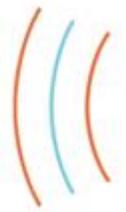




**Overcoming the Challenges of Integrating  
New HIV Prevention Information  
for Service Providers Working with Gay Men**

**June 2016**

**San Patten  
Resonance Project – Research Coordinator**



# Today



- Background information on Resonance
- Presentation of results + discussion in 3 parts:
  1. Risk counselling challenges and strategies
  2. Trust and Deception; Responsibility
  3. Dual role of gay service providers

# The



# team



Ed Jackson (Principal Investigator), James Wilton\*,  
Len Tooley\* Melisa Dickie\*\* Michael Kwag\*\*



Barry Adam (Principal Investigator)



Kim Thomas\*



Shayna Buhler



Greg Penney



San Patten (Research Coordinator),  
Marc-André LeBlanc (Moderator and KTE Coordinator)



Wayne Robert\*, Jody Jollimore\*,  
Greg Oudman\*\*, Joshua Edward\*\*



Robert Rousseau\*, Gabriel Girard, Roberto Ortiz\*\*



Owen McEwen, Daniel Pugh\*

*\* No longer with the organization. \*\* Joined part-way through the project*



Funding Support: Community-Based Research  
Operational Grant (2013-2016)



**BACKGROUND**



To examine:

- how gay men are taking up biomedical knowledge of HIV
- how biomedical knowledge of HIV has resonance for their everyday lives
- the discourses men use to make sense of risk and inform their sexual decision-making and practices
- the roles and responsibilities of institutions and service providers in shaping these discourses.



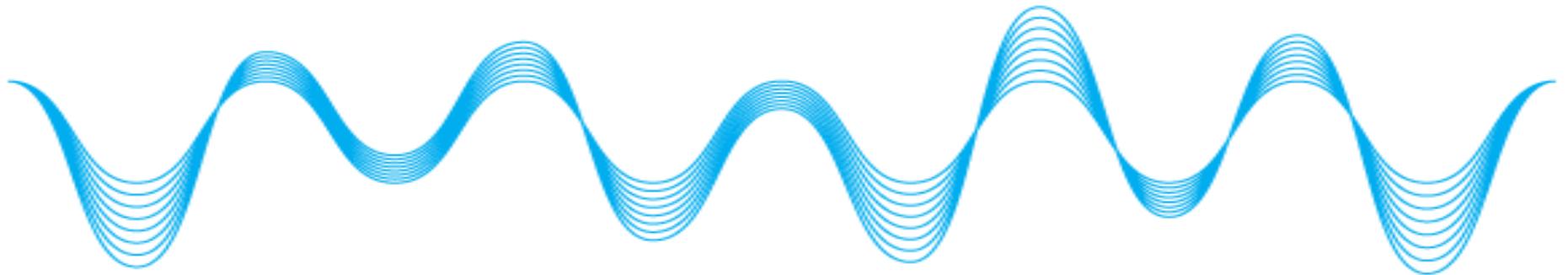
# The Concept of RESONANCE



**In physics:** the tendency of a system to oscillate at a greater amplitude at some frequencies than at others

**In acoustics:** intensification and prolongation of sound, especially of a musical tone, produced by sympathetic vibration

**In culture:** richness or significance, especially in evoking an association or strong emotion



A blue-toned photograph of water ripples reflecting a sky and trees, with the word 'METHODOLOGY' overlaid in a dark box.

