serve gay and bisexual young men. All eligible recruits were invited to participate. Interviews took place in spaces affording privacy. Each interviewee provided informed oral consent and was compensated for his time with a $30 gift card to a local drugstore chain. The New York City

Table 1 Participant demographics ($N = 30$)

Pseudonym	Age	Place of origin	Months in NYC	Race or ethnicity	HIV diagnosis	Education	Housing status	Where or how recruited
Adam	26	Small city, Michigan	33	White	No	College grad	Own place	STD clinic
Silas	21	Nashville, Tennessee	7	White	Yes	High school grad	SRO	Shelter
Danny	29	Suburb, California	30	Black/ white	No	Post graduate	Own place	Other research study
Mickey	19	Houston, Texas	3	Hispanic	No	High school grad	Shelter	Shelter
Will	23	Small city, Puerto Rico	1	Hispanic	No	High school grad	Shelter	Shelter
Roy	24	Small city, Jamaica	23	Black	Yes	High school grad	Own place	LGBT agency
Baby	21	Small city, Puerto Rico	2	Hispanic	No	Some college	Shelter	Shelter
Phil	27	Atlanta, Georgia	25	Black	Yes	Some college	Another's place	HIV program
Fred	29	Chicago, Illinois	27	Black	Refused	Assoc. degree	Another's place	HIV program
Carlos	29	Lima, Peru	36	"Mixed"	No	Assoc. degree	Another's place	LGBT agency
Mario	29	Lima, Peru	36	Hispanic	No	College grad	With family	LGBT agency
Juan	23	Small city, Puerto Rico	36	Hispanic	No	High school grad	With family	LGBT agency
Mark	23	Rural New Jersey	27	White	No	College grad	Own place	Other research study
Greg	25	Montreal, Canada	13	White	No	Post graduate	Another's place	Other research study
Jordan	22	Trinidad and Tobago	3	Black	No	Some college	Shelter	Drop-in program
Ben	21	Small city, Indiana	24	White	No	Some college	Another's place	Drop-in program
Rob	24	Buffalo, New York	23	Black	No	Some college	Shelter	Shelter
Nick	22	Small city, Siberia, Russia	10	White	No	College grad	Another's place	LGBT agency
Alan	19	Suburban Florida	7	White	No	Some college	Another's place	University bulletin board
James	28	Washington D.C.	33	Black	Yes	Some college	Own place	Gay-themed store
Chuck	24	Suburban New Jersey	26	Black	No	High school grad	Own place	LGBT health clinic
Bruce	28	Brooklyn and upstate New York	36	Black	No	High school grad	SRO	LGBT agency
Kenny	18	Small city, New York	19	Black	Missing	High school grad	Missing	Drop-in program
Tom	22	Small city, North Carolina	0	Black	No	Some high school	Shelter	Shelter
Malcolm	25	Small city, North Carolina	36	Black	Yes	High school grad	Own place	LGBT agency
Val	28	Mumbai, India	13	Asian	No	Post graduate	Own place	LGBT agency
Eddy	24	Small town, Pennsylvania	16	Black	Yes	Some college	Own place	Came with friend
Manny	23	Puerto Rico and upstate New York	0	Hispanic	No	GED	Shelter	Shelter
Julio	23	Small city, Puerto Rico	4	Hispanic	No	Some college	Shelter	Shelter
Mitch	23	Small city, Michigan	2	White	No	High school grad	Shelter	Shelter

Health Department's Institutional Review Board approved all study protocols. Below, all men are identified by pseudonyms.

The authors reviewed literatures on migrant health and HIV risk to identify potentially salient themes, then developed a questionnaire that asked about migrants' sex lives in their home communities; motivations for migrating; sexual practices before and after migrating including condom use, partner selection and sex in exchange for money or shelter; alcohol and drug use; HIV testing and diagnosis; and discussion of HIV status and condom use with sex partners. The interview guide included both categorical questions and open-ended topics, the latter allowing migrants to reflect on their engagement with HIV risk in the context of their personal narratives of migration (Díaz & Ayala, 1999). This guide was slightly modified during the study to deepen inquiry into emerging themes, such as the particular vulnerability of men who are effeminate or receptive partners in anal sex. Interviews lasted between 1 and 2 h; three were conducted in Spanish.

As in the anthropological tradition (Bernard, 2006), each interview was described and analyzed by the interviewer in a detailed field note, rather than having distinct study team members conduct, transcribe, and code the interviews. The interviewer reviewed each digital recording in its entirety. In a hybrid qualitative approach, field notes combined an overall narrative of sexual and migration experiences, verbatim transcription of key passages, thematic analysis (Rubin & Rubin, 2011), and cross-case analysis (Khan & VanWynsberghe, 2008). Each field note was annotated by the other two study authors.

