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The University of New South Wales



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Terme or more study

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In collaboration with:

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Executive Summary

Overview of the study

The major aim of the 2007-2008 Three or More Study (TOMS) project was to provide data on risk behaviour and condom negotiation in a cross-sectional sample of homosexually active men who engage in group sex. The study was conceived and designed in consultation with ACON, with funding from the New South Wales (NSW) Department of Health for the NSW component of the study, and additional support from VAC and QAHC to enable the study to be extended to Victoria and Queensland respectively.

The study utilised a mixed-methods approach in collecting both qualitative (in-depth interviews) and quantitative data (short, self-administered survey questionnaire). Participation was voluntary. Men who engage in group sex were recruited from a range of gay community venues and events and through websites servicing men who have sex with men (MSM) in NSW. Non-gay MSM were mainly recruited through bisexual organisations and networks.

Main findings

- 1354 men were recruited through onsite recruitment at commercial sex-on-premises venues and organised sex parties, through organisations and networks catering to men who engage in group sex with other men, and online through commercial gay 'cruising' websites.
- In total, 1205 questionnaires were sufficiently complete to be useable. Among these, 994 men were eligible for participation in the study as they had participated in a group sex event within the previous five years. Most of these men (832) had done so within the previous year.
- Most participants identified as gay and one in seven as bisexual.
- The median and mean age was 39 years.
- Half the men were resident in Sydney, one in six in Melbourne and one in ten in Brisbane. The remainder either failed to provide their place of residence or lived elsewhere in Australia.
- Formal education levels and employment status were high and in most other respects, the men in this sample appeared to be similar to those commonly found in other studies of Australian gay men.
- For the most part, men in this sample were highly connected to gay social networks.
- Unsurprisingly, given the nature of this study, few men reported being in a monogamous relationship. Nonetheless, about half the men reported being in a relationship and about half of these relationships were of several years standing.
- Rates of HIV testing and STI testing appeared to be similar to levels found among other samples of gay men in Sydney, and about one in six reported being HIV-positive.
- The majority of the men had not specifically planned to engage in group sex, but they had also hoped to do so.

- Most gay men intended to play 'safely', usually intending to use a condom for anal intercourse with all casual sex partners. Nonetheless, one in eight men who indicated a personal commitment to always using condoms with casual partners reported having engaged in unprotected anal intercourse (UAI) at their most recent group sex encounter.
- Despite this general commitment to 'safe sex', some HIV-positive men were less inclined to use condoms unless they were specifically asked and were less likely to agree that it is their responsibility to always discuss HIV.
- Over a third of the men who had a regular partner indicated that their regular partners had also attended their most recent group sex event, although most of these men also indicated that they sometimes played separately from their partner.
- About half the men whose regular partner had also attended their most recent group sex event reported that they had engaged in UAI with their regular partner at this event. HIV-positive and HIV-negative men were equally likely to report this, and neither seroconcordance nor strategic positioning appeared to be a factor: They were equally likely to take either the insertive or the receptive position, regardless of their own or their partners' HIV status.
- One quarter of the men reported they had engaged in UAI with partners other than their regular partner at their most recent group sex event.
- HIV-positive men were more likely to engage in UAI than other men, and although much of this was with other HIV-positive men, they were almost as likely to engage in UAI with partners whose HIV status they did not know as they were with other HIV-positive men. Nonetheless, one in six reported engaging in UAI with a partner they knew to be HIV-negative at their most recent group sex encounter.
- While the non-positive men were less likely to engage in UAI overall, among those who did, their patterns of risk behaviour were not very different to those of HIV-positive men, except when they actually *knew* their partners were HIV-positive.
- The majority of the incidents of UAI involved withdrawal prior to ejaculation, and this was largely true regardless of the men's own HIV status.
- Among HIV-negative men who engaged in UAI at their most recent group sex encounter, there was little evidence of strategic positioning: they were as likely to engage in receptive UAI as in insertive UAI, but very few engaged in any UAI with men they knew to be HIV-positive. Men whose own HIV status was unknown, however, were more likely to restrict their UAI to the insertive position.
- HIV-positive men, however, were more likely to restrict themselves to the receptive position during UAI with partners they did not know to also be HIV-positive.
- Nonetheless, one third of the HIV-positive men and one in eight HIV-negative men engaged in UAI during group sex with partners whose HIV status was unknown, as was the case with one in eight men whose own HIV status was unknown.
- The majority of men reported that they often disclosed their HIV status to any of their sexual partners (whether group sex or otherwise), and among the men who reported having engaged in UAI at their most recent group sex event, one third indicated that

they had told all their partners their HIV status. HIV-positive men were more likely to disclose their HIV status than were HIV-negative men. Nonetheless, HIV-positive men were less likely to agree that it was their responsibility to always discuss HIV.

- The majority of men who reported having engaged in UAI with either an HIV-negative or HIV-positive partner at their most recent group sex event indicated that they had known these partners' HIV status prior to this event, and many indicated these partners were well-known to them. This was particularly true of men who only had UAI with HIV-negative partners.
- The majority of men who reported having engaged in UAI with partners other than their regular partner at their most recent group sex event indicated that they felt they could mostly trust these partners. This was even more pronounced if they knew the HIV status of these partners.
- Half the men reported drinking alcohol and half reported use of illicit drugs at their most recent group sex event. Few indicated that they felt they had any loss of control due to their drug use, and most indicated that they had used drugs specifically to enhance their sexual experience.
- Men in this sample were at high risk of picking up and passing on HIV and other STIs and interventions targeting risk behaviour among men who engage in group sex need to be prioritised.

mtroduction

This study was initially funded by the NSW Department of Health as a joint initiative between the National Centre in HIV Epidemiology and Clinical Research (NCHECR) at the University of New South Wales (UNSW), the Faculty of Health Sciences at the University of Sydney, and ACON, the primary gay and lesbian community-based health service in NSW. Parts of this project were also included as a component of the PhD work of Jeff Hudson, a student with the Faculty of Health Sciences at the University of Sydney. The study was approved by the Human Research Ethics Committees of the University of New South Wales and of the University of Sydney, as well as the Ethics Committee of ACON. Subsequently, with the expansion of the study to other states, largely through the support of our community partners in those states, other collaborators joined the study: the School of Communications, University of Western Sydney; the Australian Research Centre in Sex Health and Society, La Trobe University; the Victorian AIDS Council/Gay Men's Health Centre; and the Queensland Association for Healthy Communities. The study was also approved by the Human Research Ethics Committee of La Trobe University.

Group sex has consistently been identified as one of a group of risk behaviours among gay men that are associated with both HIV seroconversion and with unprotected anal intercourse with casual partners (UAIC), which is itself the primary behavioural risk factor for HIV seroconversion. Group sex has also been strongly associated with so-called 'esoteric sex practices', a set of sex practices that have been used as a marker of 'sexual adventurism'. In the context of changes in attitudes toward risk and HIV, and in the context of an increasing reliance on risk-minimisation strategies other than consistent condom use, such as serosorting and strategic positioning, among gay men, it was felt there was a need to obtain a more detailed understanding of why and how the more sexually adventurous men were negotiating these non-condom based risk minimisation strategies. Also, given the importance of more sexually adventurous gay community sexual subcultures in the ongoing rates of HIV infection, a better understanding of the attitudes and behaviours more generally within those subcultures would assist HIV organisations develop appropriate interventions among these men. Group sex was felt to offer one way to investigate these issues as it was a good marker of sexual adventurism.

This was the first study of risk within a group sex setting among gay and other homosexually active men in Australia. As well as the insights such a study could provide into sexual negotiations among more sexually adventurous gay men, this study provided an opportunity to explore risk within the context of group sex events themselves. The associations between risk and group sex have been previously acknowledged (Kippax et al, 1998), raising questions about whether specific sexual practices during group sex may pose greater risks than would be the case in other situations.

Clearly, the issues being addressed in this study were potentially highly sensitive, and concerned a particular sub-sample of gay and other homosexually-active men. To ensure that the study addressed these concerns and was responsive to the needs of the community,

there was a close working relationship between ACON – the primary community organisation responsible for provision of services to gay men in NSW – and the research investigators at UNSW and the University of Sydney.

At the outset, we sought to obtain a sample size of 300 in Sydney. In the end we far exceeded this target, largely due to the impressive outreach work that was made possible through the auspices of ACON.

Background and Methodology

Group sex is a sexual activity that involves three or more individuals partaking in sexual behaviours together (Love, 1992). Human sexuality is just as complex as it is multifaceted and reasons why some people engage in group sex include: to experience pleasure; the desire to experience sexual variety; and to relieve sexual tension (Symons, 1979; Meston and Buss, 2007).

Group sex involving a multiple partners can be termed a *gang bang, orgies, group meets, three-ways, threesomes, ménage a trois* (Love, 1992; Silverstein and Picano, 1992; Gordon, 2004). A rarely used term, *polyiterophilia*, describes a state of sexual arousal attained from sexual activity with multiple sex partners in a limited time period whereby the individual can not achieve orgasm unless engaging in sex with several others (Money, 1980; Love, 1992; Juan, 2001).

The Three or More Study (TOMS) was a cross-sectional survey of gay and homosexually active men who engage in group sex recruited through a range of gay community venues, organisations sites in Sydney and gay websites based in Australia.

This study investigated sexual risk practices associated with HIV transmission and disclosure of HIV status, among men who engage in group sex with other men.

Background

Group sex encompasses a broad range of sexual behaviours. In different cultural contexts and in different time periods and among different groups of individuals, it has had differing forms, motivations and meanings. While group sex necessarily involves multiple partners, beyond this simple description, it may be viewed entirely differently from person to person, culture to culture, or society to society. In this respect it is like all forms of sexual behaviour and needs to be understood in its particular social context, and as an expression of individual and shared understandings of sexuality.

Orgies, an old term for group sex, were common in many ancient religions to worship fertility deities. Orgies have been described at festivals such as the Dionysian, Baal and Carnival (Love, 1992). Mythology has provided elements of sexual ritual from cultures of the past and present (Goward, 2001). The practice of orgiastic sex in ancient Greece and Rome has been described as part of everyday life which sometimes involved ancient sexual cults and festivals. The Greeks had an idealistic approach whilst the Romans had a more hedonistic attitude towards orgies (Partidge, 2002; Butterworth, 2005). The nature of the orgiastic behaviour in fertility festivals was often explained as a compulsion bestowed upon them by the gods to reach a state of 'thelopespy' of communion with a deity. The Greeks interpreted their participation in orgies as 'religiously ennobling' and believed the instincts of men were more 'polygamous' (Partidge, 2002). It was also noted that homosexuality was relatively common, possibly partly due to the seclusion of women.

During the Middle Ages and Renaissance, in spite of the moral prohibitions imposed by the Church, individuals initially enjoyed much sexual freedom (Richards, 1994; Goward, 2001). Orgies were secretly conducted among 'enthusiasts', including nobility, royalty and religious figures even up to the Victorian era. During these periods, sexuality was often proscribed through the dominance of the church.

In modern industrialised societies, sexuality has been increasingly the subject of investigation, legal and social definition and categorisation, but also, increasingly greater personal freedom within liberal democracies where the concept of a separation between state power and private behaviour is more widely accepted. While group sex, as with homosexuality, does not necessarily enjoy broad social acceptance and approval, it is usually tolerated between consenting adults in private.

Kinsey (1948) described group sex as a common fantasy. It is often associated with pornography (Grahame-Smith, 2005). The emergence of group sex in popular culture through films has been described by Russo (1987). However, group sex is not generally viewed as a 'wholesome pastime'. The modern phenomenon of 'swingers' or 'swinging' between married couples shares the social disapproval of group sex in general. The fundamentals of swinging whether between heterosexual, homosexual or bisexual couples can involve group sex in the same room with or without interaction between men (Bowskill, 1975).

Some studies on swinging have shown that it was the husband or male partner who made the initial entrée to the world of swinging. Some suggest swinging is a largely male interest especially in a bisexual group sex situation (Bowskill, 1975). Group sex activity is often associated with bisexuality when it occurs in mixed gender groups (Cooper, 2003).

Group sex among homosexual men, of course, does not necessarily bear any particular resemblance to that which occurs in mixed gender settings. Nor indeed, does the group sex which occurs between some groups of homosexual men necessarily resemble that which occurs between otherwise similar groups of homosexual men. And, of course, not all homosexual men engage in group sex, in the same way as not all heterosexual people engage in group sex. Also, among those that do engage in group sex, some may do so regularly and often, while others may do so rarely or even just once. And the reasons individuals engage in group sex may vary enormously: For some it may be due to their own desires and fantasies, while for others it may simply be because they happened to find themselves in that situation.

Group Sex was described in a small cohort of bisexual men in a study by Weinberg et al (1983): 37% participated in at least one episode of group sex in the previous twelve months. It was slightly less common, at 32%, in a 1988 follow up study (Weinberg et al., 1994). Studies based on comprehensive interviews about sexuality such as the Hite Report on Male Sexuality, Janus Report and Masters and Johnson explored group sex among the general population, including men who have sex with men (Hite, 1978; Janus and Janus, 1993; Masters and Johnson, 1996).

Group sex activities have been observed and described at public locations where men have covert sex with other men (Humphreys, 1970). Other research has described sexualised communities and institutions based on the quantity and diversity of sexual experiences of gay men who use public places and sex on premises venues for group sex (Delph, 1978).

In the Australian national survey of sexual behaviour and attitudes, the Australian Study of Health and Relationships, 2.3% of the men in the sample reported having had group sex in the previous year (Ritchers et al., 2003; Richters and Rissel, 2005).

Studies of Australian gay men, suggest that the practice of group sex does appear to be relatively common within this population. The Sydney Men and Sexual Health cohort study of gay men in Sydney found 28% of HIV-positive and 17% of HIV-negative men reported engaging in group sex in the previous six months which included their regular partner, while 56% of HIV-positive and 44% of HIV-negative reported group sex that only involved casual partners (Prestage et al, 1995). One in eight of these men (12%) reported engaging in group sex every year from 1993 to 1997 (Prestage et al, 2000). 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).