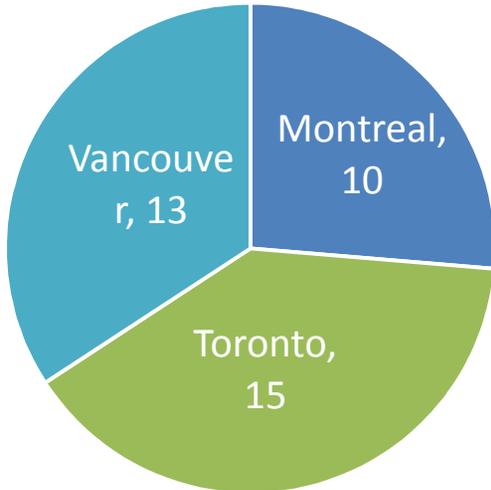
# METHODOLOGY

# Data Collection: Service Providers

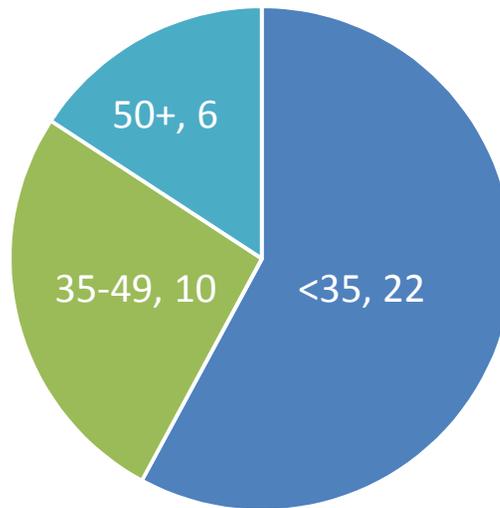
Data Collection Method	Recruitment criteria	#
Focus Group with service providers	<ul style="list-style-type: none"><li>• Service providers who provide sexual health, counseling and HIV prevention services to gay men</li></ul>	22
Interviews with service providers	<ul style="list-style-type: none"><li>• Did not participate in a focus group</li><li>• Healthcare professionals (nurses and physicians) working in a clinic or public health setting</li></ul>	8
Interviews with service providers who are gay men	<ul style="list-style-type: none"><li>• Service providers in focus groups who had identified themselves as gay men</li></ul>	8
	Total Number of Service Providers (unique individuals)	<b>30</b>