Throughout the study period, field note content was cataloged into a master document, both by themes that corresponded to the main interview topics, and by an expanding set of subthemes identified by the authors during field note writing and review. Linking interview content to themes was straightforward, thus no attempt was made at verifying inter-coder reliability. Below, findings are organized by major themes.

The Results section emphasize migrants' direct quotes, embedded within narratives of migration and sexual risk. Given this focus on HIV risk, findings highlight the experiences of new arrivals who did not consistently use condoms or were more sexually active. The first section addresses men's social and sexual experiences in places of origin and their motivations for coming to New York; the next three focus on migrants' engagement with HIV risk and New York City's gay sexual culture; the final section considers the special case of recent arrivals living in homeless shelters.

Results

Thirty new arrivals to New York City were diverse in age, ethnicity, and place of origin and where recruited (Table 1). Participants were generally well-educated: all but one had graduated from high school and 18 had attended some college. But 18 men, including all 11 who had arrived in the past year, lacked a stable place to live, with 7 staying in someone else's apartment, 6 in a shelter, 2 in single room occupancy hotels, and 3 moving from place to place. Most migrants were engaged in HIV testing: six reported having been diagnosed with HIV, all in the past 3 years, while 19 of the other 24 had been tested for HIV within the past 3 months.

Coming to New York City

When asked, "Why did you move to New York City?" most new arrivals described a move motivated at least in part by their sexuality. Will, 23 years old, left a wife and child in Puerto Rico "to be myself," a phrase echoed by other migrants. Ben, 21, grew up in a small town in the Midwest and knew of New York City's reputation for tolerance toward gay men: "I knew about the freedom to be open, to be who you are." Roy, 24, presented moving to the United States, and eventually New York City, as a matter of survival.

> I always knew I was too gay for Jamaica. Also, it was too depressing for me. Because I knew I wanted to live my life openly. I didn't want to be in the closet. I didn't want to be down low. I didn't want to get married and have kids. I just wanted to be gay. You know: me. So I felt like if I had stayed I would probably be suicidal or something. So I felt like leaving would be the best thing for me.

Roy identified as an effeminate man, unable to hide his sexuality, and was typically the receptive partner in anal sex. He and others described specific burdens of effeminacy that could encourage migration, including harassment and violence related to one's gender presentation or sexuality. Manny, 23, a self-described "femme type," said he moved to New York City from a small town upstate because "I got tired of fighting." He told of being assaulted by gangs of boys and having faced frequent verbal attacks.

> Out there, if they seen you even with a rainbow sticker, anything of that sort, it was already, 'Queer.' 'Faggot.' 'Homo.' 'You're a demon.' 'You're possessed.' 'You need church.'

Likewise, Mario, 29, described a boyhood of routine harassment in Peru:

> It's a very homophobic country, you could say. They often kill gay people. If you act effeminate, they discriminate when you pass by in the street. I was discriminated against at school, since I was very young…I was discriminated against when I tried to get a job, at university, in school, by my mother. That's what happened to me. (Translated from Spanish)

Other men offered motives for migration not directly related to their sexuality, such as following the circuits of family or friends; escaping high unemployment in their home countries; pursuing higher education or a career in the arts; or moving to a new city after a difficult end to a relationship. Social and medical services also attracted young men to New York City. Following his HIV diagnosis, Silas, 21, moved from Tennessee after hearing that New York State provided better HIV care and easier access to Medicaid. Chuck was 21 and homeless when a case manager in New Jersey encouraged his move by telling him that there were more youth services in New York.

The interview asked migrants to describe their sex lives back home. Five migrants told of a violent childhood sexual initiation involving abuse by men or older boys. Some migrated from urban areas with sizeable gay communities, while others described coming of age in places where there were limited opportunities to express same-sex attraction or have sex with men. Alan, who grew up in a Catholic family in suburban Florida, tried to suppress his homosexual desire by becoming more involved in the church; he did not have sex until he moved to New York at age 18. Nick, 22, recalled that neither he nor his first sex partner knew of other men gay men in their hometown in Siberia, and had little awareness of condoms or where to find them.

Ten migrants said they were typically the receptive partner in anal sex, 10 were typically insertive, 9 identified as versatile, and 1 only had oral sex. Seven men—five of whom were typi-

cally the receptive partner in anal sex—described seldom using condoms while having sex with multiple partners during their first years of sexual activity. Mickey, 19, grew up in Houston, Texas, and faced intense familial rejection because of his effeminacy. He wanted to participate in the gay scene, but felt deeply conflicted. When he began having receptive anal intercourse in the 10th grade, it was only when drunk and always without a condom. He described his approach to sex:

> I'm going to go here, with this friend. I know there's going to be gay men. If I get drunk enough, I'll do something.