In the Health in Men (HIM) cohort study of HIV-negative gay men in Sydney, men were asked to report their sexual behaviour, both for the six months prior to each interview and, for the subset of men who reported engaging in unprotected anal intercourse (UAI) in the previous six months, at their most recent sexual encounters. This subset of men was asked about their most recent encounter that involved condom use as well as their most recent encounter involving UAI, first with their regular partners and then with any casual partners. During the most recent sexual encounters with casual partners that involved condom use, 6.8% reported having engaged in group sex at this event, while during the encounters with casual partners that involved UAI, 11.7% reported having engaged in group sex (Prestage et al, 2005). The UAI events were significantly more likely to have involved group sex than were the events where condoms were used.

Kippax et al (1998) described the concept of 'sexual adventurism' among homosexually active men: It included a range of so-called 'esoteric' sex practices, the use of sex-on-premises venues, and group sex. They found that these behaviours were associated with HIV seroconversion. McInnes et al (2000; 2002) have described processes of sexual learning and initiation within sexually adventurous cultures among gay men.

Little research has been done among gay men that specifically addresses the issues of group sex and HIV risk. A small qualitative study by Sowell et al (1998), indicated that men who engaged in group sex were relatively high risk insofar as they sometimes rejected traditional safe sex messages, and devalued the possibility of HIV risk in favour of an emphasis on sexual pleasure and excitement. These men tended to reframe HIV risk as 'less likely' in the post-treatments era, and of less importance than was the case prior to HAART.

Undoubtedly, gay men who engage in group sex represent a group of men who are at high risk of infection with and transmission of HIV and other sexually transmissible infections, and their group sex activities appear to be associated with other markers of risk, and of sexual adventurism. For this reason, they appeared to represent an appropriate target for investigations into risk among gay men. It was believed that by targeting group sex behaviour it would be likely that we would also obtain a sample of men at high risk, and that by investigating the contexts of, motivations for, and activities during group sex, we would be able to explore the concepts of risk and desire in some depth.

Research Plan

This study initially proposed to survey a sample of at least 300 gay men who engage in group sex in Sydney, but this was later expanded to also include men in Melbourne and Brisbane. We sought to explore in detail issues around the relationship between knowledge of HIV status, disclosure of HIV status and sexual risk behaviour. Over 1200 men eventually filled in questionnaires for the study, including more than 700 in our initial target area of Sydney.

Objectives of the project

The main objective of the study was to gather data from men who engage in group sex with other men in Sydney about: their risk-taking behaviours, such as unprotected anal intercourse (UAI); their beliefs and attitudes about HIV; their engagement with gay communities; and their knowledge of their partners' and their own HIV status.

The major aim was to provide data on levels of safe and unsafe sexual practice in a broad cross-sectional sample of gay and other homosexually active men who engage in group sex. Men who engage in group sex were recruited from a broad range of gay community sex-on-premises venues frequented by such men, and through gay community organisations and websites catering to such men.

The Three or More Study (TOMS) study was modelled on the Gay Community Periodic Surveys (GCPS). The study was conducted from May 2007 to March 2008.

Methodology

There is no specific, identifiable or discrete community of homosexually active men who engage in group sex with other men in Australia, or even in individual Australian cities, so the survey was initially conducted through a broad range of sites and organisations known to be utilised by the target population in Sydney. After the initial recruitment phase was completed, additional recruitment focussed on men in Melbourne and Brisbane occurred using online methods only.

Based on the success of the Gay Community Periodic Surveys, we adopted a Periodic Survey-style methodology in Sydney. The GCPS provide a snapshot of behaviours associated with HIV risk and transmission among urban Australian gay men in general. The surveys provide useful information that helps inform health planners and campaign strategies targeting those at high risk of HIV infection. The surveys employ direct recruitment, using anonymous, self-complete questionnaires, in social and sex-on-premises

venues frequented by gay men. To complement this method of recruitment and to access the growing online methods of arranging group sex encounters among homosexually active men, we also decided to employ online methods of recruitment and survey completion.

A self-complete questionnaire was developed that included questions about sexual risk behaviours (see appendix A). The questionnaire was designed for both online and paperand-pencil completion.

On-site recruiters were instructed to explain to potential respondents that participation in the study was strictly voluntary, that any question which proved uncomfortable could be skipped and that respondents were able to stop at any time. The research was administered in a way that protected the confidentiality and anonymity of respondents. Respondents were informed that their responses would be confidential. Completed questionnaires did have a unique identifying number for data entry purposes, but no identifying marks or names appeared on the completed forms. A brief informed consent outlining these issues was provided to all participants.

A separate recruitment strategy was implemented to specifically target bisexual and other men who have sex with both men and women. This resulted in a small but significant subsample of bisexually active men who engage in group sex. While these men are also included here in this report of the findings in general, they will also be the subject of separate analyses and reports.

This being the first such study of its kind, we were concerned that there might be issues that could affect the findings but which could not be fully addressed in the brief, selfcomplete questionnaire. To complement the main survey, a small substudy was undertaken to explore some specific issues in more detail. This substudy included in-depth interviews with a small number of men who engage in group sex with other men. Informed consent was implemented, with participants giving written consent after explicitly informing them of their right to withdraw from the study at any stage.

Survey Questionnaire

The survey instrument and recruitment methodology had its origins in the GCPS. Some revision of the questionnaire was made to address more appropriately issues relevant to men who engage in group sex with other men, particularly with respect to questions around sexual risk behaviour. Whereas the GCPS asks questions about sexual behaviour during the six months prior to survey, we asked men to answer questions about their behaviour on the most recent occasion when they engaged in group sex with at least two other men, apart from their regular partner. We decided on this formulation of the relevant event to ensure that the event would capture incidents outside regular sexual encounters that might be described as 'within the relationship', such as might often occur with 'threesomes'. The reason for our focus on the most recent occasion of group sex instead of all such occurrences of group sex in the preceding six months was to permit us to examine in detail the negotiations around condom use and HIV status within a single event, to ensure that

we could associate particular interactions and negotiations with specific outcomes. The questionnaire is reprinted in Appendix A.

The questionnaire appeared in two formats, both of which included the same questions. A printed version was used at gay community venues and group sex events, as well as other organisations / networks for bisexual men, to be completed on site, or later and returned by reply-paid post. An online version was created using Survey MonkeyTM and the website was advertised either directly through email lists or indirectly through gay male cruising websites. Both versions of the questionnaire were piloted; Men were also asked to complete both versions of the questionnaire and responses were checked against each other.

Qualitative interviews

The qualitative interviews were semi-structured and audio-recorded. The issues covered included a range of topics identified during the administration of the survey and after the preliminary analyses of the survey data. The broad areas covered were similar to those in the survey questionnaire, but provided an opportunity to explore in detail the motivations for group sex, and for risk behaviour in that context, and the men's calculations of risk.

Participation Rates and Missing Data

This survey was based on convenience sampling and there was little capacity to reliably collect information on refusals. Nonetheless, the onsite recruiters for the survey generally reported that there were very few refusals.

There were, however, some problems with missing data. Incomplete questionnaires appear to have been obtained relatively equally through either the printed or online versions of the questionnaire. While we had no way of obtaining feedback on this issue among the men who failed to complete the questionnaire online, recruiters reported that many of those completing the questionnaire in person complained about the length of the questionnaire, and it is likely that this is the main reason for the missing data. Due to the sensitive nature of the survey it was also reported by some individuals that they had to interrupt completion of the questionnaire upon interruption by someone else to maintain confidentiality. Nonetheless, less than one in five of those who started to fill out a questionnaire failed to provide sufficient information to make the questionnaire useable.

Description of the Study

TOMS was a cross-sectional survey of gay and homosexually active men who engage in group sex recruited through a range of gay community events and sites in Australia. It provides a snapshot of sexual and HIV-related practices among gay and homosexually active men who engage in group sex.

The major aim of this project was to provide data on levels of safe and unsafe sex practices in a broad cross-sectional sample of gay and other homosexually active men who engage in group sex. To this end, men who engage in group sex were recruited from a range of gay sex-related events, as well as sex-on-premises venues frequented by such men.

This study adopted methods used in the GCPS (Prestage et al; 2000). TOMS was conducted from May 2007 to March 2008. Sites used for recruitment in the survey included, sex-on-premises venues, group sex events, as well as distribution of the questionnaire through organisations / networks catering to men who engage in group sex and through gay cruising websites.

More detailed analysis of the survey data will continue and will be disseminated as it is completed. As with any data analysis, further examination may necessitate minor reinterpretation of the findings.

Interview material was collected from in-depth interviews with survey participants who volunteered to be interviewed at length. The interview material is included throughout this report, as appropriate, to highlight and provide further information about particular issues, where this material has relevance. This material, also, will be examined further in future analyses of the data.

Sample and Recruitment

Men were eligible to participate in the survey if they had had group sex with at least two other men simultaneously within the previous five years. At gay community commercial sex on premises venues (SOPVs) we could be sure of obtaining a large number of men who had had group sex, but we also wanted to recruit men who engaged in group sex in other settings, such as private homes or at privately organised sex parties. To this end we also developed an online version of the questionnaire which was advertised through two large gay commercial websites and through email networks, particularly the email lists of community organisations that arrange private group sex events. We also recruited on-site at some of these private group sex events.

In total, 1354 men completed a questionnaire for the survey, but only 1205 of these were sufficiently complete to be useable. Despite the instructions to respondents, 211 men who had not engaged in group sex in the previous five years did complete a questionnaire, so the total eligible sample was actually 994. Among those who did complete a useable questionnaire and who met the eligibility requirements, most had engaged in group sex activities within the previous year.

TABLE 1.1 LAST OCCASION OF GROUP SEX N		
Within previous week	17.8	
1-4 weeks ago	27.1	
1-6 months ago	30.2	
7-12 months ago	8.7	
1-2 years ago	7.3	
3-5 years ago	6.4	
Unsure	2.5	

Men were mainly recruited online, but about one third were recruited onsite at SOPVs or privately organised sex parties (Table 1.2).

TABLE 1.2 SOURCE OF RECRUITMENT	
Online recruitment	79.5
SOPV/sex party	17.3
Reply-paid survey	3.2

Place of residence largely reflected the intensity of local recruitment: 499 (50.2%) were from Sydney, 171 (17.2%) from Melbourne, and 93 (9.4%) from Brisbane. 163 were from elsewhere and 68 failed to provide their place of residence.

Demographic Profile

Age

Participants ranged in age from 17 to 80 years with a mean and median of 39.0 years. There were 10 men who did not report their age.

Cultural identity and country of birth

Most identified as Anglo-Australian and fourteen as Aboriginal or Torres Strait Islander. The majority (72.5%) were born in Australia.

TABLE 2.1 CULTURAL BACKGROUND AND IDENTITY N		
Anglo-Australian	79.4	
Aboriginal or Torres Strait Islander	2.4	
Other	18.2	

Geographic distribution

At the time of the survey, one third of participants lived in inner Sydney.

TABLE 2.2 PLACE OF RESIDENCE	
Inner Sydney	36.2
Other Sydney	14.0
Other NSW & ACT	6.5
Inner Melbourne	7.4
Other Melbourne	9.8
Other Victoria	1.1
Brisbane	9.4
Other Queensland	4.8
Other	3.9
No response	6.8

Education

This was a well-educated sample: Over half reported receiving some university education, with over a quarter having some postgraduate education (Table 2.3).

TABLE 2.3 EDUCATION N	
Up to year 10 of high school	6.9
Higher School Certificate	15.4
Trade certificate or diploma	19.6
University - undergraduate	28.5
University - postgraduate	28.6
No response	1.0

Employment and occupation

Most (87.5%) participants reported being in employment. As in other surveys of gay men (Hull *et al*, 2003), few participants reported being employed in 'blue-collar' jobs. About half the respondents were in managerial, professional or paraprofessional jobs (Table 2.3). One in five was in sales or clerical positions.

TABLE 2.3 OCCUPATION N		
Professional/Managerial		
Managerial	14.6	
Professional	32.4	
Paraprofessional	6.1	
White collar		
Clerical	9.8	
Sales & service	13.5	
Blue collar		
Trades	3.4	
Plant operator/Labourer	3.3	
Not employed/No Response	16.9	

Sexual relationships with women

One in eleven men reported currently being in a relationship with a woman (Table 2.5) and one in seven (14.6%) reported having sex with a female partner in the previous six months, half of whom (7.5%) had had just one female sex partner. One in five had ever been married to a woman. These proportions were relatively high compared with those often obtained in studies of homosexually active men in Australia. This mainly reflected the separate and targeted recruitment through bisexual organisations and networks, and will be the subject of separate analyses for future publications.

TABLE 2.5 RELATIONSHIPS WITH WOMEN N		
Current relationship with woman	9.3	
Previous relationship with woman	42.5	
Never had relationship with woman	47.9	
No response	0.4	
Currently married to a woman	7.9	
Previously married to woman	11.9	
Never married to woman	80.2	

Sexual relationships with men

Half the men reported having a current regular partner (Table 2.6).

TABLE 2.6 RELATIONSHIPS WITH MEN N		
No current relationship with man	45.3	
Current relationship with man	53.8	
No response	0.9	

Among those men who currently had a regular partner, over a third had been in that relationship for over five years (Table 2.7).

TABLE 2.7 LENGTH OF RELATIONSHIPS WITH MEN N		
Less than 6 months	16.4	
7-12 months	11.8	
1-5 years	31.4	
Over 5 years	39.4	
No response	0.9	

Note: Includes only those men who had a regular partner at the time of the survey.

Participants who currently had a regular sexual partner were asked to report on the style of their relationships (Table 2.8). Unsurprisingly, few reported being in a monogamous relationship, although about one in seven had never discussed this issue with their partner. Not all of those reporting they were in a monogamous relationship had necessarily broken the conditions of their relationship: At least 15 of the 52 men reporting they were in a monogamous relationship, while it is possible that some of the remaining men had changed the conditions of their relationship to a monogamous arrangement at some time since their most recent group sex encounter. One in five men reported that they had an agreement with their partner to only have sex outside their relationship when they were playing together.

