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Attachment orientation and sexual risk behaviour among young Black gay and bisexual men

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This mixed methods study used an explanatory sequential design to examine the relationship between attachment and sexual behaviour among young Black gay and bisexual men (YBGBM). Cross sectional online surveys and sex diaries were completed by a sample of YBGBM in New York City ($n = 153$) to assess the association between adult attachment insecurity and sexual risk behaviour. The Experiences in Close Relationships Scale-Revised (ECR-R) was used to assess three types of adult attachment (i.e., secure, anxious and avoidant). Participants reported condomless sex encounters, as well as serodiscordant condomless anal sex encounters, as measures of sexual risk. Quantitative findings suggested that there were few associations between attachment type and sexual risk behaviour; only men with attachment avoidance were likely to engage in condomless sex. However, qualitative findings illuminated some of the social complexities of the association between attachment in childhood, attachment in young adulthood and intimate partnerships, which could be linked to young adult sexual risk behaviour. The study findings highlight the need for researchers to further examine the process by which individual differences in attachment orientation are related to YBGBM's sexual behaviour.

Keywords: Attachment; HIV; sexual behaviour; young Black gay and bisexual men

A number of research studies have explored the link between attachment insecurity and sexual behaviour (Ahrens, Ciechanowski & Katon, 2012). Specifically, much of the available evidence suggests that individuals with higher levels of attachment insecurity are more likely to engage in sexual risk behaviour, which can in turn increase risk for negative physical health outcomes (Ahrens et al., 2012; Bogaert & Sadava, 2002; Ciesla, Roberts & Hewitt, 2004; McElwain, Kerpelman & Pittman, 2015; Olley, 2010). Despite this, there continues to be a dearth of research which focuses on how attachment in adulthood is associated with sexual behaviour overall and more specifically sexual risk behaviour. Findings from this line of research are extremely important for sexual minority young men, who have heightened incidence of sexually transmitted infections (e.g., HIV) and who are subjected to a variety of physical health disparities, including higher rates of certain cancers (Lick, Durso & Johnson, 2013). This is especially true for certain subpopulations of sexual minority men, such as young Black gay and bisexual men (YBGBM), who have increased levels of sexual risk behaviours (Millett et al., 2012).

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Sexual risk behaviours are associated with health outcomes (e.g., HIV) (Center for Disease Control and Prevention, 2010; Millett et al., 2012). Therefore, due to the implications of sexual risk behaviours, it is necessary for health researchers to understand the association between sexual behaviours (including sexual risk behaviours) and health among YBGBM. To this end, the current study utilises a mixed methods approach to examine the association between adult attachment and sexual behaviour, including sexual risk behaviours, among YBGBM.

Sexual risk behaviour among sexual minority men

Researchers have found that populations of gay and bisexual males have some of the highest rates of HIV in the United States. For example, in 2009, gay and bisexual males accounted for 27% of new HIV infections and 69% of new HIV infections among individuals aged 13–29 years (CDC, 2010). Furthermore, rates of new HIV infection increased by 48% between 2006 and 2008 (CDC, 2010). Some studies have shown evidence of race/ethnicity differences regarding HIV infection rates among gay and bisexual males. For example, in 2009, 63% of gay and bisexual males infected with HIV were Black (CDC, 2010). In a recent meta-analysis, Millett et al. (2012) found that YBGBM were five times more likely to be HIV-positive and seven times more likely to have an undiagnosed HIV infection than young gay and bisexual men of other races/ethnicities. In addition, according to the New York Department of Health, from 2001 to 2006, rates of HIV increased 126% among YBGBMs aged 13–29 years (CDC, 2010).

Due to the high rates of HIV among YBGBM, many researchers have attempted to identify the potential behavioural factors that may place them at increased risk for HIV infection. The most common mode of HIV transmission among gay and bisexual males in the United States is condomless sex (CDC, 2010), thus some researchers have made an effort to examine the relationship between condomless sex and HIV risk. Other researchers have noted that serosorting practices (i.e., the act of selecting sexual partners with a similar HIV status) have become increasingly used as a means to reduce sexual transmission of HIV in communities of gay and bisexual men (Snowden, Raymond & McFarland, 2009). Because more gay and bisexual men are participating in serosorting practices, researchers have become interested in examining serodiscordant condomless anal sex (i.e., insertive anal intercourse between an HIV-positive and HIV-negative/unknown person) as a significant sexual risk behaviour that may increase HIV vulnerability among gay and bisexual men (Snowden et al., 2009).

In their study exploring the relationship between sexual behaviour and increased HIV risk, Millett et al. (2012) found that YBGBM were less likely to have had a recent condomless sex encounter and more likely to have been recently tested for HIV than other young gay and bisexual men. These findings seem to suggest that YBGBM should have lower rates of HIV infection, yet the authors also found that YBGBM were five times more likely to be HIV-positive and seven times more likely to have an undiagnosed HIV infection (Millett et al., 2012). Reports on the disparities in serodiscordant condomless anal sex between Black gay and bisexual men and White gay and bisexual men have also shown mixed results. In one study, Black gay and bisexual men were found to be more likely than White gay and bisexual men to report having a sexual partner with an unknown HIV status (Maulsby et al., 2013). Along similar lines, a study of newly HIV-infected gay and bisexual men, found that Black participants were more likely than White participants to report that their last sexual encounter was with an HIV-unknown status male (Oster et al., 2011). However, in an earlier meta-analysis, Millett, Flores, Peterson

and Bakeman (2007) found that in the United States both HIV-negative Black gay and bisexual men and HIV-negative White gay and bisexual men were equally as likely to have an HIV-positive sex partner. While the literature on the sexual risk behaviour of gay and bisexual men shows some evidence of differences based on race/ethnicity, the specific factors that contribute to these differences require further study.