Other participants were strategic about sex without condoms before they migrated. Before his HIV diagnosis, Silas routinely had unprotected receptive anal sex with other teens and only insisted on condoms if his partner was considerably older. Baby, 21, never used condoms in his small hometown in Puerto Rico. An effeminate youth, he was well known to the town's heterosexual men, whom he figured out were not having sex with other men and were thus unlikely to have HIV.

> I used to know their moves and all that, so it was always alright to have unsafe sex.

Baby said he was "down to use condoms" in New York City. But later in the interview, he acknowledged continuing to routinely have sex without condoms after migrating.

> I don't even have to know the guy. I don't know. It happens, whatever happens…If I want to have sex with somebody, it's got to be without a condom.

Thus, one basis of elevated HIV risk among urban migrants is the maintenance of sexual practices established in contexts where HIV prevalence may be lower.

Greater sexual opportunity in gay epicenters may also increase HIV risk. When asked, "Did you become more sexually active in New York City?" four migrants who had arrived within the past few months described having had no anal sex at all. Those with more time in New York identified a variety of ways that the city's geography and gay culture could encourage a rise in partnering. Three migrants noted the benefit of an efficient subway system linking a large concentration of potential partners. Others mentioned that the sheer number of gay men in one city enabled having sex with many different men. Adam, 26, described himself, using a classic metaphor, as

> A kid in the candy store: thousands and thousands of gay guys, and little me, from the Midwest.

Asked if they had become more or less sexually adventurous in New York, different migrants described novel experiences, including sex in front of other people, with a transgender woman, under the influence of marijuana, and engaging in a threesome. Will, who identified as a "top man" during anal sex, was encouraged to try crystal methamphetamine by a set of new acquaintances, but then refused their appeals to allow them to penetrate him.

For some, the city's open gay culture could facilitate personal safety as well as sex. Ben observed,

> Everybody is very open, so it's not like where in Indiana you had to pick and choose and hope for the best of luck. Out there, you don't know. Let's say you talk to somebody and they're straight and they want to beat you up for talking to them like that. It's easier here in New York, because you know. It's a bit obvious where you can look for it. In Indiana it's very hard, so methods are different.

In Jamaica, Roy worried that his harshly disapproving family would find out about his gay sex life and react violently. When he got to New York,

> It was definitely easier to access sex. I also feel like it was a lot more anonymous here. I could just have sex with someone and it would be like, "What are the odds of somebody finding out?"

Hooking Up

Even for new arrivals with limited connections in New York's gay scene, widely used internet sites facilitated "hooking up" for sex. Asked "Where have you hooked up with guys for sex in New York City?" more new arrivals mentioned the Internet ($n = 20$) than meeting men in public places (13), bars (10), video booths (5), through friends (2), or at their homeless shelter (2). Phil, 27, from Atlanta, said of using websites like Adam4Adam and Craigslist, or the Grindr mobile application,

> In New York City there are a lot of guys always ready to have sex. You just jump in a cab or take the train and you can go anywhere…The sex websites are an easy and fast way to hook up and have fun.

A repeated theme in the interviews was new arrivals' surprise at how quickly men in New York were willing to engage in sex, often without any pretense of establishing trust or familiarity. Such quick hook-ups could enable a very active sex life, even for Roy, who said, "I don't consider myself a high-sexual person." In Jamaica, Roy was accustomed to meeting someone, dating, establishing trust, and then possibly having sex. In the New York City internet scene, dating was seldom an option.

> Meeting guys on the internet, a lot of these guys don't want to have relationships, they don't want to go on dates. It's just kind of a sex thing. So I would say I had a lot more sex when I moved to New York.

Roy estimated that in his first year in New York he had anal sex with ten men and had sex without condoms with nine of them, always as the receptive partner. After arriving in New

York, Roy tested negative for HIV; by the end of his first year, he had tested positive.

Mario also tied his high-volume sex life to the ease of meeting willing men. He described his sex life in New York as

> More promiscuous. Too promiscuous I would say. Sometimes I meet someone. I don't think twice, I just go with the person… [Here] it's different. It's more direct. The boys know what they want, what they're looking for, which is just sex. (Translated from Spanish.)

Fred, 29, was in a long-term relationship in Chicago but could not find a man in New York interested in dating.

> I wish I was dating, at least dating. But people here don't date. They don't! They don't know how to date… In Chicago you can meet a guy going out dancing, going to the movies…And then after you meet them, then you all get to know each other a little. It's not like here. It's real, real, real quick. I'm like, "Wow." But to be here you have to be in this rat race where you have to be fast like everybody else. Because, if you're not, they'll be like, "Forget you, I'm going on to the next one."