TABLE 2.8 TYPES OF RELATIONSHIP N		
Monogamous	9.7	
Sex with other men when together only	20.0	
Sex with other men apart is permitted	53.8	
Never discussed	15.3	
No response	1.1	

Note: Includes only those men who had a regular partner at the time of the survey.

Identity and Community Engagement

We explored issues of sexual identity and gay community involvement, both of which are presumably central to the lives of many of these men.

Sexual identity

Participants were asked whether they identified as gay/homosexual, bisexual or heterosexual (Table 3.1). Over three-quarters identified as homosexual, and around one in seven identified as bisexual. Many of these bisexual men were recruited through specific outreach to bisexual networks and will be the subject of separate analyses.

TABLE 3.1 SEXUAL IDENTITY N		
Gay or homosexually identified	82.1	
Bisexually identified	14.3	
Queer	1.4	
Heterosexually identified	0.8	
Other/unsure	0.7	
No response	0.7	

They were also asked how much they identified with a range of sexual categories (Table 3.2). While few did not identify with a gay identity and the majority identified 'very much' as gay, the extent to which they identified with different forms of sexual identities varied considerably. Not surprisingly, while about a quarter identified very much with being a 'top' and a similar proportion identified as strongly with being a 'bottom', for the most part these were not the same men. Relatively few identified at all with being 'effeminate', while over a third identified strongly with being masculine. About a third identified to some extent with being a 'sexpig', and slightly more with being a 'partyboy'.

These different ways of viewing sexuality are often based on very fine distinctions. R12 had no problem with being labelled a sexpig but baulked at being called 'sleazy':

R12: Yeah. I'm a sexpig. A slut. I'm sure some guys would even call me sleazy, but I don't think of myself as sleazy. Not that way.

_	TABLE 3.2 DENTIFICATI	ON WITH SEXUAL C	ATEGORIES (N=994)
%	Not at all	Somewhat	Very much	No response
Gay	7.8	22.7	66.3	3.1
Queer	42.2	27.0	17.7	13.2
Bottom	18.7	47.1	26.2	8.0
Тор	11.2	53.1	26.9	8.9
Bear	63.0	16.8	5.8	14.8
Leatherman	61.0	19.5	7.1	12.4
Sexpig	53.3	25.1	9.8	11.9
Partyboy	50.5	29.5	8.8	11.3
Non-scene	27.2	38.0	23.4	11.4
Effeminate	74.0	11.2	1.1	13.7
Masculine	8.1	48.8	35.9	7.1
Straight-acting	14.2	41.4	36.4	7.9

Note: Percentages are based on the total sample. Items are not mutually exclusive.

Gay community involvement

Almost all respondents reported having gay friends, and about half described 'most or all' of their friends as gay (Table 3.3)

TABLE 3.3 NUMBER OF GA	y Friends N
None	3.4
Few	17.0
Some	29.6
Most	46.8
All	2.9
No response	0.3

Most men spent at least some of their free time with other gay men (Table 3.4).

Тав	BLE 3.4 PROPORTION OF FREE TIME SPENT WITH GAY MEN N	
None	2.2	
A little	22.4	
Some	37.4	
A lot	37.6	
No response	0.3	

Use of gay venues

A large majority reported using gay internet sites to meet potential male sex partners and about half reported using SOPVs (Table 3.5). Most men (87.5%) used more than one

TABLE 3.5 PLACES USED TO MEET MALE SEX PARTNERS (N=994)					
%	Never	Once	2-4 times	5-10 times	Over 10 times
Gay saunas	41.1	11.1	21.8	13.3	12.7
Other sex clubs	54.6	8.5	18.1	9.2	9.8
Commercial sex parties	83.4	5.5	7.1	2.2	1.7
Private sex parties	66.6	11.4	16.2	3.9	1.9
Leather events	80.2	7.4	8.4	2.8	1.2
Beats	55.9	8.2	15.6	8.8	11.6
Gay internet sites	25.5	4.5	12.8	11.9	45.4
Straight internet sites	82.5	4.0	4.8	3.2	5.4
Gay bars	48.5	6.3	20.4	10.8	14.1
Dance parties	60.9	9.0	19.2	5.2	5.7
Gyms	78.6	5.1	9.5	2.2	4.6

method to seek potential sexual partners, but 37 men (3.7%) did not use any of these methods to meet partners in the previous six months.

Note: Percentages are based on the total sample. Items are not mutually exclusive.

MIV and STI Testing

Participants were asked to report whether they had been tested for HIV and their HIV status. Most men (868: 87.3%) indicated they had ever been tested with nearly three quarters reporting being HIV negative, and about one in six being HIV-positive, but a few men who had been tested did not report their HIV status (Table 4.1).

TABLE 4.1 WV STATUS N	
HIV-negative	70.1
HIV-positive	17.2
Not tested	10.5
No response	2.2

Two thirds (66.7%) of the HIV-positive men reported that they were currently taking antiretroviral treatments for their HIV infection and a similar proportion (66.1%) indicated they had an undetectable viral load.

Time since most recent HIV antibody test

Participants were asked to report the time since last having been tested for HIV (Table 4.2). A little over half the men who were not HIV-positive had been tested in the previous six months, including about one in six who had been tested in the previous month.

TABLE 4.2 TIME SINCE MOST RECENT H	VTEST N
Less than a month ago	17.4
1- 6 months ago	35.0
7–12 months ago	13.9
1–2 years ago	9.7
Over 2 years ago	10.5
Never tested / No response	13.6

Note: Includes only those men who had not tested HIV-positive.

R2 explained that he had one 'friend' with whom he often had UAI, and that he tested quite frequently for that reason:

R2: ...this might sound a bit overzealous, but I have tests every three months. My doctor tries to get me to only test every six months, and so I alternate his visit with a visit to the Sexual Health Clinic, and that also makes me seem like a bit less of a slut. *laughs* Not that I think my doctor would care one way or the other. And the guy I have unprotected sex with is good about going to the doctor, as well.

Regular partner s HIV status

The men were asked about the HIV serostatus of their 'current' regular male partners (Table 4.3). One in six reported having an HIV-positive partner.

TABLE 4.3 HIV STATUS OF REGULAR PARTNERS N	
HIV-negative	73.5
HIV-positive	17.2
Not tested/No results	9.4

Note: Includes only those gay men who 'currently' had a regular partner.

Comparing the HIV serostatus of the men's 'current' regular male partners with that of the participants, about half the men's relationships were seroconcordant (Table 4.4). One in six reported being in a serodiscordant relationship (where one partner was HIV-positive and the other was HIV-negative), about half of whom were HIV-positive participants with HIV-negative partners.

TABLE 4.4 HIV SEROCONCORDANCE AMONG REGULAR PARTNERS N		
HIV-positive seroconcordant	8.6	
HIV-negative seroconcordant	56.1	
Serodiscordant: HIV-positive with HIV-negative partner	7.5	
Serodiscordant: HIV-negative with HIV-positive partner	8.4	
Either partner's serostatus unknown or untested	19.4	

Note: Includes only those gay men who 'currently' had a regular partner.

STI testing since last group sex

Participants were asked what sorts of sexual health checks they had had since their most recent group sex encounter. Half had at least one type of test for STIs and among men who had engaged in group sex within the previous month over a third had been tested for STIs (Table 4.5).

TABLE 4.5 SEXUAL HEALTH TESTS SINCE MOST RECENT GROUP SEX			
%	All men (n=994)	Men who had engaged in group	
		sex in previous month (n=446)	
Anal swab	24.6	16.6	
Throat swab	24.7	16.4	
Urine sample	33.2	23.3	
Penile swab	16.0	12.3	
Non-HIV blood test	33.7	21.7	
Any test	49.7	35.4	

Note: Items are not mutually exclusive.

Group Sex Encounters

The men were asked about the most recent occasion when they had engaged in group sex with other men: their last group sex encounter (GSE).

Frequency of group sex

Although about a quarter reported engaging in group sex at least once a month, for the majority of men this was not a regular activity (Table 5.1).

TABLE 5.1 FREQUENCY OF GROUP SEX N		
Weekly	5.5	
Monthly	19.2	
Every few months	34.7	
Less frequently	31.5	
Once ever	5.2	
No response	3.8	

Location of most recent group sex

The most common place cited where their most recent GSE occurred was in a private home, more commonly someone else's home than their own (Table 5.2). Nonetheless, about a third of these encounters occurred at a sex-on-premises venue. Relatively few occurred at an organised sex party event.

TABLE 5.2 LOCATION OF GROUP SEX N		
Gay sauna	18.8	
Other commercial sex venue	13.2	
Sex party	6.0	
At home	16.5	
Someone else's home	24.3	
Hotel room	7.7	
Beat	5.4	
Somewhere else	3.7	
No response	4.2	

Organisation of most recent group sex

For the most part, GSEs were not pre-planned: 17.2% indicated that the encounter had been planned in advance and 24.5% reported that it had been arranged just beforehand, but for the majority (53.7%), it was a completely spontaneous event. Nonetheless, three quarters of the men (74.1%) indicated that they wanted to have group sex beforehand. When asked about the reasons why they sought group sex, the responses involved issues of fantasy, intensity, and connection.

R3: What do I enjoy? ... Well, the sight of a hundred men naked, and having damn good sex. The energy, the camaraderie, and the pure visuals, apart from anything else.

And later R3 compared regular nights at a sex venue with nights when they had speciallythemed naked sex party nights, describing how he preferred the party nights because the men who attended were more relaxed about their sexuality:

R3: A far more relaxed, comfortable person. On any other night you go to one of these venues, there are the circlers...they're constantly on the move looking for 'Mr Right'. Constantly walking. Never stopping. Whereas on the other nights, you can coalesce as a group, have some fun... Same sort of things happen at the ... parties. You can play as long as you like with one group, and then move on to another if you want... And I find that on these 'nude nights' at [the sex venue], people are much more comfortable with the sex, and with the group situations, ... and with their sexuality, and with their bodies. With the other nights, you get too many hang-ups. They are looking for Mr Right, they don't want to get naked, they don't feel comfortable with their bodies, they aren't happy with a short-term interaction...*trails off*

One quarter of the men arranged the GSE themselves (Table 5.3). Nearly a third (31.3%) of GSEs were arranged online.

TABLE 5.3 ARRANGEMENT OF GROUP SEX N		
Participant	26.8	
Group of friends	6.2	
Group of strangers	7.7	
Organised group	8.4	
Another person	21.6	
Nobody	22.6	
Don't know / No response	6.5	

Some men did not seek group sex but found themselves in group sex situations because it had been arranged by a sex partner without warning them beforehand:

R4: I just went over to meet, um...primarily one person...who is in a couple. But then the other person joined in, and then another couple of people they'd found online came over... I just went for the one guy. I wasn't planning on group sex, but it was okay for it to happen... I mean, the thing with this kind of group sex is that I don't ever plan for there to be a group, you know? I prefer it sort of 1-on-1, that's my personal tastes, but it has happened quite a lot lately that other people have arrived, because it's so easy for it to happen with the online thing and I've just gone along with it. But my preference would be for 1-on-1.

Sometimes, finding themselves in a group sex situation they had not expected was received quite positively. R6 described such an encounter at a sauna:

Interviewer: And how did this group form?

R6: Well, the two boyfriends, they were walking around. And they found one guy, and went and put him in the room and said "wait here." And then got another one. And then came and got me, as the final person. I think they must have already spotted who they wanted, and then just went back around and got them. They were trying to put together a group, and chose us all. I was the last one into the room, along with the two boyfriends.

Interviewer: Now, I realize that this isn't an environment where a lot of talking occurs, but did they say anything to you when they came and got you?

R6: No. They just grabbed me, and I thought I was going off with the two of them. And then we got to the room, and there were five of us.

Interviewer: What was your reaction to that?

R6: I just thought, 'cool'.

Intentions and group sex

While the majority (74.1%) had wanted to have group sex beforehand, about two thirds indicated that they wanted to 'play safe' (64.9%). However, while the majority intended to use condoms, slightly fewer intended to use condoms for all anal intercourse (Table 5.4).

TABLE 5.4 PERSONAL INTENTION TO USE CONDOM FOR GROUP S	dex Event N
Intended to use condom for receptive oral intercourse	2.7
Intended to use condom for insertive anal intercourse	62.5
Intended to use condom for receptive anal intercourse	61.2
Intended to use condom for all anal intercourse	51.9
Did not intend to use condom at all	8.8
No plan	17.4

Note: Percentages are based on the total sample. Items are not mutually exclusive.

This intention to use condoms was not related to sexual position. However, HIV-positive men were less likely to have intended to use condoms for both insertive and receptive anal intercourse (Table 5.5).

	TABLE 5.5 PERSONAL INTENTION TO USE CONDOM AND HIV STATUS					
Wher cond	n intended t oms:	o use	HIV-positive (n=171)	HIV-negative (n=697)	HIV-unknown (n=126)	P-value
For interc	receptive course	oral	2.3	2.4	4.8	.318
For interc	insertive ourse	anal	38.0	68.4	62.7	<.001
For interc	receptive course	anal	35.7	67.7	59.5	<.001
For a	II anal interco	ourse	28.7	57.7	51.6	<.001
Not a	t all		24.6	5.2	7.1	<.001
No pl	an		31.6	13.9	17.5	<.001

Note: Percentages are based on the total sample. Items are not mutually exclusive.

For some men, UAIC was never countenanced and they were adamantly committed to a 'safe sex every time' policy:

R5: And everyone used condoms, because if I'd seen any unsafe sex I would have left, just gotten up straight away. I wouldn't want to be present for that, even if it didn't directly involve me. I mean, if they're going to do that to one person, you never know what they might do to me, you know? I wouldn't even tolerate that in my presence; it's a blanket 'no' for me, unsafe sex.

A few men did, however, purposefully seek UAIC. R1 (HIV-negative) described his desire for condomless sex:

R1: Yeah, so I knew what sort of crowd would be gathering, and I knew what sort of sex would be happening ... fairly wild. Unprotected sex...I mean, you know...I knew... as far as I'm concerned, the guys there...I mean, most of the guys there would be HIV positive, um...condoms would not be really available...unless you'd be bringing them with you.