Attachment theory and sexual risk behaviour

Attachment theory, as conceptualised by Hazan and Shaver (1994), serves as a framework through which to explore the association between attachment and intimate relationships. This theory specifically focuses on how the attachment relationships during childhood between the individual and his/her parents are related to the attachment relationships in adulthood between the individual and his/her intimate partners (Hazan & Shaver, 1994). Attachment theory proposes that working models associated with relationship formation and maintenance are developed early in the life course and, in turn, come to inform attitudes, feelings, and behaviours around the formation and maintenance of close relationships in general (Simpson & Rholes, 2010). These working models use early childhood experiences in attachment relationships to guide views, procedural knowledge, and behaviours in attachment relationships in adulthood and are adjusted throughout the life course (Grossman, Grossman & Waters, 2005; Simpson, Collins, Tran & Haydon, 2007).

Attachment orientation is typically measured along two dimensions, including attachment avoidance and attachment anxiety. Individuals who have high levels of attachment avoidance and/or attachment anxiety are considered insecurely attached. Individuals with low levels of both attachment avoidance and attachment anxiety are considered securely attached. Attachment anxiety is associated with feelings of preoccupation and high levels of anxiety and insecurity about relationships. Attachment avoidance is associated with a strong desire for independence in relationships and decreased comfort with intimacy. Secure attachment is associated with comfort with intimacy and emotions. Further, securely attached individuals have been shown to be able to negotiate and maintain close relationships with greater ease than insecurely attached individuals (Mikulincer & Shaver, 2007).

Using this framework, attachment researchers have found that individuals who have higher levels of attachment anxiety or attachment avoidance (i.e., individuals who are insecurely attached), as compared to individuals who have lower levels of both attachment anxiety and attachment avoidance (i.e., individuals who are securely attached), are more likely to have negative feelings and thoughts associated with relationship formation and maintenance (Mikulincer & Shaver, 2007). For instance, Feeney (2008) found that individuals who were anxious in their attachment orientation were more likely than secure or avoidant individuals to believe that their intimate partner was less available than they actually were. Thus, attachment orientation has been found to be associated with both the perceptions of intimate relationships and the manner in which individuals engage in these relationships.

Though few empirical studies have examined the relationship between adult attachment and sexual risk behaviour, the relevant literature suggests that securely attached individuals participate in less risky sexual behaviour as compared to individuals with higher levels of attachment anxiety and attachment avoidance (Ahrens et al., 2012; Bogaert & Sadava, 2002; Ciesla et al., 2004; McElwain et al., 2015; Olley, 2010). For example, some studies have found that attachment anxiety is associated with negative beliefs about condom use, decreased likelihood of condom use and lower perceived risk

of HIV infection (Feeney, 1999; Hazan, Zeifman & Middleton, 1994). This may be a consequence of the tendency for individuals who are higher in attachment anxiety to use their sexual relationships to meet attachment needs (Schachner & Shaver, 2004). This could, in turn, lead to decreased assertive communication around sexual matters, as any conflicts arising from such communication would be viewed as a threat to the relationship (Davis et al., 2006; Khoury & Findlay, 2014).

Prior research looking at the relationship between attachment avoidance and sexual risk behaviour has been inconclusive. Some studies have found a relationship between attachment avoidance and sexual risk-taking behaviours among heterosexual (Anderson, May & Anderson, 1992) and same-sex relationships (Ridge & Feeney, 1998), while other studies have found no relationship (Bogaert & Sadava, 2002). Attachment avoidance has been associated both with avoiding sex (i.e., negatively associated with sexual risk behaviour) and having many casual sexual partners (i.e., positively associated with sexual risk behaviour) (Gentzler & Kerns, 2004; Kalichman, Roffman, Picciano & Bolan, 1998). However, several studies have shown that individuals with an avoidant attachment style are more likely to accept the idea of having casual sexual partners, as well as engage in sexual relations with more casual sexual partners than securely or anxiously attached individuals (Brennan & Shaver, 1995; Feeney, Noller & Patty, 1993; Gentzler & Kerns, 2004; Kershaw et al., 2007; J. A. Simpson & Gangestad, 1991). Studies employing different measures of sexual risk [i.e., sexually transmitted infections (STI) history, knowing partners STI history, condom self-efficacy and condom usage] in the examination of attachment avoidance and sexual behaviour have also produced mixed results. For instance, one study using a sample of gay men found that higher attachment avoidance was associated with less condom use with casual sexual partners (Starks & Parsons, 2014).