Nick, from Russia, expressed shock that, in a city where it was possible to be openly gay, few men seemed interested in relationships.

> I was thinking when I will move here it is more open. And you can live with the person you can find, and build a family. And here guys they are not making relationships. They are having sex. Why? Why only sex? When you can have one person, a relationship, you can build a family and everything together. Guys are not doing this here. I don't understand that.

These migrants had to adjust their approaches to account for the sexual and relationship norms they encountered among men in New York City.

Sexual Communication

Migrants also faced the challenge of becoming conversant in local norms of sexual communication. Some were surprised that HIV and condoms were seldom discussed prior to anal sex in a city where HIV is prevalent among gay men. James, 28, tied this lack of engagement to New York's culture of easy hook-ups.

> When I was in DC it was always planned. Now that I'm up here in New York, sometimes it's the spur of the moment, or I meet somebody, start something, then happen to continue somewhere in private…In DC I talked to the person, we had a date, and everything was talked about and discussed.

However, Eddy, 24, from small town Pennsylvania, observed that such lack of discussion was not unique to men in New York: wherever he has lived, "They really don't talk about it at all."

Mario met resistance when he attempted to communicate more about safer sex after coming to New York. He attended Mpowerment, a group-based HIV behavioral intervention, and began asking after his partners' status and testing history.

> It often makes them uncomfortable, because they say to me, "Hey, you're bringing this up and we're just going to have sex. And you bring this up?" I tell them it's because I'm participating in a group. I've been doing this for 4 months—talking about it, bringing condoms and giving away condoms. (Translated from Spanish.)

In one case, Mario repeatedly had sex without condoms with a man 10 years his senior. One night he asked the man if he had HIV, and whether they should be using condoms. The man objected to the discussion and the relationship quickly ended.

Various migrants noted that bringing up condoms or HIV testing history can undermine the mood and distract from pleasure in the moments before sex. Baby, who rarely insisted his partners to use condoms, would not directly ask about HIV status: "It's not something I'm going to be asking… Because people will feel bad."

Internet profiles on sex websites potentially allow partners to communicate about HIV and safer sex before an encounter. But three new arrivals pointed out that such profiles could be rife with misrepresentation. Fred described how misleading profiles could lead to opportunities for sex without condoms.

> Some people, online, they say "safe only." Then when you get with them, they'll be like…"What's your status?" You answer them and they say, "ok then, cool, you can, you know, as long as you don't shoot up [ejaculate] in me." … Some people are just like "anything goes."

Fred would not discuss his HIV status in the interview. He later observed how difficult it was for men to disclose HIV infection, even in a city where HIV is prevalent.

> Having a whole "out" conversation is kind of putting themselves out there…Chicago is a smaller community than New York City. So if somebody has it, or is seen going into the clinic, then everybody knows… New York is fast, fast, fast. It's too fast for that. I mean, people have sex first, then have conversation later.

Three other new arrivals stated that they would not have sex, even with a condom, with someone who acknowledged having HIV, an approach which can discourage disclosure. Said Adam,

> Unfortunately, if somebody's positive, I won't even make out or do hand jobs… I've had people be like, "Well, it's ok, I'm positive, but we could just jack each other off." And I'm just too afraid. "Sorry. We're not taking our clothes off."

All three described routinely using condoms since coming to New York, but seldom discussing HIV status with sex partners. Another migrant, Danny, 29, who moved from California for graduate school, said of his time in New York City,

> I've never knowingly had sex with an HIV-positive person, even though I probably have had sex with an HIV-positive person.

When HIV was discussed, some migrants and the men they encountered preferred quickly stated euphemisms to mentioning the virus by name. When asked directly, "Has a new sex partner ever wanted to have sex without a condom and told you that he is 'clean' or 'alright'?," 13 said they had heard a similar plea, and gave examples of partners claiming to be "healthy" or "safe." If a potential partner asked Adam if he had been tested, he would respond "I'm clean." He acknowledged that the phrase "could mean anything."

> I think most of the time people use it as a general term, like "I've been tested" or "I'm free of infection." … I don't even know if they know what they're claiming. If they went to the clinic or if they haven't had sex for a long time then they just say, "Oh, I'm clean." Point blank.

Before Roy was diagnosed with HIV, men would sometimes say they were clean if they wanted to penetrate him without a condom. Speaking a year after his diagnosis, Roy struggled to disclose his HIV, particularly if the topic was raised vaguely.

> If someone asked me if I was clean, I would say, "Yes, I am clean." I guess the wording of that question allows me to say yes. Because being not clean doesn't mean HIV necessarily. It could be about if I douched, or something like that. Or it could be something else. I feel like that question is a lot easier. A lot of people are not going to ask you if you're positive.