Interviewer: Is that something you were looking for on this night? That kind of environment.

R1 (enthusiastically): YEAH!

In other cases, however, UAIC was not the intention, even though it may have been the common experience. R4 (HIV-positive) mainly had sex with other HIV-positive men and usually did not use a condom, but the UAIC was not his main motivation:

R4: But even so, if a positive person wants to wear a condom, that's fine with me too. I wasn't specifically going over there to have unprotected sex. I was actually going over there specifically to have chem-sex.

They were also asked about their general expectations for this GSE. About one in five (18.1%) reported that they wanted to 'play dirty', which often implied non-condom use, and about a quarter (23.8%) reported that they wanted to 'party and play', indicating that they wanted to mix sex and drugs. In some of the descriptions of their GSEs during the depth interviews, some men seemed to make a distinction between 'sex partying' and more intimate encounters. R1 (HIV-negative) described an encounter involving an HIV-positive couple. He had hoped to be the receptive partner during unprotected anal intercourse with these men but they had refused, and so the encounter became very different in mood to what he had originally envisaged:

R1: ... I think that from the dynamics of how it sorted out. And it was all sort of 'hold me, sweetie' kind of thing, it was sort of ... it was not this...this thing I described with the seven guys or whatever...that was a strict PNP¹ kind of party where everyone just kind of got high and, you know...go hard. This was a bit more of a lift up, and have some fun, you know being a bit cuddlier, being a bit...you know. More fun.

Interviewer: So this wasn't just about sex, it was about spending some time with someone new?

R1: Yeah, that sort of touchy-feely sex. More sort of a human presence...

Interviewer: Now, this sex seems different for you than in the other examples you've given me today. How do you feel about the fact that this was sex with a couple, and with condoms?

R1: Look, I was comfortable with that...I was kind of up for that 'family sex' on that night... it was sort of like, not a performance sort of thing, and warmer. More about enjoying it, and not performing it. I say 'family sex' because I want to convey the concept of the familiarity of it...you know? Not much pressure, and not much of a performance kind of thing. A bit of fun for everyone...

Interviewer: So, is that better, or worse, or no different for you? That type of sex?

R1: Um...I don't know.

¹ Party and play: using drugs during sex play.

The men were asked if the group had any set rules about condom use for the group sex encounter. While the majority indicated they had a formal safe sex rule (either no anal intercourse or, more commonly, condom use for all anal intercourse), nearly a third had no formal rule and about one in eight had a rule that did not require consistent condom use (Table 5.6).

TABLE 5.6 GROUP RULES REGARDING CONDOM USE FOR GROUP	oup Sex Event N	
No anal intercourse	5.4	
Use condoms for all anal intercourse	46.6	
Use condoms for anal intercourse if asked	10.8	
Never use condoms for anal intercourse	4.5	
No rule	28.8	
No response	3.9	

One large, well-organised group appeared to have very strict policies about always using condoms. One interviewee explained that if anyone was seen engaging in UAI at one of that group's events they would be told to put on a condom or made to leave. When the interviewer pressed him on this point and asked if there were ever exceptions made, such as if it was negotiated beforehand:

Interviewer: And this is even if... R3: *interrupts* Even if they're friends ... and well known ... Interviewer: What if they've negotiated... R3: *interrupts* REGARDLESS. Regardless of what has happened...it's not allowed.

Nonetheless, R3 goes on to say that he is certain UAI does occur at these parties, despite all the precautions:

R3: Yes...[it is] absolutely impossible to monitor. [They] can't be wandering around in the dark with a torch, you know? Like ...teachers, or something. But [they] need to set the message that it is NOT what this group is about. I've seen people that I personally know doing it, and it happens to be not on! I say "You know what this group is about, please use a condom."

The men were also asked if the group had any set rules about the HIV status of those who were invited, with most indicating there was no rule or that it was open to men regardless of HIV status (Table 5.7).

TABLE 5.7 GROUP RULES REGARDING INVITEES FOR GROUP SEX EVENT N		
HIV-positive only	3.7	
HIV-negative only	12.7	
Open to both HIV-positive and HIV-negative	13.9	
No rule	65.8	
No response	3.9	

Regarding disclosure of HIV status, most men reported that the group had no rule, but about a quarter indicated the rule was that they either must disclose their status to everyone or to those who asked (Table 5.8).

TABLE 5.8 GROUP RULES REGARDING DISCLOSURE OF HIV STATUS N		
Tell everyone	13.4	
Tell HIV status if asked	11.4	
Never discuss HIV status	10.6	
No rule	60.9	
No response	3.8	

Who attended group sex encounter

Over a third (36.5%) indicated that their last GSE involved two other men – a three-way – while one in six (16.8%) said it involved more than five other men. Just 29 men (2.9%) indicated that there were any women present at this event. A third of the men (32.3%) reported that they believed at least some of the men at their last GSE were bisexual.

Of the 535 men who indicated they had a current regular partner, 174 (32.5%) reported that this partner also attended the last GSE; Another 22 men reported that a regular partner had attended, but this may have been due to recently ended relationships, or having concurrent multiple regular partners. Over half (59.2%) of those who reported that their regular partner also attended their last group sex encounter indicated that they also had sex with men on other occasions that did not involve their regular partner.

Among the 196 men who had a regular partner that had also attended their last GSE, HIV seroconcordance between these regular partners was similar to HIV seroconcordance among all men who reported having a current regular male partner (Table 5.9; also viz Table 4.4).

TABLE 5.9 HIV SEROCONCORDANCE AMONG REGULAR PARTNERS AT GROUP S	Bex Event N
HIV-positive seroconcordant	11.7
HIV-negative seroconcordant	53.6
Serodiscordant: HIV-positive with HIV-negative partner	5.6
Serodiscordant: HIV-negative with HIV-positive partner	5.6
Either partner's serostatus unknown or untested	23.5

Note: Includes only those men who indicated that their regular partner was also present at their last group sex event.

One in five (19.7%) reported that this last GSE was with a regular group. Over a third (40.3%) of those who last had group sex with a regular group indicated that this group played at least once a month. Most (77.0%) reported that they sometimes engaged in group sex outside this regular group.

Twenty-one men indicated that someone was paid to attend the GSE, including six men who were themselves paid to attend. The motivations for and experience of group sex are likely to be very different for men who are paid to attend. R11 explains how participating in a GSE as a sex worker involves a great deal of performance for the benefit of the clients:

R11: Okay, so each sex worker comes with his own 'bag of tricks,' if you like. And if you turn up as a couple, you can create yet another bag of tricks, as well. You can decide on personality types, you

can decide what you want the other person to do, or not do, and you try to work with that as well as what the client wants. For example, if I'm working with someone, and they prefer to be a top, they can let me know that. And that way, even if the client wants something different, I can check with the other person to see if that's okay. And since I know it's not his preference, I can then, um, I can fake it. So it just looks like I'm doing what the client wants.

A majority indicated that their last GSE included men they had just met on that occasion, but a third reported there were men present with whom they had previously had sex, including, for about a quarter of the men, a regular fuckbuddy (Table 5.10).

TABLE 5.10 RELATIONSHIP TO OTHER MEN AT GROUP	Sex Event N
Boyfriend/regular partner	18.3
A regular fuckbuddy	25.5
An ex-boyfriend/former regular partner	3.3
A regular group sex partner	16.9
A friend	25.2
Someone you previously had sex with	31.8
Someone you previously had met	31.1
Someone your boyfriend previously had sex with	5.4
Someone your boyfriend previously had met	5.2
A stranger you had just met	58.4
Completely anonymous	41.1

Note: Percentages are based on the total sample. Items are not mutually exclusive.

Group Sex Practices

The men were asked about the kinds of sex they and their partners engaged in during their most recent GSE with other men.

Sex with partners other than their regular partner

Men were asked to indicate the range of sex practices they engaged in with the men who were not their regular partner at their last GSE (Table 6.1). Most reported they had engaged in oral sex, and a majority in digital penetration (fingering). About half reported engaging in oral-anal contact (rimming).

TABLE 6.1 SEX PRACTICES WITH OTHER PARTNERS (N=	=994) %
Receptive oral intercourse – no ejaculation	79.8
Insertive oral intercourse – no ejaculation	75.9
Receptive fingering	62.4
Insertive fingering	57.1
Receptive fisting	6.1
Insertive fisting	8.5
Participant rimmed other man	48.0
Other man rimmed participant	44.2
Kissing	77.9
S/M play	10.1
Pissing	9.7

Note: Percentages are based on the total sample. Items are not mutually exclusive.

Most men indicated that they had engaged in anal intercourse, either with or without a condom, with other men at their last group sex event (Table 6.2). Half had done so in the receptive position and over half in the insertive position, with over a third in both positions.

TABLE 6.2 ANAL INTERCOURSE WITH OTHER PARTNERS (N	=994) %
Any anal intercourse	74.5
Any receptive anal intercourse	50.9
Any insertive anal intercourse	60.1
Both receptive and insertive	36.3

Note: Percentages are based on the total sample. Includes anal intercourse with and without condom use. Items are not mutually exclusive.

Men were asked about 'cum play' and whether any of the other men at the last group sex event had ejaculated in or on their body or face (Table 6.3). The majority reported receiving semen on their bodies, and one in five received semen in their mouth.

TABLE 6.3 CUM PLAY - SEMEN ON SELF (N=994) %)	
Semen on participant's face	17.0	
Semen on participant's body	57.9	
Semen over participant's anus	13.8	
Semen in participant's mouth	19.2	
Semen in participant's anus	8.8	

Note: Percentages are based on the total sample. Items are not mutually exclusive.

Men were also asked about semen on other men's bodies (Table 6.4). The majority reported ejaculating on their partners.

TABLE 6.4 CUM PLAY - SEMEN ON OTHER MEN (N=994) %	
Participant's semen on other man's face	19.0
Participant's semen on other man's body	52.9
Participant's semen over other man's anus	10.1
Participant's semen in other man's mouth	22.4
Participant's semen in other man's anus	8.4

Note: Percentages are based on the total sample. Items are not mutually exclusive.

Men were also asked about using semen as lubricant (Table 6.5). This was reported by a few men.

TABLE 6.5 CUM PLAY - SEMEN AS LUBRICANT (N=994) %	
Other man's semen used on participant's penis/anus	10.0
Participant's semen used on other man's penis/anus	7.5
Third person's semen over other man's penis/anus	7.9

Note: Percentages are based on the total sample. Items are not mutually exclusive.

Condom and Non Condom Use

The men were asked about condom use during anal intercourse at their most recent GSE with other men.

Regular partner

Among the 196 men with a regular partner who had also attended their GSE, the majority reported their regular partner had engaged in unprotected anal intercourse (UAI), either with themselves or with other men (Table 7.1). One in six of the men's regular partners had engaged in UAI both with the participants and with other men at the GSE.

TABLE 7.1 UAI WITH REGULAR PARTNER (N=196) 9	6
UAI: between participant and regular partner	48.5
Participant fucked partner without condom	28.6
Partner fucked participant without condom	38.3
UAI: regular partner with other men	23.0
Someone else fucked partner without condom	17.9
Partner fucked someone else without condom	18.3
UAI: regular partner with both participant and other men	16.8
Partner fucked by both participant and others, no condom	10.7
Partner fucked both participant and others, no condom	9.2

Note: Percentages are based on those men who indicated that their regular partner was also present at their last group sex event. Items are not mutually exclusive.

Participants whose regular partner was HIV-positive were more likely to report that their partner had engaged in UAI, particularly with other men and regardless of whether this was in the insertive of the receptive position (Table 7.2). Men whose partner's HIV status was unknown were less likely to engage in UAI, either with themselves or with other men and regardless of sexual position.

TABLE 7.2 REGULAR PARTNERS' UAI AND	VIV STATUS OF	Regular Partn	ER
	HIV-positive partner (n=38)	HIV-negative partner (n=133)	HIV-unknown partner (n=25)
UAI: between participant and regular partner	60.5	48.1	32.0
Participant fucked partner without condom	50.0	25.6	12.0
Partner fucked participant without condom	47.4	37.6	28.0
UAI: regular partner with other men	57.9	15.8	8.0
Someone else fucked partner without condom	50.0	10.6	8.0
Partner fucked someone else without condom	50.0	12.1	4.0
UAI: regular partner with both participant and other men	39.5	12.8	4.0
Partner fucked by both participant and others, no condom	29.0	6.8	4.0
Partner fucked both participant and others, no condom	29.0	8.3	4.0

Note: Percentages are based on those men who indicated that their regular partner was also present at their last group sex event, according to the HIV status of their regular partner. Items are not mutually exclusive.

Seroconcordance appeared to make little difference to the men's likelihood to engage in UAI, either receptive or insertive, with their regular partners at the last GSE. Although the numbers were small, men appeared about as likely to engage in either receptive or insertive UAI with their regular partners, whether they were seroconcordant or not. However, men in HIV-positive seroconcordant relationships and HIV-negative men with HIV-positive partners were more likely to report that their partners had engaged in UAI, both insertive and receptive, with other men.

Condom use With other partners

The majority of the men indicated that they had engaged in anal intercourse, and used a condom, with men other than their regular partner at their last GSE (Table 7.3). A little less than half had done so in the receptive position and just over half in the insertive position, with one in four in both positions.

TABLE 7.3 CONDOM USE WITH OTHER PARTNERS (N	l=994) %
Any protected anal intercourse	65.6
Any protected receptive anal intercourse	42.7
Any protected insertive anal intercourse	50.8
Both receptive and insertive	27.9

Note: Percentages are based on the total sample. Items are not mutually exclusive.

There was little difference according to HIV status in men's likelihood to have engaged in anal intercourse and used condoms with other men at their last group sex event, regardless of whether this was in the insertive or receptive position (Table 7.4).