Beyond attachment theory, other research has focused on the associations between relationship perceptions and behaviours for sexual minorities. Researchers have suggested that couple-based analyses could contribute to a better understanding of HIV risk among young gay and bisexual men (Mustanski, Lyons & Garcia, 2011). As most condomless sex occurs within committed relationships among gay and bisexual men (Sullivan, Salazar, Buchbinder & Sanchez, 2009), partner characteristics and relationship dynamics may play a critical role in understanding behaviours that may contribute to HIV risk within sexual relationships. For instance, relationship dynamics between two individuals within a couple may influence factors such as condom negotiation. Indeed, Semple, Patterson, and Grant (2000) found that partner type and self-efficacy influenced the likelihood that individuals would engage in safer sex practices, with non-casual relationships and fear of partner rejection being associated with engaging in unprotected anal intercourse. As such, an examination of partner characteristics and relationship dynamics in intimate relationships could help researchers better understand the links between behaviour and HIV risk among YBGBM.

Although some researchers contend that sexual risk (e.g., condomless sex) cannot exist within monogamous relationships (Calsyn, Campbell, Tross, & Hatch-Maillette, 2011), for the purpose of this study, sexual risk was defined as something that can occur within or outside of a monogamous relationship. As mentioned before, researchers have found that much of the sexual risk behaviour that does occur among gay and bisexual men occurs within relationships (Sullivan et al., 2009). Further, due to the high rates of HIV among YBGBM, it is important to examine the processes and mechanisms associated with HIV risk (e.g., condomless sex), which can occur within or outside of a monogamous relationship. Lastly, based on the extant research literature, attachment

processes can influence sexual behaviour within and outside of sexual relationships. Thus, it is important to examine how attachment may influence sexual behaviours overall and sexual risk behaviour more specifically.

Taken together, previous studies suggest that there may indeed be a relationship, albeit a complex one, between attachment orientation and sexual risk behaviour. However, further research is needed to better understand the links between attachment orientation and sexual risk behaviour. Specifically, researchers must look at the mechanisms by which relationship dysfunction associated with attachment insecurity relates to sexual risk behaviours among populations with increased HIV risk, such as YBGBM.

Present study

The present study explored how attachment relationships, both with parental figures in childhood and peers in young adulthood, were associated with sexual risk behaviours among YBGBM. The present study builds on previous research of attachment and sexual behaviour by examining how differences in how YBGBM view their relationships are associated with sexual behaviour and, specifically, sexual risk behaviours. Two principal questions framed this study: (1) How is young adult attachment associated with sexual risk behaviour among YBGBM? and (2) What are potential explanatory mechanisms for links between childhood attachment, young adult attachment and sexual behaviours, particularly sexual risk behaviours? The study used a mixed methods approach. For the quantitative phase of the study, it was hypothesised that men who had higher attachment insecurity (i.e., attachment avoidance and attachment anxiety) would have engaged in more condomless sex and serodiscordant condomless anal sex (i.e., insertive anal intercourse between an HIV-positive and HIV-negative/unknown person) than men who had lower attachment insecurity (i.e., men who were more securely attached). The qualitative data were then used to identify potential mechanisms through which childhood attachment may be related to both attachment and sexual behaviour in young adulthood.

Method

Study design and procedures

Table 1 displays the sample characteristics. An explanatory sequential design was used to guide the study's framework and analysis (Clark & Creswell, 2011; Creswell, 2014). The study involved two phases: a quantitative phase and a qualitative phase. The two types of data represent different levels of analysis within a common phenomenon, with the intent to form an overall interpretation of the phenomenon (Clark & Creswell, 2011; Creswell, 2014). In this design, researchers use different methods (i.e., quantitative and qualitative) to understand one particular phenomenon (Teddlie & Tashakkori, 2003). This research integrates the strengths of qualitative and quantitative approaches through the integration of data (Kartalova-O'Doherty & Doherty, 2009). Following this design, quantitative (i.e., survey) and qualitative (i.e., interview) data were collected and analysed. Rigorous procedures were used in data collection and analysis appropriate to each method's tradition.

The study was part of a larger mixed methods research project called The Brothers Connect Study (BCS), which examined psychosocial and situational factors related to enhanced vulnerability to HIV and other poor health outcomes. Between 2010 and 2011, a community sample of 228 YBGBM participated in the larger BCS study. Of these 228

Table 1. Structured diary demographic and covariate characteristics of young Black gay and bisexual men in New York City at Week 1 ($n = 153$).

	N/% or (M/SD)
Age	24.6 (4.2)
Race^a	
African-American/Black	89 (59.3)
Black Hispanic/Latino	32 (21.3)
Afro-Caribbean/West Indian	9 (6.0)
Mixed Race	20 (13.3)
Education	
Less than HS diploma	10 (6.5)
HS Diploma/GED	110 (71.9)
Some College	30(19.6)
College or Graduate Degree	3 (1.96)
Employment^b	
Working	50 (34.5)
Student	38 (26.2)
Unemployed	57 (39.3)
HIV Status	
HIV-Negative	117 (76.5)
HIV-Positive	36 (23.5)
Relationship Status	
Married/Have a boyfriend	30 (19.6)
Single	123 (80.4)

^aThree participants had missing data.