Any discussion of HIV before sex distressed Roy. He recalled his suspicion when partners in New York asked about HIV testing, before his HIV diagnosis.

> I feel like if somebody asks me about an HIV test, then I'd be a little more cautious. I felt like if the topic wasn't brought up, then I could just feel free to do anything. You know, "He's good, I'm good. Let's just have sex." But I feel like when someone brings up the topic, you get a little scared. You get, "Is this person positive?" Because you're like, "Why do they need all this information? Why are they even thinking about this? Do you have a problem?"

For this new arrival, a partner's inquiries about HIV indicated disease risk rather than effective communication to reduce the potential for HIV exposure.

Risk and Risk Reduction

Of 30 new arrivals, 21 acknowledged having anal sex without a condom since coming to New York; 1 did not respond, 1 did not like anal sex, and the other 7 had been in the city for no more than 4 months and had few sexual experiences. New arrivals were diverse in how cautiously they approached this practice central to HIV transmission between men. Seven men acknowledged having routinely engaged in sex without condoms at some time in their lives, including with new or concurrent partners. Eight described reserving condom-less sex for steady main partners, although mutual HIV testing or status disclosure was not always a prerequisite. For others, sex without condoms was a departure from safer sex routines, and could provoke a great deal of anxiety.

Four migrants who routinely used condoms told of encountering men in New York City who were eager to forgo them. Adam met various men who indicated their willingness to receive him without a condom, typically through non-verbal communication and without discussion of condom use or HIV status.

> A lot of just motioning towards it [the anus], or physically getting into positions that are about to be intercourse, with really just not caring or not talking about the topic… I don't think ever someone said, "Oh, don't worry about the condom." Most of the time it's just, "Oh, I didn't know you cared," but [said] after.

Before Danny moved to New York, he had never had sex without a condom with a casual partner. Shortly after migrating, a friend of a friend, when very drunk and during their first encounter, asked Danny to "bareback" or penetrate him without a condom. When Danny resisted,

> He was like, "Come on. Nobody cares anymore." That totally resonated with me forever… Even though I think it would have been hot, I was horrified.

Migrants also described their approaches to HIV risk and risk reduction. The interview asked, "In what situations would you be most likely to have unprotected sex with a new partner?" Four participants mentioned a willingness to forgo condoms with particularly good-looking men. For Silas,

> There were lots of times I had unprotected sex just because they were cute and I couldn't have had sex with them. They didn't want to use a condom, and if I made them, they would have said no.

Bruce, 28, who grew up in upstate New York, described currently having sex without condoms with two different men; he was willing to forgo condoms with new partners if they looked "decent."

> To be honest, the person has to look a certain way for me to do that. He's got to be a pretty much decent type of person. The person has to be a clean type of guy, nice-looking type of guy for me to do that. I'm not just going to do that with anybody. And even though I know that's not a good way to judge, that's the way I pick them.

For Carlos, 29, from Peru, gay identity indicated risk. Carlos had a persistent fantasy to have sex with "straight" men. One night, while drunk, he met a heterosexually identified man through Craigslist. Carlos, who had regularly used condoms since coming to New York, figured it was a low-risk opportunity to forgo condoms. As a precaution, he asked the man not to ejaculate inside him.

Men's approaches to risk reduction could be more or less complex. Like others, Fred would not directly ask sex partners in New York about their HIV status, preferring to rely on "instinct."

> One person told me so many people lie here, it's crazy. Go with your instinct. If your instinct says they may have it, believe that and, you know, protect yourself. Protect yourself in general, but try to go on your instinct.

In contrast, Phil developed an algorithm for screening partners. He avoided sex with men whose internet profiles openly indicated that they "bareback," but he was willing to be penetrated without condoms with partners who checked "safe only" on their profiles. He also avoided men whose profiles acknowledged an interest in "party and play" (combining sex with drug use). Like Roy, Phil tested negative after moving to New York and was subsequently diagnosed with HIV.

Ben's approach was also complex. He believed he could routinely have sex without condoms in New York City with "little chance" of getting HIV by limiting his partners to a circle of young acquaintances.

> Usually, I keep myself in a tight circle, around friends. And if they want to introduce me to somebody, then that's fine. But usually I have certain people that I do it with. I don't like hopping from person to person, especially if I don't know them.

Ben described how these men were involved in overlapping sexual partnerships, in which sex without condoms was routine. His risk reduction strategy was to avoid the larger pool of unfamiliar men in New York City, and he presumed his partners were doing the same. Ben had met some of his partners through a peer education program for street-involved gay and transgender youth, and felt they were further protected by participating in programs that encouraged HIV testing.

> I do my best, all the time, to try to get the results of a person I'm having sex with. And usually, since I'm only having sex with my friends, or friends that I know about, like my friends' friends or whatever, usually I know who has HIV or not… We're always taking the test, so we always know what our statuses are.