TABLE 7.4 CONDOM USE WITH OTHER PARTNERS AND HIV STATUS						
HIV-positive HIV-negative HIV-unkn (n=171) (n=697) (n=126)						
Any protected anal intercourse	59.1	67.0	66.7			
Any protected receptive anal intercourse	46.2	53.7	41.3			
Any protected insertive anal intercourse	37.4	42.0	53.2			
Both receptive and insertive	24.6	28.7	27.8			

Note: Data were missing for seven men. Items are not mutually exclusive.

There was also little difference according to HIV status in the men's likelihood to engage in any anal intercourse and use condoms at their last GSE, regardless of the HIV status of the men with whom they had sex, other than that HIV-positive men were more likely to have reported sex with other HIV-positive men in general (Table 7.5).

Among the 505 men who engaged in insertive anal intercourse and used a condom, 39 men (7.7%) reported that they did not always change condoms between partners. Among the 424 men who engaged in receptive anal intercourse and used a condom, seventeen men (4.0%) reported that their partners did not always use a new condom. However, 120 men (28.3%) reported that they did not always check that this was the case. There was little difference in the men's likelihood to report these issues regardless of the men's HIV status.

TABLE 7.5 CONDOM USE AND HIV STATUS	OF RESPONDENT	's and of Other I	³ ARTNERS
	HIV-positive (n=171)	HIV-negative (n=697)	HIV-unknown (n=126)
HIV-positive partners			
Any protected anal intercourse	23.4	7.1	8.0
Any protected receptive AI	17.5	4.4	4.8
Any protected insertive AI	12.9	5.2	5.6
Both receptive and insertive	7.0	2.6	2.4
HIV-negative partners			
Any protected anal intercourse	19.9	21.5	23.1
Any protected receptive AI	14.0	12.6	15.9
Any protected insertive AI	10.5	16.9	16.7
Both receptive and insertive	4.7	8.0	9.5
HIV-unknown partners			
Any protected anal intercourse	38.5	46.1	38.9
Any protected receptive AI	30.4	26.3	22.2
Any protected insertive AI	22.8	34.3	31.0
Both receptive and insertive	14.6	14.5	14.3

Note: Data were missing for seven men. Items are not mutually exclusive.

Unprotected anal intercourse with other partners

One quarter of the men indicated that they had engaged in UAI with men other than their regular partners at their last group sex event (Table 7.6). One in five had done so in the

receptive position and one in five in the insertive position, with about one in eight in both positions.

TABLE 7.6 UAI WITH NON REGULAR PARTNERS (N=994) %				
Any unprotected anal intercourse	27.5			
Any unprotected receptive anal intercourse	19.7			
Any unprotected insertive anal intercourse	21.3			
Both receptive and insertive	13.6			

Note: Percentages are based on the total sample. Items are not mutually exclusive.

Over half of the 196 men (55.6%) who reported having engaged in receptive UAI, and slightly more (58.0%) of the 212 men who had engaged in insertive UAI, indicated that they had not discussed condom use with their partners, while about a quarter (28.1% and 21.2% respectively) indicated that neither they nor their partners had wanted to use a condom. This was the case regardless of the men's HIV status.

HIV-positive men were the most likely to have engaged in UAI with other men at their last group sex event (p<.001), regardless of whether this was in the insertive or receptive position (p<.001 for both positions; Table 7.7).

TABLE 7.7 UAI WITH OTHER PARTNERS AND HIV STATUS					
HIV-positive HIV-negative HI (n=171) (n=697) (
Any unprotected anal intercourse	62.6	19.2	25.4		
Any unprotected receptive anal intercourse	55.0	12.6	11.1		
Any unprotected insertive anal intercourse	44.4	15.4	23.0		
Both receptive and insertive	36.8	8.8	8.7		

Note: Data were missing for seven men. Items are not mutually exclusive.

Few HIV-negative men reported having engaged in UAI with HIV-positive partners at their last GSE, regardless of whether this was in the insertive or receptive position (Table 7.8). HIV-positive men, however, were as likely to report UAI with HIV-negative partners as were other men. HIV-negative and men whose own HIV status was unknown were equally likely to report having engaged in UAI with partners whose HIV status was unknown. HIV-positive men were the most likely to report UAI with partners of unknown status, in both the insertive and receptive positions.

TABLE 7.8 🗸 🗛 AND 🛃	IV STATUS OF R	ESPONDENTS AND	OF OTHER PARTNER	5
	HIV-positive (n=171)	HIV-negative (n=697)	HIV-unknown (n=126)	p-value
HIV-positive partners				
Any UAI	42.7	4.0	4.0	<.001
Any receptive UAI	34.5	2.6	2.4	<.001
Any insertive UAI	33.9	3.3	3.2	<.001
Both receptive and insertive	25.7	1.9	1.6	<.001
HIV-negative partners				
Any UAI	18.7	15.1	20.6	n.s.
Any receptive UAI	15.2	10.8	14.3	n.s.
Any insertive UAI	7.0	11.3	14.3	n.s.
Both receptive and insertive	5.3	8.5	10.3	n.s.
HIV-unknown partners				
Any UAI	35.1	12.6	12.7	<.001
Any receptive UAI	29.8	7.2	4.8	<.001
Any insertive UAI	18.1	9.5	11.9	.006
Both receptive and insertive	14.0	5.6	6.3	.001

Note: Data were missing for seven men. Items are not mutually exclusive.

Some men appeared to *only* engage in UAI with partners they believed to be of the same HIV status as themselves and there was little difference between HIV-negative and HIV-positive men in this regard: 33 of the 107 HIV-negative men who engaged in insertive UAI (30.8%) only did so with partners they believed to be HIV-negative while 34 of the 76 HIV-positive men who engaged in insertive UAI (44.7%) only did so with HIV-positive partners; 31 of the 88 HIV-negative men (35.2%) who engaged in receptive UAI only did so with partners they believed to be HIV-negative men who engaged in receptive UAI (34.0%) only did so with HIV-positive partners.

Nonetheless, some men did engage in UAI with partners they either knew were not the same HIV status as themselves or whose HIV status they did not know. In some cases they used other risk-minimisation strategies, such as withdrawal. R1 (HIV-negative) relied almost entirely on withdrawal and strongly believed that men could control themselves sufficiently to ensure they did not ejaculate inside him. However, when confronted with his expectations and beliefs, his partners did not always agree, as shown in his description of an encounter with an HIV-positive couple:

R1: Again, it was the standard conversation: what we doing, and that I'm negative...because on their photo profile, it's very clear...it's marked that they...um only do...um barebacking, and um...or even it say that they ONLY do barebacking.

Interviewer: Did they disclose their HIV status to you?

R1: Yes, they did. They said they were positive, and then they said that they will not fuck me without a condom. Because I was negative, and they were quite strict about it.

Interviewer: And how did that make you feel? What did you go over there expecting, compared to what happened?

R1: ... most guys who know their body, they know what not to do. Like, one of the guys tends to cum quite quickly, and possibly several times with a short recovery in between...his attitude was quite strict about it. I think, I really think that people DO know their bodies, and that's why he didn't want to engage in unprotected sex, knowing that things might be happening too easily.

Interviewer: So he was afraid of not being able to fuck you WITHOUT cumming?

R1: Yeah. That's how he was feeling ...

Among the 196 men who engaged in receptive UAI, nearly a third (30.1%) indicated that their partners always withdrew before ejaculating inside them, while a quarter (26.5%) reported that none of their partners withdrew. There was a similar pattern among the 212 men who engaged in insertive UAI: 34.4% reported that they always withdrew before ejaculating inside their partners, while 29.7% reported that they never withdrew. There was little difference in these patterns of withdrawal for either insertive or receptive UAI, regardless of the men's HIV status.

R1 (HIV-negative) described himself as a bottom and that he preferred to be have receptive anal intercourse without a condom, regardless of the HIV status of his partners. He explained that he used withdrawal as his primary risk-minimisation strategy:

R1: And for me...being reasonable (and I might need to define 'reasonable'...*laughs*)...is avoiding the fluids by being reasonable. Being reasonable for me means it's okay to get fucked without a condom, but no precum or cum.

However, R1 goes on to give an account of an incident that indicates the fragility of this strategy:

R1: ... in one situation, which was a couple of years ago, I um, I was in a sex club. And I was in a situation, where, you know...two or three guys were standing around me, and you don't really control much of what is happening... And someone later said to me "Man! You really took it!"

Interviewer: Meaning someone came in your ass?

R1: Of course...and I was like...wow. That really stayed with me... because I didn't really consent to that sort of behaviour, I mean, I was okay with him fucking me, but not cum in my ass. And it was a third person who said it...who told me...so I couldn't even really know. You know, it was a thing I wasn't thinking about, and it could have been a hearsay...I wasn't sure. I don't know. But being on the safe side, I went into the post-exposure prophylaxis, ...

The interviewer pressed R1 on this point later in the interview when he described another occasion during which multiple partners had engaged in anal intercourse with him and he was unsure about how often he had been penetrated:

Interviewer: Okay...but if you're a bit blurry about the number of times, how can you be sure that no one came inside you?

R1 (confidently): I can't.

Interviewer: Does that concern you at all?

R1: Well, at this point in time it doesn't concern me, because it must have been around, like, March...and my latest results were about 3 weeks ago, and I was negative.

Interviewer: Were you worried in March? After the party?

R1: No, I just thought I'd wait for the next test.

For other men, however, withdrawal was not so much a conscious strategy as a product of the particular forms of sex play. R4, who was HIV-positive himself, described a group sex encounter where all five men were HIV-positive:

R4: We all pulled out to cum.

Interviewer: Was that planned, or discussed?

R4: No, just happened that way. As far as I know, no one came inside anyone else, but everyone came at some point. Always on faces, or whatever.

R6 (HIV-negative) described a group sex encounter at a sauna that demonstrates how easily a situation can go awry without clear and explicit negotiations beforehand:

R6: Okay... there was this guy fucking me. Okay? He was fucking me, and he had a condom on. I know it, because I saw him. At some stage, he took it off. When I wasn't aware of it.

Interviewer: And how did you realize it?

R6: ... a couple of times I put my hand back, and felt that yes, yes it was there. And then the next time I reached back to check, it wasn't. It wasn't there. So I asked him about it... and he said "I thought you saw me take it off." *long pause* He didn't think that, though. I had never turned around.

Interviewer: Had you originally asked him to wear a condom?

R6: No, he had just put one on. No discussion, he just put it on before he started fucking me. He knew that, or he assumed that, I wanted safe sex at first, and he put on a condom. That was correct. And at some point he took the condom off, and thought that was okay. For whatever reason. And I stopped having sex with him at that point.

Interviewer: How do you feel about that?

R6: Um...*long pause*....well, I felt more awful later, after I left the sauna. When it actually happened, when it occurred...well, we were all going for it. It was the heat of the moment, and there wasn't a lot of time for me to reflect on it. To ponder what had happened, except for that split second, ...well, for that split second I was, um, offended, I guess. But in the moment it passed, and we were all going for it, and I just put it out of my mind. Until I was leaving. I was having a shower, and I started thinking about it... and I realized just how much he'd overstepped the mark.

R6 went on to explain that he'd taken PEP for the prescribed period as a result of this encounter. R6 was ordinarily committed to using condoms with casual partners, but he then described another encounter at a sauna that involved UAI in which his reaction was very different:

R6: Condoms were never discussed, and he was very dominant...he was very sexy, and very rough. Full on. Yeah. But none of it was intimidating...I felt like I was still in control...I didn't feel in any way threatened by any of this. He never forced me to do anything... And during that, he fucked me. Without a condom. Just went for it, for about 5 minutes. I don't think he came while he was fucking me, though.

Interviewer: And for how long did you have sex with him?

R6: About two hours.

Interviewer: Did you ever fuck him?

R6: No.

Interviewer: And did he fuck you while wearing a condom at any time?

R6: Yes. Later on, we fucked some more and he just put on a condom. We didn't discuss it or anything.

Interviewer: How did you feel about him fucking you without a condom?

R6: It didn't bother me. I didn't really think about it again. It only happened for a few minutes, and he didn't cum. I don't really know why I felt differently about it than the other time, except maybe that I consented to it this time, and the other time the guy, the guy, um, tricked me.

While R2 usually would not engage in UAI, he did do so with one particular 'friend' on a regular basis. When asked why he did so, he explained that as a bottom there really was very little physical difference but he felt different about the experience:

R2: Well, look, I think that it's an element of naughtiness. That illicit thing, something that you really shouldn't be doing. That makes it a bit more special, to be honest. The forbidden element, that makes it, yeah. For instance, I don't buy much porn. Really, I don't, but what I DO buy is barebacking porn. I find it a bit more raunchy, and I guess, a bit more natural, for want of a better word.

R2 also explained that he had occasionally attended a regular private group sex party where UAI was very common, and although it made him uncomfortable he was also attracted by it:

R2: I liked going back. It's kind of raunchy, watching people having unsafe sex.

Disclosure of MIV Status

Knowledge of the HIV status of their partners is a necessary precondition to some of the negotiations these men made about condom use, and such knowledge relies on at least some disclosure of HIV status by and to their sexual partners.

Frequency of disclosure of HIV status

Most men reported that the group with whom they last had group sex had no rule regarding HIV disclosure (Table 5.8). With respect to the men's own usual practice, over a third indicated that they never told their sex partners their HIV status and less than a quarter reported that they 'often' or always told their partners (Table 8.1). HIV-positive men were more likely to ever disclose their HIV status to sex partners than were HIV-negative men (64.4% and 55.6% respectively; p<.001).

TABLE 8.1 DISCLOSURE OF HIV STATUS	
Never tells	34.7
Sometimes tells	32.5
Often tells	9.3
Always tells	14.5
No response	9.1

Unprotected anal intercourse and disclosure of HIV status

Among the 212 men who had engaged in insertive UAI with a partner other than their regular partner at their most recent group sex event, one third (36.8%) told none of these partners their HIV status and another third (38.2%) told all of their partners. These patterns also applied to the 196 men who had engaged in receptive UAI with a partner other than their regular partner at their most recent group sex event: 39.8% told none of these partners their HIV status and 39.3% told all of their partners.