^bEight participants had missing data.

men, a subsample of 153 men who experienced at least two condomless sex episodes in the last two months was selected from the cross-sectional component of the BCS study to complete an eight-week quantitative structured sex diary. The diary involved a self-administered questionnaire that was completed on a weekly basis. Participants were asked to complete the 20 minute sex diary on the same day every seven days. Reminder emails were sent to participants every week to increase compliance. A variety of recruitment methods were used including social media outlets and community venues. Flyers and/or business cards were placed on websites targeted at YBGBM. Flyers and study business cards were also distributed or posted in gay bars, gay clubs, college campuses and cafés. Participants were recruited from community-based organizations (CBOs), such as the LGBT Community Center, and Callen-Lorde Community Health Center, a primary care clinic that provides health care to LGBT individuals. Participants received a \$10 gift card for referring up to two respondents who ultimately participated in the study.

Individuals who completed the quantitative components of the study were contacted by the BCS project coordinator and asked if they would like to participate in the qualitative portion. This recruitment process continued until 30 individuals completed the semi-structured interview component of the study. The semi-structured interviews were conducted between August 2011 and October 2011 by trained BCS study staff members. Interviews lasted between 45 and 120 minutes with the average interview lasting 56 minutes. The Columbia University Medical Center Institutional Review Board granted approval for this research study.

Quantitative measures

Demographic and health-related information

Demographic and health-related information was assessed using a 24-item measure consisting of fixed choice and fill-in-the-blank questions. Participants completed items assessing age, race/ethnicity, sexual orientation, education level, annual income, relationship status (married/have a boyfriend vs. single), employment status and HIV status. To participate in the study, participants had to report being born male. The self-report measure of sexual orientation included the following options: straight, gay, bisexual and other. Participants were also asked if they had had sex with another man in the past month.

Adult attachment

The Experience in Close Relationships Scale-Revised (ECR-R; Fraley, Waller, & Brennan, 2000), a modified 13-item version of the original 36-item scale, was used to evaluate participants' attachment orientations by measuring levels of attachment anxiety and attachment avoidance. The ECR-R is a self-report measure of adult attachment, consisting of two scales assessing attachment anxiety and attachment avoidance. During administration, respondents were instructed to evaluate statements pertaining to their thoughts and feelings about a past or present romantic relationship. Statements were rated on a seven-point Likert scale ranging from a score of zero ('Not At All Like Me') to six ('Very Much Like Me'). Cronbach's alpha for the modified scales was 0.82 (95% one-sided CI = 0.81) for attachment avoidance and 0.84 (95% one-sided CI = 0.83) for attachment anxiety.

Condomless sex

Participants were asked to indicate if they had had sex in the prior seven days. If the respondent reported engaging in sex, he was asked to provide further information on the sexual encounter that occurred in the prior seven days. Condomless sex was assessed using separate questions, asking if the participant had: (1) condomless insertive sex or not during the encounter and (2) condomless receptive sex or not during the encounter. The variable was dichotomous, indicating the absence or presence of condomless insertive sex or condomless receptive sex in the selected sexual encounter for each week. Due to the limited number of participants who had only receptive or insertive sex, the condomless insertive sex and condomless receptive sex variables were combined to produce a single condomless sex variable that was coded with 0 = *No condomless sex* or 1 = *Condomless sex*.

Serodiscordant condomless anal sex

In addition to asking questions concerning the type of sexual behaviour participants engaged in (i.e., condomless insertive sex and condomless receptive sex), the diary asked questions about the HIV status of a participant's sexual partner(s). Thus, using the HIV status of the participant taken from another part of the survey along with the HIV status of the sex partner and the type of sex (i.e., condomless insertive sex, condomless receptive sex), the serodiscordant condomless anal sex variable was created. If one partner was HIV positive and another partner was HIV-negative or unknown, then the sexual

encounter was considered serodiscordant. The resulting variable was categorical with 0 = *No serodiscordant condomless anal sex encounter* and 1 = *At least one serodiscordant condomless anal sex encounter*.

Quantitative data analysis

Descriptive statistics, univariate analyses and bivariate analyses were performed to describe the relationships between variables. Generalized Estimating Equations (GEE; Zeger & Liang, 1986), a form of population average analyses, were used to examine the relationship between attachment style and sexual risk behaviour over the eight-week period. GEEs produce efficient estimators by estimating the average response for observations sharing the same covariates. An exchangeable correlation structure was used. In addition, robust standard errors were calculated, which produced unbiased estimators. All of the analyses used a Gaussian distribution. Models adjusted for age, relationships status and HIV status. Two GEE models were constructed to examine the relationship between adult attachment and sexual risk behaviour (i.e., condomless sex and serodiscordant condomless anal sex).

Qualitative measures

The BCS interviews collected data on five major topics: (1) childhood relationship with parents; (2) motivation for sex with partner; (3) sexual partnering and sexual behaviour; (4) sexual and racial identity and (5) barriers and facilitators to HIV prevention, testing and treatment. For the purposes of this study, data were reported for the first three topics. The six questions that comprised the first topic (i.e., childhood relationship with parents) were adapted from the Adult Attachment Interview (AAI; George, Kaplan & Main, 1985). These items were designed to assess childhood and adult attachment. The full semi-structured AAI asks adults about their childhood memories related to their relationship with a primary caregiver. The interview aims to trigger mental representations concerning early childhood attachment relationship functioning.

