



experiences of hiv

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This publication is also available online:

www.nchechr.unsw.edu.au

www.latrobe.edu.au

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ISBN: 978-0-7334-3015-2

Suggested citation:

Down, I., Bradley, J., Ellard, J., Brown, G., Grulich, A., Prestage, G.
(2010). Experiences of HIV: The Seroconversion Study Annual Report
2010. Monograph, The Kirby Institute, The University of New South
Wales, Sydney, Australia

Acknowledgments

The authors would like to thank the participants in this study and the many people and organisations who assisted with recruitment and referral of potential participants to the study.

Funding

Health Departments of New South Wales, Victoria, Queensland, Western Australia, South Australia, Tasmania and Australian Capital Territory.

Collaborating organisations

The Seroconversion Study is a collaboration between The Kirby Institute, the Australian Research Centre in Sex Health and Society, and the AIDS Councils and PLHIV organisations in each state.

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Transcription Jodie Cawood

Copy editing Louisa Wright

Layout Steve Frendo

This study was conducted by a research team at The Kirby Institute, The University of New South Wales, Sydney, Australia and the Australian Research Centre in Sex Health and Society, La Trobe University, Melbourne, Australia, consisting of Garrett Prestage, Jack Bradley, and Ian Down.

The Kirby Institute and the Australian Research Centre in Sex Health and Society (ARCSHS) receive funding from the Commonwealth Department of Health and Ageing. The views expressed in this publication do not necessarily represent the position of the Australian Government. The Kirby Institute is affiliated with the Faculty of Medicine, University of New South Wales. ARCSHS is affiliated with the Faculty of Health Sciences at La Trobe University.

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Executive summary

This is a report on findings from the current HIV Seroconversion Study for the period September 2007 to June 2010. The study is continuing, with funding currently guaranteed through 2012. Individuals recently diagnosed with HIV will continue to be enrolled into the study on an ongoing basis.

The Seroconversion Study collects both quantitative and qualitative data from people in Australia who have recently been diagnosed with HIV. People are referred to the online questionnaire through banner ads on community-based organisation websites, HIV organisations providing services to those who are newly diagnosed and clinics. Participants completing the online questionnaire are offered the opportunity to volunteer for the more extended in-depth interview.

Until June 2010, only men were eligible for the study. This report examines the responses gathered until that time. Between September 2007 and June 2010, there were 247 completed questionnaires, including 36 with men who also participated in an in-depth interview.

Summary of findings thus far

The average age of respondents is 36, and in most other respects the men in the study appear to be very similar demographically to most other samples of gay men. Almost half reported that the high risk event which they believe led to their HIV infection included group sex, and although the majority of high risk events occurred at home, about a third met the partner who they believe infected them at a sex-on-premises venue. For one in five of the men, the high risk event occurred overseas.

Two in five of the men reported drug use at the high risk event, most of which were drugs commonly used to enhance or extend the sexual experience. The majority also reported engaging in these activities (group sex, use of sex-on-premises venues and drug use) in the previous six months. More than two-thirds had been tested for HIV in the previous year and, for the majority, they had the test at which they had received a positive diagnosis because they were experiencing an illness which made them worry, or it was part of their regular testing pattern. While fewer than two-thirds attributed their HIV infection to a casual partner, nearly half also reported that their regular partner was present at the high risk event. However, few men indicated that their current regular partner was the same man as the regular partner who was present at the high risk event. Just ten men report that they contracted HIV from a regular partner whom they knew to be HIV positive at the time of the high risk event.

While more than half of the men reported having had a regular partner in the six months prior to diagnosis, the majority of these also indicated having more than one such partner, and the majority also reported some receptive unprotected anal intercourse with these partners (and mostly with partners they were confident were HIV-negative). Qualitative interviews indicated that the high risk event was often perceived as an unusual diversion from a usually safe-sex regimen.

Comments

These data suggest that while recent seroconverters are much like other gay men in many respects, they differ in a number of ways. The men in this study tended to be highly sexually active, and in many cases could be described as 'sexually adventurous', in the same way as has been noted in other research (Kippax et al., 1998; Prestage et al., 2008). In addition there is some indication that a large number of these men had multiple regular partners, possibly indicating serial relationships (monogamous or otherwise). In many cases the men described UAI with these regular partners, even those who did not ascribe their seroconversion to sex with a regular partner. Men who have recently been infected with HIV often appear to be highly sexually active and are therefore likely to participate in sexually adventurous networks.

Introduction and background

Recent trends in infections & behaviour

Among gay and other homosexually active men, rates of HIV have increased significantly internationally and in Australia since the late 1990s (Centers for Disease Control, 2005; Guy et al., 2007, 2008). This has corresponded to a period of increased rates of unprotected anal intercourse (UAI) among gay men (Dodds et al, 2000; Dukers et al, 2001; Chen et al, 2002; Elford et al., 2002; Zablotska et al., 2008). These increases in sexual risk behaviour raise concerns about the relationship between beliefs about the risk of HIV infection and condom use. Many gay men have adopted strategies to minimise the risk of HIV transmission, such as reliance on serosorting, undetectable viral load and strategic positioning during UAI (Prestage et al, 2001; Van de Ven et al 2002b; Prestage et al, in press). Such strategies usually rely on a degree of familiarity with their sex partners and assumed knowledge of HIV status.

'Negotiated safety', the practice of negotiating condom use between HIV-negative concordant regular partners in an ongoing relationship (Kippax et al, 1997), was never intended to apply to sexual contact between casual partners. Despite this, in at least some ostensibly casual sex encounters, some gay men appear to be less likely to use condoms than previously (Prestage et al., 2001; Zablotska et al., 2009). Knowledge of HIV status and the perceived reliability of such knowledge may be a factor in such decisions. Wolitzki et al (1998) found that most gay men did not disclose their HIV status to casual partners but, among those men who did disclose their status to casual partners, it had some effect on the range of sexual practices engaged in with those partners. In the EXPLORE study of HIV-negative gay men in six US cities, Koblin et al (2003) found that men were more likely to report UAI with non-regular partners whom they perceived to be seroconcordant. Further, this study found that men who reported sex with just one non-regular partner were less likely to engage in UAI, compared to those with multiple partners. Perhaps those who report only one non-regular partner are likely to have a greater acquaintance with that one partner than would men who report several such partners.

Serovich and Mosack (2003) found that HIV-positive men often disclosed their HIV status to casual partners for reasons of responsibility, to ensure that they do not unwittingly transmit HIV infection. However, it may equally be the case that disclosure of HIV status occurs primarily in the context of an already established relationship: men may be more likely to have disclosed their own HIV status to a sex partner when they are already acquainted with their partners beforehand. Nonetheless, for HIV-negative men, the likelihood that their HIV-positive partners will initiate such disclosure depends on several factors, including the perceived likelihood that such disclosure would not lead to sexual rejection, or that the HIV-positive man's confidentiality would be protected. It is likely, therefore, that the reliability of any perceived knowledge of partners' HIV serostatus is dependent on the degree of familiarity and trust which has been established between those partners.

There have been two previous versions of the HIV Seroconversion Study, the first in the period 1992-1999 and the second in the period 2001-2006. Findings from this study have been widely used in the development of policy and programmatic responses by both health departments and community organisations, and it has been one of the key pieces of research in the Australian response to HIV overall. Key findings have included that HIV infection among gay men often occurs in the early, establishment, phases of a regular sexual relationship; that some men negotiated UAI with casual partners on the basis that both men discussed and agreed they were HIV-negative; familiarity or sexual contact with a 'casual partner' made some men more willing to have UAI in the belief that they knew the partner was HIV-negative; and that among gay men, recent HIV seroconverters are often men who are highly sexually active compared with other groups of gay men. The first version of the study was established in early 1990s with a Commonwealth AIDS Research Grant. It was a joint study between The Kirby Institute (formerly The National Centre in HIV

Epidemiology and Clinical Research) and the National Centre in HIV Social Research (NCHSR). The funding was for a limited period but the study itself was extended by the ongoing employment of the required staff by The Kirby Institute. This first version of the study used mixed qualitative and quantitative methods. It included a brief questionnaire consisting of structured questions recording the sexual or other risk behaviour that participants believed had occurred on the single occasion they believed had most likely led to their HIV infection, followed by a more extensive in-depth interview to explore what had happened that had led to this event. Participants were referred into the study by the doctor who had diagnosed their HIV infection, and enrolment was therefore reliant on the clinic sites identifying all potential participants and providing all the consenting procedures to enable the referral process to occur. Eligibility for the study included being a man who has sex with men and having been diagnosed as HIV-positive for the first time within one year of being interviewed. The study was restricted mainly to Sydney, although there was a brief attempt to establish the study in Melbourne as well. By 1999, this first version of the study had come to an end, with 130 completed interviews over a six-year period.

After a break of two years, a second version of the study was initiated by The Kirby Institute as an add-on to a clinical trial among recently infected individuals (PHAEDRA). This study was restricted to a limited number of high caseload practices in Sydney and Melbourne which were participating in the trial. Initially this study used only a quantitative methodology, involving a structured questionnaire, part of which was administered by a research nurse in the clinic and the remainder was self-complete, also in the clinic setting. NCHSR subsequently proposed that a qualitative component be added into the study. Individuals consenting to this aspect of the study were referred by the research nurse at the time of the completion of the questionnaire. Participants in both the quantitative and qualitative arms of the study were enrolled into the study by the research nurse in each clinic, and enrolment was therefore reliant on the clinic sites identifying all potential participants and providing all the consenting procedures. Eligibility for the study included being male; having been diagnosed as HIV-positive for the first time within one year of being interviewed; and being a participant in the PHAEDRA trial. By 2006, this second version of the study had come to an end, with 158 completed questionnaires and 41 in-depth interviews conducted over a five year period.

At the completion of the second version of the study, Queensland Health approached The Kirby Institute about the possibility of establishing a Queensland version of the Seroconversion Study. Initially, we sought to replicate the second version of the study, though without the infrastructure of a clinical trial or without the capacity to incorporate a qualitative arm. However, Queensland presents particular challenges in its more decentralised population. This, and the lack of an existing infrastructure, suggested to us that we should perhaps reconsider the format of the study and seek alternative methods of enrolment and participation that would be less reliant on specific clinic settings or geographic locations. Using online technology we were able to convert the structured questionnaire to one that could be self-completed, either online or in person on-site. From the online survey, participants can volunteer to take part in a face-to-face in-depth interview. This revised structure allowed us to redevelop the Seroconversion Study so that it is no longer reliant on specific clinical settings to enrol eligible individuals into the study, or to enable completion of the questionnaire, or even to refer participants into a qualitative arm. It also provided a highly flexible tool to enable adjustment of the interview schedule to address issues as they emerge.

In June 2010 the study evolved further. The questionnaire was developed so that it is also suitable for female participants –thus the study is now open to all persons recently diagnosed with HIV, regardless of gender. The scope of the questions was also expanded to better capture participants’ experiences since diagnosis, both in terms of their personal relationships and in terms of the delivery of relevant health services. Funding for the study is now provided by all six states and the ACT.

Thus far the study has been restricted to a single interview for those individuals who volunteer to be interviewed in-depth. We now offer these participants the opportunity to have another interview approximately 6-12 months later, should they consent. The purpose of this interview is to explore whether the issues they raised in the initial interview have changed after some time has elapsed. The experience of an HIV diagnosis is a significant life event and in many cases it may be that it takes some time for the types of changes this entails to become clear; we now have the capacity to include these reflections within the study.