The experiences of migrants who were often receptive partners illustrate the extreme vulnerability of those who do not control the condom, particularly where safer sex is hard to discuss. Like Baby and other men, Roy rarely brought up condoms with men he met on the Internet. Not only were such conversations difficult, but Roy felt that as the receiving partner, condoms and the decision whether to use them were the purview of "the man," i.e., the penetrating partner.

> I just feel like a condom is the man's thing. I still kind of have that. I know it's not right. I still feel like the man should have a condom and the man should wear a condom. Which is not right, I know.

In Roy's version of feminine sexual subjectivity, he did not see a place for himself to suggest condom use or take an active role in self-protection. Conversely, Ben figured that receptive partners, who have a greater probability of exposure to HIV, must ask for protection.

> If I am going to be the bottom, I'll use a condom. If I'm going to be the top, it's up to him if I'm going to use a condom or not.

Such inconsistent approaches to sex roles and condom use, together with a lack of safer sex discussion, facilitated the occurrence of sex without condoms, without explicit decision-making or consideration of the risk involved.

Shelter, Money, and Sex

Some new arrivals came to New York with professional jobs, an opportunity in the arts or support to pursue higher education. Many others migrated in less-privileged circumstances. To explore vulnerabilities associated with the need for housing and money in an expensive city, this study sought out unstably housed and less well-off migrants by recruiting 12 men through shelters and other programs for street-involved youth.

Migrants described youth shelters as a key resource, but also places of "drama" and sexual risk. Four shelter residents were wary of having sex with fellow residents because it could lead to conflicts, or because sex without condoms appeared to be common in the shelters. For example, Rob, 24, from Buffalo, dated a fellow shelter resident, a transgender woman who was involved in commercial sex work, but ended the relationship when she acknowledged that she had HIV only after they had anal sex without a condom. Rob felt like he had come close to contracting HIV, and began to avoid sex with shelter residents, and with black and Latino people—who constitute the vast majority of shelter residents. For Rob, himself African-American,

> A black or a Spanish gay person or LGBTQ person, they've had a really really rough upbringing, a really

> rough childhood and past, and they're volatile with what they do, especially with their sexual practices and their attitudes and things like that. I need someone to be an asset to me, not a liability.

Shelter residents described specific challenges. After seldom using condoms during his first year of sexual activity, Mickey, 19, was determined to practice safer sex in New York. He avoided anal sex, in part because few of the men he met in the shelter seemed to use condoms. He also noted how acceptable sex work seemed among residents.

> In Texas, it happens, but people are discreet. Here, you brag about it. "I'm about to go get my coins."

Having just lost his mobile phone, and impatient to get out of the shelter, Mickey acknowledged the temptation to have sex for money: "I'm not going to lie. I have been thinking about it."

Sex work was not widespread in this sample of migrants, but the opportunity was available to many. Five participants acknowledged having sex for money since moving to New York, in all cases occasionally, and often limited to oral sex. Two migrants were threatened or attacked while trying to make money through sex, including Fred, who, soon after coming to the city, was offered money for sex by a man who then assaulted him, locked him in a room, and forcibly penetrated him without using a condom.

The need for shelter could motivate different forms of exchange sex. In New York City, rent for an apartment is typically beyond what many young migrants with limited work experience or local connections can earn in the formal labor market. Making oneself sexually available—or giving the appearance of availability—could facilitate housing or represent a fall-back option.

When Will arrived in New York, his gay cousin told him about an older friend who had helped him out years before.

> My cousin asked him if I could stay with him, to get my stuff together, get me an apartment. My cousin told me it was nothing sexual, and I believed him…My cousin already told me that he was HIV-positive. You know, when I got there I felt really uncomfortable. He wanted something just for me to stay there. So, I don't know, I felt like I had to, just to stay. I wore a condom, and we fooled around and f—ed around.

For 18 days, Will stayed with this older man and penetrated him when he requested sex. The man provided money, but also an entrée to New York City.

> He would cook for me. He would call agencies. He was the one who told me about Ali Forney and Sylvia's [homeless youth service providers] and gave me information about shelters to help me out to get housing, Medicaid, food stamps.

Though Will used a condom, the power imbalance in such a relationship could contribute to HIV vulnerability. Will grew tired of the arrangement and moved to a shelter, and occasionally made money by receiving oral sex at the "peep shows" near 42nd Street.

After two months in New York City, Baby concluded, "Mostly, what is hard is the shelters." Baby had met various men who had offered him a place to stay, which he held in reserve in case a problem arose at his shelter. Baby was not always sure if the men were sexually interested in him or simply benevolent. He recognized that sex might be expected.