Researchers have used various assessment categories for the AAI, but the most common categories are secure-autonomous, preoccupied and dismissing-avoidant (Roisman et al., 2007). There is much debate concerning how the AAI categories map on to insecure (i.e., avoidant and anxious) attachment styles assessed via self-report; however, many researchers have found that the 'dismissing' category of the AAI maps onto the avoidant attachment style, while the AAI category of 'preoccupied' maps onto the anxious attachment style (Mikulincer & Shaver, 2007; Roisman et al., 2007). This categorisation was used in the present study.

Qualitative data analysis

A directed content analysis approach (Hsieh & Shannon, 2005) was used to identify themes that might help to explain the findings from the quantitative component of the study (quantitative data analysis preceded qualitative data analysis). Four members of the BCS study team began by reading all 30 transcripts to immerse themselves in the data. Next, the researchers met to discuss, compare and develop codes for the entire interview. Several transcripts were open-coded to develop the first draft of the codebook, which included the primary and secondary codes and their definitions. Based on the modified questions from the AAI, each completed interview was coded as *Secure, Avoidant or*

Anxious and grouped as such. Next, two members of the BCS interview team worked within each of the three groups of transcripts and applied codes from the codebook. Once this part of the coding and analysis was completed, the study team members then drafted memos that reflected their initial thoughts related to the research aims. Then after a second review of the transcripts, themes related to the quantitative hypotheses and results were identified. For instance, the first hypothesis was specifically related to the relationship between attachment and sexual behaviour; thus, responses related to these concepts were coded. All interviews were transcribed and entered into NVivo 10 software for data management and organisation purposes.

After codes were developed and applied to the transcripts, similar codes were grouped together to create a coding hierarchy that allowed the researchers to assess the relationships between the codes and each of the qualitative aims. First, the researchers listed each qualitative research aim and the corresponding codes from the categories in the hierarchy. This strategy resulted in four clusters of codes that helped direct the analyses. Then the data were reviewed for overlap between codes within and between each cluster. Finally, using notes, memos and the codebook, the data were explored to look at how the qualitative themes helped to explain the quantitative findings on attachment and sexual behaviour among YBGBM. It was believed that theoretical saturation (Auerbach & Silverstein, 2003) was reached at 26 interviews but the mixed method analysis was completed with all 30 interviews.

Results

Quantitative findings

The results for the GEE analyses are displayed in Table 2. The GEE analysis technique was used to examine the relationship between the attachment insecurity variables (i.e., attachment anxiety and attachment avoidance) and the sexual risk behaviour variables. The analysis was only conducted with participants who reported having had sex during the previous seven days. For the model predicting overall condomless sex, there were 470 total observations, 128 participants and an average of 3.7 weeks of observations per participant (min: 1, max: 8). For the model predicting serodiscordant condomless anal sex, there were 457 total observations, 124 participants and about 3.7 weeks of observations

Table 2. GEE analyses for adult attachment insecurity predicting condomless sex and serodiscordant condomless anal sex among young Black gay and bisexual men in New York City.

Variable	Model 1		Model 2	
	Condomless Sex ($n = 128$)		Serodiscordant Condomless Anal Sex ($n = 124$)	
	OR	Robust SE	OR	Robust SE
Attachment anxiety	1.03	0.11	1.24	0.21
Attachment avoidance	1.17	0.11	0.98	0.19
Age	1.04	0.37	0.96	0.04
Single	0.38*	-0.13	0.70	0.35
HIV-Negative	1.53	0.53	-	-

* $p < 0.05$.

per participant (min: 1, max: 8). Model 1 predicting condomless sex was statistically significant ($\chi^2 = 15.85, p < 0.01$). Attachment avoidance was marginally statistically significant, as men who had higher levels of attachment avoidance were marginally more likely to have had condomless sex ($OR = 1.17, p < 0.10$). Men who were single were less likely than men in a relationship to have had a condomless sex encounter over the eight-week period ($OR = 0.38, p < 0.01$). Attachment anxiety was not related to the likelihood of having had a condomless sex encounter.

Qualitative findings

The qualitative data offered a more complex understanding of respondents' views on intimate partnerships and sexual behaviour, and thus helped to explore some of the complexities of the association between attachment and sexual behaviour among YGBM. Below, the three attachment types (i.e., secure attachment, avoidant attachment and anxious attachment) organise the qualitative findings.

Secure attachment

Young men with a secure attachment style often spoke of being in love and emotionally connected with their current or previous intimate partners; they reported feeling comforted by the love they received from intimate partners. For instance, one young man aged 27 years who was currently in a monogamous relationship said:

I felt really good because he asked me to be his boyfriend. It was Christmas, and he asked me to be his boyfriend, and that's all I wanted. And I felt really good. Like I felt I was in love, I am in love, and I felt really, really good about it.

It appeared that young men with a secure attachment style were able to develop secure emotional bonds with their previous and/or current intimate partners and feel secure in their relationships.