Table 1: Participation over time

Study dates	Number of years	Sites	Eligibility	Referral sites	Numbers enrolled
1993-1999	6	Sydney	Men infected within previous 12 months, through homosexual contact	Diagnosing clinic	92
2003-2006	3	Sydney & Melbourne	Men infected within previous 12 months, through homosexual contact	Clinic participating in PHAEDRA trial	158
2007- June 2010	3	NSW, Victoria, Queensland, Western Australia & South Australia	Men recently diagnosed	Directly online, HIV organisation or clinic	247
June 2010 -	-	National (except Northern Territory)	Anyone over the age of 18 recently diagnosed	Directly online, HIV organisation or clinic	-

Aims of the study

The HIV Seroconversion Study in its various forms has been a particularly useful and informative research tool in the development of policy and programmatic responses to HIV prevention in Australia since its initial inception in the early 1990s. As a study of risk behaviours and experiences among those who have recently been diagnosed with HIV, the study has direct relevance to both national and state-based HIV strategies. The aim of the HIV Seroconversion Study is to:

- Interview individuals who have recently been diagnosed with HIV about what factors they believe led to their HIV seroconversion and their experiences since receiving their diagnosis;
- Inform HIV organisations and state health departments about the contexts of risk behaviours and motivations for these behaviours identified through this study, while providing each jurisdiction with specific information to develop tailored approaches specific to their individual needs;
- Consider current gaps in policy and program development and implementation, including in the research base.

Methods

In this report we describe the ongoing Seroconversion Study for the period September 2007 to June 2010. Funding is currently guaranteed through 2012. Individuals recently diagnosed with HIV will continue to be enrolled into the study on an ongoing basis.

We used both qualitative and quantitative data collection and analysis, involving in-depth interviews and survey questionnaires. Men who had recently been diagnosed with HIV infection were invited by referring staff to visit a website where they could find out more about the study and choose to enrol into the study by completing an online questionnaire. On completion of the survey, respondents were then invited to volunteer for a face-to-face in-depth interview at their convenience. Almost one third volunteered for the in-depth interviews and about half of these have already been interviewed or have had interviews arranged.

Ethics approval was obtained from the University of New South Wales and La Trobe University.

Eligibility

Eligibility criteria for the study up to June 2010 included being male; having been diagnosed as HIV-positive for the first time within two years prior to enrolment; and living in or having been diagnosed within one of the participating five states. Due to the online nature of the questionnaire, some men did enrol in the study from other states and territories of Australia. Whereas in previous versions of the Seroconversion Study only those who had been diagnosed as HIV-positive within one year of previously testing HIV-negative or having a diagnosed HIV seroconversion illness were eligible for enrolment, participation for this latest version of the study is open to all men who have recently been diagnosed. As we cannot distinguish whether someone has recently acquired HIV from clinical records in this study, we have opted to enrol all those who have recently been diagnosed and we ask a number of questions to determine how recently they may have been infected. In states where the Seroconversion Study has not been a regular feature of local surveillance activity, the requirement that their diagnosis had occurred within a maximum of two years prior to interview was relaxed somewhat.

Recruitment

Enrolments occurred through four main sources: referrals from state AIDS Council staff; referrals from state-based PLWHA organisation staff; referrals from clinics, mostly sexual health services; or direct online enrolments by individuals who have found a link to the survey posted on another website (Table 2). Most of the referrals through community organisations were for clients participating in programs specifically targeting newly diagnosed individuals, such as the various Genesis and Phoenix¹ programs and so the state distributions of these referrals largely reflected which organisation's staff members had primary responsibility for these programs. In NSW most of these referrals were through ACON, whereas in Victoria they mainly came through PLWHA (Victoria). In Queensland, where the Genesis/Phoenix program does not currently exist, most referrals came through clinic sites. Online referrals mainly occurred through links posted on the websites of state-based AIDS Councils or PLWHA organisations, or their national peak bodies – AFAO and NAPWA. There were no such weblinks on clinic websites.

¹ Genesis and Phoenix are peer support workshops conducted in several Australian states for newly diagnosed men.

Table 2: Recruitment source

%	(N=247)
Online referral	30.4
PLHIV organisation staff	20.2
State AIDS Council staff	16.6
Sexual health service	12.1
Medical practice	4.5
Other / unknown	16.2

The majority completed the survey questionnaire online, except in Queensland where the majority were completed on-site at clinic locations in Cairns and Brisbane. Nonetheless, there appeared to be little difference in the quality or nature of the responses received across these two methods.

Online survey

Men completed an online questionnaire to enrol into the study. The questionnaire included demographic characteristics, details of their diagnosis with HIV, sexual relationships at the time of their HIV infection, details of what occurred on the occasion they believe led to their HIV infection, details of the person they believe infected them on that occasion, their sexual and drug use behaviour in the six months prior to their HIV infection, their sexual risk behaviour during the four weeks prior to and the four weeks after their HIV diagnosis, their beliefs about HIV and risk both prior to their HIV diagnosis and currently, sources of support and contact with the community, and measures of mental well-being.

In-depth Interviews

We conducted in-depth interviews with men who volunteered for these interviews after completing the online survey. While the focus of the interview was similar to that of the online questionnaire – a description of the occasion when they believe they were infected with HIV, and of the person they believe infected them – they were also asked to compare this event to similar events at that time when they had not put themselves at risk and to reflect on what was different about those occasions and why they had made different decisions. They were then asked to describe how they had felt about their HIV diagnosis at the time and what effect it had had on their lives and their behaviour, both then and more recently.

A third (32.0%) of the men who completed the online questionnaire volunteered to take part in an in-depth interview. 36 men had been interviewed up to June 2010. Quotes from these interviews are used throughout this report to help illustrate particular common themes and patterns or in some cases, of uncommon or atypical cases. Men have been interviewed in NSW, Victoria, Queensland, South Australia and Western Australia. Quotes provided in this report are drawn from interviews conducted in each state. To protect the anonymity of participants, the location of the interview has not been included.

Demographic profile

“I just, I didn’t think it would affect me because I was so young. I actually didn’t really think it was that prevalent in Australia. I thought it was, didn’t exist really.” (Age: 24 years)

In this section we describe the demographic characteristics of the 247 men that comprised our sample.

Geographic distribution

The location where men were recruited for the study usually coincided with where they were currently living (Table 3), but was not necessarily the same place where they were diagnosed or where they believe they became infected.

Table 3: Geographic distribution

(N=247)				
%	Recruited	Residence	Diagnosis	High Risk Event
NSW	38.9	39.3	36.2	29.6
Victoria	30.0	30.4	31.0	20.6
Queensland	18.2	19.4	19.2	12.1
South Australia	4.9	4.9	4.8	2.0
Western Australia	3.6	3.6	2.6	2.8
ACT	0.4	1.6	0.9	0.8
Tasmania	0.8	0.4	0.4	0.4
Overseas	-	-	4.4	18.2
Other/unknown	3.2	0.4	0.4	13.4

Age

The men’s ages ranged from 18 - 76, the mean age was 36 years. More than two thirds of the men were aged between 30 and 49 years.

Table 4: Age

%	(N=247)
Under 25 years	8.1
25 – 29 years	16.6
30 – 39 years	40.9
40 – 49 years	27.9
Over 50 years	6.5

Ethnic background

Less than three quarters (72.9%) of the men in this sample were born in Australia, and nearly half those born elsewhere were born in predominantly Anglo-Celtic countries (New Zealand, the United Kingdom and the United States). A similar proportion reported being of Anglo-Celtic background (75.1%); 26 men reported being of non-European background, including eight men of Aboriginal, Torres Strait or Pacific Islander background. Queensland respondents were more likely to have been born in Australia and identify as Anglo-Celtic, while Victorian respondents were slightly more likely to have been born overseas, although they were just as likely to report being of Anglo-Celtic background.

Education

As with most other samples of mainly homosexual men, education levels were high with slightly more than half of the men (51.0%) having completed some university education, including 22.7% who had completed postgraduate study. Education levels were slightly higher among Victorian respondents where 29.3% had completed postgraduate study. Among Queensland respondents, less than a third (31.3%) had completed university study.

Table 5: Education

%	(N=247)
Primary school only	0.8
Intermediate Certificate/School Certificate	13.0
Leaving Certificate/HSC/6 years high school	16.6
Trade Certificate/Tertiary Diploma	17.0
University/CAE Undergraduate Degree	28.3
Post-graduate qualifications	22.7
Unknown/no answer	1.6

Sexuality and relationships

"I enjoyed it, yeah. [laughs] I enjoyed it. And doing these things was, you know, it was taking sex to a new level of intensity, which I hadn't experienced before. But rather late in life to be doing this, you know?" (Age: 57 years)

Sexuality & self-identity

The vast majority of men (89.9%) identified as gay or homosexual, 4.0% as bisexual while 3.2% identified as heterosexual. NSW respondents were most likely to identify as gay (94.8%) while those from Queensland were least likely to (85.4%). The mean age of first sex contact with another man was 17.3 years, and they first disclosed their homosexuality to others on average at 20.4 years.

Table 6: Sexuality

%	(N=247)
Gay/homosexual	89.9
Bisexual	4.0
Heterosexual	3.2
Other	1.2
No response	1.6

When asked to rate themselves in terms of sexual attractiveness, on a scale from 0 to 10 their average rating was 6.6, similar to the levels at which the men in the Pleasure and Sexual Health (PASH) study (Prestage et al, 2010) rated their sexual attractiveness (6.4).

Anal sex preferences

Of those who expressed a preference regarding sexual positioning, the majority considered themselves to be versatile. Almost a third preferred to be the receptive partner while one in six preferred the insertive position (Table 7). This is the converse of what was observed among HIV-negative men in the Health in Men study where, of those who had a preference, men who preferred the insertive position were clearly in excess of those who preferred the receptive position.

Table 7: Anal sex preferences

%	SCS (N=140)	HIM baseline data (N=1418)
Versatile, I like both	51.4	46.2
Prefer to be receptive partner	30.7	19.0
Prefer to be insertive partner	16.4	30.8
Neither, I don't like anal sex	1.4	4.0

Note: Includes only men who provided a response to the question

Some participants saw sexual position preference as contextual, shifting over time or with different partners or sexual contexts:

"I like to maintain the fact that you don't have to pick. I have been, at various times in my life, both a very enthusiastic top and a very, very enthusiastic bottom. So ...it depends on the situation you're in. It depends on who you're with" (Age: 34 years)

For some men there were certain conditions under which they would assume a particular role:

"Yeah, well a couple of times when I've been really trashed I've maybe become a bottom. But that was back, back in the day ... But yeah, so you go, go through phases I guess, yeah."
(Age: 33 years)

Others expressed quite specific preferences and also particular notions of connection to their partners in the act of anal intercourse:

"I'm a filthy bottom ... I have such a controlled life during the week – my job's so controlled, I have to be very specific – like to let go on the weekend. And I like to give somebody else control. That's, it's letting my control in the hands of somebody else, I guess. And, and fisting, I think's, probably one of the ultimate control, letting someone have control over you. Yeah, it's very, it's very intimate. I think it's a lot more intimate than just plain sex. You're no longer two people; you're one person. Especially when you're connected at that level. Yeah, no, it's ... yeah, I find it very ... I wouldn't say 'sexual': it's more of an emotional – no I wouldn't say that – more of a spiritual connection almost for me. I would say. Classify it as a spiritual connection. Finally become two to one person with someone else, you know. Yeah, it's very ... I don't know. That's the only way I can describe it." (Age, 43 years)

When asked about the importance of ejaculation, less than half (44.0%) of the men attached any importance to whether their partners came inside them and just under a third (29.0%) indicated it was not at all important that they came inside their partners.

Many men in this sample could be considered quite sexually experienced, and described a broad repertoire of sexual behaviours. Among some, there was a feeling that their sexual exploration had led them to push boundaries and that this may have contributed to a likelihood to engage in increasingly risky behaviour and to their acquiring HIV. This exploration was seen as an important part in the development of their sexuality, and they often expressed little or no regret that it may have been a factor in their seroconversion:

"Because I had an interest in leather and other things like that, and my partner didn't. And so he gave me the option to pursue that, which was nice of him. And then, of course, that just led one thing to another, and it went from there. And, of course, you meet certain people along the way. You befriend those and then, you know, you start talking about other things. We all have aspirations, dreams, fantasies. I followed a few of them and it led me to where I am today. So ... yeah ... And I don't regret any of it. Never have."
(Age: 43 years)

Sexual partnerships and behaviours

Men were asked about their sexual behaviour with different types of sexual partners in the six months prior to their HIV diagnosis. They were asked about what they did with their primary regular partner or boyfriend, with other regular partners such as fuckbuddies², and with casual partners.