# Service Provider Demographics (N=38)

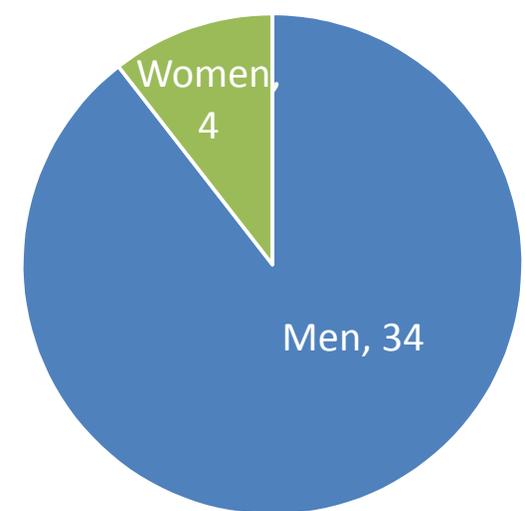
Service Providers: City



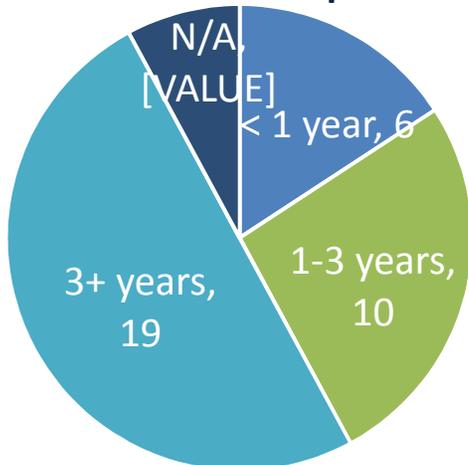
Service Providers: Age Group



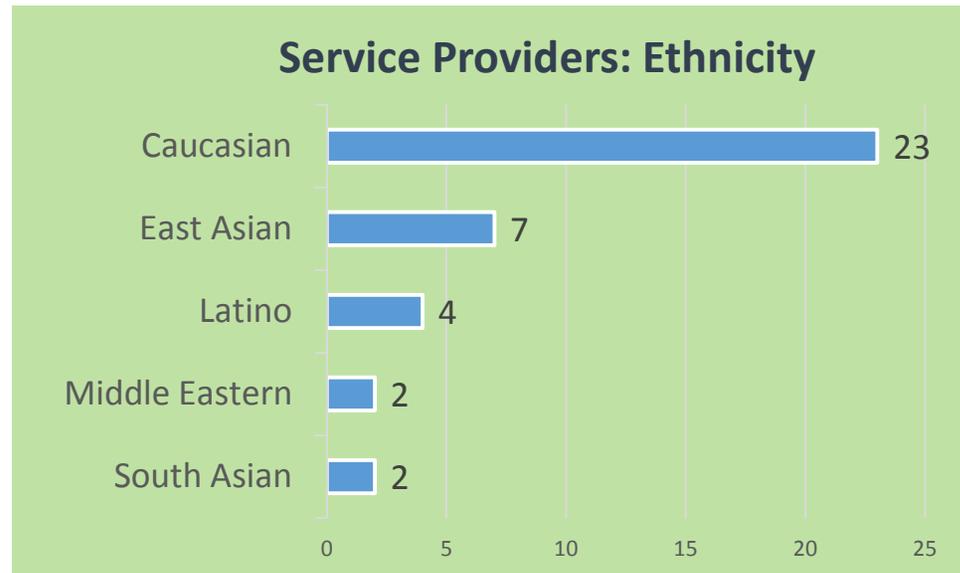
Service Providers: Gender



Service Providers:  
Number of Years Experience



Service Providers: Ethnicity





# A note about quotes



## **Service providers:** 4 identifiers

1. SP (service provider)
2. Age : <35, 35-49 or 50+
3. Work setting: CBO, GMHO, PH, CLIN, PSYC, RES
4. City: MTL, TO or VAN



I said something  
important!

*SP, 35-49, CBO, VAN*



## A Quick Question About You...



Which populations do you primarily work with in your HIV prevention work? (check all that apply)

- Gay men and other MSM
- ACB communities
- Youth
- People who use drugs
- Aboriginal communities
- Other?

# Risk Counseling Challenges and Strategies





# Risk Counselling: Overview of Challenges and Strategies

## Challenges:

- Staying on top of new research
- Translating into accessible messaging
- Lack of consensus
- Desire to offer a variety of points of view

## Strategies:

- Erring on the side of caution (sometimes criticized)
- Developing messaging and approaches that reflect:
  - The community's diversity
  - The variety of service provision contexts (bathhouses, online, in-person counseling, workshops)



# Staying Updated



I think as service providers we need to acknowledge our limitations as well... It's scary that they place a lot of authority on us...It's hard for us to admit we have that power over our clients...If we are positioning ourselves as the experts, then we need to know what we're talking about.

*SP, 35-49, CBO, TO*

There's a bit of a paternalistic tinge to it but I think most gay men are not ready to digest this information. It's not possible for a lot of gay guys to read the peer review papers and to draw conclusions from it. But I think it's really important that people who work in the field to try and stay on top of this stuff.

*SP, <35, PSYC, VAN*



# Dealing with Complexity



It doesn't say this is right or wrong. It just says this is new information, it's interesting, it could be very exciting and here are some questions that we're trying to figure out about what it means. Just get it out there right away so that we can be a part of framing what guys in the community, how they're interpreting it. Again, we don't have the answers and we certainly don't want to endorse or not endorse something.

*SP, 35-49, CBO, TO*

# Dealing with Complexity

Now that there's so much to consider it makes it more complex...It's very confusing for the average guy.

*SP, <35, GMHO, MTL*

I think younger guys have been more willing to adopt and embrace newer paradigms around prevention and more readily accept that you can have safer condomless sex.

*SP, <35, PSYC, VAN*

Gay men have known for a long time that there's more than one way of preventing HIV... There have been many cultures and communities of gay men who have adopted lots of different ways of preventing HIV that fall outside of the official way.

*SP, <35, PSYC, VAN*

# Consensus vs. Multiple Perspectives

So many of us are still squabbling, fighting over things that should have been figured out years and years and years ago. We have some cleaning house to do as a community, as people who work in HIV prevention in gay men's health.

*SP, <35, PSYC, VAN*

There's just a real lack of consensus on a lot of new biomedical reasoning. A lot of the research in the last five to ten years has thrown a lot of different potentially innovative and interesting ideas about HIV prevention but there's very diffused and uneven uptake of those things by public health which is traditionally a very conservative institution.