> I know how to deal with that too. Some people think they got to have sex with a person to keep up with it…I call them boogers. That's what we called them in Puerto Rico: the people you don't really like but you need something from them, you just do whatever but not no sex or no nothing. At least in Puerto Rico, the men, I can control them more. I don't know what's going to happen over here if I do that. No, I'm not up for that. I won't exchange some place to stay for sex. I can do a lot of other things, like maybe be the housekeeper.

Discussion

The narratives of recently arrived young gay and bisexual migrants to New York City demonstrate a critical transition into new sexual spaces. A predominant theme in study interviews was the novel and sometimes surprising sexual culture that migrants encountered in New York City. Sexually active migrants perceived that many men they met had limited interest in relationships, dating, or any sort of preamble to sex, and observed that sexual encounters seldom involved discussion of condom use or HIV status, even with new partners or before sex without condoms. Migrants could feel pressure to conform to standards in New York City, "where you have to be fast like everybody else." The city's sexual culture required migrants to quickly reconstruct their sexual scripts (Gagnon & Simon, 1973).

Some very new arrivals had few sexual experiences since coming to New York City, because of lack of opportunity or, in some cases, due to wariness of the norms they encountered. But others noted how sexual freedom, a large number of gay men, and ready access to internet sex sites combined to provide ample opportunities for sex. An earlier retrospective study of gay migrants from Latin America to New York City observed that some migrants engaged in multiple sexual liaisons shortly after arriving and only years later found opportunities for settled relationships, and concluded that the years immediately following migration may be a period of elevated HIV vulnerability (Bianchi et al., 2007). That study also found that sex was readily available to recent migrants in public parks; 6 years later, this

study's new arrivals, even those with limited English proficiency, could easily connect with a variety of men for sex through internet sites and mobile applications.

In this study, new migrants seldom mentioned isolation from family or home community as a deficit. Some even described such separation as a basis of sexual freedom or personal safety, and of a more active sex life (Bianchi et al., 2007; Wirtz et al., 2013). These migrant narratives echo research findings on gay neighborhoods. Gay neighborhoods can promote health by serving as safe venues for sexual activity and exploration, by providing an escape from social stigma and by providing access to condoms etc., HIV testing and health information (Buttram & Kurtz, 2013; Frye et al. 2010); but residence can also be associated with having more sex without condoms (Buttram & Kurtz, 2013) and combining sex with drug use (Kelly, Carpiano, Easterbrook, & Parsons, 2012).

Migrant narratives also described the vulnerabilities, and approaches to sex, that men brought with them to New York City. Eight new arrivals described suffering harassment or sexual abuse in their home communities, a potential basis of increased HIV risk (Stall et al., 2003). Some migrants arrived in New York City with a practice of limited condom use—often developed in places with small gay communities and perhaps lower HIV prevalence—that could continue in this urban setting where HIV is highly prevalent. Baby, for example, continued to routinely have receptive sex without condoms in New York, while wondering if he was as adept at controlling suitors and sexual situations as he had been in his Caribbean hometown.

Limited local knowledge in urban settings may also contribute to HIV risk. Beyond lack of familiarity with local sexual norms, urban migrants may also have less knowledge about their partners. Shedlin et al. (2006) found that partners' relative anonymity in New York City could foster sexual risk among Caribbean migrants, who believed that in home communities they could gather more information from shared social networks about a potential partner's other partners and history of sexually transmitted infections. In this study, Ben tried to reestablish familiarity by limiting his partners to a circle of young acquaintances whom he believed were tested so frequently that they would not introduce HIV to their sexual network. But frequent testing has limits as a prevention strategy: during the early, acute stage of infection, absence of antibodies makes HIV hard to detect, while high viremia facilitates rapid onward transmission, particularly through networks, such as Ben's, that are characterized by concurrent sexual relationships and inconsistent condom use (Cohen, Shaw, McMichael, & Haynes, 2011).

Most new arrivals acknowledged having anal sex without condoms since coming to New York City, and many described strategies to reduce their risk of HIV. Some migrants avoided men who acknowledged having HIV. But many were reluctant to directly ask a partner about HIV status or testing history, and discussion before sex was often rife with imprecise language. One common approach was to attempt to judge the likelihood a partner *might* have HIV, which could manifest in a greater willingness to forgo condoms with men who were young (Bruce, Harper, Fernández, Jamil, & the Adolescent Medicine Trials Network for HIV/AIDS Interventions, 2012), "decent-looking," non-gay-identified (Friedman et al., 2014), or who did not openly seek sex without condoms—a set of risk reduction criteria similar to those cited in a recent study of "barebackers" in New York City (Balán et al., 2013). Men's risk reduction approaches can reflect awareness of HIV transmission dynamics and employ a kind of "lay epidemiology" to calculate a partner's "estimated risk" (Eisenberg, Bauermeister, Johns, Pingel, & Santana, 2011; Kubicek et al., 2008; Tabac, 2005); but such calculations may serve as rationalizations for sex without condoms and facilitate exposure to HIV, particularly in a high-prevalence setting such as New York City. As in other studies, a sub-set of new arrivals were less analytical in their approach to HIV risk, leaving decisions about condom use to "the man" (Fields et al., 2012), or going with one's "instinct" about whether a partner may have HIV (Horvath, Nygaard, & Rosser, 2010; Vanable et al., 2012).