Eighty-two men reported that they had engaged in receptive UAI with a man who was HIV-negative. Of these men, half (41, 50.0%) indicated that they had known these partners' HIV status prior to that occasion. This was also true of the 71 men who had engaged in receptive UAI with a man who was HIV-positive: 44 (62.0%) had known these partners' HIV status prior to that occasion. The same patterns applied to men who had engaged in insertive UAI: Among the 81 men who had engaged in insertive UAI with an HIV-negative partner, 54 (66.7%) had known these partners' HIV status prior to that occasion; Among the 79 men who had engaged in insertive UAI with an HIV-positive partner, 47 (59.5%) had known these partners' HIV status prior to that occasion.

Familiarity With Sex Partners

How well men know their sex partners is an important factor in understanding their negotiations around risk-minimisation, including condom use. Length of time they have known each other is one consideration, and well over a third of the men with a current regular partner had been in that relationship for over five years (Table 2.7), but the degree of familiarity with other partners is another consideration. The men were asked about how well they knew their other sex partners.

Previous acquaintance with sex partners

While many men reported that the men with whom they engaged in UAI at their last GSE were partners they had met for the first time on that occasion, many also indicated that at least some of their UAI partners on that occasion were men they had previously had sex with, and in many cases were men that they knew well (Table 9.1).

		TABLE 9.1	³ REVIOUS A CQUAINTA	NCE WITH UAI PARTNERS	
Receptive (n=196)	UAI	partners	Met for first time	Had sex with previously	Well-known
		None	24.0	32.1	34.7
		Some	41.3	44.4	38.8
		Most	7.7	5.1	9.2
		All	19.9	13.3	11.7
	No	o response	7.1	5.1	5.6
Insertive (n=212)	UAI	partners			
		None	24.1	34.0	36.8
		Some	42.5	38.2	33.5
		Most	4.7	8.0	9.4
		All	21.7	14.6	14.6
	No	o response	7.1	5.2	5.7

Note: Items are not mutually exclusive.

Those who reported engaging in receptive UAI only with HIV-negative partners were more likely to report having previously had sex with these partners or knowing them well, than was the case among men who reported receptive UAI only with HIV-positive partners or only with partners whose HIV status they did not know (Table 9.2). Partners whose HIV status was unknown were more likely to have been met for the first time at the GSE.

TABLE 9.2 PREVIOUS ACQUAINTANCE WITH RECEPTIVE UAI PARTNERS AND HIV STATUS OF PARTNERS					
Only HIV-negative receptive UAI partners (n=39)	Met partner for first time	Had sex with partner previously	Well-known to participant		
None	48.7	5.1	7.7		
Some	33.3	46.2	35.9		
Most	2.6	7.7	12.8		
All	5.1	38.5	38.5		
No response	10.3	2.6	5.1		
Only HIV-positive receptive					
UAI partners (n=40)					
None	27.5	30.0	27.5		
Some	52.5	47.5	45.0		
Most	2.5	2.5	10.0		
All	12.5	15.0	15.0		
No response	5.0	5.0	2.5		
Only HIV-unknown receptive					
UAI partners (n=53)					
None	13.2	54.7	62.3		
Some	35.8	34.0	30.2		
Most	11.3	1.9	3.8		
All	21.7	3.8	0.0		
No response	7.1	5.7	3.8		

Note: Items are not mutually exclusive.

The trends for insertive UAI were similar but less pronounced to those for receptive UAI (Table 9.3).

TABLE 9.3 PREVIOUS ACQUAINTANCE WITH INSERTIVE UAI PARTNERS AND HIV STATUS OF Partners					
Only HIV-negative insertive	Met partner for	Had sex with partner	Well-known to		
UAI partners (n=50)	first time	previously	participant		
None	36.0	6.0	8.0		
Some	50.0	42.0	32.0		
Most	0.0	14.0	20.0		
All	2.0	28.0	34.0		
No response	12.0	10.0	6.0		
Only HIV-positive insertive					
UAI partners (n=44)					
None	25.0	25.0	18.2		
Some	50.0	47.7	47.7		
Most	2.3	2.3	9.1		
All	15.9	20.5	20.5		
No response	6.8	4.5	4.5		
Only HIV-unknown insertive					
UAI partners (n=62)					
None	11.3	66.1	74.2		
Some	35.5	24.2	17.7		
Most	3.2	6.5	1.6		
All	45.2	1.6	1.6		
No response	4.8	1.6	4.8		

Note: Items are not mutually exclusive.

R2, who hosted occasional group sex nights with a regular group at his own home, insisted that he only engaged in 'safe sex', meaning that he always used a condom for anal intercourse, with all his partners. However, he then disclosed that he did make an exception for one man that he usually had sex with about once a week:

R2: Now, listen. I'll tell you something that makes me sound like a hypocrite. I have a friend that I bareback with. But I don't have unsafe sex with ANYbody else.

R2 explained that he had known this 'friend' for a while and that he was also his masseur, but their sex with each other was not in the context of the massage. His friend often visited when he was not being paid for his services as a masseur. R2 further explained that they had discussed the situation and had an agreement not to engage in unprotected anal intercourse with anyone else.

Half (53.1%) the men who had engaged in receptive UAI at their last GSE reported that most of these partners were men that they felt they could trust and only 12.2% indicated that they did not feel they could trust any of these partners. Most (76.9%) of those who reported receptive UAI only with HIV-negative partners also indicated they felt they could trust most of these partners, as did 67.5% of those reporting receptive UAI only with HIV-positive partners. This was less true of those reporting receptive UAI only with partners whose HIV status they did not know: 26.4% of these men felt they could trust most of their

receptive UAI partners. These figures were similar among men who reported insertive UAI at their last GSE.

R2 explained that while he was personally committed to safe sex, he was willing to make exceptions (at least with his one friend) on the basis of a shared sense of trust:

R2: I'm happy to 'take it' when I know I'm doing it with somebody I know to be safe, and even there I know that there's an element of risk. I know that some circumstances could arise where, you know. I know he likes barebacking and he could be sticking his cock up somebody else's arse, and I wouldn't know. As to whether he'd tell me next time, before we had sex, well, um, um, *pauses* well, it's just that there's a big element of trust there.

UAI was not the only sex practice that was related to the issue of familiarity and trust with a particular sex partner. R4 explained how his sense of comfort with one couple with whom he regularly had group sex gave him the freedom to explore his sexuality:

Interviewer: So what about this event made it a 'good time?'

R4: Um, well, I know these guys... I've had sex over there before. I'm comfortable with them. I knew what I was going into. I knew what the room would look like, and I knew probably what was going to happen, and, um, well, nothing was forced on me, and everything was, like, um, you know. I did what I wanted to do. ...um, I was able to, um, suggest things? I did some exploring, you know? ... Yeah, this was the first time I'd tried electro-sex. I was quite open to trying that. And I quite trust these guys, as well. It's not like I don't know them. I trust them.

Drug Use

There has been much concern about levels of drug and alcohol use among gay men, and the relationship between drug use and risk behaviour. We asked the men about their drug use at their most recent GSE.

Alcohol consumption

Almost half the men reported no alcohol consumption at their last GSE, while one in five reported having at least four drinks (Table 7.1).

TABLE 7.1 ALCOHOL CONSUMPTION AT GSE N		
No alcohol	46.9	
One drink	6.3	
Two to three drinks	23.0	
Four to five drinks	8.9	
Over five drinks	10.7	
No response	4.2	

Micit drug use

Half the men reported illicit drug use at their last GSE with nearly one in six reporting use of ecstasy and one in eight reporting crystal use (Table 7.1). One in six (16.7%) reported using three or more drugs. Thirty-nine men (3.9%) indicated that they had injected drugs at, or just before, the GSE.

TABLE 7.2 ILLICIT DRUG USE AT GSE (1	N=994) %
Amyl	33.6
Ecstasy	15.4
Crystal	11.6
Marijuana	13.3
GHB	6.5
Cocaine	3.5
Special K	3.1
Speed	3.3
LSD	1.1
Heroin	0.6
Any other drug	2.1
Any drug use	51.3

Note: Percentages are based on the total sample. Items are not mutually exclusive.

As well as these illicit drugs, 203 men (20.4%) reported using an erection-enhancement medication, such as Viagra, at the GSE.

Three or More Study

Consequences of and reasons for drug use

One in ten (10.2%) men reported that they felt they were under the influence of drugs – 'out of it' or drunk – at the GSE.

When those who used drugs were asked about the reasons for their use of drugs at their most recent group sex event, about half said it 'just feels good' (Table 7.3), but two thirds cited reasons that indicated their use of drugs was intended to enhance their sexual experience: well over a third wanted to feel less inhibited; over a quarter indicated that the drugs made it easier for them to be the receptive partner during anal intercourse; a similar number said that the drugs allowed them to play for a longer time; and a quarter indicated that the drugs helped them to maintain their erection.

TABLE 7.3 REASONS FOR DRUG USE AT GROUP SEX EVENT (N=510) %				
Just feels good	52.5			
To party & play	45.1			
To feel less inhibited	39.8			
To make it easier to be fucked	29.2			
To play longer	29.2			
To stay hard	28.8			
They were offered	18.2			
Drink was spiked	1.4			
Didn't think about it	12.2			

Note: Percentages are based on those men who indicated that they had used drug at the most recent group sex event. Items are not mutually exclusive.

When asked about his reasons for using drugs during group sex, R4 (HIV-positive) said he took them to enhance the sex:

Um, it's more, it's more animalistic. It's more natural. It makes it dirtier; it makes it more thrilling, you know? It also heightens the senses. Very much.

And R1 (HIV-negative) said:

What makes that enjoyable for me...and what helps it contribute is the state of mind that the drugs get you in to... You know, the drug thing gives you ... an 'all power' kind of thing. You become kind of insatiable. And um, it just makes you interested in, um, any numbers of guys. The more the merrier, as they say.

Elsewhere, R1 noted that the sex and drugs were linked as habitual:

...living your life without the drugs, like how it's attached to sex for me, it's hard to think about. Especially... the habit of it. I'm seeing that the only way to get out of it, is to look for a different kind of sex. A more relationship type of sex.

Personal Beliefs and Attitudes

The men were asked about their own attitudes to sex and HIV.

Personal rules and usual practice

As was the case with respect to the GSE, the majority indicated that their usual plan for any sexual encounter was to 'play safe' by using a condom for all anal intercourse (Table 8.1). HIV-positive men were less likely to indicate a commitment to condom use with only a third (38.6%) indicating they always use condoms (p<.001). For the most part, the men's sexual behaviour at their most recent group sex encounter reflected their personal rules or commitment. Nonetheless, one in seven (14.9%) of those who indicated that they *always* use condoms for anal intercourse with casual partners, reported having engaged in UAI with a casual partner at the GSE.

TABLE 8.1 PERSONAL RULE ABOUT CONDOM USE FOR ANY C	asual Sex N
No anal intercourse	3.3
Always use condom for all anal intercourse	61.4
Use condom for insertive anal intercourse	2.0
Use condom for receptive anal intercourse	1.5
Use condom if asked	9.5
No condoms at all	2.9
No rule	10.8
No response	8.7

R2 occasionally hosted group sex nights for his regular group and explained that while he was personally committed to safe sex all the time, how other men behaved was their responsibility:

R2: I just think to some extent, you've just got to be responsible for your own behaviour, and if people take risks, it's not for me to give them a lecture about it. My behaviour implies that I'm into safe sex, and I've provided the gear for safe sex, and the choice is up to the individual.... Everybody who comes ... is quite experienced, and I expect them to have enough knowledge to know what safe sex is.

R6 (HIV-negative) was also personally committed to safe sex all the time, but went on to describe his increasing desire to 'push the limits' of this:

R6: Lately, lately I've been feeling, um, compelled?... Well, I've been feeling the urge. Or need. Or something, to start off any fucking by, by, well, even if ... we have sex with a condom, which is my rule, I find that I want to put it in just for a minute or two, at first, without a condom... Look, I know I shouldn't. But I do. I usually, at least for a few strokes, just stick my cock in. Or let him, whoever I'm having sex with, I let him do it. Just for a bit. I feel almost compelled, at first. Especially the first time I have sex with someone ...And I don't know why. I don't know why it's there, but it's there. At least initially...We all think condoms are a hassle, and a necessary evil... Now, we all wear them, all of us. But I often do, do, *pauses*, what I told you before. Just for a minute. Especially in the heat of the first time I'm having sex with someone.

Regarding disclosure of HIV status, the majority indicated that they disclose their status to partners at least sometime but only one in seven always did so (Table 8.2). HIV-positive men were more likely to report ever telling their partners than were HIV-negative men (64.3% and 55.6% respectively; p<.001).

TABLE 8.2 USUAL PRACTICE REGARDING DISCLOSURE OF HIN	/ Status N
Never tell HIV status	34.7
Sometimes tell HIV status	32.5
Often tell HIV status	9.3
Always tell HIV status	14.5
No response	9.1

Interestingly, R2, who had previously explained that he felt that people were responsible for themselves and that he assumed a reasonable degree of understanding of safe sex among his guests at his irregular group sex nights, uncomfortably related a different set of attitudes when confronted by the fact that one of his regular group sex buddies had recently seroconverted. When asked if he would invite this man back to the group he said:

R2: Look, that's a really difficult question. It puts me in a difficult situation, and it's contradictory to what I've already said to you. I said to you that everyone's responsible for their own safety, so to speak... Having said that, I think I'd be in a bit of a predicament. If I knew someone was positive, and if they had unsafe sex with someone, and, well, I would feel, you know...because it happened in my house, I'd feel a lot more responsible about it than if I saw them doing it in a sauna or somewhere. That's **their** business. But it would put me in a really difficult position if I knew they were positive, and, you know? I know that this sounds contradictory.

R2 went on to explain that he would probably tell his recently seroconverted group sex buddy that he could only come back to a group sex night at his house if he undertook to always use a condom, given that he might not want to disclose his HIV positive status.

The majority of men had no personal rule about the HIV status of the men with whom they have sex, but one quarter indicated that they try to have sex only with HIV-negative partners (Table 8.3). Unsurprisingly, a higher proportion of HIV-negative men and men whose HIV status was unknown indicated they restricted their sexual encounters to HIV-negative partners (25.0% and 38.1% respectively) while 9.9% of HIV-positive men said they only had sex with other HIV-positive men (p<.001).