*SP, <35, PH, VAN*

# Providing a Balanced Answer

When people ask for your opinion that's where they're trying to justify maybe an internal belief...Sometimes it's best for people to form their own opinion first. I want to encourage them to hear about both sides of the argument and not really give my opinion.  
*SP, <35, GMHO, VAN*

You also have to be very cautious as a healthcare provider – what is their motivation for asking? Are they asking you for permission? Are they asking you as an expert? Are they asking you for information? Are they asking you because something might have happened? What is their subjective position that they're coming to you with this seeking of information?  
*SP, 35-49, PSYC, VAN*

It can feel really frustrating as an educator...trying to help them make their own decisions about what risks they want to take when every answer is 'it depends.'  
*SP, 35-49, CBO, TO*

# Erring on the Side of Caution

We have a really disproportionately skeptical orientation towards things other than condoms and we're really married to this idea of condoms.

*SP, <35, CBO, VAN*

I want to support new technologies, and we will get excited when we should, but I'm not changing our practices or suggesting this information when we just don't have enough data. We have no idea what the toxicities will be over 30 years...It becomes divisive, we're either seen as holding information back, or being irresponsible and too loose and free with promoting the meds.

*SP, 35-49, CBO, TO*

I think erring on the side of caution; it also is kind of like dehumanizing in that you're sort of telling someone that their desires and their decisions don't matter based on this set of ideals and ideology.

*SP, <35, GMHO, VAN*

# Heterogeneity in the Gay Community

I have people that know a lot and there are those that don't know nothing. I know people that think that they can re-use condoms. Otherwise I have people who are serodiscordant and they are on PrEP.

*SP, <35, CBO, TO*

There's a lot of paternalism in health promotion and to some extent some segments of the population that we work with, that's what they want. They're craving someone to provide some kind of direction in this really complicated and messy world. But there's a whole other segment of the population that we work with that has an intense hatred of being patronized, of being told what is the right way of doing something.

*SP, <35, PH, VAN*



# Service Provision Context



As opposed to a Towel Talk that can last anywhere from like 30 seconds to 10 minutes, some people you see on a regular basis...We have a counseling session of 30 minutes, so it can go a lot more in-depth in regards to various different harm reduction strategies and helping them integrate them into their lives.

*SP, <35, GMHO, MTL*



## 2 Questions for You:

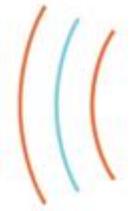


How ready are your colleagues (other service providers) to integrate biomedical concepts into HIV prevention messages into their work?

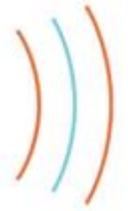
- Very ready
- Somewhat ready
- Not ready

How ready do you feel to integrate biomedical concepts into HIV prevention messages with your clients?

