

Are gay communities dying or just in transition? Results from an international consultation examining possible structural change in gay communities

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This study sought to identify how urban gay communities are undergoing structural change, reasons for that change, and implications for HIV prevention planning. Key informants ($N = 29$) at the AIDS Impact Conference from 17 cities in 14 countries completed surveys and participated in a facilitated structured dialog about if gay communities are changing, and if so, how they are changing. In all cities, the virtual gay community was identified as currently larger than the offline physical community. Most cities identified that while the gay population in their cities appeared stable or growing, the gay community appeared in decline. Measures included greater integration of heterosexuals into historically gay-identified neighborhoods and movement of gay persons into suburbs, decreased number of gay bars/clubs, less attendance at gay events, less volunteerism in gay or HIV/AIDS organizations, and the overall declining visibility of gay communities. Participants attributed structural change to multiple factors including gay neighborhood gentrification, achievement of civil rights, less discrimination, a vibrant virtual community, and changes in drug use. Consistent with social assimilation, gay infrastructure, visibility, and community identification appears to be decreasing across cities. HIV prevention planning, interventions, treatment services, and policies need to be re-conceptualized for MSM in the future. Four recommendations for future HIV prevention and research are detailed.

Keywords: structural interventions; gay community change; HIV risk; resurgent HIV epidemic; unsafe sex

Since the mid-1990s, many cities have reported increases in sexual risk behaviors and sexually transmitted infections (STI), including HIV, among men who have sex with men (MSM) (UNAIDS, 2006). Analyzing why there appears to be a resurgence of HIV/STIs in MSM is a critical challenge facing HIV/STI prevention (CDC, 2001a,b; Gross, 2003). Intra-individual level factors such as safer sex fatigue (Morin et al., 2003) and complacency (Valdiserri, 2004) have been identified; while meta-analyses have examined the likely impact of highly active antiretroviral therapy (HAART) (Crepaz, Hart, & Marks, 2004) and the Internet on risk behavior (Liau, Millett, & Marks, 2006). While such approaches provide detailed examinations of individual factors, few studies examine how institutional, community, and societal level factors may be changing gay communities, and ultimately influencing MSM HIV/STI-risk.

Structural variables are those beyond an individual's control which influence their behavior (Sumartojo, 2000). These factors can include the physical, social, cultural, economic, legal, and political dimensions of an environment, which in turn facilitate or impede HIV transmission (Sumartojo, Doll, Holt-

grave, Gayle, & Merson, 2000). Despite their potential for lowering HIV prevalence rates and identifying new approaches to long-term HIV prevention (Blankenship, Bray, and Merson, 2000), few studies have examined the impact of structural factors on HIV prevention targeting MSM. Those that do exist have been restricted to environmental studies of MSM sexual risk behavior in commercial sex environments (Bayer, 1989; De Wit, De Vroome, Sanford, & Van Griensven, 1997; Morris & Dean, 1994; Wohlfeiler, 2000; Woods & Binson, 2003). A recent study evaluating MSM-focused HIV prevention in rural areas of the United States found gay community-level factors predicted success in HIV prevention on six of nine measures (Rosser & Horvath, 2008). While this study focused on HIV prevention in rural states, there appears to be no equivalent study evaluating HIV prevention for MSM in urban areas.

For this study we applied the ecological model of health behavior (McLeroy, Bibeau, Steckler, & Glanz, 1988) to HIV risk among MSM (see Figure 1). At the intra-individual level, HIV-status, substance use, sexual history, mental health, and internalized homonegativity have been shown to influence risk (see Ross et al., 2004; Rosser, Ross, & Bockting, in press).