Number of male partners

The majority of men reported more than five partners in the six months prior to diagnosis, including almost 40% who reported more than ten partners.

Table 8: Number of male partners in six months prior to HIV diagnosis

%	(N=206)
None	11.7
One	6.8
2-5	24.3
6-10	17.5
More than 10	39.8

Note: Includes only men who provided a response to the question

Primary regular male partners and boyfriends

A third of the men (32.4%) were in a relationship at the time of the HRE; in all but five cases their regular partner was a man. One in six of these relationships were of less than twelve months duration, but nonetheless the average length of these relationships was about six years.

The majority of men knew the HIV status of their regular partners; about half were confident their partner was HIV-negative, while about one in ten knew their partner was HIV-positive. Nonetheless, one in six did not know the HIV status of their regular partner and another one in five suspected their partner was HIV-negative but could not be confident of this.

More than a third (36.3%) of those who indicated they had had sex with men during the six months prior to their HIV diagnosis, reported having a regular male partner. More than half of the men who reported having a primary regular partner (54.5%) had more than one regular partner in the six months prior to their HIV diagnosis. Nonetheless, very few were unable to identify a single primary partner or boyfriend. Less than a third of the men with a primary regular partner believed that this was the person who had infected them with HIV.

More than half of those with a primary regular partner indicated they had engaged in receptive unprotected anal intercourse (UAI) with that partner, even when they knew their primary regular partner was HIV-positive.

² Repeated sexual partner with whom one occasionally has sex on an ongoing basis, not necessarily involving an emotional attachment.

Table 9: Sex with primary regular male partners in six months prior to HIV diagnosis

%	(N=98)
Receptive unprotected anal intercourse:	
without ejaculation	52.0
with ejaculation	55.1
Insertive unprotected anal intercourse:	
without ejaculation	32.7
with ejaculation	40.8

Note: Items not mutually exclusive. Only includes men who reported having a regular male partner in the six months prior to diagnosis.

For some men, there was a feeling that being in a relationship provided a sense of protection against engaging in behaviours that may place them at increased risk of HIV infection:

“But I was sort of restricting myself because of that it would lead to more risky behaviour with the HIV. And so that would stop me from doing what I want or what I felt I wanted to do at those times. And so, in one way, to protect myself was to get involved in a relationship because that’s, you know, it’s monogamous, it’s alright, it’s fine, you know. Whatever. But there was still that part of me that still wanted to go out and explore my sexuality. Which I’m still doing now, I mean it’s ... a lifelong thing.” (Age: 28 years)

While monogamy was regarded as protective, it was also considered restrictive and men often sought sexual exploration beyond the bounds of their relationships.

Others described the end of a relationship as a period of adjustment, learning again how to negotiate sex and condom use, as well as an opportunity to discover new experiences, for which they may not have the tools to manage safely:

“... the relationship was coming to an end, at that time. So, so there was a fair amount of experimentation going on, which is why I seroconverted. So I guess it was a, in some ways, a product of relationship breakdown and searching for alternatives - probably not making wise choices. At that time normally I was fairly careful about this issue. And would certainly always discuss it with anyone I went with. But, you know, made too many errors of judgment.” (Age: 57 years)

Other regular male partners and fuckbuddies

Of those men who reported having sex with a regular partner in the six months prior to testing HIV positive, more than half reported having more than one regular partner. The mean number of other regular partners was 4.1.

Other men described having several regular sex partners, without a primary partner. One participant described his frustration at trying to find a reliable, 'hassle-free' regular sex partner:

"We'd catch up, you know ... maybe four times over three odd months. And then that would stretch out to, you know, every, once every two, three months. You know what I mean? I've never had ... an intense fuck buddy relationship where ... I don't know ... I find guys in [city], you know, incredibly fickle ... that's why I've been single for eight years. You know, I'm flat out getting a, a decent fuck buddy, you know, coming back on a regular basis let alone anything else. You know what I mean? ... the most sort of regular fuck buddy I would have had would have been about maybe six, seven times every weekend for about six or seven weekends. And then that just, you know, and then I think ... they freak out because they think, "Oh fuck! What the fuck is this? What are we doing here?" You know, and then they're gone." (Age: 39 years)

About a quarter of men with regular partners besides their primary regular partner engaged in receptive UAI with those partners, while one in five engaged in insertive UAI with those partners. One in five also reported having engaged in group sex with their other regular partners.

Table 10: Sex with other regular male partners in six months prior to HIV diagnosis

%	(N=64)
Receptive unprotected anal intercourse:	
withdrawal	25.0
with ejaculation	18.8
Insertive unprotected anal intercourse:	
withdrawal	18.8
with ejaculation	21.9
Group sex	18.8

Note: Items not mutually exclusive. Includes only those men reporting sex with an 'other regular' male partner in the six months prior to diagnosis.

Casual male partners

Two thirds of the men in this sample reported having sex with casual male partners in the six months prior to testing HIV-positive. The mean number of casual male partners was 18.

Sex with casual male partners

Almost half of the men had engaged in receptive unprotected anal intercourse with casual partners (UAIC) in the six months prior to their HIV diagnosis, while about one third had engaged in insertive UAIC. Half of the men had engaged in group sex with casual partners in the six month period.

Table 11: Sex with casual male partners in six months prior to HIV diagnosis

%	(N=154)
Receptive unprotected anal intercourse:	
withdrawal	49.4
with ejaculation	34.4
Insertive unprotected anal intercourse:	
withdrawal	34.4
with ejaculation	27.3
Group sex	51.3

Note: Items not mutually exclusive. Includes only those men reporting sex with a casual male partner in the six months prior to diagnosis.

Meeting male partners

Almost three quarters (72.8%) of the men reported using the internet to meet male partners during the six months prior to their HIV diagnosis, almost two thirds (59.7%) had met sex partners at gay saunas while over a half (53.9%) reported meeting sex partners at gay bars.

Table 12: Methods of meeting male partners in six months prior to HIV diagnosis

%	(N=247)
Internet	56.2
Saunas	46.2
Gay bars	41.7
Sex clubs	34.0
Beats	32.0
Dance parties	26.4
Private sex parties	17.8
Gyms	12.9

Note: Items not mutually exclusive.

Female partners

Just eight men indicated they had had sex with any female partners during the six months prior to their HIV diagnosis. Five of these men reported that this was with a regular female partner, although only three indicated having engaged in unprotected intercourse with their regular female partner.

Drug use prior to diagnosis

"I had used drugs before but only to, you know, go out and dance, and stuff. But not on a chem-sex basis." (Age: 28 years)

Men were asked about their use of drugs in the six months prior to their HIV diagnosis.

Types of drugs used

More than three quarters (79.3%) of men reported using at least one drug in the six months prior to their HIV diagnosis. Amyl, ecstasy and marijuana were the most common drugs used, but more than one in five reported using crystal methamphetamine and one in ten reported using GHB.

Table 13: Types of drugs used in six months prior to HIV diagnosis

%	(N=247)
Amyl nitrate	44.5
Ecstasy	29.6
Marijuana	27.1
Crystal methamphetamine	21.9
Viagra, etc	21.5
Speed	13.4
GHB	11.7
Cocaine	10.9
Special K	8.9

Note: Items not mutually exclusive.

One in ten (10.9%) reported having injected any drugs in the six months prior to their HIV diagnosis.

For some men, drug use was a way that they could explore their sexuality and push past their everyday limits. In many cases, the sex and the drugs became so strongly associated, men would use the drugs even if there were detrimental effects, because of the sexual pleasure that was enabled while using the drugs:

"Okay, crystal's not good for me. I can rationalise that okay, she's very addictive and she's dangerous. However, I still choose to do it because I enjoy sex like that. I'm a button pusher. Whether that be someone else's buttons or, or the majority of the time my own. I like to push limits. I like to explore. I like to be adventurous. I like to be spontaneous. I like to be just a, a dirty, dirty, a dirty little boy." (Age: 39 years)

HIV and STI testing

“During that, yeah, period, it was, would have been just every six months. When I’d go in for something, I’d wait for a, a few things to pile up. Like I’d have a sore throat or I’d have a headache. I’d sort of, then I’d get an HIV test. And sit there and wait, panicking for another, to the week the test results came back, for a week.” (Age: 37 years)

Men were asked about their previous HIV and STI tests.

Previous HIV negative test

Most of the men indicated they had had a prior HIV test, which had returned a negative result. One in eight men clearly indicated they had never been previously tested.

Table 14: Ever tested for HIV prior to the HIV-positive diagnosis

%	(N=247)
Had tested previously	80.2
Had never tested previously	12.6
I don't know	2.8
No response	4.5

While some men described testing for HIV as a way to confirm their perceived HIV-negative status, a small number of men described an expectation when they tested, that they might be HIV positive:

“Well I knew what I was engaging in. That’s why I was almost surprised when I came back with all these negative tests until the last one. It was like, “Oh negative!” And they, it sort of goes, “None of that, none of that and none of that,” if you know what I mean? They always do HIV last. “None of that! How did that happen?” (Age: 34 years)

Time since last HIV test

Of those who reported having tested HIV negative in the past, a little less than half had that test within the six months prior to their HIV-positive diagnosis.

Table 15: Period between previous HIV test and the HIV-positive test

%	(N=198)
Less than a month	4.5
1-3 months	14.6
3-6 months	22.7
6-12 months	25.4
More than 12 months	29.8
I don't know	2.5
No response	0.5

Note: Includes only those men who reported a previous HIV-negative test result

Those who were able to identify an event that they believe led to their seroconversion were asked how long it had been between their last HIV-negative test result and that event.

Table 16: Period between previous HIV test and high risk event

%	(N=205)
1-4 weeks	5.9
1-6 months	35.1
7-12 months	20.0
1-2 years	8.3
2-4 years	6.3
Over 4 years	2.9
Never (I'd had no previous test)	6.8
No response	14.6

Note: Includes only those men who could identify a HRE

Of those men who reported having tested for HIV in the 12 months before receiving their diagnosis, about three quarters had tested two or more times in that 12-month period, suggesting that those men who did get tested, were doing so fairly often.

Table 17: Number of HIV tests in 12 months prior to HIV diagnosis

%	(N=142)
Once	26.1
Twice	28.2
Three times	23.9
Four or more times	13.4
No response	8.4

Note: Includes only those men who reported testing negative for HIV in the 12 months before their HIV-positive result

Reason for not testing for HIV in 12 months before diagnosis

Those men who reported not having tested for HIV in the 12 month period before their diagnosis were asked what reasons there may have been for not testing.

Table 18: Reason for not testing for HIV in 12 months before diagnosis

(Number)	(N=77)
I had no illness or symptoms which made me worry	11
I was afraid to get tested	10
I didn't want to know	7
I did not do anything risky	6
I don't get tested regularly	5
I didn't have a doctor I could trust	5
I had not had sex with anyone I knew or thought was infected	3

Note: Items not mutually exclusive. Includes only those men who report a previous HIV test more than 12 months before their diagnosis

Testing for other STIs in the 12 months before diagnosis

Men were asked how often they had testing for any other STIs in the 12 months prior to testing HIV positive. Most men reported having had an STI test in the 12 month period, with two in five having tested more than once.

Table 19: Frequency of STI testing in 12 months before HIV diagnosis

%	(N=247)
Never	23.9
Once	16.2
Twice	16.6
Three times	14.6
Four or more times	8.5
No response	20.2

Reasons for test that returned HIV-positive result

Few men, one in ten, indicated that they had believed they had done something that had caused them to seek a test on the occasion they tested HIV-positive. Far more commonly, they sought testing because they had either experienced symptoms that had caused them some concern or because it was part of their routine testing regimen. The majority of men indicated they were not motivated to test out of a perception of being at risk, despite the fact that most of them had actually engaged in some form of risk behaviour. This suggests a disjuncture between many of the men's perceptions of HIV-risk practices and their actual sexual practices.