- Very ready
- Somewhat ready
- Not ready



## Discussion Questions



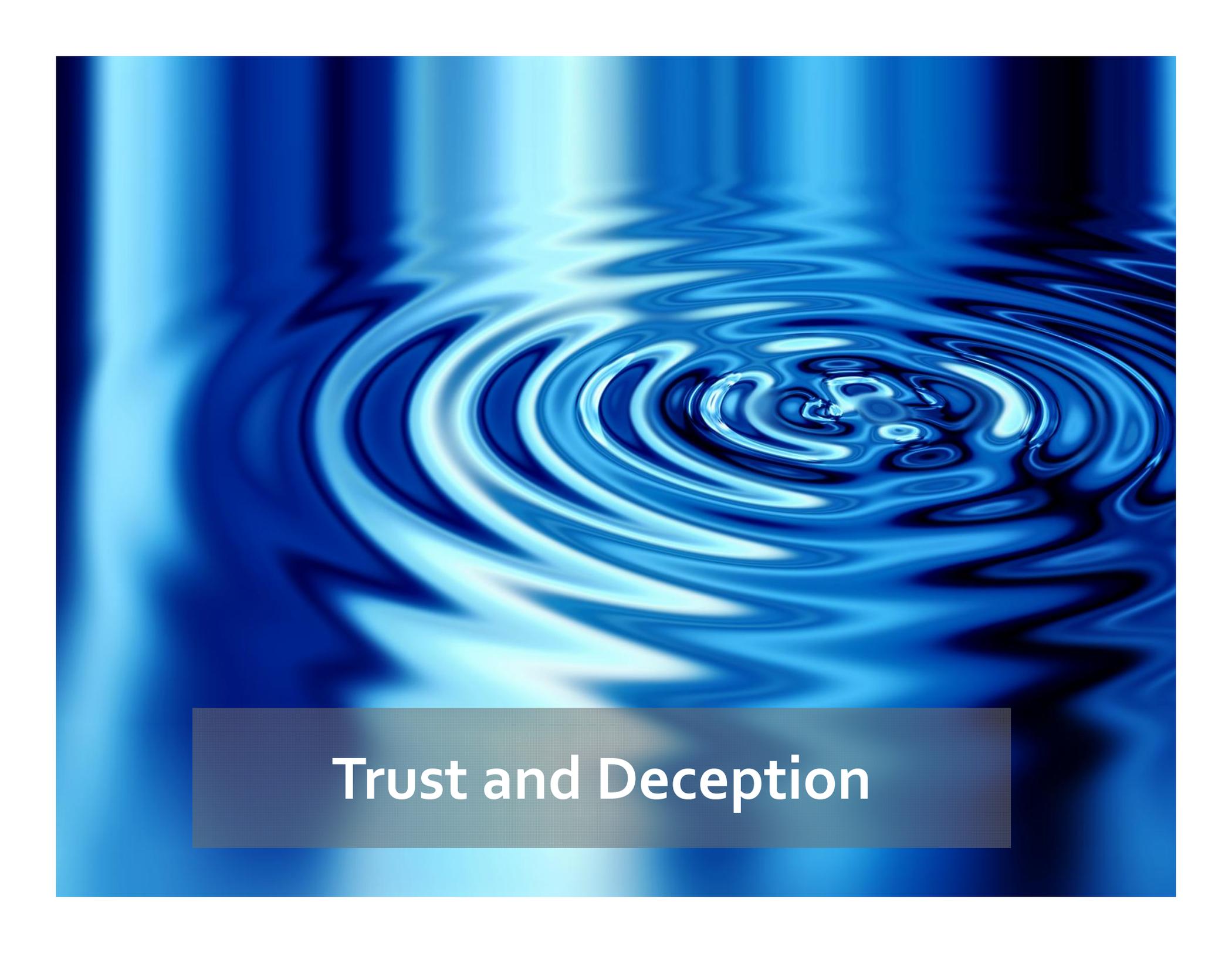
- Do you face the same or different challenges as what we heard in the Resonance Project?
- Do you employ the same or different strategies as what we heard in the Resonance Project?



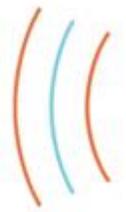
## Discussion Questions



- Why did you rate your colleagues' readiness the way you did?
- Why did you rate your own readiness the way you did?
- What factors into "readiness"?

The background of the slide is a vibrant blue with a dynamic, rippling effect that resembles water or a liquid surface. The ripples are concentric and radiate from a central point, creating a sense of movement and depth. The colors range from deep, dark blues to lighter, almost white highlights where the ripples catch the light.

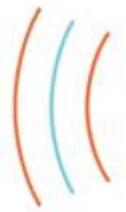
# Trust and Deception



## Encouraging (healthy) distrust



- Should gay men trust each other around sexual encounters? (condoms, testing, etc.)
- Service providers often actively encourage distrust
- Deceit seen as part of being gay/men
- Expressed 'shock' at how 'naïve' gay men are
- Encouraged greater trust in undetectable than negative (risk of acute infection)



# Actively discouraging distrust



We're not like condom assholes  
or ignoring all the relationship nuances.  
But we say: 'when you're ready to give your  
partner your passport or your credit card, have a  
conversation about condom use and get tested.'  
It's not that difficult right. We really need to  
educate men to determine the difference  
between intimacy and love and  
trust and condomless sex.

*SP, 35-49, CLIN, TO*



# Deceit as a gay/male trait



- Just the spectacular lying that goes on in the gay community. *SP, 50+, PSY, VAN*
- I think that sometimes being gay facilitates a certain need to be a bit of a different person, putting on different masks, in a sense of creating different personas. I think that gay men can certainly become quite adept at making those personas and lying to themselves or lying to others. Deception becomes in a sense a masculine trait if you will.

*SP, 35-49, PSY, VAN*

## On naiveté, assumptions, partial info

Negative's the last year's unknown... Negative is an assumption that people make.