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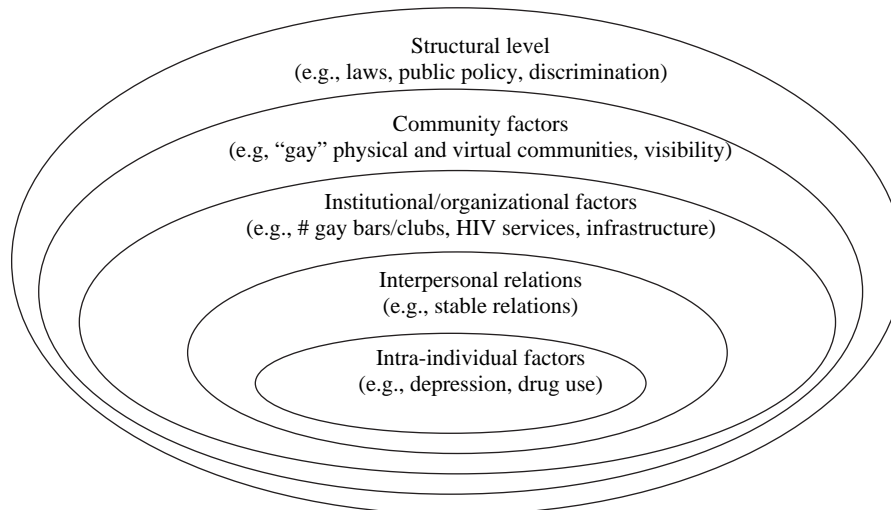


Figure 1. The ecological model of of health behavior adapted for HIV prevention targeting gay men.

Interpersonal factors known to influence HIV risk include disclosure of HIV status to sexual partners, demographic differences between partners, and interpersonal violence (see Hays, Kegeles, & Coates, 1997; Relf, Huang, Campbell, & Catania, 2004). Organizational level factors include not only availability of HIV-specific prevention services, but also number of gay venues, social groups, and virtual communities (e.g., gay sex sites) which modify risk behavior (Rosser & Horvath, 2008). At the community level, we hypothesize that dimensions of urban gay communities that could influence risk include the density of gay neighborhoods, collective identification as a community, and social cohesiveness. At the broadest societal level, human rights, discrimination, and economic climate have all been identified as influencing the spread of HIV/STIs in various populations; although studies at this level are rare.

The objective of this study was to conduct an exploratory examination of change in gay communities. Specifically, we brought together key informants from many cities to (a) identify common changes in gay communities across cities; (b) discuss factors influencing the change; and (c) ponder the possible impact on future HIV prevention/services for MSM.

Methods

Participants

Participants were HIV prevention experts, researchers, and gay community leaders attending the 8th AIDS Impact Conference in Marseille, France in July 2007; and all participated in a pre-conference work-

shop entitled, "Are Gay Communities Dying or Just in Transition?" Participants were asked to identify one city in which he or she lived (or had the greatest familiarity), and for which they could serve as a key informant. In total, 29 persons reported observations from the following cities: Paris and Nantes (France), Copenhagen (Denmark), Malmö (Sweden), London (England), Amsterdam (the Netherlands), Tallin (Estonia), Warsaw (Poland), Prague (Czech Republic), Sophia (Bulgaria), Johannesburg (South Africa), Auckland (New Zealand), Sydney (Australia), New York, Miami and Minneapolis (United States), and Toronto (Canada).

Measures

To help participants think about change at the macro level, everyone completed a 15-item paper survey about their gay community prior to the dialog. In the discussion, the first question asked whether participants considered their community to be undergoing change, while a follow-up prompt asked them to identify the nature of this change. Next, changes specific to gay bars/clubs and physical spaces were assessed. Legal changes were investigated by asking participants the impact of civil unions/gay marriage and other topical legal issues on their gay communities, and how these might change HIV risk. Next, a series of questions assessed the impact of Internet use, including a comparison of the size of the online gay communities versus that of offline gay communities. Finally, a concluding question encouraged discussion on what factors underlie these many changes (see Appendix).

Procedures

A modified focus group format employing open-ended questions was used to solicit participants' impressions. Before the workshop began, rules for the structured discussion were reviewed. For ethical considerations it was emphasized that participation was voluntary, and that responses would be categorized only by city, preserving the anonymity of attendees. With the verbal consent of all participants, the discussion was audio taped and later transcribed at the University of Minnesota. Given the observational nature of the study, our Institutional Review Board deemed it exempt from review.