Young men often reported positive feelings after having sex with a current and/or previous intimate partner. One man, aged 23 years, discussed his feelings after having sex with his current intimate partner. During the dialogue, the interviewer asked this man to describe how he felt after sex, to which the man replied 'loved, tired, and fulfilled.' When asked to expound further on 'fulfilled,' this man stated that he felt '... fulfilled emotionally – well not even emotionally, because I don't need sex. Just fulfilled – I guess just fulfilled sexually.' In addition, some young men with a secure attachment style reported wanting an emotional connection in order to have sex with another person. For example, a different 23-year-old man reported the importance of having emotional feelings for someone to have sex with them. When asked if an emotional connection with a sexual partner was important, this man stated:

It's not always important but it's important... especially with someone who I like being with. Like what are we gonna talk about after the sex and there's nothing, really to talk about. I feel like there has to be something there...

Avoidant attachment

Four sub-themes emerged regarding the relationship between attachment avoidance and sexual behaviour. First, young men with an avoidant attachment style often reported having trouble building emotional bonds with intimate partners. These men attributed this difficulty creating emotional bonds with intimate partners to the many unhealthy relationships they experienced in their childhood and adulthood. Second, men with an avoidant attachment style seemed to distinguish between casual sexual relationships and relationships with partners, with whom they were currently or would like to be emotionally attached. Third, men with an avoidant attachment style reported using sex as a means to establish an emotional connection with a potential relationship partner. Lastly, some men spoke of feeling detached or uninterested in developing emotional bonds with intimate partners at all. However, in some instances young men reported understanding the benefits of being emotionally connected to another person intimately or platonically, but were unable to develop an emotional bond either due to a fear of being hurt or due to an overall lack of desire to do so.

In an attempt to facilitate bond formation with sexual partners in young adulthood, young men sometimes engaged in sexual risk behaviours such as condomless sex. The passage below from a 29-year-old young man exemplifies how sexual risk behaviours were sometimes used in an attempt to emotionally connect with a potential sexual partner:

Okay. I think, again, it's made me a little more wise in certain things, but I think that, at times, in terms of, again, that emotional connection I felt I needed that I didn't get in my childhood. And then, on some level, still [having unprotected sex] just not as much in the present, and that is seeking [sex] in not so healthy ways – that emotional connection – as well as it's – it's acting out sexually or those kinda things. . .

It appeared that some men with an avoidant attachment style used sex as a means to seek out an emotional attachment to another man. For instance, one young man aged 21 years said:

I think to build – develop a connection. 'Cause, you know, you may be talking to someone, you may have an emotional connection; but sometimes, you know, having a sexual connection can be, you know – feel things a bit more.

Young men with an avoidant attachment style, similar to young men with a secure attachment style, distinguished between sex with a sexual partner they cared about and sex for sexual release only. This distinction seemed to drive the way in which young men behaved during the sexual encounter (e.g., leaving directly after the sexual act as opposed to staying). One young man aged 25 years said:

I try not to [have sex with other men] because I am in a relationship, so sometimes it's like to fuck and that's it – just to get a nut off. So, I don't wanna like get all – you know – I don't like to cuddle or anything. Like, we just had sex.

In addition, young men with an avoidant attachment style were more likely than men with a secure attachment style to report that they did not want their sexual partner to engage in emotionally intimate behaviours (e.g., cuddling) after sex. Some young men reported using sex as a way to gain gratification, but not as a means of building or maintaining an emotional bond with another man. One young man who was describing his sexual encounter with his last sexual partner explained:

Not really, cause' I do feel like I just want him to leave after I finish having sex with him anyway. I'm not really the touchy touchy feel type of guy. Some people like to lay down after they finish having sex. Not me. I'm like, okay, get out. Goodbye.

Another 24-year-old man who was asked about his motivation for sex noted, 'I guess it's just pleasure, a bond I guess. For the moment at least.' The two young men above conveyed that they were less interested in forming a long-term emotional bond with sexual partners. Some young men with an avoidant attachment style described their sexual experiences in terms of pleasure seeking and less so in terms of emotional bond formation or maintenance.

Anxious attachment

Similar to young men with a secure and an avoidant attachment style, young men with an anxious attachment style often distinguished between men with whom they hook up and men with whom they want to be in a monogamous relationship. This distinction between types of sexual partners may have driven their willingness to connect emotionally with a sexual partner. Young men with an anxious attachment style often reported needing to feel an emotional connection with their sexual partner. Though some men participated in a casual sexual encounter, many reported wanting to be in a committed or monogamous relationship and having only one sex partner. Lastly, the interview data suggested that there was a connection between enjoying a sexual encounter and being emotionally connected to the sexual partner.

Young men often discussed the different types of sexual relationships and their level of interest in forming an emotional bond. A young man aged 27 years exemplified this in the following excerpt:

If it's not a relationship or it's not somebody you're trying to get to know the sex is just sex and you just kind of want them to go after the sex. But if it's a relationship you want to like, you know, cuddle kind of thing, having them spend days at your house instead of just a night, so it's a little bit different.

Another young man aged 22 years said:

It depends on the relationship. It could be a sexual relationship or it could be a romantic relationship. With a sexual relationship I expect – I wanna release and you can go, but if it's a romantic relationship, I wanna stay there with you. I wanna be there with you after sex. I want you – let's take a shower together.

Thus, it appears that, similar to men with an avoidant and secure attachment style, young men with an anxious attachment style had two types of sexual partners – sexual partners with whom they simply wanted to have sex and sexual partners with whom they wanted to have an emotional connection.