*SP, 35-49, CBO, TO*

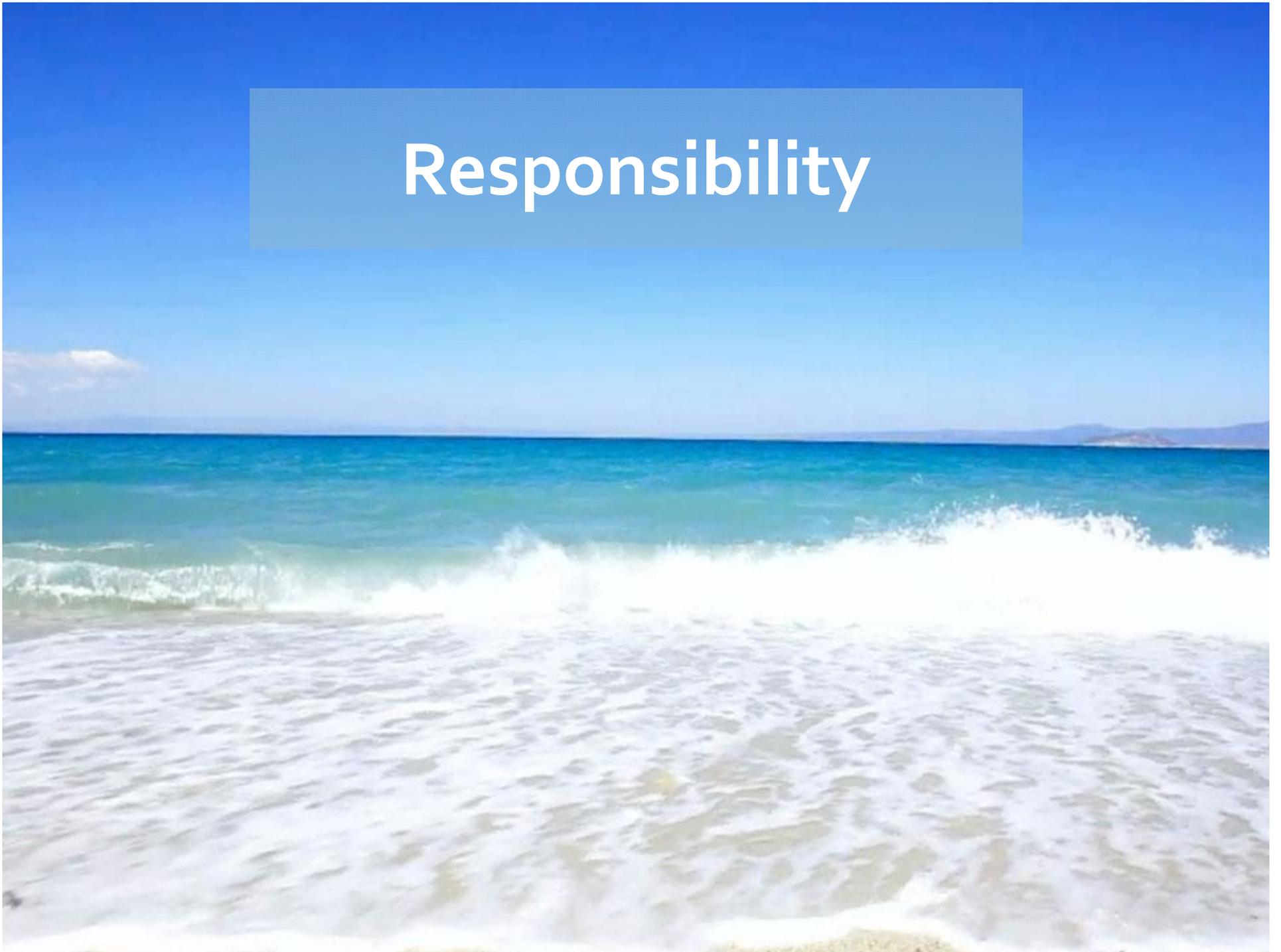
The thing that scares me is that people will choose a risk based on just that tiny little piece of information that they've gathered that isn't really part of a whole picture.