Results

Overall gay community

With the exceptions of London and New York, all participants identified their communities as undergoing structural decline. The reasons offered for these declines varied. "There's less gay visibility, friendships, and increased isolation, less parties and more party by Internet" (Miami). "I see a dividing of the community around Pride; some people celebrate it and some won't have anything to do with it" (Copenhagen). "There is a difference in South Africa between the rich gay community, which is becoming Internet-based and away from public participation, and the poor gay community which is becoming marginalized" (Johannesburg). "There is less solidarity among gay people; gay people seem less and less social" (Prague). "More people are online doing their own thing" (Sydney). New York and London, the two exceptions, described their urban gay communities as thriving.

Size of gay communities

Participants in all cities described the size of their gay populations as stable or increasing. In particular, participants from the former Communist Bloc in Eastern Europe described their communities as increasing in size, visibility, and activism. "Warsaw is the place where gay people come because we have [got] more gay bars and places where people can meet. Small town and small village people come to Warsaw" (Warsaw).

Gay neighborhoods

In most cities, gay neighborhoods were described as disappearing, with gay men assimilating into suburban life. "Gay men are driven from traditional gay neighborhoods because of high real estate prices" (Auckland). "There are greater numbers of the

straight community moving into gay neighborhoods; it's become acceptable" (Toronto).

Gay bars and clubs

In almost all cities, the number and popularity of gay bars/clubs were described as declining. "Bars have closed in the last 5–8 years and they have not been replaced. There are now maybe only two dance clubs, where 5–10 years ago they might have been 5–6" (Toronto). "We have decreased from 10 to 8 bars [but] more Internet use" (Copenhagen). "We now have only 1 bar remaining" (Auckland).

Participants described their respective bar populations as changing in other ways. "The bars were totally gay, [but] now they're mixed" (Miami). "The guys in the bars are getting older" (Amsterdam). "If gay men like to go to dance parties, often they go to straight dance parties" (Auckland). The club scene was also noted as becoming more subdued in these cities. "Before, there would be parties every night. Now it's only on the weekend. I regularly travel to many European cities and the medium cities are the same all over" (Copenhagen). Changes in drug use were cited as impacting bars. "The drugs part of the bar scene has changed. Doing drugs at home is a lot safer in people's minds, so house parties, hotel parties where there aren't doormen and there isn't security, is another reason for the bar scene to have fallen off" (Nantes). Exceptions to the decline in bars included London, where the bar scene was considered vibrant, and cities in the former Eastern Bloc where gay bars were described as newly emerging.

Commercialization of the community

With the exception of the former Eastern Bloc cities, all participants reported an increased commercialization of the gay community and less social activism around gay-oriented events. "Organizations around political issues have disappeared. Gay Pride has changed. We're seeing a huge increase in corporate sponsors like everybody's in there; they want a piece of it. More corporate and less social activist groups" (Miami). "Mardi Gras is big business and increasingly mixed heterosexual and gay" (Sydney). "On gay radio stations, there used to be community-based information or debate. Now it's almost all music" (London).

Virtual gay community

Participants from all cities estimated their online (virtual) gay communities as larger than their offline (physical) communities. Identified impacts of the

virtual community included businesses and bars closing down because of decreased patronage, as well as decreased visibility of gay people on the streets. Interestingly, some integration between the online and offline environments was noted. "In London, the largest cruising [Internet] site just opened up an enormous bar in the middle of town with a computer so you can cruise their site while you're out drinking." (London). "Bathhouses now have Internet hook-ups" (Copenhagen).

Legal rights

In cities where civil unions had been recognized for some years, same-sex marriage was now a key issue. Observations of the impact of civil unions included the following: "Gays are joining into relationships at younger ages and settling down much sooner in a domestic way, like buying a house, moving out of the downtown village into suburbs" (Copenhagen). "[The young people aren't coming into the visible community]...so there is a big difference here between the younger and the older men" (Toronto).