TABLE 8.3 PERSONAL RULES REGARDING HIV STATUS OF SEXUAL PARTNERS N			
HIV-positive partners only	4.2		
HIV-negative partners only	23.3		
No rule	63.4		
No response	9.1		

R6 (HIV-negative) explained how he made decisions about sex with HIV-positive partners:

R6: It would depend on, on whether I see the potential for a relationship. So, what I mean is that if I see the potential for a relationship, I'd be happy to proceed, no matter what status, and just be happy to use condoms. But, if it's a one-night stand, then I won't have sex with them.

Attitudes and beliefs

The men were asked their attitudes on various items about HIV disclosure, condom use and responsibility (Table 8.4). Most men appeared to believe that both HIV-positive and HIV-negative men should always use condoms, and there was little difference in this regard according to the HIV status of respondents. Although a majority agreed that both HIVpositive and HIV-negative men should always disclose their HIV status, this opinion seemed to be held more strongly with respect to HIV-positive men. HIV-negative men agreed more strongly that HIV-positive men should disclose than did the HIV-positive men themselves (p<.001). On the question of personal responsibility HIV-positive men were less likely to agree that it was their responsibility to always discuss HIV (p<.001).

TABLE 8.4 ATTITUDES ABOUT HIV STATUS AND CONDOM USE N						
%	Disagree strongly	Disagree	Agree	Agree strongly	No response	TOTAL
My responsibility to always discuss HIV	6.8	22.9	41.0	20.4	8.8	100%
HIV-negative guys should always use condoms	1.9	10.8	28.3	49.9	9.2	100%
HIV-positive guys should always use condoms	3.2	11.2	16.3	60.2	9.2	100%
HIV-negative guys should always tell their HIV status	7.3	34.9	30.0	18.8	9.0	100%
HIV-positive guys should always tell their HIV status	7.8	22.1	23.4	37.9	8.7	100%
Sometimes I'd rather take the risk than use condoms	52.8	18.5	16.8	3.2	8.7	100%

Note: Items are not mutually exclusive.

Cultures subcultures and norms

The men recruited into this study came from diverse backgrounds and while they all participated in group sex activities, this occurred in many different contexts and in different forms. Nonetheless, it is clear that, at least for some of the men, the ways in which they engaged in group sex suggested that they did so through and within certain sexual networks, some of which might be described as sexual subcultures. In some cases, 'safe sex' was the norm and the expected mode of behaviour, but that concept of 'safe sex' may not have always corresponded with either individual understandings or with the expectations and recommendations of HIV organisations and health professionals.

In other cases, the notion of 'safe sex' may have played a relatively minor role in the expectations and norms within particular sexual networks. R1 described his participation in

group sex in ways that suggested he felt part of a particular subculture that was not necessarily available to all gay men:

R1: Recently I was interacting with some people, gay people, that...it seems that I was using terms that they didn't understood? Like PNP ['party and play'], they asked what that is. And, um, then it was like, well, I was thinking that there are people who have protected sex, and they are reasonable and careful. But most of the time, I was thinking people don't. And they, these gay people, they were actually surprised that people bareback. They thought it was unusual, ...and I kind of think, um, that because I've been interacting with a certain, um, type of, a certain group, a sero-positive group, that my experience was the normal one. It was a different kind of experience to this other group, of what is normal. They were, not outraged, but surprised, that there was this much kind of sex happening. And I was actually being surprised that there was so much protected sex happening.

For R2, his experience of one regular private group sex party was one where unprotected anal intercourse was common and he described how this affected his own experiences of the events and his feelings about his own behaviour:

R2: I know this is going to sound silly, but I, um, well, I didn't feel 'under pressure' to have safe sex, but I felt slightly, um, well, embarrassed is probably the easiest word I can think of, to ask someone to use a condom, especially when I'm on the bed next to someone who is taking it raw, and I'm saying Please use a condom'. I think it was a bit of peer pressure, or group pressure, you know? If everyone else is barebacking, then there's that pressure to say Hey, I'll just get in there and do it, too'.

By way of contrast, however, R3 described his experience with the larger organised group sex parties and seemed to suggest that the emphasis the organisers of those events placed on safe sex, yet at the same actively promoting a relaxed attitude toward sex, had helped promote a safe sex culture in Sydney that is as much about healthy sexuality as it is about sexual safety:

R3: I'd like to say that I think [those] parties have been the thing that helped Sydney validate the group sex thing as a valid form of getting what you want... So, I feel that [this group] has been a very valid entity in the development of Sydney's sexual health. ACON has helped [them] produce things over the years, which helped as well.

Discussion

This study of men who engage in group sex behaviour with other men was initiated on the belief that such men were likely at increased risk of HIV transmission. This belief has proven to be correct. About a quarter of the men indicated that at their most recent GSE they had engaged in UAI with a man other than their regular partner, and while some risk minimization strategies may have been a qualifying factor, this is nonetheless indicative of a population at very high risk of HIV transmission.

Men who participated in this study of group sex were similar to those in other studies of gay men: They were mainly well-educated, living in inner urban areas and often employed in professional occupations. For the most part they identified as gay and had strong social contacts with other gay men. They often used gay community commercial venues to meet sexual partners, but they also used private networks and the internet. About half were in a relationship with another man, many of which were longstanding relationships, and for the most part these were acknowledged to be non-monogamous relationships through agreements made between both partners.

Most of these men had been tested for HIV, although the HIV status of one in eight was unknown. One in six were HIV-positive. HIV-positive men were more likely to be in a serodiscordant relationship than seroconcordant, but the reverse was true of HIV-negative men. One in five men of the men with a regular partner were in relationships where one or both partners' HIV status was unknown.

Although the majority of these men had intended to engage in group sex on their most recent occasion, group sex was not a frequent activity for the majority of them. The most common location that group sex occurred was in a private home, but about a third of the group sex events reported here were at commercial SOPVs. Usually the group sex events were not planned in advance; Nonetheless, about a quarter of the men reported that they had organised the event themselves, though often the organisation referred to occurred only shortly before the group sex itself.

The majority of men had specifically intended to 'play safe', and to use condoms for anal intercourse, but a substantial minority had not actually made explicit plans of that sort. For the most part, men did not necessarily plan to disclose their HIV status, nor to engage in group sex only with men of the same HIV status as themselves; Nonetheless, over a quarter of the men who were not HIV-positive usually intended to restrict their sexual encounters to HIV-negative partners.

The men in this sample engaged in a broad range of sex practices during their most recent group sex event, including a majority who reported having engaged in anal intercourse. About half the men who attended the GSE with their regular partner engaged in UAI with him, and they did so regardless of seroconcordance or sexual positioning for the most part. However, with respect to other partners, fewer men reported taking semen into their body, with about one in twelve reporting they had done so via their anus. While about a quarter of the men reported any UAI with these other partners, in many cases they withdrew prior to ejaculation. In the context of group sex it may well be that much of this withdrawal was due to a desire to delay ejaculation as much as it may have been a considered risk minimisation strategy. In a context of multiple partnering it is unlikely that ejaculation would occur with all partners.

HIV-positive men were more likely to engage in UAI overall than were HIV-negative men or men whose HIV status was unknown. However, among those who engaged in UAI at their most recent GSE, HIV-negative men appeared to be about equally likely to engage in insertive UAI as in receptive UAI. On the other hand, few men engaged in UAI with partners they knew to be serodiscordant. While these data suggest that for this sample of men who engage in group sex, strategic positioning is not an obvious primary consideration in their sexual behaviour during group sex encounters, some version of 'serosorting' (or, at least, not knowingly engaging in UAI with partners they knew to be serodiscordant) is a relatively common consideration. However, when the HIV status of partners was unknown, HIV-positive men were more likely to engage in UAI. It is also important to contrast these findings with those of comparable samples, such as the Gay Community Periodic Surveys. In these latter surveys, between one quarter and one third of men report engaging in UAI with casual partners in the previous six months, whereas in the TOMS sample we found a quarter of men reporting this risk behaviour at the most recent GSE. This suggests a much higher level of risk than has been found in the more broad-based surveys of gay men, and is consistent with the fact that group sex is a strong predictor of HIV infection.

While HIV-positive men were more likely to engage in UAI overall, much of this was with other HIV-positive men. What is apparent is that, while the non HIV-positive men were less likely to engage in UAI in general, among those who did so, however, their patterns of risk behaviour were fairly similar to those of HIV-positive men, and while they were unlikely to engage in UAI with partners they *knew* to be HIV-positive, if they did not have this clear evidence of potential risk then there was little indication of other forms of risk minimisation other than withdrawal. On the other hand, among HIV-positive men who engaged in UAI, when they lacked any knowledge of their partners' HIV serostatus they were almost as likely to engage in UAI as they were with other HIV-positive men.

While most men appeared to have a fairly strong commitment to 'safe sex', and attitudes to HIV and condom use in general were fairly similar regardless of HIV status, this was not universal. Some men's commitment to 'safe sex' was not always reflected in their behaviour, and a few men purposefully avoided condom use. Also, while HIV-positive men generally avoided engaging in risk behaviour with men they *knew* to be HIV-negative, this was not as true of their sexual encounters with men whose HIV status they did not know. Some HIV-positive men were also inclined to indicate that the responsibility for initiating condom use or discussing HIV did not necessarily lie with them. Despite this, it was also notable that HIV-positive men were more likely to disclose their HIV status to their group sex partners.

Not surprisingly, illicit drug use was high among the men in this sample, and while many theories are posed about the reasons for drug use among gay men, most of these men seemed to have used the drugs specifically to enhance their own sexual pleasure.

Interestingly, the more extensive interview material seems to describe a tension between desires and norms. While the men tended to be personally committed to safe sex (though their own interpretation of that concept varied enormously), they also explained ongoing conflicts between this principle and their own desires and rationalisations. They described exceptions to their own rules, and acknowledged themselves that those exceptions may not always have been based on the best information, or could have opened them up to risks – of infection or transmission – that they hoped to avoid. They also contrasted their own principled position with their own desires, particularly in the face of the behaviour and expectations of others around them. This seemed to be particularly problematic in the context of smaller privately organised parties where there was little or no evidence of readily available condoms or an expectation by the hosts or the other participants to play safely, or even of negotiation around condom use.

Achievements and limitations of the study

Although group sex has been previously identified as a factor associated with other sexual risk behaviour and with HIV seroconversion among gay men, this was the first study of its kind. These data provide a valuable insight into this behaviour, and provide an opportunity to examine in detail negotiations around condom use and HIV disclosure.

The findings from the TOMS survey provide for the first time a snapshot of the social and sexual lives of gay men who engage in group sex in Australia. The survey provides important data, which can be used by policy makers and educators in program design. Educators at ACON and other Australian HIV organisations have, for some time, been aware of the need to target this group of men and have attempted to do so through campaigns and increasing presence at sex-on-premises venues. Having been part of the reference group and recruitment teams for this study has increased the engagement of ACON staff in particular in the evidence that has been gathered and the results contained within this report. A greater understanding of the desires, motivations and decision making processes of men who have group sex will enable better targeted and more effective interventions to be produced, interventions that should equip men with the skills and knowledge needed to enable them to match their behaviour with their aspiration to not pick up or pass on HIV and other STIs.

Notwithstanding its success, being the first study of this kind, we have naturally learnt from the experience. There are some things we would have done differently in retrospect. This was a very small study with limited resources. Nonetheless, we far exceeded our own expectations with respect to recruitment and sample size – this reflects the commitment of gay men in Australia, including men at highest risk of HIV infection and transmission, to contribute to research activities within their own community.

Given the scope of the study and the resources available to the study team, the survey questionnaire was limited in size, both physically and in terms of the range of issues addressed. While we have obtained very useful information about sexual negotiations in the context of group sex, we have nonetheless identified certain key gaps in the information provided that a more extensive study may be able to address. Also, while the survey was based on a large sample, it was a convenience sample. We cannot make any substantive claims to representativeness, either of men who engage in group sex with other men in general or of how the issues identified in this study apply in other locations.

Conclusion and Recommendations

This project has found that while most gay men who engage in group sex intend to 'play safe' and avoid transmission of HIV, the intention to have safe sex is often not carried through to behaviour, and the men are at high risk of such transmission. Serosorting appears to be an important consideration in these men's sexual interactions with partners other than their regular partners when engaging in group sex but, for the most part, strategic positioning does not appear to be a primary factor in their considerations. Nonetheless, when HIV status is unclear or not clearly disclosed, risk behaviour remains a real concern, regardless of the men's own HIV status. On the other hand, there appear to be few limitations among these men when it comes to sex with their regular partners.

Recommendations

- Interventions targeting sexual risk behaviour among men who engage in group sex with other men should be prioritised. Such interventions need to account for sexual contacts that occur during group sex events, and with respect to sex between regular partners and to sex with other men.
- Issues around disclosure of HIV status and decisions about condom use made in the absence of clear knowledge of HIV status must be prioritised within HIV prevention policy development and program delivery.
- The rationale for engaging in UAI that does not include strategic positioning, in the absence of seroconcordance between regular partners needs further consideration.
- The role of withdrawal in the context of group sex requires clarification as to whether it is being used as a risk minimisation strategy or only as a means of delaying ejaculation.
- The role of licit and illicit drugs in group sex encounters where they are used as a means of enhancing sexual pleasure should be considered in the development of interventions within this population.