Table 20: Reasons for test that returned HIV-positive result

%	(N=247)
I had an illness which made me worry	28.7
Part of my regular testing pattern	23.1
I wanted to know my status	16.2
My doctor suggested it	9.3
I did something risky	9.3
I had sex with someone I knew to be HIV positive	6.1
So my partner and I could make an agreement not to use condoms in our relationship	2.8
My partner asked me to	2.4
A condom slipped or broke	2.0

Note: Items not mutually exclusive.

Some men described feeling less inclined to test for HIV if they were in a regular sexual relationship. In this context, frequency of testing would reduce due to a sense of safety that exists in these relationships, although for some, this sense of safety was misguided, as the following illustrates:

"I hadn't been tested regularly for a while. I forget how long. It might have been a year or two. So pretty much quiet days. Hadn't been doing much. Just seeing the regular fellow I was seeing. Yeah. Pretty much had a bit of time out, if you know what I mean. Hoping things were alright. Turns out they weren't." (Age: 34 years)

For some, understanding which behaviours can reduce the risk of acquiring HIV, and practicing safer sex, provided a sense of security leading to less frequent testing. In the absence of a pattern of regular sexual health screening, testing facilities available in community settings provided a convenient opportunity for testing to occur:

"No, I wouldn't say I had a regular testing pattern. I guess I'd become a little bit more knowledgeable about HIV positive; about safe sex, to a certain extent. The sex club that I'd, or the club I'd gone to, used to have a bloke that ... I don't think they do anymore ... have a bloke that used to be downstairs and he'd take some blood, and you'd get a result. And I think that probably I thought that yeah, look, yeah, I should do this to make sure everything's okay. And so it wasn't necessarily, it wasn't necessarily something I'd decided that should happen. But I thought yeah, it's something that is a wise precaution." (Age: 61 years)

Post-exposure prophylaxis

"I was thinking about PEP, but didn't do anything about PEP. Went home and just thought, 'I'll be fine.' You know, 'I've got,' stupid me thought, 'I'll have a special gene. I won't become HIV positive.'"
(Age: 28 years)

Men were asked about their knowledge and use of post-exposure prophylaxis (PEP).

Knowledge of PEP

Of those who could identify a HRE, more than half had heard of PEP at the time of that event.

Table 21: Awareness of PEP at the time of the high risk event

%	(N=247)
Yes	56.6
No	39.0
No response	4.4

A third (32.7%) of those who had heard of PEP had used it on a prior occasion, one in seven of the whole sample.

Use of PEP after HRE

Ten men reported accessing PEP as a result of this high risk event; six had accessed the medication within 24 hours of the risk event. Six completed the course of medication, while three indicated that they had stopped taking it on their doctor's advice.

There have been no documented cases of PEP failure identified in Australia, and the cases reported here are entirely based on self-reported, and limited, data, which have not been clinically verified.

When the men who had previously heard about PEP were asked why they had not taken PEP on this occasion, the most common reasons given were that they did not think they had done anything sufficiently risky to require it, or that they had not known that the source of their HIV infection was HIV positive.

"Did not consider that I might have been exposed to HIV at the time - hence the risk taken in having unsafe sex." (Age: 30 years)

A number of participants described being in a foreign city as an obstacle to accessing PEP, being unfamiliar with the city and how or where to obtain the treatment:

"As I was walking home, I thought, 'Will I? Won't I?' I thought, 'Nothing will be open.' I didn't, I didn't, I knew it was there but I didn't know actually how to get it. I was new to [city] - two or three months [there] - and it's not the first thing that you actually learn. You read the [transport map] - not the PEP map."
(Age: 28 years)

Diagnosis details

"His term was "HIV reactive" which sent me to, "Well fuck, maybe that's just ... maybe ... it's not positive, it's not negative; it's reactive. What is it, a ..." (Age: 34 years)

Men were asked several questions to determine when and where they were diagnosed as HIV-positive, as well as other details about their HIV diagnosis.

Where diagnosis occurred

The largest proportion, well over a third, were diagnosed in NSW, but nearly as many were diagnosed in Victoria. The geographic distribution was similar to that of HIV diagnoses in the 2009 national HIV surveillance system.

Table 22: State where diagnosis occurred

%	Study sample (N=247)	National surveillance (2009)
New South Wales	36.2	38.1
Victoria	31.0	32.1
Queensland	19.2	18.5
Western Australia	2.6	4.5
South Australia	4.8	4.1
Tasmania	0.4	1.4
Australian Capital Territory	0.9	0.8
Northern Territory	0.4	0.6
Overseas	4.4	-

Year of diagnosis

Most (76.9%) reported receiving their HIV diagnosis between 2007 and 2010.

More than half the men in the study received their HIV diagnosis within one year prior to interview, and the majority of the rest within two years. In states where the Seroconversion Study has not been a regular feature of local surveillance activity, the requirement that their diagnosis had occurred within a maximum of two years prior to interview was relaxed somewhat. A small number (sixteen men) were diagnosed prior to 2006.

Table 23: Period between diagnosis and date of interview

%	(N=247)
Three months or less	27.9
4-6 months	14.2
7-12 months	12.6
13-18 months	12.6
19-24 months	4.9
More than two years	16.2
Not known	11.7

Seroconversion illness

Close to half (44.9%) reported having been sick with flu-like symptoms at about the time of their HIV diagnosis, which their doctor had determined was indicative of having HIV seroconversion illness.

Reactions to diagnosis

Men described a variety of responses to the news of their HIV diagnosis. For some there was a sense of disbelief:

"I kind of thought, you know, how on earth has this possibly happened to me when I understand so well what it is, how it's transmitted, what not to do, what precautions to take? How on earth in this day, you know, has, has it possibly happened when I'm so well-informed on it? That's what I thought." (Age: 27 years)

Some men felt cheated, having spent years being vigilant to avoid HIV:

"And when he told me I was just like ... my first words were, "What? All this fun I could have been having and, you know, then missing out on ... and I've been going around being careful and you tell me this!" (Age: 27 years)

Although a small number of men did describe initial feelings of blame or anger towards the person from whom they had acquired the infection, the majority of men accepted the responsibility for their infection and accepted the result and what it means for them:

"It's happened and that's, and I need ... I just deal with it. I do what I have to do and get on with, get on with life. Like ... whereas, like I don't have a focus on someone to get angry at or someone to hate, or someone to be upset with. And I just cope. I just do what I need to do to, to lead my life so yeah." (Age: 34 years)

The majority of in-depth interviews occur relatively soon after diagnosis, with men still adjusting to the idea of living with HIV. For many men part of this process involves refocusing their attention on looking after themselves, both physically and mentally:

"Well I think you're, you're not with it for a while. I mean you know the result and you are HIV. What, what do you do? I don't know; I just looked at it that way. What can you do? There's no use, you know, throwing your hands in the air, "Why me? Why me?" Because you know exactly why, why you. I don't know. I made the determination then of trying to stay as healthy as you can. You know, exercise, blah, blah, blah, blah. All those sorts of things, which you try and do." (Age: 63 years)

A small number of men described feelings of fatalism, believing contracting HIV was something that would inevitably happen to them:

"I think with HIV I just automatically in the back of my mind thought, "It's gonna happen one day," I think. And, you know, I'm not the most promiscuous person. I'm more promiscuous now than I was when I was younger. But now I think what a fool I was." (Age: 63 years)

Contact with the epidemic

Men were asked about their contact with the epidemic. Almost two thirds (60.4%) of men reported knowing someone with HIV at the time of their diagnosis, including 16.7% who knew more than five. One quarter (22.3%) also knew someone who had been diagnosed for the first time during the twelve months prior to their own diagnosis. One in five (19.8%) knew someone who had died from AIDS in the previous year.

High risk event

"The specific event, I think I've got a fair idea when it was and I think it was actually a one-on-one event. And it was with a guy. I think we fucked each other and we fisted each other as well on that occasion, I think, after cumming, which is probably about the worst thing you can do." (Age: 57 years)

Men were asked to describe the high risk event (HRE) they believed was most likely to have led to their HIV infection and about the person they believe infected them.

Identifying an event

Most men (82.9%) were able to identify a HRE. Of those who could identify a HRE, 46.7% indicated that there was more than one such event. Most (81.3%) of the men who had multiple high risk events were able to identify a specific single event they believed was most likely to have led to their HIV infection. Those who could not do so were asked to describe the most recent of these events.

Location of the high risk event

Within Australia, the geographic distribution of the HREs was as might be expected in a sample of gay men, given their population distribution (Prestage et al. 2008). However, almost one in five men indicated that they believed they had been infected while they were overseas, either on holiday or while living and working overseas.

Table 24: Location of high risk event

%	(N=247)
NSW	29.6
Victoria	20.6
Queensland	12.1
Western Australia	2.8
South Australia	2.0
ACT	0.8
Tasmania	0.4
Overseas	18.2
Not known	13.4

Sexual partners present at the high risk event

Most (93.2%) of those who could identify a high risk event indicated that they had sex with someone at that event. All but two of those men who reported sex at the HRE had sex with another man. Two men reported sex only with a female partner and two others reported sex with both male and female partners at the HRE.

The two men who reported only sex with female partners at the HRE had both never had sex with another man. They reported the HRE as occurring overseas and both men reported both vaginal and anal intercourse with their partners.

More than two thirds of men reported that they had sexual contact with casual male partners at the high risk event, a quarter reported that their regular male partner was at the HRE and one in six reported that a fuckbuddy was at the HRE.

Table 25: Type of sex partners at high risk event

%	(N=191)
Casual partner/s	68.1
Regular partner/s	25.7
Any fuckbuddies	16.2

Note: Items not mutually exclusive. Includes only those men who report sexual contact at the HRE

Men most commonly met the sex partners who were at the HRE over the internet, although a third (31.4%) met their partners at a sex-on-premises venue.

Table 26: Where they met the sex partners who were present at high risk event

%	(N=191)
Internet	42.9
Sauna	18.3
Sex club	13.1
Through friends	11.5
Gay bar/club	11.5
Beat	7.9
Overseas trip	7.3
Gay dance party	6.3
Sex party	3.1
Gym	1.6
Other/not provided	8.3

Note: Items not mutually exclusive. Includes only those men who report sexual contact at the HRE

The HRE was most likely to occur in a home, more commonly that of their partner.

Table 27: Where the high risk event occurred

%	(N=205)
Partner's or friends home	27.7
My home	20.9
A sauna	16.2
A sex club	11.5
Hotel room	7.9
Beat	6.3
Sex party	1.0
Other/not provided	8.5

Note: Includes only those men who can identify a HRE

Most were able to identify a particular sex partner at the HRE who they believe infected them with HIV – the source person. In the majority of cases (64.4%), this was a casual male partner. For one in eight of these men, they contracted HIV from their primary regular partner.

Table 28: Type of sex partner considered the source person

%	(N=191)
Casual partner	64.4
Fuckbuddy	19.9
Regular partner	12.0
Sex worker	0.1
Other/not provided	1.5

Note: Includes only those men who report sexual contact at the HRE

Sexual behaviour at the high risk event

Among those who report sex with another man at the high risk event (HRE; n=191), all had engaged in anal intercourse, the majority of whom were the receptive partner (Table 29). Slightly more than half the men engaged in receptive unprotected anal intercourse (UAI) at the HRE including a little less than half where their partner ejaculated inside them.

In almost a third of cases, anal intercourse was reciprocal, with both partners penetrating each other, in just over a fifth of cases, reciprocal UAI occurred.