In the Eastern Bloc, legal rights were a major issue. "In Poland, we have a big discussion of homophobia so it's changing. Gay men go into the street and fight for this human right" (Warsaw). "In the Czech Republic, the gay community is more visible than it used to be under Communism" (Prague). By contrast, participants in more democratically established cities reported decline in gay activism or interest in rights. "We have won our legal battles. Our focus in the UK is to help Eastern Europe with their fights for equality" (London). "In Canada, we have rights so we're not fighting" (Toronto).

Other legal issues were raised by participants. "We have a national discussion on discrimination related to controlling diversity. It's more about race, ethnicity and religion, and the non-matching opinions about sexuality between different cultural heritages" (Amsterdam). Criminalization of HIV infection was an issue several city informants brought to the discussion (Amsterdam, Paris, London, Copenhagen). While many informants reported equal treatment under their own country's laws regarding gay adoption, they also reported movements to fight discriminatory laws in the countries of adoptees (Amsterdam, Malmö).

Changes in HIV prevention

Participants described a decline in HIV prevention services targeting gay men. "For 3 years, the focus of HIV prevention in South Africa has not been on gay people. So gay men aren't getting messages about

risk. There's a lot of unsafe sex" (Johannesburg). "The prevalence is going up but the number of communications from the [AIDS] association has gone down." "HIV prevention for gay men used to be very peer-based, partly because all the activity was based around the gay community. Now it's moved towards posters and online resources." (London, Copenhagen, Amsterdam, Auckland, Malmö, Toronto, Prague, Miami, Minneapolis, New York). "We started with peer education online; the second intervention was messages on web pages and sites; the third were references to prevention sites themselves. In the latest interventions we encourage people to take some free-form questions about HIV" (Auckland).

Impact of gay community change on HIV risk

The changes in the gay community were noted as increasing the complexity of sexual decision making and HIV risk, while decreasing effective prevention. "The young people are searching for a steady partner; the notion of a committed couple is playing into their decisions" (Paris). "Negotiated safety is strong" (Sydney). "It's harder to communicate to the community because it is more fragmented so you cannot appeal to the gay people as one" (Copenhagen). "There seems to be an increase in sex parties where you don't practice safe sex" (Toronto). "There's a greater division between those who bug the safer sex message, who are self-selecting into one group; and those into bare-backing who divide into another group. Different networks; both are having big parties" (Paris).

Future directions

Societal oppression, lack of rights, and the HIV epidemic were noted as powerful reasons why gay men came together as a community. With societal acceptance, equal rights, and effective HIV treatments, participants questioned whether gay communities would exist, or exist as strongly, in the future. "In Denmark, you see some mainstreaming. We talk about the gay community as dying, but I think people still need it" (Copenhagen). "The gay community may disappear" (Amsterdam). "With this whole idea of gay being just one aspect of people, the young people are going to mixed clubs; I don't see them developing around a gay community" (Miami). "There's been a drop in energy devoted to any kind of social movement" (Toronto). "In France, there is more commercial focus on the body which has taken the place of other social movements and friendship" (Paris).

Discussion

The objective of this study was to gain formative insight using expert informant structured discussions as a method to begin identifying community level change. Such an approach has at least three limitations. While similar observations by informants in several cities may address reliability, the comments are only as valid as each participant's familiarity with her/his community. Secondly, this sample represents a self-selected subgroup of attendees at an international conference. Thirdly, a focus group methodology may be vulnerable to "group think" biases, where some participants may feel uncomfortable expressing views different from those already posed. With these limitations in mind, several conclusions can be drawn from the results.

First, key informants in smaller cities described their gay communities as undergoing structural decline. Large numbers of gay individuals, couples, and families appear well integrated into mainstream society; use virtual means to meet their same-sex social, sexual, and educational needs; yet experience "gay" more as an individual descriptor than as a community label.