New arrivals at particular risk may include men with limited economic or housing resources, for whom having sex could represent an economic opportunity or means to residential stability, and receptive partners in anal sex, who may be more dependent on others' sexual norms and have less control over condom use. International migrants may face language barriers, limited access to health insurance or economic resources, and have even less familiarity with urban U.S. sexual norms (Bianchi et al., 2007).

This study explored participants' alcohol and drug use, but found few indications that their use became more acute after migrating, or that sex without condoms in New York City was frequently driven by substance use (Zea, Reisen, Poppen, & Bianchi, 2009). We also asked about changes in sexual positioning after migration (Thing, 2010), but no migrants reported any change.

The sexual norms and practices documented here are not unique to New York City, but also reflect the experiences of many non-migrant men. However, migrants who are just beginning to navigate an urban gay sexual culture may be particularly vulnerable to HIV if they are inexperienced in encountering vast sexual opportunity, are unfamiliar with local norms of sexual communication, or if their lack of social connections or economic resources encourage them to have sex for money or shelter. Coming to the big city, like "coming out" as a man who has sex with men, appears to be a critical transition for gay and bisexual migrants (Flowers, Smith, Sheeran, & Beail, 1998).

This small-scale study has a number of limitations: it could not provide quantitative evidence of greater sexual risk-taking after migration or greater HIV vulnerability among migrants,

nor could it compare HIV vulnerability between migrants of U.S. or international origin or between men of different racial or ethnic groups. The study's convenience sample may not be representative of all young gay and bisexual migrants to New York City, and likely overrepresents homeless and street-involved young persons and underrepresents more economically advantaged new arrivals. In retrospect, the research design would have benefitted from excluding very recent arrivals, some of whom had very few sexual experiences in New York, and by including a more systematic evaluation of legal residency and health insurance status, employment experiences, sexual identity, and pre- and post-migration condom use. More consistent use of open-ended questions could have reduced possible response biases.

Findings indicate ways to address HIV vulnerability among urban gay migrants. Specific HIV prevention messages can address risk-taking among urban migrants and other gay and bisexual men, including the reality of high urban HIV prevalence; how an HIV test is the only way to know if you or a partner has HIV; the difficulties some men have in discussing HIV and safer sex; and the benefit of making condom use automatic. Prevention education for new migrants could also address online sexual negotiation, hooking up versus dating, fallacies in some men's strategic approaches to risk reduction, and could challenge the use of imprecise language about HIV status such as "I'm clean" (Lombardo & Leger, 2007). Content could be delivered through existing interventions, a tailored intervention like the San Francisco Newcomers' Assistance Program (Buchanan, 2005), social marketing campaigns, or via motivational interviewing with at-risk men who receive a HIV-negative test result. Interventions for new arrivals could also assist men in finding a job, housing, low-cost counseling, and medical care. The challenge of navigating sexual opportunity and local sexual norms suggests that some new urban migrants may be ideal candidates for Pre-Exposure Prophylaxis (PrEP), which uses antiretroviral medicines to sharply reduce the risk of HIV infection even without consistent condom use (Grant et al., 2010). A major challenge is how to deliver PrEP to new arrivals, especially to undocumented migrants and others who lack health insurance to help pay for PrEP. Informed partly by this research, the New York City Health Department developed a program to support an array of sexual and behavioral health services for uninsured residents at high risk of HIV, including access to emergency Post-Exposure Prophylaxis to prevent HIV, counseling for mental health and substance use go together as issues that can drive HIV risk, assistance with benefits, and sexual health education that raises awareness about PrEP.

Findings also suggest avenues for further research. A similar study could investigate dynamics of HIV vulnerability among urban migrant transgender women, a culturally distinct group with very high HIV prevalence (Nuttbrock et al., 2009). Larger-scale research could establish whether urban migrant men, particularly recent arrivals, have greater HIV incidence or take greater HIV-related risks than more established residents. Finally, qualitative interviews with a broader cohort of urban gay and bisexual men could provide insights for HIV prevention on men's approaches to sex without condoms, risk reduction strategies, discussion of HIV and safer sex with partners, and use of HIV testing in high-prevalence settings.

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