Table 29: Sexual behaviour at high risk event

%	(N=191)
Any anal intercourse	100
Receptive anal intercourse	78.5
Receptive unprotected anal intercourse:	
withdrawal	51.3
with ejaculation	41.4
Insertive anal intercourse	45.5
Insertive unprotected anal intercourse	34.0
Reciprocal anal intercourse	28.8
Reciprocal unprotected anal intercourse	21.5

Note: Items not mutually exclusive. Includes only those men who report sexual contact at the HRE

Group sex

Participation in group sex is considered a marker of sexual adventurousness (Kippax et al., 1998), and group sex is considered a high risk activity (Prestage et al., 2008). Sexual risk behaviour in the context of group sex has been described in detail in the TOMS: Three or More Study. In a national study of homosexually active men in 2000, about 42% were found to have engaged in group sex during the previous six months (Van de Ven et al, 2001). Two in five of the men in this study (41.5%) report the HRE as occurring in the context of group sex.

Table 30: Number of sex partners at high risk event

%	(N=191)
One	57.1
Two	17.3
Three	8.4
Four	3.7
Five	4.2
More than five	7.9
No response	1.4

Note: Includes only those men who can identify a HRE

Oral sex

One in six men (16.8%) reported that the source person had ejaculated in their mouth at the HRE; a quarter of men in this group reported no UAI at the event. Some men in this sample believe that they were infected as a consequence of oral sex, and some offered additional reasons why oral sex may have been a higher risk on that particular occasion:

“The only other thing that I know; beforehand, maybe a week or two beforehand, I had an ulcer in my mouth ... so that’s the only other thing that’s on my mind that may have contributed to this.” (Age: 44 years)

“Well my best guess is I was going through a stage where I had two mouth ulcers. And I honestly believe what has happened is somebody’s obviously cum in my mouth.” (Age: 38 years)

For men who had not engaged in any unprotected anal intercourse prior to their seroconversion, there was some confusion around how they became infected:

“To be honest, I don’t really know. I think it was over oral sex or there was a night that I fisted this guy and didn’t use a glove. But that’s the only thing I can think of. But it was no skin broken. There was nothing so much ... there was no blood. There was nothing like that. I didn’t swallow his cum.” (Age: 33 years)

For some there was frustration and disbelief at the notion that their seroconversion may have occurred as a result of oral sex:

“And for years, for 15 years I’ve been doing that [oral sex without a condom] and haven’t, never caught anything. You know, what I mean? Really, so ...” (Age: 33 years)

Drug use at the high risk event

"I didn't really think, at the time, because we were both quite drunk and we were both quite horny. So it just kind of, it kind of happened and you don't, yeah, I don't know. We both enjoyed it, so ... So it's like oh wow! you know, like it's nice, yeah." (Age: 27 years)

One third (33.7%) of those who could identify a HRE reported drinking alcohol on this occasion, the majority of whom (58.0%) had five or more drinks.

More than a third of those who could identify a HRE (37.6%), reported illicit drug use at that event. A significant proportion (11.2%) reported injecting drug use at the HRE, usually crystal methamphetamine. Four men reported using unclean needles.

Table 31: Drug use at high risk event

%	(N=191)
Amyl nitrate	31.7
Crystal methamphetamine	21.5
Ecstasy	12.7
Marijuana	12.2
Viagra, etc	11.2
GHB	8.3
Speed	4.9
Special K	3.9
Cocaine	2.4

Note: Items not mutually exclusive. Includes only those men who can identify a HRE

A nexus between sex and drugs was described by a number of participants. Men described experimenting with drugs in similar ways that they would explore their sexuality. This provided a way for men to connect with each other and push new and exciting boundaries:

"I was experimenting with I guess new forms of sexual interaction with people. Experimented with drugs a bit for reducing inhibition, making ... yeah, pleasure-heightening and all that sort of thing. So it was doing that. And new people, obviously. And that was the context that, that the seroconversion happened." (Age: 57 years)

The use of drugs during sex enhanced sexual pleasure, adding an intensity to the interaction that the men would feel 'swept up' in the event:

"Oh, well he brought amyl along and so we were having amyl. And I'd had a couple of drinks beforehand, so that kind of loosened things up a little. And I, I don't know, it was just really passionate and it was quite intense. And ... and then at one stage he was on top, and then, and then he just, I don't know, slid onto, onto me. And I thought, "Oh God that feels really nice." And I said, "Oh no, no, no." And then later on I thought, "Oh what the hell ..." (Age: 34 years)

Some men believed this contributed to feelings of disinhibition, impairing their judgement:

"Ecstasy pills. I think that's all we had that night. Alcohol. So that, that's what happened that night. It definitely was, I was definitely more relaxed. I suppose not as on the ball as I would have been normally." (Age: 27 years)

Some men were more clear about the association of drug use and its effect on decision making:

“At the time, when you’re off your face, when you’ve had a point of crystal, [clicks fingers] pass it off and all. You just let it happen.” (Age: 41 years)

However, some questioned the idea that one can attribute risk or poor judgement to drugs when they are a normative part of the sexual contexts:

“Well, see alcohol and drugs are always known to impair one’s judgment. And I mean there are just situations that one gets into when one is ... I think alcohol and drugs are a key factor in most ludicrous situations that one gets oneself in, which are then situations where options present themselves and one makes decisions that they would never have had to make because they would never have been in that situation, if they weren’t drunk or on drugs. So I think any of those other factors we can probably put into a separate bag of “really not that important”. Because it does all come down to the fact that, you know, I drink, I do drugs. I make really bad choices when I’m doing one, either or both.” (Age: 34 years)

This participant described the drugs themselves as just one part in a large range of factors that influence their decision making process:

[Interviewer: Why were you more prepared to take risks in that situation?] *“You’re asking me to try and dig deep into my psyche to give you an answer about, about decisions made in the height of drug use, in the height of a sexual experience. It’s very difficult for me to pinpoint, you know, an emotion or, or an experience, or a feeling which led me to that. It, it ... and I really can’t say that it, that it is one of those things. I’d say it’s very much a Gestalt type of situation where, you know, this plus that plus this plus that, plus this leads to that.” (Age: 39 years)*

Some men described using alcohol or drugs as an escape from stress or problems. Although some had a tendency to blame those substances for a lack of control over their decision-making, there was also acknowledgement that risk episodes also occurred outside the context of their use:

“As our relationship got progressively stranger, I would just go out and get absolutely hammered. And even end up doing anything, basically. And so yeah, it was just sort of a, a crazy, dysfunctional, beer-filled kind of period of my life. ... it was a fun time of life but on the relationship front it was, it was very dysfunctional ... I guess the fall-out from that storm was just obviously going out one too many times and getting drunk – a little bit too drunk – one too many times, and doing something foolish one too many times. But, you know, having said that, I probably wasn’t, I was never particularly careful.” (Age: 34 years)

Nonetheless, some men described being able to maintain control over decisions around sex, regardless of the effects of the drugs they were using:

“I remember, you know, getting back when I was a bottom boy, getting fucked but used to always check, even though no matter how trashed I was, I used to always make sure the person had a condom on. And I remember a few times that a guy used to try and take the condom off and I’d say, “No, fuck off,” virtually, you know. “You’re not fucking me,” and I was off, completely off my head at that stage but I could still keep in control of what I was doing. So I knew if anything like that ever happened again in the future that I’d still be in control.” (Age: 32 years)

During the in-depth interviews men had the opportunity to describe in detail the factors that influenced their actions at the high risk event. Several key themes were apparent in the way the men described their thinking around the high risk event. These are described in the following sections.

Heat of the moment

[Interviewer: Did you, did you think about the risk that might have been involved?] *“Possibly. Not for long though, I don’t think. You’re too caught up in the actual physical side of things, you know?” (Age: 63 years)*

Most men described a high risk event in which they made an exception to their usual or intended risk-reduction strategies. In many cases, participants attributed this momentary lapse to the intensity of the situation they found themselves in, and feeling carried away by the moment:

“I was going to get another one [condom] and it just, you know, in the mad, passionate moment, I just didn’t put it on. I just ... went, “Whoa!” [Interviewer: Can you tell me a little bit more about that?] Well it was much better not using it. There’s not much else to tell, really, other than ... [I guess, what was going through your mind? Did you think ...] Yeah, I did. Like, “I should stop and put a condom on.” But no. I thought, “I’ll pull out before I blow.” And ... but that didn’t happen either.” (Age: 63 years)

In some cases, in the intensity of the moment, the sheer enjoyment of pleasure overtook any considerations of risk:

“I mean, you know, you know that it’s a, a safe thing to do [use condoms] and I suppose, I don’t know how to explain it. Just in the heat of the moment, you know. Sometimes if it wasn’t on, you just didn’t worry about it.” (Age: 36 years)

Some men remained conscious of the risk involved, but in the desire to sustain the mood of the moment they took the chance and hoped for the best:

“But in the back of my mind I was always kind of aware of it, I guess. But just ... But then I’d get caught up in the heat of the moment and, “Oh, there’s no condoms,” so, “Oh it won’t happen this time,” you know.” (Age: 34 years)

In some cases it appeared that being swept up in intense moments meant that communication was unclear. Men often described making assumptions based on their partners’ actions, but not being clear about the interpretation of those actions:

[Interviewer: At any point was there any discussion around condoms?] *“No, no. Well it was kind of that silent, “Well if you don’t say no well then that must be a yes, kind of thing.” And ... oh and, did I ask him? I’m pretty sure I asked him, you know, “Do you have condoms?” and he said, “No.” And I thought, “Oh okay, then,” so ... But then as things progressed and they got hotter, and ... it was, “Oh well. We’ll roll the dice again and we’ll see how we go this time.” (Age: 34 years)*

Though the men tried to reflect upon what may have influenced their decisions, many acknowledged the difficulty of trying to rationalise their behaviour:

“It’s really difficult to know what to say on that. It’s kind of like is it that I, I (1) wasn’t frightened enough? I (2) didn’t really care enough about myself or whatever? (3) If I was in a situation that seemed like it was gonna be fun, I’d just run with it. Like I mean there’s a whole bunch of possibilities. And if I sat here for hours I could probably keep coming up with, you know thinking about moments and go, “Yeah, well in that case it was just that I was drunk and he was hot,” or, “That situation was well, we were walking back and it just kind of seemed like a great idea to do it in the back alley.” There’s a whole bunch of reasons why at various moments I haven’t had the good sense to use a condom.” (Age: 34 years)

The balance of risk and pleasure

For many men risk itself was directly measured against the potential pleasure. They describe risk assessments and trade offs – accepting risk in order to maximise pleasure.