Men with an anxious attachment style often discussed the need for an emotional bond with sexual partners. One young man aged 29 years discussed in detail how his need for an emotional connection with a sexual partner was tied to his ability to enjoy sex with that partner. He said:

If I'm about to have sex with somebody, I like – I'm about to have an emotional connection, at least. And, I'm gonna be passionate and whatnot, and if I have that emotion, if I have that

connection, then I can enjoy myself, really. If I'm not, if it's just a random person, or just something random – or somebody says the wrong thing, or something just pops in my head, I'll just get preoccupied with that. Or, my demeanor or mood just completely changes, and I don't enjoy myself.

Another young man who was in a monogamous relationship, aged 31 years, and who self-identified as being a person that perceived sex as a tool to generate emotional connectedness in a relationship stated:

Personally, I [have sex] to bring us closer. I don't like having sex outside of a relationship. . . but I've always been like that. I don't like one nightstands and hook ups. I can't say I've never done them, but that's not primarily who I am.

The majority of men with an anxious attachment style echoed the sentiment of the young man quoted above. They often reported not fully enjoying a casual sexual encounter or feeling unfulfilled after the sexual encounter. In addition, some young men with an anxious attachment style reported using sex as a means to find a partner with whom they could have an emotional bond. For instance, one 31-year-old man discussed the importance of sex when attempting to form an emotional bond with another man:

Interviewee: . . .I'm just looking for that special connection.

Interviewer: Okay. So the most important reason to have sex aside from the obvious is to look for a special connection.

Interviewee: Yeah. At this point in time for me.

Many young men felt that sex could lead to an emotional bond. Therefore, they often discussed their sexual relationships as a means to develop this bond with another man. Men with an anxious attachment style seemed to overwhelmingly have sex with men with whom there was already an emotional connection or use sex as a means to find an emotional connection with another man.

Discussion

The purpose of this study was to assess the relationship between attachment and sexual risk behaviour. The hypothesis regarding the relationship between attachment insecurity and sexual risk behaviour was not generally supported by the data. There was no relationship between attachment anxiety and the likelihood of having had a condomless sex encounter or a serodiscordant condomless anal sex encounter. In addition, there was no relationship between attachment avoidance and the likelihood of having had a condomless sex encounter. There was also no association between attachment anxiety and the likelihood of having had a condomless sex encounter. These findings on attachment insecurity were surprising, given that previous research suggests that attachment anxiety is associated with a failure to negotiate sexual relationships, resulting in low condom self-efficacy (Feeney, Peterson, Gallois & Terry, 2000) and with an increased likelihood of being coerced into unwanted sexual activities (Davis, Shaver & Vernon, 2003; Mikulincer & Shaver, 2007). As these behaviours can increase an individual's risk of HIV infection and transmission and thus can be associated with physical health outcomes, it is important to situate the results from the present study in the current literature on the intersection between relational dynamics and sexual behaviour.

Other studies offer insight into the factors that may be related to the relationship between attachment insecurity and sexual risk behaviour. For instance, Edwards and Barber (2010) found that rejection sensitivity and anxious attachment are similar constructs that relate to less condom use with intimate and casual sexual partners. The authors posit that understanding the relationship between rejection sensitivity and attachment insecurity may be of value in helping to understand how interpersonal factors relate to increased sexual risk behaviour. Other researchers have suggested that factors such as motivations for sex (Schachner & Shaver, 2004), self-esteem and negative affect (Gentzler & Kerns, 2004) and relationship satisfaction (Kershaw et al., 2007) mediate the relationship between attachment insecurity and sexual risk behaviours. Research has also shown that emotional closeness to sexual partners and/or sexual relationship satisfaction may be key to understanding the attachment insecurity/sexual behaviour relationship (Bogaert & Sadava, 2002; Strachman, Impett, Henson & Pentz, 2009).

Also noteworthy are the several different configurations of sexual relationships (e.g., long-term sexual relationships vs. one-night stands) that could complicate the understanding of the link between adult attachment and sexual risk behaviour. Much of the theorisation of adult attachment and sexual behaviour has been confined to couples (e.g., married couples and long-term dating couples; (Stefanou & McCabe, 2012) and research examining the relationship between attachment and forms of sexual trauma (e.g., intimate partner violence; (Bogaert & Sadava, 2002; Feeney & Raphael, 1992). There has been limited research that looks at sexual risk behaviour and attachment among single individuals and LGB populations. Further, there has been limited research examining the relationship between attachment orientation and specific sexual risk behaviours (e.g., condomless sex and serodiscordant condomless anal sex). Despite the lack of significant quantitative findings, the present study helped to address some of these gaps in the literature.

The qualitative findings were more consistent with previous research than the quantitative findings. For instance, men with a secure attachment style were more likely to report being in a monogamous or committed relationship, feeling emotionally close to their last sexual partner and/or currently having (or having had in the last three months) successful intimate relationships. For men with a secure attachment style, the ability to form and maintain emotional bonds in childhood was related to being able to maintain these emotional bonds with sexual partners in adulthood. In contrast, some men with either an anxious or avoidant childhood attachment style reported difficulties in forming relationships with potential partners in adulthood, which appeared to be related to their difficulties in forming relationships in childhood. These findings are supported by the research literature examining linkages between childhood and adult attachment style (Bogaert & Sadava, 2002). Though research is limited, attachment researchers have proposed and tested several theories that examine the process by which childhood attachment is related to adult relationship functioning (Bogaert & Sadava, 2002).