The key question is whether such change is temporary, cyclical, or permanent. If temporary, the results are consistent with community-trauma recovery where large segments of the community seek physical, psychological, or social distance from the event (in this case HIV/AIDS). If temporary or cyclical, the "gay community" may appear to fall apart, but should re-group given time. If permanent, the broad nature of these changes on multiple dimensions is consistent with theories of social assimilation (Alba & Nee, 1997).

Second, discrimination in law and society against gay men in most western cities appears to have been reduced to a point where there may be less need to organize and identify as a community. At least in the United States, if assimilation occurs, it appears to take one to two generations for immigrant communities to be considered equal citizens by fellow Americans (Weaver, 2006). If Stonewall (1969) is considered the birth of the modern gay movement, then the gay community appears to be following the same assimilation timelines as other communities.

Third, the changes at the community level have important implications for HIV prevention. With key informants reporting a collapse in HIV prevention for MSM across cities, researchers cannot assume HIV prevention is available to those most at risk. As segments of the gay community diverge, a single set of MSM-specific HIV prevention recommendations may be outdated or counterproductive. For example,

recommendations to always use condoms or to annually test for HIV appear irrelevant for men in seroconcordant, monogamous relationships. If younger gay men are searching for a life partner, their sexual decision-making may be closer to that of their heterosexual peers than to older men's decision-making in casual liaisons. Blanket recommendations may no longer be generalizable. HIV prevention interventions for younger men may need to be modeled on current experiences of psychosexual development which differ from earlier models. As the gay community disperses, HIV prevention and health services based in gay neighborhoods are likely to become increasingly under-utilized.

Fourth, policy makers face tough decisions if they are to effectively address a resurgent HIV epidemic amongst MSM. Should there be a single set of recommendations for MSM, or does policy on disease prevention for MSM need re-conceptualization? Successful key ingredients in early HIV prevention efforts appear to have included a clear safe sex message, community-led activism, community-appropriate interventions, and a sense of solidarity against the virus. HIV prevention for MSM in the future may need to emphasize different strategies for different subpopulations, rely less on community-based interventions, and recruit differently. The immediate challenge is how to build a strong virtual health services community. Internet-based interventions have already been implemented in most cities; the effectiveness of these warrant evaluation. To promote HIV testing in MSM, new strategies should be considered such as over-the-counter testing supplemented by web-based support services.

Finally, several directions for future research are identified. If an understanding of the resurgent epidemic is to be achieved, it is clear more research is needed on extra-individual factors and macro-level change. Since two of the most enduring gay institutions have been gay bars and sex venues (Duberman, 1986; Karlen, 1971), the change in bars may be the most significant environmental feature to monitor. As the application of the ecological model to HIV risk hopefully clarifies, single or few factor explanations for the resurgent HIV epidemic among MSM are likely to be overly simplistic, and unlikely to result in effective recommendations. Rather, a multi-factorial and ecological approach to studying this challenge is needed for effective HIV prevention to be identified.

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Appendix

Questions for Self-Reflection on Gay Community Change

- Please write down the city where you live (or if you do not live in a city, one where you know the gay community well:
Country (e.g., France): _____
City (e.g., Lyons) _____
- As compared to ten years ago, would you say the gay community in this city is:
[] a. Increasing in size and visibility
[] b. About the same in size and visibility
[] c. Decreasing in size and visibility
[] d. Don't know/No opinion
- Compared to ten years ago, has the number of gay bars and nightclubs
[] a. Increased
[] b. Stayed the same