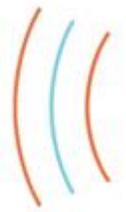
*SP, 35-49, CLIN, VAN*

On a dating site the extent of the inquiry that's directed towards me about my HIV status is usually half a sentence 'are you clean, are you negative, are you tested?'... People really want to get laid and they don't want to put too many things in the way of that. But they also want to deal with their anxiety. But they deal with it in a very minimal way that relies on my word or their word. It's shocking to me. It's really shocking... after all this time, how naïve that is.

*SP, 50+, PSY, VAN*

# Responsibility





# Responsibility



- Burden of community history and norms around risk
- Describing (ir)responsible gay citizens
- Shared responsibility or 'every man for himself'?



# Community burden



An entire culture of people frequenting hook-up sites specifically geared to bareback sex and... unapologetically doing that. I think that is the generational trauma... They're saying 'I've used condoms for 20 years and I'm exhausted... Now I'm taking back my liberty' and they're using it as a point of pride.

*INT, 35-49, PSY, VAN*



# Good citizenship



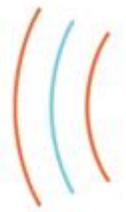
It's funny that PrEP looks like such a responsible option for those who can afford it... well-informed people who have access and can advocate for themselves with doctors. But in the media reports, and the way it's talked about by a lot of service providers, it's presented as the irresponsible choice, like 'disco dosing'. When it actually can be such a responsible decision for people.

*SP, 35-49, CBO, TO*

# Good citizenship

'I don't want to be shamed into talking about my condomless sex... into thinking that my behaviour is reckless and irresponsible or delusional for thinking that what I'm doing is safe. I want to be supported in my practices because I believe that it's supported by evidence and research even though it's not being adopted and recognized by the institutions.' I think that does lead to the emergence of sub cultures and sexual cultures that are resistant to public health and community but where these things are being discussed and adopted as indigenous kind of practices.

*SP, <35, PH, VAN*



## Some Questions for You...



Are you surprised to hear that service providers actively encourage their clients to distrust their sexual partners? YES OR NO?

Guys who choose to use PrEP are:

Responsible

Sluts

1

2

3

4

5



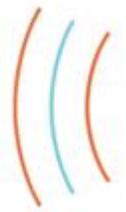
## Discussion Questions



- What do you think are some of the implications of these findings (around Trust, Deception and Responsibility) for our prevention work with gay men?
- What do you think is the impact of such levels of distrust in the community, and of service providers actively encouraging distrust?



**Dual role:  
Gay service providers**



## Dual role– Gay service providers



- Difficulty separating professional and personal lives
- Impact of work on fear and behaviours
- Talking to clients vs friends vs sexual partners
- Insider subjectivity

# Separating personal and professional lives

I had sex with this guy, and then you cannot just like, no I'm not going to give out any information.

*[Q: So next thing you know you're doing an intervention.]*

Yes. It's unintentional but I still do it anyway. I struggle with that for a few years of working in this field.

*SP, 35-49, CBO, TO*

It's a small world.

I can't go out in my own city without seeing one of my clients somewhere, turning on Grindr... In another city I can go crazy and be up on a stage twirling my shirt around and not give a fuck. I am and can be a professional but I can also be a gay man in his 20s living his life to the fullest. They cross lines a lot.

*SP, <35, GMHO, MTL*

# Separating personal and professional lives

People hold us to a certain standard. Sometimes they forget that we too are just gay men that want to fuck. I mean I'm no saint. I'm not perfect when it comes to condom usage or 100% adherence... I can make mistakes. I can be under the influence. All the things that are factors for the people that I work with are factors for me as well... I hate being held up to this golden standard and then sometimes the disappointment people might have when this standard wasn't upheld.

*SP, <35, GMHO, MTL*

## Separating personal and professional lives

We had a frontline worker who stood up at a conference and said 'I'm positive, I party and I bareback.' A lot of people were applauding as opposed to confronting it at all. It was just the reaction that really freaked me out. This is somebody who was doing outreach work at an ASO. They were very, very cavalier about it... But then everybody is kind of silent for whatever reason to not say, 'well let's talk about that; what you just said might be OK for you but as a worker is it OK to give those messages?' I mean what I do in my personal life is my personal life. But what I have to do in my professional life is my professional life. I have to be very careful. I'm accountable to a higher whatever right because of our position here.