For some men this increased willingness to engage in risk was a result of a growing confidence in themselves. For some they describe a conscious decision to take a gamble:

“As I was growing older I was just willing to take more risks. I just felt more comfortable in my skin and just understood the risks. And it was just like Russian Roulette really. You got it; have to live with it.” (Age: 44 years)

In order to participate in particular sexual scenes there was an acknowledgement that risk was inevitable; the risk itself was part of the ‘edginess’. In order to engage in the type of sex the men desired, there was an acceptance of the risk of infection. The men in these circles understood this, and chose to accept the responsibility:

“Grunginess tends to be sleazy, a little bit piggish – like dirty sex, filthy sex. Unfortunately, sometimes a lot of it’s unprotected. And I accept those risks. I still do. [Interviewer: you said ‘unfortunately’, can you explain that a bit further?] Well I mean it’s not, it’s not, I wouldn’t say ‘unfortunately’. Actually, I would never say anything’s unfortunate: it’s all circumstance. It’s what you, people choose at the time and they accept ... I mean, if you’re in that situation and you’re there, you accept the risk or you don’t. If you don’t, you leave. That’s the way I look at it. So you, everybody has that right to say ‘no, I want you to use a condom’ you know. I’ve never forced anyone either way to do anything they’ve never wanted to do. And I’ve never been forced to do something I didn’t want to do. You know, it’s all on gentlemen’s agreement, I guess. Yeah, so when I say ‘unprotected’, it’s people have chosen to go down that road, I guess. The options are there.” (Age: 43 years)

Some men likened their risk assessments regarding sex to everyday decision making processes, accepting inherent risks in most things in life:

“I mean everything, everything ... in no matter what field of work you do you kind of have to make, you know, risk assessments and, you know, you just kind of go, “Yeah, that’s, that falls within the parameters of something which doesn’t seem too ... yeah, I could possibly ...’ And that’s, you know – fun. You know, at the end of the day ... is it gonna get you off? Is it gonna be a funny story to tell? Is it, you know, like, like how does one measure whether or not it’s worth, worth doing? There’s a whole bunch of factors that fall into that, that thing. And I love a good story!” (Age: 34 years)

Some decisions to engage in particular behaviours were based on rational, informed calculations of relative risk, balanced against the pleasure. However for some of the men in this sample, they made miscalculations or pushed things too far. However, for many, they accepted the consequences:

"I didn't think I was greatly at risk. But I knew I would be deluding myself to think I was at no risk. So I'm not into self-delusion. So I, I knew there was risk. I thought I was managing risk intelligently, sensibly and balancing risk against pleasure appropriately. That's, that's how I would have rationalised it to myself. Obviously I got the balance wrong. But, but that's how I would have rationalised it to myself." (Age: 57 years)

Familiarity and trust

Among the men in the sample who reported that the source person was a casual partner, almost a quarter (23.6%) reported some prior acquaintance with that partner and one in six (15.5%) reported having had sex with them on a previous occasion – almost half of those (47.1%), had had sex with them on more than one previous occasion.

In the interviews, a desire for intimacy and connection was often cited in situations where there was an ongoing acquaintance with the partner considered to be the source person. This was usually not expressed as a desire, or need, for intimacy in the abstract – a yearning for something they were lacking – but rather as a heartfelt feeling of connection with someone they felt they knew or could trust and with whom they wanted to share a close sense of intimacy.

[Interviewer: So what do you think it might have been about him that led to you letting your guard down?]
*"I ... because I knew him for a long time and, and I trusted him, I thought he'd do the right thing by me."
(Age: 39 years)*

Believing that a particular partner was 'special' or he was 'different' to other men, as an expression of intimacy and connection, men would describe relaxing their rules:

*"I think what happened in this relationship is I thought there was something special there, for some strange reason. I thought there was something special there and that's what altered, altered my – *stops*..."
(Age: 27 years)*

Emotional feelings sometimes clouded judgements about how trust should be placed:

[Interviewer: Would you say you trusted him?] *"Yes ... generally. [What do you mean "generally"?) At the time, if you'd asked me at the time I would have said, "Yeah, absolutely." If you ask me now when I've gone back and pieced all these, all these little events and things, and just remembered things that were said, and then kind of sanity-checked them – no. Not at all." (Age: 27 years)*

While some men were quite clear about the role of trust in influencing their decisions around using condoms:

"I suppose just knowing that there was trust between us and all that as well would have led more to not using the condoms and that." (Age: 38 years)

For some men, decisions were more ‘instinctual’ or based on a feeling they had in that moment:

“Like if I didn’t, you know, again, sex is sex and if I didn’t think that the person was quite right or ... yeah, I’d, I’d initiate the use of the condom. It was a very choosey thing.” (Age: 36 years)

Some men described a distinction between rules with anonymous partners, and those for whom they had some prior knowledge.

“They would ... guys that rub up ... against .. and I said, you know, “You’re not gonna go there, you know, unless you put a condom on.” And ... and then they’d put a condom on. But I, yeah, I wouldn’t ... If it was a stranger that, you know, like I met 30, 30 minutes ago, I wouldn’t ... If it’s like a, if I knew them for a while, yeah, I’d probably let my guard down. And that’s, that’s the problem.” (Age: 39 years)

In many cases it did not take long for a sense of trust and connection to be established, and for them to lower their guard:

“Basically, I was always in and out of relationships so I was always going from sort of relationship to relationship, to relationship. I actually didn’t mess around that much. I don’t really have a high sex drive ... so sometimes I would drink and there would be guys that I’d catch up with, and I wouldn’t use protection.” (Age: 24 years)

In many cases, these connections were established and articulated through a series of non-verbal signals:

“I think what led to it is, we’d had sex once with a condom and then we were just playing around. And then we went to have sex again and it was more just at the foreplay stage. And it just kind of slipped in. My penis slipped into him. And you know, it just kind of happened. And it was like ... just kept going. It was like a hesitation from both of us and then we were like ... I think it was a mutual ... we both looked at each other and we both knew what was going on. And we were like ... yeah.” (Age: 27 years)

In some cases, the desire to connect and to take a relationship to ‘the next level’ was linked to decisions to discard condoms; often in the absence of prescribed negotiated safety arrangements:

“I suppose in my mind I thought ... I know, knew what the risks were and then I also thought I, I perceive them ... I’m not going around, you know, doing risky things. And I kind of perceive ... not that it’s not possible but I thought, you know, the risk is negligible... I’d been seeing the guy for a while at the time ... So it was all kind of happening and I was just like; well it’s just, you know, a step in the relationship. Maybe it’s happening a bit early but, you know, it’s something that’s gonna happen anyway type thing.” (Age: 27 years)

For some, a sense of familiarity and trust developed quickly, when something just felt right:

“He was a good, he was a nice-looking bloke. Seemed to do everything right. Pushed the right buttons. Yeah, so it was, it was ... just felt right. I mean I don’t know how to explain it any better than that. It just felt good at the time. Again, thinking, like I was saying to you, I tend to fall for people too much. I mean this was, you know, a relationship that sort of developed over a couple of weeks. It wasn’t a one-off thing. I saw this guy again and again ... I honestly thought that he was gonna be the one for me.” (Age: 36 years)

Knowledge of partner's HIV status

"And so they weren't, they weren't long and involved discussions which, you know, explored the various options of safe sex. It was just, you know, 'What is your status? What should we do?' And, and we'd act accordingly. [Interviewer: Can you tell me what you mean by 'act accordingly?'] Oh well if somebody's HIV status was the same as mine, which, at that stage, was negative, and we were both happy with it, we would play, you know, without condoms." (Age: 57 years)

Nearly half the men (47.0%) indicated that they believed they knew the HIV status of the sex partner they believed to be the source person. One in five believed this person was HIV-positive, including 12.0% who were certain this was the case. When asked how they knew the HIV status of the source person, the majority indicated that they had been told by them, mostly before the HRE. Nonetheless, for the majority (61.3%), the source person never told them their HIV status.

Knowledge of their partners' HIV status varied according to the relationship that existed between the two. The more they knew each other then the more likely they were to also believe they knew each other's HIV status.

Table 32: Knowledge of HIV status of source person, based on relationship

%	Boyfriend (n=27)	Fuckbuddy (n=36)	Casual partner (n=114)
Certain HIV-positive	37.0	8.3	6.1
Suspected HIV-positive	7.4	8.3	8.8
Did not know	11.1	47.2	62.3
Suspected HIV-negative	14.8	16.7	14.0
Certain HIV-negative	29.6	19.4	8.8

Note: Sample size for "Boyfriend" and "Fuckbuddy" are small, so differences may not be significant

While some men would explicitly ask the HIV status of their partners, for others, prior knowledge led men to make assumptions about that person's status, as well as a perception that a particular 'type' may be more or less likely to be HIV positive:

"But I didn't, I didn't think that he'd ... because he was a good person deep down, I reckon he, he wouldn't have had the HIV. It's just, he's a lot, yeah, he's really a homey-type guy" (Age: 39 years)

Some men describe also using visual indicators of a person's HIV status:

[Interviewer: Did you ask him his status?] *"Yep, I did. Straight out. I don't mess around with that sort of stuff. And he said he was negative. So ... but I didn't see the warning signs like ... there's certain warning signs with him, like I don't know, a bit drawn face. Like 'the look'." (Age: 24 years)*

Disclosure of HIV status was described as an important tool that provided control over the situation:

[Interviewer: So you're, you're big on disclosure?] *"Absolutely. I'd hate anyone not to feel that they weren't in control." (Age: 27 years)*

Some men believed it was the responsibility of HIV-positive men to protect their partners:

"I'm an optimist, I guess, in many ways. I've always believed that people who had, were HIV positive, would keep their germs to themselves and wouldn't necessarily go out and infect other people." (Age: 61 years)

While some men initiated disclosure as a way to negotiate unprotected sex with other HIV-negative men, but would also rely on their capacity to judge people and their reactions to assess the situation:

“The things that would influence whether or not a condom was used is whether or not the person ... I would ask them straight out quite bluntly are they HIV negative, HIV positive. And the majority of them pretty much all said they were HIV negative. They claimed they'd had their tests and that would be basically the, you know, I trust people too much. That's basically why I wouldn't use a condom. But if they said or if I suspected there being a problem, there'd be a condom on. So but, you know, I just, this is how I got myself into this mess, basically, so ...” (Age: 24 years)

Many men acknowledged the risks involved with HIV-negative disclosure, and understood that this worked both ways:

“And I guess because when they asked me and I would say that I'm negative, I hadn't been tested in God knows how long. So I was just assuming myself that I was negative in, in, you know, leading up to that encounter. So I guess it was kind of, well, you know, it would be a bit hypocritical for me to demand a high level of, of honesty and trust from them when really I can't really say anymore certainly that ... you know?” (Age: 34 years)

Even while acknowledging the dangers of relying on HIV-negative status, this information was still used to negotiate sex without condoms:

[Interviewer: So if, if someone said, you know, “Are you prepared to bareback,” would you ask them what their HIV status was?] *“Oh yes. Yes, yes, yes. Yep. So ... but then, you know, that's not a good indicator.” (Age: 34 years)*

There were some who acknowledged the difficulties that HIV-positive men face when there is an expectation that will always disclose their status:

“Normal behaviour in the gay community, from a lot of what I see there's a lot of stigma around HIV. So people that are HIV positive won't mention it.” (Age: 27 years)

Whereas some believed that people could not be trusted to be truthful:

“First thing before we actually had sex he actually asked if I was positive or not. And I was like, 'No.' And I said to him, I go, I go, 'No, why, why are you asking that question?' I go, 'You know, it's not like, you know, everybody will give you an honest answer.’” (Age: 27 years)

Some men described discomfort in asking their partners' HIV status, that to ask was in itself implying there might be a problem. Nonetheless, this man would ask his partners before engaging in risk:

“I don't know, it's just everyone appears negative unless they've got like a, a rash or they look drawn, or gaunt. But ... it's like implying that ... they're dirty. 'Do you have HIV?' You know, that's implying that you're asking him, 'Well are you dirty?' And ... they're gonna think, you know, 'What does this person think of me?' But if they, if they want to do a risky activity, I definitely ask them, you know. 'Are you HIV positive?’” (Age: 39 years)

Others felt that disclosure was situational, and depending on the context, disclosure may not always occur, suggesting extra caution was required in some settings where different rules applied:

“Because I know, well from what I’ve learnt you are meant to tell them. You are meant to. Like if I was to meet someone at a bar and it got to a point where we were about to have sex, I would tell the person and allow the person to make the choice. I would do that. But in a sauna situation, well, I don’t know, this is how I see it, obviously, you’re just there for sex so I guess everybody who goes there for sex knew there’s a certain risk element of picking up things, or STIs. So I just think, well, it’s a risk that the person has to take.” (Age: 42 years)

Beliefs about HIV status

The majority of men agreed that if they know someone’s HIV status, this can help to negotiate safe sex. Also, while the majority agreed that it is not possible to be certain of someone’s HIV status, they did believe that there were some men whose HIV status they personally could know. These attitudes appear to have changed little since their HIV diagnosis. Some men felt that disclosure of HIV status was an important way of helping to manage the sex they would have.

