

#### Rahim Thawer, MSW, RSW

Bathhouse Counsellor, AIDS Committee of Toronto (ACT)

Formerly Sexual Health Counsellor/Tester, Hassle Free Clinic



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# Identifying 'risk'

- Context: 'Making the Links' intervention
  - Counselling and referral at time of testing
  - Loop back to prevention programs/services (e.g. Towel Talk)
- Biological risk and social vulnerabilities
  - Beyond 5 bodily fluids: what else is going on?
- Providers' use of language
  - "barebacking" / "unprotected sex"



## Understanding barebacking

- Sexual intimacy and pleasure among MSM is strongly linked to their desire to cope with social stressors
  - HIV positive guys were more likely to assign benefits/gains to bareback sex as a way of coping with vulnerabilities than HIV-negative guys
- Bareback sex is an intentional act providing sexual and emotional rewards that may not be present when MSM use condoms for anal sex

(Bauermeister, 2009)

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## Risky communication?

"Our results suggest that traditional HIV prevention messages involving reiteration of risks can aggravate some men's reliance on compensatory mechanisms in the face of powerful, nonrational factors. By reinforcing the focus on reasoned behavior guided by individual choices, such repetitions could intensify, not weaken, their attachment to problematic strategies."

(Frasca et al, 2012)

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### Risky communication?

"...merely increasing awareness of negative consequences is less effective than converting participants into active advocates for a position that is inconsistent with their own conduct. But these successful interventions presuppose a social vehicle through which to engage in advocacy or dialogue with other, and ironically such a vehicle might not be readily available for gay and bisexual men to address HIV-related issues...."

(Frasca et al, 2012)



### New knowledge: listen for it

- Service user already has a story
  - Is the self-assessment accurate? (e.g. I heard from my friend....)
  - What can a tester expand on in addition to basic transmission?
- Reframe story to identify current sero-adaptive strategies
  - Sexual position, sero-sorting, verbal/online negotiation, viral load
  - Help surface assumptions in a non-judgemental way
- Validate strategies and risk reduction intentions
  - Expect underlying shame about sex/sexuality without adding to it
  - Assess for service user's comfort with sexual decisions



### New knowledge: add it in

- Introduce caveats and risk reduction within existing frameworks
  - "I can see why that's hot....one of the challenges is..."
- Risk history and assessment
  - Pre-test counselling casual/regular partners, window period, "relationship talk"
  - Post-test counselling frequency of testing, PEP, PrEP, p24 antigen test, re-visit viral load
- Help add a new layer to their story
  - Are you comfortable with the risks you're taking?
  - Why is condomless sex better for you?
  - Is there a time you feel more/less comfortable about sex you're having?
  - Is it about kink, power, etc. or a mix of good/bad feelings?



### "Risk" for People living with HIV

- Early treatment for new diagnosis
- Concurrent syphilis & viral load testing
- Partying, adherence, immune system
- Goal toward undetectable viral load
- Legal issues as "risk"
- Create space to talk about sexuality and identity
  - Stigma, medication, stress around disclosure
  - What's good/different about (condomless) sex now?



## Information management

#### Cater information to service user in

- Addressing anxiety and fear
- Multiple casual receptive condomless encounters
- Low risk taking in the last year
- Regular risk taking in the last year
- Particular incidents / 'scares'

#### Create space to talk about sexuality and identity

- Online, bar, bathhouse venues
- Body image, ageism, coming out, isolation, self esteem
- Supports & community involvement



### Sex-positive approaches

- What's considered HIV exposure?
  - Challenging the ANXIETY → PEP pathway
- Equation: Group risk = individual risk?
  - Acknowledge nuances in gay men's relationships
- Casual partner, casual ongoing, regular monogamous, regular open
  - Affirm experience, question perceptions



#### References

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### Thank you

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Hassle Free Clinic

#### **Contact:**

Rahim Thawer

rthawer@actoronto.org