*SP, 50+, CLIN, TO*

# Impact on fear and behaviours

In the beginning I was more panicky. Getting notices from public health about a rise in... LGV [Lymphogranuloma Venereum] or things like that. It's a lot of information to absorb and I was young in the community... Later on I think it had the opposite effect. There's not much that impresses anymore. OK. It's like that, what else?... it's about finding balance between safety/health/information and pleasure.

*SP, <35, GMHO, MTL*

Knowledge is power. I just feel more safe because I know that I'm fully aware of most of the consequences of my actions.

*SP, <35, GMHO, VAN*

I'm much more relaxed about the issue of risk... At the least I would say that I take more risks, but in reality it's just that I calculate a bit more.

*SP, <35, GMHO, MTL*

# Impact on fear and behaviours

I used to have a lot of fuck buddies and then when I started doing [HIV work] I lost them all... I think that was the anxiety and the fear of sex. I had no interest in sex and I viewed sex as lethal.

Yeah, a deadly thing.

*SP, 35-49, CBO, TO*

I like to think that my own personal and sexual life is enriched because of the work that I do. I can make a lot more informed decisions.

*SP, <35, GMHO, MTL*

Before... I always had a belief that I probably prefer not to sleep with someone who is known HIV-positive... Since working in the field that belief has completely been squashed. I don't choose my sexual partners based on their HIV status anymore.

*SP, <35, GMHO, VAN*

# Clients vs friends vs sexual partners

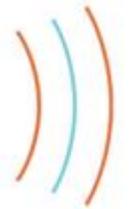
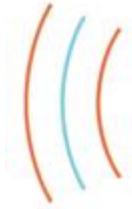
Unfortunately, I treat it the same way because I have trouble letting go... I'm equally as intense with everybody... my sexual partners, my friends and the people I meet at the clinic.

*SP, <35, CLIN, MTL*

How PrEP works, it's the same regardless of whether you're talking to someone that you're working with or with a friend.

*SP, <35, GMHO, MTL*

# Clients vs friends vs sexual partners



When it comes to clients, I will never tell them what to do. When it comes to my friends though... sometimes I will take that liberty of being like 'listen you should do this'... When it comes to people I am working with... I make sure they have the information they need to know to come to their own proper decisions.  
*SP, <35, GMHO, MTL*

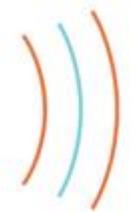
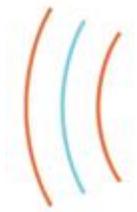
With a client there's an ethical and legal element, so I tell myself I need to protect myself and not express my opinion too much.

*SP, <35, CLIN, MTL*

To a client I might say something like 'there are conflicting reports.' To a friend or a partner I probably would be a bit more on the advocate side and say well the evidence is quite strong that treatment has a very strong effect on transmission.

*SP, <35, PSY, VAN*

# Insider subjectivity



There's been a few committees and stuff where I'm told 'you need to be an objective gay man.' I'm like well no, that's not actually my job. My job is to be a subjective gay man doing this job. I think that's definitely very important.

*SP, <35, PSY, VAN*

We made promises to ourselves, 'I'll never do this again. If my test comes back negative I promise to whatever God, I will never bareback again.' And then guess what. You go back into the same cycle. *[laughter]* We can laugh at it now because we're slightly smarter maybe... But that's a good learning process as well. It's important to go through that stage. So that you don't become complacent, that you just become separate from the work that you do.

*SP, 35-49, CBO, TO*



# Questions for You:



How does working in the HIV field influence your own personal level of fear around HIV?

- Increase
- Decrease

Do you talk about HIV differently with your clients, friends and sexual partners?

- Unfortunately, yes
- Fortunately, yes
- Not at all – exactly the same!



## Closing Discussion:



What's the take-home message about the dual role of service providers?

Is there a double standard in access to information?  
Is information gatekeeping happening?

What supports do you need to integrate biomedical knowledge of HIV into your work?



**THANK YOU!**

**For more information:**

**[www.catie.ca/resonance](http://www.catie.ca/resonance)**

**[san.patten@gmail.com](mailto:san.patten@gmail.com)**