The qualitative findings allowed further exploration of the ways in which YBGBM form emotional bonds with sexual and/or committed partners and how these connections inform their perceptions of their sexual behaviours. Along these lines, some key themes that emerged from the qualitative interviews concerned the types of partnerships and the ways in which sex was used differently by men depending on attachment style. Interestingly, regardless of their attachment style, YBGBM distinguished between casual sexual partners with whom they did not want an emotional bond and sexual partners with whom they potentially wanted to be emotionally close. However, men with an avoidant attachment style were more likely than men with a secure attachment style to have casual

sexual partners and not be in a committed relationship. Also, unlike men with a secure attachment style, men with an avoidant attachment style seemed to have multiple different narratives in terms of their relationships with sexual partners.

Young men with an insecure attachment style reported using sex as a means to establish an emotional bond with a potential intimate partner, participating in potentially risky sexual behaviours in an attempt to establish an emotional bond with another man, and/or not being particularly interested in feeling a connection with sexual partners (young men with an avoidant attachment style only). Men with an anxious attachment style in particular reported using sex as a means to create or reinforce an emotional bond with a sexual partner. Insecurely attached individuals also tended to not be in a committed relationship; however, men with an anxious attachment style were more likely to want to be in a monogamous relationship. Young men who were more secure also used sex to reinforce an emotional bond but were more likely to be in a committed relationship.

These findings are supported by prior research. The research concerned with understanding the association between attachment and sexual behaviour demonstrates that attachment style is related to different sexual behaviours and partnership forms (Bogaert & Sadava, 2002). Hazan and Shaver (1987) found that adults with a secure attachment style are more likely to have longer relationships than individuals with an insecure attachment style. In addition, researchers have found that men who are more avoidant are more likely to have casual sexual partners than men with an anxious or secure attachment style (Brennan & Shaver, 1995; Miller & Fishkin, 1997). Despite this research, questions remain about the process by which attachment style may be associated with sexual relationships – whether casual or committed – and attitudes regarding uses of sex.

The qualitative data provide insight into how sexual relationship configurations may be associated with sexual risk behaviour. Young men who were more secure seemed to desire a monogamous relationship as defined by having sex with only one partner. Young men with an anxious attachment style expressed this same sentiment yet were not often in a monogamous relationship and had multiple casual sex partners. Some young men with an avoidant attachment style also reported a similar relational interest while others reported not being interested in an intimate relationship. These results are supported by the extant research literature examining the association between attachment and sexual behaviour (Stefanou & McCabe, 2012). Attachment researchers have posited that attachment avoidance could be related to HIV risk due to the increased likelihood that these individuals have multiple casual sex partners as compared with individuals with a secure attachment style (Anderson et al., 1992). Relatedly, individuals high in attachment anxiety may be more likely to engage in sexual risk behaviour due to their need to feel emotionally bonded to another individual, thus resulting in frequent sexual encounters with casual partners (Feeney, 2000). However, individuals with an avoidant attachment style may use condoms more frequently as a consequence of having more sexual partners, and thereby limit their risk of HIV infection and transmission.

Limitations

Although the present study demonstrates considerable strengths, there are some limitations. First, the results are not generalisable to the general population of YBGBM in cities and contexts other than New York City. However, this study addresses an important avenue for future research with different YBGBM in different settings. Second, young men were not asked about their Pre-exposure prophylaxis (PrEP) use or serosorting practices, which may have influenced the quantitative and qualitative findings. Limitations notwithstanding, this

study provides novel information regarding how attachment categories may influence sexual behaviours and sexual risk behaviours among YBGBM.

Conclusion and future directions

Both qualitative results suggest that the relationship between attachment and sexual risk behaviour may be associated with other relationship factors, while the quantitative findings were not significant. The qualitative findings highlight emotional bond formation and reinforcement with a sexual partner as a significant component of sexual relationships among YBGBM. However, the wide array of relationship configurations complicates the ability to draw conclusions about the specific pathways by which childhood attachment, adult attachment and sexual behaviour are related. After analysing both the quantitative and qualitative data, it is clear that future research could benefit from further examination of potential mechanisms associated with attachment, sexual relationships and sexual risk behaviours.

Specifically, researchers should focus on: (1) the association between attachment and sexual risk behaviours within different configurations of sexual relationships (e.g., casual dating relationship, monogamous relationship and single individuals); (2) the particular internalised experiences (e.g., rejection sensitivity) that influence sexual motivations of insecurely attached YBGBM; (3) the strategies, if any, young men with insecure attachment styles use to increase their ability to form emotional bonds; (4) the links between attachment, sexual behaviour and characteristics of the sexual relationship (e.g., length of relationship, relationship satisfaction, perceived support from a sexual or intimate partner) and (5) factors that may moderate or mediate the relationship between attachment insecurity and sexual risk behaviour among YBGBM. Such inquiries may provide a fuller understanding of the relationship between attachment insecurity and sexual risk behaviour among YBGBM. Further research in these areas could also be used to design interventions that could help reduce HIV risk among YBGBM.

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