Table 33: Beliefs about HIV status

%	(N=247)	Strongly disagree	Disagree	Agree	Strongly agree
<i>Beliefs prior to HIV diagnosis</i>					
Knowing someone’s HIV status is a way to avoid spreading HIV		4.7	19.8	49.1	26.4
Knowing someone’s HIV status is a way to practice safe sex		9.4	25.5	43.4	21.7
You can never be sure you know someone’s HIV status		1.9	9.3	37.4	51.4
There are some men whose HIV status I can be sure of		20.8	36.8	27.4	15.1
<i>Current beliefs</i>					
Knowing someone’s HIV status is a way to avoid spreading HIV		17.1	19.0	38.1	25.7
Knowing someone’s HIV status is a way to practice safe sex		18.9	23.6	32.1	25.5
You can never be sure you know someone’s HIV status		6.7	5.7	36.2	51.4
There are some men whose HIV status I can be sure of		27.6	34.3	23.8	14.3

Experiences since diagnosis

"It's not a death sentence. I'm having a positive attitude to being positive. It's just another feather in my cap, you know. It's just another thing to add to the list. It's of my life, you know. It's just another page in the book, you know. Turn the page, the next day it'll be something else." (Age: 43 years)

The majority of men agreed that HIV is no longer a death sentence, is becoming a manageable disease and is a less serious threat than in the past, and this belief has changed little from prior to their HIV diagnosis. However, although the majority of men indicated that prior to their HIV diagnosis they were less concerned about HIV transmission than in the past, they were less likely to hold this belief now, after their own HIV seroconversion.

Table 34: Beliefs about consequences of HIV infection

%	(N=247)	Strongly disagree	Disagree	Agree	Strongly agree
<i>Beliefs prior to HIV diagnosis</i>					
HIV and AIDS are less serious threats than they used to be		18.7	33.6	43.0	4.7
I'm less worried about HIV transmission than I used to be		25.5	39.6	30.2	4.7
HIV is no longer a death sentence		12.1	26.2	44.9	16.8
HIV is becoming a controllable disease like diabetes		13.1	35.5	43.0	8.4
<i>Current beliefs</i>					
HIV and AIDS are less serious threats than they used to be		27.6	26.6	38.0	7.8
I'm less worried about HIV transmission than I used to be		42.7	34.4	15.6	7.3
HIV is no longer a death sentence		10.7	11.7	45.6	32.0
HIV is becoming a controllable disease like diabetes		18.9	23.6	32.1	25.5

Men described the success of HIV treatments as contributing to a reduction in their fear of HIV in recent years, in sharp contrast to how they felt early in the epidemic:

"Because growing up, as a kid growing up in the eighties and the big campaign, and things like that scared the bejesus out of me. But then, but then when it started to, I don't know, die, die away is the right word, really, and the better medication, and treatment regimes, and things like that ... and, and the falling prevalence rates, I was thinking, "Oh yeah, well it's not as bad." Like there are more, there are other sexual diseases which people should be more concerned about. And things like that. So it kind of lessened." (Age: 34 years)

Sources of personal support

When asked how much support they currently received from their doctors, almost half (48.7%) indicated that they received all the support they need from their doctors with very few indicating that they received little support. Almost a third (30.9%) indicated receiving much of the support they needed from their regular partners – over half of those who had a regular partner. Nearly a third (29.8%) also reported receiving sufficient support from HIV carers and other support staff. As for their friends, they reported receiving as much support from HIV-negative friends as they did from other people with HIV. While not perfect, most men seemed to indicate that they had been in receipt of considerable personal support since their diagnosis.

Sex since diagnosis

In the interviews, men were asked about the way their HIV diagnosis had impacted on how they view themselves as sexual beings and their sex lives more broadly, as well as how it had affected their relationships, both current and future:

[Interviewer: Think about how important sex was for you before you were diagnosed and compare that to how important sex is for you now] *"Yeah, it's changed. It's not, it's not as important. [Why is that?] Again, I just have this ... All I can say is I just feel that, you know, I'm ... I'm tainted. Like it's just ... yeah. It's just ... there's part of me that is not right."* (Age: 27 years)

For many men, the fear that they might transmit the virus to their partners was enough to put them off sex altogether. Men expressed a need to fully understand the implications of their HIV infection, and what that meant about their infectivity to others:

"I haven't had any [sex] since I got told. Only because I want to know where I'm going with it before I start getting back into the community, I guess. I, I want to be as well educated as I possibly can before I start playing. The other thing is obviously I'm highly contagious at this point in time. And until I start medication, which I'm discussing with my doctor at the moment, and I'm going for another lot of tests next week, I probably won't be that active until I know my viral loads have gone a long way down than what they are now, because they're very, very high. My last test was 141,000 so that's pretty high. You know, so ... and yeah, so once I can get that down and then I reassess everything, and obviously my sexual practices and who I play with, and how I play, and the whole bit. So ... but yeah, I'll come to that, cross that bridge when I come to it I guess." (Age: 43 years)

For some it was impossible to remove thoughts of HIV and their infectivity from their mind when having sex, but there was hope that with time, that might diminish:

"Every time I have sex I think, 'Oh shit, I'm gonna give someone HIV.' So I can't enjoy it as much as what I used to. I've spoken to some people and they've said, you know, that phase normally goes after a few years. But at the moment every time I sleep with someone I'm like, 'Shit, I'm gonna give them something.'" (Age: 32 years)

Men talked about adapting their sexual practice, to ensure that risks were kept to a minimum:

[Interviewer: He doesn't have any problems with having oral sex with you?] *"He did at the start. Not now. We're just very, very careful. [Do you ever have anal sex with him?] Yes. He makes me wear two [condoms] They're uncomfortable but yeah ..."* (Age: 32 years)

Some men now felt uncomfortable being a position where they now felt obliged to disclose their HIV status to prospective partners and face the possibility of rejection. Some reflected on their earlier experiences of refusing to have sex with HIV-positive men when they were negative:

"I ... I don't know. I'm in a kind of a bind now where I don't want to ... I don't want to hook up with negative guys because I don't want to tell them that I'm positive. Because even though for some people that's okay, for other people they will just rule you out on that, which is ... I mean I would have done the same, for example." (Age: 27 years)

Men now felt conflicted about their responsibilities to their partners. Some had withdrawn so as to avoid situations where somewhere may make an advance on them:

"I mean the fact that, you know, I used to be able to go to a club and basically – I don't mean to sound aloof but – get, have no problems picking up a guy, for example. And now I don't really like going out because I don't want to have to deal with telling them, whatever, you know. I mean I could be a prick and not tell them. But I don't, I just don't ... I don't know. I ... But there's no other option, is there, really? So, I'll just deal with that." (Age: 27 years)

On the other hand, some found becoming HIV positive a liberating experience. For some it was as if they had lived their sexual lives in fear of becoming HIV positive. Now, being HIV positive, was a constant that provided some comfort:

"And I've felt less inhibited, you know, because I've, to be able to say I'm positive, that is a far more positive statement than saying, 'Well I was negative last time I was tested.' That is a very definite statement. This is what I am. So, in that sense, I'm sexually more relaxed. Which is a bit of a paradox. But it, but it, it is true; I'm more sexually relaxed being positive." (Age: 57 years)

Being HIV positive, and choosing to have sex with men of the same status, provided a sense of freedom. Instead of the need to be cautious or distrustful of partners, sex could now be enjoyed without the fear of infection:

"Sexually, yes, it was liberating, yeah. The doctor told me the reverse: he said, 'What this is gonna do is you're gonna have to, have to have safe sex all the time now because you could infect someone.' But you could turn that on your head and say 'Well look, you know, I could choose positive partners and, and ... so it's not gonna be as safe.' And, in fact, that's what I did. So in that sense yes, liberating." (Age: 57 years)

Although many men embraced the freedoms that sex with other HIV-positive men allowed, for some there was a sense of guilt involved:

"In a sense, it's liberating, sexually, which is bizarre and perverse but it's how it's been. [Interviewer: Why do you think it's bizarre and perverse?] Because, you know, you shouldn't, having a sexually transmitted infection, if it is an infection – I suppose it is – having a sexually transmitted infection you'd think should inhibit sexual interaction but it ain't necessarily so, in this particular case." (Age: 57 years)

While men welcomed feeling that they could abandon safe sex practices, there were some still concerned about the risk of other infections that exist through unprotected sex, although:

"I mean, there are those times now where ... it's kind of weird too in that I guess part of that whole kind of bare-back folklore thing that I mentioned earlier, is the whole notion that, you know, it's all about wild, dirty sex parties. And sure, I have been to a couple. So there are those times where I have had, you know, that kind of experience. And it's just like ... yeah. So I mean there are times where, yeah, now, now I'm exposing myself to the potential of hepatitis and all these other things which, if I was a sensible and sane person I would probably not. But, at the same time, you kind of like, well, you know: how bad can it get?" (Age: 34 years)

These STIs were often considered little more than an inconvenience, and worth the risk:

"In terms of sex life yes, that's changed. So ... not as careful. I still divulge all the time. But with, with other HIV positive people it's very much easier. And this means I have had other STIs since then. Whereas I didn't before. So ... not a lot but I have had two, two infections in the four and a half years. That's not a vast number." (Age: 57 years)

For some, due to the worry that other health issues may arise through unprotected sex, there was a preference to maintain safe sex practises:

"But I don't want to have any more unprotected sex; just because I'd rather just not deal with anything else that might happen and just focus on what I have, at the moment, and deal with that. And if that means less sex then that's fine but ... [Interviewer: It doesn't look fine for you?] Well it's not fine but what's the option?" (Age: 27 years)

Some men felt that their options were limited in terms of selecting partners of the same HIV status or that they had to consider issues around partner selection far more than was previously the case:

"Like I mean I don't feel, I don't know ... I just feel that it's ... in terms of my sex life now, it's very limited in terms of who I can have sex with." (Age: 27 years)

Whereas others had considered, but rejected the notion of this restriction:

"I mean for a phase there I thought maybe I need to go out with someone else who's positive so that there's no, if we do have sex, if I do meet someone else who's, who's negative, for example, putting that aside, that I wouldn't be putting them at risk, do I need to identify myself as going out with someone else who's positive to eliminate anything like that. And also disclosure and that sort of stuff. But then I sort of thought no, well no two people who are positive doesn't mean they have to go out together. You can still go out with a negative person and ... so ... yeah." (Age: 32 years)

The feeling of being restricted when choosing partners was further pronounced when this man describes there being fewer HIV-positive men in the age group to which he is attracted:

"I prefer to have sex with guys my age ... And then in terms of meeting guys who are HIV positive, who are around my age ... I mean I don't want to take the risk with, with guys who are negative but I just don't want them to, I don't want to be rejected. Do you know what I mean? So if you go for something that's safe like HIV positive, you know ... and I haven't met many guys who are HIV positive around my age ... So I'm kind of at ... a point where I don't know how to meet guys who are my age, who would want to have sex with me, you know? I mean it's one thing meeting them in a club. It's probably much easier to meet them in a club than on-line, for example. But it's just the whole idea of, of telling them that I'm ... I don't, I just don't want to go through that." (Age: 27 years)

One man commented that although he had no difficulty finding sex partners, he found it less easy to establish a committed relationship:

"As an HIV positive man, it's very easy to get sex in this town. It's very hard to get love. And, you know, that's fun to get sex. I don't reject that paradigm." (Age: 57 years)

Another described the challenge of beginning a serodiscordant relationship as something that neither he or his partner was prepared to accept:

"I never sought out positive before but thereafter yes, I did. Because, you know, well it would be irresponsible to seek out negative ones. And kind of the whole point too was because then, you know, if you're gonna have sex with them there's a whole guilt trip. So, you know, which is not, not a very good thing to expose yourself to. Of course, the problem is if you actually fall in love with somebody who's negative. That's, that's when it becomes difficult. So ... [Interviewer: Has that happened?] Yeah, that happened. [laughs] And it was very difficult for us both because, so we basically didn't proceed any further. [So how did you, how did you meet this person?] Through work. But ... but we couldn't go further. It was a decision where you just can't go further with a relationship – positive/negative – because the damage that can be done to the negative partner and probably would be done is not a responsibility that I'd like to carry. I mean a casual partner who's positive, yeah, there's nothing wrong with being positive. If you fall in love with someone who's negative, yes, being positive is a real bitch. [Was the negative partner prepared to take on the responsibility? Or prepared to enter into a relationship?] No. No. And I wasn't either. Neither of us was prepared to do it because of the, it, it would be ... to worry about safe sex all the time or safer sex, or protected sex all the time would be a real burden. And so if there couldn't be sex within the relationship without the, all those inhibitions, it would be damaging to that side of the relationship. And I mean there are so many other issues to work through in relationships anyway. And in that dimension as well would be too much. So I've been single ever since." (Age: 57 years)

HIV treatments

“And my doctor said to me, ‘Look, your viral load’s getting a bit high and your CD4 counts are dropping a bit. We might have to start thinking about putting you on antiviral medication in the next year or so.’ And I kind of panicked and flipped out, and went back into that whole psychosis of, ‘Oh my God, what’s gonna happen? How am I gonna react to the medication?’ I didn’t go to the doctor’s for a long time because I was just afraid to.” (Age: 23 years)

For many men, the prospect of beginning anti-retroviral treatments was quite daunting:

“So when, when I got my counts in March, I got the script. And still haven’t filled it. And just deciding. Still deciding. Like I’m ready to go on it from, you know, mentally and ... well I’m not ready to go on it mentally, otherwise I’d be on it. [Laughter] But I think for me it’s, it’s the, it’s about the hassle of having to take a pill every day. It’s just, it’s just that. I think it’s gonna, I think it’s gonna be great for me and I think it’s gonna keep me alive. I don’t think I’m, I’m not too worried about the side effects.” (Age: 37 years)

While men acknowledged the life changing effects of the drugs, the ongoing burden of maintaining the regimen was challenging:

“At the moment, now that I’ve found my medications and it’s under control, and I feel good about it. There’s obviously sometimes when I just think obviously I, I’d rather not have it because I don’t want to take tablets every day. I just don’t like taking tablets every day. And you’ve gotta think about more and more stuff. I probably think a little bit more consciously about my health and things like that.” (Age: 34 years)

Beliefs about HIV treatments

Men were asked about their attitudes concerning HIV and beliefs about the risks for HIV transmission. Whereas prior to their diagnosis few men felt that having undetectable viral load would reduce the chances of HIV transmission, the majority now believe this to be the case. Despite this understanding of the impact of viral load on transmission and regardless of the impact of treatments, most men still felt that safe sex remains important, and this opinion was largely unchanged from prior to their HIV diagnosis.

Table 35: Beliefs about HIV treatments

%	(N=247)	Strongly disagree	Disagree	Agree	Strongly agree
<i>Beliefs prior to HIV diagnosis</i>					
	An undetectable viral load makes it unlikely to pass on HIV	24.3	55.1	19.6	0.9
	The availability of treatment (PEP) immediately after unsafe sex makes safe sex less important	46.2	42.5	9.4	1.9
	HIV positive men who are on treatments are unlikely to pass on HIV if they fuck without a condom	39.0	49.5	10.5	1.0
	HIV treatments take the worry out of sex	40.2	54.2	5.6	0.0
	HIV treatments make it easier to talk about unsafe sex	24.3	51.5	19.6	4.3
	I fuck without condoms more often because of HIV treatments	47.7	43.9	6.5	1.9
<i>Current beliefs</i>					
	An undetectable viral load makes it unlikely to pass on HIV	13.3	19.0	51.4	16.2
	The availability of treatment (PEP) immediately after unsafe sex makes safe sex less important	58.6	32.5	7.3	1.6
	HIV positive men who are on treatments are unlikely to pass on HIV if they fuck without a condom	47.6	41.0	11.4	0.0
	HIV treatments take the worry out of sex	40.5	50.5	6.3	2.6
	HIV treatments make it easier to talk about unsafe sex	31.7	37.5	27.9	2.9
	I fuck without condoms more often because of HIV treatments	55.8	32.7	6.7	4.8

Overseas-acquired infections

“And then moved [overseas]. And things were going okay. Like I was working and all of that stuff. But there was just something; I was putting myself at a lot of risk. So, involved myself in a lot of drug use and unsafe sex. And that happened a couple of times. And I, I then, I was all out there when I was over in [city], as in being extroverted and able to enjoy myself. And then I sort of just shut down and became terribly introverted, and spent a lot of time on my own at home. And because I knew what I’d done. You know, I actually almost knowingly went out and became HIV positive.” (Age: 28 years)

Of the 45 men who reported the HRE had occurred overseas, a quarter of those occurred in Europe, one in five occurred in the United States and almost as many occurred in Asia.

Table 36: Location of overseas high risk event

(number)	(N=45)
USA	9
Asia	9
United Kingdom	6
Other European country	7
New Zealand	3
Africa	2
South & Central America	3
Canada	1
Not provided	5

Half of those who acquired HIV overseas were living there, and a third were there on holiday.

Table 37: Reasons for being overseas at the time of the high risk event

(number)	(N=45)
I was living there	23
Holiday	16
Work	9
For sex	1
I had arranged to meet someone over the internet	1

In the majority of cases they had spent an extended period, of at least several months, in that country.

Table 38: Length of time spent in the country where the high risk event occurred

(number)	(N=45)
Less than a month	13
1 – 3 months	5
4 – 6 months	2
6 – 12 months	3
1 – 2 years	4
More than 2 years	16

Nonetheless, for many, this trip to that particular destination was their first.

Table 39: Number of visits to that country in the previous year

(number)	(N=45)
Once	16
Twice	7
Three times	-
Four times	-
Five times	4
More than five times	6

Being away from home provided a sense of anonymity, fantasies could be acted out more freely without being restricted by the possibility of being ‘observed’:

“So I used to go on holidays – I guess it was work – to [other Australian cities], and so I was sort of trying, using those advantages. And then I started going on holidays overseas. And I felt safer being anonymous in a different city or in a different country.”

On holiday, men described wanting to kick up their heels and experience something new and exciting:

“Because it was like my second last [day of holiday]... And that’s why I thought okay, I’m in [overseas destination]. It would be my last hoorah. I’d been to this bar a couple of times but I hadn’t gone through into the, the other bit – the sex-on-premises bit. But this time I thought, “Okay, I’ll get the courage and go, and do it.” And so I did, and I thought, “Okay, you may as well live it up.” Last night on the island ... I’ll go and get bonked ... And this guy seemed to be that, you go on holidays and you have this fantasy, and that was sort of like, “There’s my fantasy man. And wow!” You know, that, what could be better?”

Conclusions

Mostly the men in this sample who have recently been diagnosed with HIV are much like other samples of Australian gay men, with a mean age in their late 30s, fairly well-educated, largely urban, professional men with strong social engagement with other gay men. Prior to their diagnosis they were also not especially different in their behaviour to other HIV-negative gay men, except that they tended to be more sexually adventurous, and at least in some cases, they tended to hold relatively optimistic or diffident views about the risks of HIV infection and its possible consequences.

What is also clear from these data, though, is that issues of trust and familiarity, and the desire to freely pursue pleasurable experiences, play a very large part in men's decisions to take risks – or, rather, not to use condoms, as often these decisions are not necessarily viewed as decisions about risk by the men themselves. For them the decision is often about the potential pleasure, often far more than it might be about the potential risk.

Men often end up making these apparently riskier decisions in situations that take them outside their usual circumstances, for which their usual rules and expectations might ordinarily mean that they would not take the same degree of risk. For some men, being with a partner they felt they could trust placed them in a situation that meant they felt the usual 'safe sex rules' did not quite apply. In other cases, they were just caught up in a particularly 'hot' moment and found it difficult to resist – if they really wanted to resist, that is. Some men found themselves in another geographic location, away from home, and either felt free from their usual constraints, or in need of a connection with someone they could just simply enjoy being with.

While they generally retained a cautious scepticism about the medical advances in HIV treatment, they generally believed that living with HIV was no longer the grave threat to life and health that it once was. And although during the period prior to their HIV infection, they continued to accept that the risk of HIV transmission was significant, many also felt that they could make exceptions with particular men.

Future directions

The Seroconversion Study forms a key component of the research activities in the Australian response to HIV and has helped identify more clearly the behavioural risk factors for HIV infection among gay men in Australia, and the specific concerns around negotiating 'safe sex' between sexual partners. We strongly recommend that it continue to do so, but with some modifications.

Geographic distribution: In the past, this study was largely confined to gay men attending high HIV-caseload medical practices in inner Sydney, and to a lesser extent in inner Melbourne. Our new format for this study has allowed us to extend its geographic reach to a near-national study, and we are no longer reliant solely on referral through clinic sites, although of course we continue to seek clinical referrals.

Sample characteristics: This study had been confined to men in Australia who have recently seroconverted. Although heterosexual men do participate, the major focus of the survey questionnaire has been to explore risk behaviours associated with male homosexual contact. In our new format we have revised the survey components; since June 2010 we have been collecting data from men and women, both homosexual and heterosexual, who have recently been diagnosed with HIV.

Content focus: In the past this study has been focussed on the identification of the event that had led to participants' HIV infection and the types of behaviours they had engaged in at that time to put them at risk of infection. While it remains important to monitor these behaviours, to ensure that there is no change in the sorts of risk behaviours being reported by those who have recently been infected with HIV, it is increasingly important in developing policy and programmatic responses to gain insight into the motivations for such risk behaviour and the beliefs and attitudes about HIV and risk that underlie such motivations.

Furthermore, the Seroconversion Study has primarily addressed issues concerning the risk of infection and has only marginally addressed issues of the experience of diagnosis and subsequent access to services and support, both personal and professional. These are, of course, important considerations in their own right, but they also potentially affect onward transmission, in that decisions about risk behaviours after diagnosis are undoubtedly influenced by the emotional state of those who have recently been diagnosed with HIV.

Recommendations

The recommendations drawn from the results are divided into recommendations for the continuation and expansion of the seroconversion study, and recommendations for continuing or reorientating policy and program development.

For the Seroconversion Study

Provision of ongoing funding support to enable the study to continue, with active recruitment across all states and territories;

Continuing revision of the study protocols, in response to changing priorities among the research, government and community partners, to enable a greater focus on the contexts of and motivations for risk behaviour, and an exploration of the beliefs and attitudes concerning HIV and risk among individuals recently diagnosed with HIV infection. This includes revising the study protocols to address directly the experiences at the time of HIV diagnosis and subsequent to that diagnosis, and to explore issues of trust in more detail.

Research, community and clinical partners and collaborators should:

- continue to encourage enrolment of gay men and other men who have sex with men recently diagnosed with HIV, and
- implement strategies to encourage enrolment into the study of heterosexual men and women recently diagnosed with HIV.

For policy and program development

Maintain and consider increasing the emphasis on provision of peer support and counselling programs for those newly diagnosed with HIV, to assist them through the initial difficult period after their HIV diagnosis. In particular, the prioritisation of counselling and peer support programs to support relationships after HIV has been diagnosed in one or both partners;

Continued and expanded prioritisation of work with highly sexually active gay men;

Renewed priority to health promotion initiatives emphasising on or incorporating:

- gay men's relationships, particularly relatively short-term sexual relationships, whether they are with an acknowledged regular partner or a relatively new friendship or other acquaintance that includes a sexual component;
- implications of issues of trust and what resources might be provided to enable individuals to make decisions about risk behaviour that might assist them to distinguish when and under what circumstances this trust can be considered reliable;

Incorporation of the therapeutic value of narrative in a non-clinical setting, either through the continued uptake of in-depth interview techniques for the Seroconversion Study or as a separate activity.

Review the incorporation within health promotion initiatives of more detailed information about the specific circumstances in which the risk of infection through oral sex might be greater than is otherwise assumed.

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