- c. Decreased
 d. Don't know/No opinion
4. Compared to ten years ago, is attendance in gay bars and nightclubs
 a. Increasing
 b. About the same
 c. Decreasing
 d. Don't know/No opinion
5. Compared to ten years ago, has drunkenness and intoxication by gay men
 a. Increased
 b. Stayed the same
 c. Decreased
 d. Don't know/No opinion
6. Compared to ten years ago, is gay activism in your city/country
 a. Increasing
 b. About the same
 c. Decreasing
 d. Don't know/No opinion
7. Compared to ten years ago, is HIV prevention activities for gay men in your city
 a. Increasing
 b. About the same
 c. Decreasing
 d. Don't know/No opinion
8. Compared to ten years ago, are gay community events (PRIDE, celebrations)
 a. More well attended
 b. As well attended
 c. Less well attended
 d. Don't know/No opinion
9. Compared to ten years ago, have gay "zones" (neighborhoods, "ghettos")
 a. Increased in size
 b. Stayed about the same
 c. Decreased in size
 d. Don't know/No opinion
10. When you travel to other cities, as compared to ten years ago, are gay communities
 a. More alive and vibrant
 b. As alive and vibrant
 c. Less alive and vibrant
 d. Don't know/No opinion
11. Please indicate which of the following is legal where you live:
- | | | | |
|-------------------------------------|------------------------------|-------------------------------------|-----------------------------|
| a. sex between men | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know | <input type="checkbox"/> No |
| b. same sex marriage | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know | <input type="checkbox"/> No |
| c. civil unions/marriages | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know | <input type="checkbox"/> No |
| d. adoption by a gay man or couple | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know | <input type="checkbox"/> No |
| e. gay discrimination in employment | <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know | <input type="checkbox"/> No |
12. Compared to ten years ago, would you describe this city as
 a. more tolerant about homosexuality

- b. as tolerant about homosexuality
 c. less tolerant about homosexuality
 d. Don't know/No opinion
13. Compared to ten years ago, would you describe the social climate in this city as
 a. more liberal
 b. the same
 c. more conservative
 d. Don't know/No opinion
14. Where would most men looking for sex in this city go first
 a. most would first go online
 b. most would first go to a gay bar or club
 c. most would first go somewhere else (e.g., gym, park, sauna)
15. Here are some thoughts about why gay communities may be changing. What do you think?
 a. Gay men are settling down into relationships and less likely to go to bars
 b. Gay men go online to find sex/relationships/socialize instead of going to bars
 c. You no longer have to be an "outlaw" to be gay; gay men are assimilating.
 Acceptance buys mainstream values, lifestyles, and choices.
 d. The older men are aging (or dead); the younger generation aren't as activist
 e. New HIV treatments and less homophobia means less need to be a community
 f. Gay coming out is now so young that bars/gay organizations are not involved.
 g. Larger societal factors (e.g. work stress) are breaking all communities down.
 h. In times of war, gay communities tend to decrease in visibility.
 i. Other, please specify:

Discussion Questions:

Questions about Structural Change:

1. How many people in the room think the gay community you know is undergoing major change? What sorts of changes are you observing?

Changes in Gay bars, drinking and physical environments

2. Our study is particularly interesting in how gay bars and nightclubs may be changing? What sort of changes are you noticing?
3. What about participation in GLBT organizations, HIV organizations, gay PRIDE, gay choruses and so forth? Is that increasing, staying the same, or decreasing where you are?

Questions about Legal Change:

4. How many of you live in cities where some form of civil union/gay marriage is legal?
5. Can you comment on how, if at all, it has changed the gay community?
6. Can you comment on how, if at all, it has changed HIV risk?
7. What about other hot legal issues. Is anyone in a city where gay adoption, hate crimes, antidiscrimination,

legalization of homosexuality, or other legislation is a really hot topic?

8. How is it changing the community?

Questions about Internet:

9. First, I'd like your impressions of how big the online gay community is, particularly in comparison to the offline community.

So overall, how many of you would say in your city, the Internet community is bigger or more popular than the offline community?

How many of you would say it's about the same?

How many of you would say, in your town, the offline community is bigger?

10. What sort of impact is the Internet having on gay bars, clubs, organizations?

Questions about Possible Contributing Factors

11. The last question on the survey asked you to identify possible reasons why change may be occurring. What do you think is causing the changes we have talked about?

Towards the future

12. What about the future of gay communities? How will our communities be different in ten years' time?

13. When we think of HIV prevention targeting the gay community, how will it need to change to meet the new needs?

Open discussion

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