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Appendix A

1. How many times in the last 6 months have y	ou looked	for male	sex partn	ers at a:		
	Never	Once	2-4	5-10	Over 10	
		only	times	times	times	
Gay sauna	\square^1	\square^2	\square^3	\square^4	\square^5	
Other sex club	1	\square^2	\square^3	\square^4	\square^5	
Commercial sex party	□ 1	2	□3	4	5	
Private sex party	1	2	□3	4	5	
Leather event	□ 1	2	□3	4	\square^5	
Beat at park or beach or public toilet	□1	2	□3	4	5	
Gay internet site	\Box^1	\square^2	□3	\square^4	\square^5	
Straight internet site	\Box^1	\square^2	□3	\square^4	\square^5	
Gay bar	\Box^1	\square^2	□3	\square^4	\square^5	
Dance party	\square^1	\square^2	\square^3	\square^4	\square^5	
Gym	\square^1	2	□3	4	5	
2. When did you last have group sex involving	at loast tw	n othor n	non (anai	t from vo	r hovfriend)?	
Less than a week ago \square^1	7–12 mol				5 years ago \square^7	
$1-4$ weeks ago \square^2		ears ago				
1–6 months ago \square^3		ears ago		Never had	d group sex □8	
	-				3 .	
If NO group sex in pas	st 5 year	's skip i	to ques	tion 28,	page X.	
3. How often do you usually have group sex in	volving at l	east two	other me	n?		
	e every few				once a year □ ⁵	
At least monthly \square^2	1-2 time	es a year	\square^4	Onl	y once ever □6	
4. a) Where did you last have group sex?		My place	e □ ³	A	hotel room 🗖	
A sauna \square^1 Sc	omeone els	e's place	\mathbf{D}^4		A beat \square^7	
A sex club \square^2	А	sex party	/□⁵	Some	where else 🗖 ⁸	
b) Who organised it? Me \Box^1 Someone els	se □² A g	group of f	friends 🗖	¹³ A group	of strangers \square^4	
M.E.N. □ ⁵ Another organised grou	•		lo-one 🗖	7	Don't know 🗖	
c) How long beforehand was this last occasio It was completely spontaneous □ ¹				was plann	ed in advance 🗖	3
	5			•		
5. Did you want to have group sex before you			151011?		es \square^1 No \square^2	
6. Had you arranged to meet through a website					es \square^1 No \square^2	
7. a) Apart from yourself, how many other men						
Two \Box^1 Three \Box^2 Four \Box	I ³ Fiv	/e □⁴	6-10 🗖	1 5 M	ore than ten 🗖	
b) How many <i>women</i> were involved?						
None \square^1	One \square^2	Τw	/O □ 3	M	ore than two 🗖	
8. Before having group sex on that occasion he			olay:			
	To play diri To play saf				party and play 't think about it	
9. a) Did the group have a rule about inviting H	IIV_nositive	or HIV_r	negative c	111/2	No clear rule 🗖	I
Only invite HIV-positive guys \square^2 O	nly invite H				Invite anyone \square	3
b) Was there a rule about telling your HIV sta Tell your status if asked		everyone	e □ ³ N	Vever disc	No clear rule □ uss HIV status □	
c) Was there a rule about condoms:		,			No clear rule 🗖	I
No anal sex \Box^2 Always use condoms						
10. <i>Before</i> you had group sex that time, did you When I was a top \Box^1 When I was a top \Box^1	u plan to u: /as a bottoi				: condoms at all 🗖	1
/=···	was suckin				I had no plan	
With the second se		9 –				

1. How many times in the last 6 months have you looked for male sex partners at a:

11. a) Did your regular male partne					
Ye	S □ 1	No 🗖	l don't h	nave a regular partner 🗖 3	
b) During that group sex session of	lid your req	jular partner:			
				ou (without a condom) □ ¹	
(Tick as many as apply)				se (without a condom) □ ¹	
		Get fuc	ked by yo	ou (without a condom) □ ¹	
	Get	fucked by sor	neone els	se (without a condom) \square^1	
		Ν	Ay regula	r partner was not there \square^1	
c) Do you <i>ever</i> play <i>without</i> your	regular par	tner being pre	esent?		
Ye	s □1	No \square^2	l don't h	have a regular partner \square^3	
12. a) On that last occasion you have	ad group se	ex was this a	regular g	roup?	
Yes D ¹ <i>continue here</i>		N	lo □²—	\longrightarrow skip to question 1	
b) How often do you usually play	with this ra	aular aroun?			
Weekly or more \square^1		5 0 1	S □ 3	Less than once a year \square^5	
At le	ast once a	month□ ² 1-2	times a y	year \square^4 Only once ever \square^6	
c) When was the last time you pla	ved with th	is regular gro	qui?		
Less than a week ago \Box^1				7-12 months ago 🗖	
1–4 weeks ago □ ²				More than a year ago D ⁶	
d) Do you ever have group sex ou	itside this r	egular group:	?	Yes \square^1 No \square^2	
13. Was anyone paid to have	e sex witł	other guvs	s at this	group sex event?	
i i i ao any one para to have				0	

Yes, I was \square^1 Yes, someone else was \square^2 No, nobody was being paid \square^3 I don't know \square^3

14. Were any of the men you had group sex with:

Your boyfriend \square^1 A friend \square^1 Someone you had met previously \square^1 A regular fuckbuddy \square^1 Someone you had sex with previously \Box^1 An ex- boyfriend \square^1 A stranger you had just met \square^1 A regular group sex partner \square^1 Completely anonymous \square^1 Someone your boyfriend had met previously \Box^1 Someone your boyfriend had sex with previously \Box^1

The following questions are about sex with men other than your current regular partner (boyfriend) on the last occasion you had group sex.

15. (Apart from your boyfriend) did any of the following happen with ANY of the (other) men during that group sex session:

(Tick as many as apply)	I sucked his cock <u>but he did NOT cum in my mouth</u> He sucked my cock <u>but I did NOT cum in his mouth</u>			
He fingered my arse □ ¹	He rimmed me □1	He fisted me I ¹		
I fingered his arse □ ¹	I rimmed him □1	I fisted him I ¹		
We kissed □ ¹	Any s/m play □1	Any piss play I ¹		

Cum play

Come on your face \square^1

16. (Apart from your boyfriend) did anyone: Come on your body \square^1 (Tick as many as apply) Come over your arse \square^1 Come in your mouth (without a condom) \square^1

Come up your arse (without a condom) \square^1

17. Did any of the following happen with ANY of the men (apart from your boyfriend):

I came on his face \square^1

I came on his body \square^1

(Tick as many as apply)

I came over his arsehole \square^1 I came in his mouth (without a condom) \square^1

I came up his arse (without a condom) \square^1

His cum was used as lubricant on my dick/arse \square^1 I used my cum as lubricant on his dick/arse \square^1

I used someone's else's cum as lubricant on his dick/arse \Box^1

Anal sex

18. a) (Apart from your boyfriend) did you fuck any men WITH a condom?

Yes □1 <i>continue here</i> No E	$\square^2 \longrightarrow$	skip to qu	estion 19	
b) Did you discuss using condoms: No, we didn't talk a I asked if he wanted me to u		He asked We both wan	me to use on ted to use on	
c) Did you know at the time if any of the men you fucked wi HIV-positive HIV-negative Men whose HIV status you didn't know		vere: Yes □¹ Yes □¹ Yes □¹	No □² No □² No □²	
d) How many of all the men you fucked with a condom did	you tell your H None □1	IIV status: Some □ ²	Most □³ A	All \square^4
 e) How many of all the men you fucked WITH a condom: Had you had sex with before that occasion Did you know well at the time: Did you meet for the first time on that occasion: 	None \square^1 None \square^1 None \square^1	Some \square^2 Some \square^2 Some \square^2	Most $\square^3 A$ Most $\square^3 A$ Most $\square^3 A$	\square^4
f) Did you feel comfortable about trusting any of them:		es, some \square^2	Yes, most	, <u> </u>
g) Did you fuck any men without changing the condom after	r fucking som	neone else?	Yes 🖬 👘 N	$ 0 \square^2$

19. a) (Apart from your boyfriend) did you fuck any men WITHOUT a condom (even if you pulled out before cumming)?

	Yes \square^1 <i>continue here</i> No \square^2 –	skip to question 20			
	b) Did you discuss using condoms: No, we didn't talk about I asked if he wanted me to use or	It it \Box^1 The asked the norto use one \Box^2 one \Box^3 Neither of us wanted to use one \Box^4			
c) Did you fuck any men without a condom who you knew at the time were HIV- positive : Yes \Box^1 No \Box^2					
<i>If so</i> , when did you find out they were HIV-positive: Don't know if any were HIV-positive \Box^1 Before that occasion \Box^2 Just before having sex \Box^3 After having sex \Box^4					
	d) Did you fuck any men without a condom who you knew at t	the time were HIV- negative : Yes \Box^1 No \Box^2			
	If so, when did you find out they were HIV-negative: Before that occasion \square^2 Just be	Don't know if any were HIV-negative \Box^1 efore having sex \Box^3 After having sex \Box^4			
	e) Did you fuck any men whose HIV status you didn't know wit	thout a condom: Yes \Box^1 No \Box^2			
f) How many of all the men you fucked without a condom did you tell your HIV status: None \Box^1 Some \Box^2 Most \Box^3 All \Box^4					
	g) How many of all the men you fucked WITHOUT a condom: Had you had sex with before that occasion N	None \Box^1 Some \Box^2 Most \Box^3 All \Box^4			
		None \square^1 Some \square^2 Most \square^3 All \square^4			
	5	None \square^1 Some \square^2 Most \square^3 All \square^4			
	h) Did you feel comfortable about trusting any of them: No	o \Box^1 Yes, some \Box^2 Yes, mostly \Box^3			
	i) Did you pull out before coming inside any of the men you fuc N	cked without a condom? None □1 Some □2 Most □3 All □4			
	20. a) (Apart from your boyfriend) were you fucked by any me	en WITH <u>a condom?</u>			
	Yes \square^1 continue here No \square^2 -	skip to question 21			
	b) Did you discuss using condoms: No, we didn't talk about He asked if I wanted him to use or				
	c) Did you know at the time if any of the men who fucked you v				
	HIV-positive	Yes \square^1 No \square^2			

HIV-negative		Yes □ ¹	No □2	
Men whose HIV status you didn't know		Yes □ ¹	No □2	
d) How many of all the men who fucked you with a condon	n did you tell	your HIV statu	JS:	
	None \square^1	Some \square^2	Most □ ³	All □ ⁴
e) How many of all the men who fucked you WITH a condo	m:			
Had you had sex with before that occasion	None 🗖	Some \square^2	Most □ ³	All □ ⁴
Did you know well at the time:	None \square^1	Some \square^2	Most □ ³	All \square^4
Did you meet for the first time on that occasion:	None \square^1	Some \square^2	Most □ ³	All □ ⁴
f) Did you feel comfortable about trusting any of them:	No □1 Ye	es, some 🗖 2	Yes, m	ostly □ ³
g) Did you check if it was a new condom each time Yes,	always 🗖	Yes, sometime	es □² No, n	ever \square^3
h) Did anyone fuck you without changing the condom after	fucking som	neone else?		
	Yes □ ¹	No 🗖	I didn't no	otice 🗖 3

21. a) (**Apart from** your boyfriend) did any men fuck you *WITHOUT* a condom (even if they pulled out before cumming)?

Yes D ¹ continue here	$\stackrel{\text{skip to question 22}}{\longrightarrow}$
b) Did you discuss using condoms: No, we didn't talk about I asked if he wanted me to use	but it \square^1 He asked me not to use one \square^2 one \square^3 Neither of us wanted to use one \square^4
c) Did any men you knew at the time were HIV-positive fuck	K you without a condom: Yes \Box^1 No \Box^2
If so, when did you find out they were HIV-positive: Before that occasion \Box^2 Ju	Don't know if any were HIV-positive \square^1 st before having sex \square^3 After having sex \square^4
 d) Did any men you knew at the time were HIV-negative fuctors of the so, when did you find out they were HIV-negative: Before that occasion □² Ju 	k you without a condom: Yes □ ¹ No □ ² Don't know if any were HIV-negative □ ¹ st before having sex □ ³ After having sex □ ⁴
e) Did any men whose HIV status you didn't know fuck you	without a condom: Yes \Box^1 No \Box^2
f) How many of all the men who fucked you without a conde	om did you tell your HIV status: None □1 Some □2 Most □3 All □4
g) How many of all the men who fucked you WITHOUT a constant Had you had sex with before that occasion Did you know well at the time: Did you meet for the first time on that occasion:	ndom: None □ ¹ Some □ ² Most □ ³ All □ ⁴ None □ ¹ Some □ ² Most □ ³ All □ ⁴ None □ ¹ Some □ ² Most □ ³ All □ ⁴
h) Did you feel comfortable about trusting any of them:	No \square^1 Yes, some \square^2 Yes, mostly \square^3
i) Did any of the men who fucked you without a condom pul	l out before coming inside you ? None □ ¹ Some □ ² Most □ ³ All □ ⁴
22. How many of the men you had group sex with do you	believe were:
None Some of the	
Gay \Box^1 \Box^2 Bisexual or straight \Box^1 \Box^2	$\square^3 \qquad \square^4$ $\square^3 \qquad \square^4$
23. How many drinks of alcohol did you have during or jus None □1 One □2 Two □3 Three □4 Four □	
24. a) Which of these drugs did you use during or just before	ore the group sex session?
(Tick as many as apply)Speed □1MarijuanaEcstasy □1Amyl/PoppersCrystal Meth/Ice □1CocaineSpecial K □1LSD / trips	$\Box^{1} \qquad \qquad Heroin \ \Box^{1}$ $\Box^{1} \qquad Viagra, other erection pills \ \Box^{1}$
b) Did you use drugs on this occasion for any of the fo (Tick as many as apply) To stay hard □1 To party and play □1 To feel less inhibited □1 To keep playing for a long time □1	Ilowing reasons: My drink was spiked □ ¹ I was offered them □ ¹ They just make me feel good □ ¹ I didn't really think about it □ ¹

c) Did you inject any drugs during or just before this occasion? Yes \Box^1 No \Box^2

d) Did you feel you were 'out of it' or drunk on this occasion?Yes \Box^1 No \Box^2

25. a) Did anything happen during this occasion of group sex that *you* felt might be unsafe? Yes \Box^1 No \Box^2

b) If you felt something was unsafe on that occasion did any of the following occur:

b) II you leit somethir	ng was unsale on that oc	5	0		
(Tick as many as apply)	I left the group \square^1		e gave them a co		
Someone e	I joined in \square^1 else spoke to them \square^1	15	aid something to I told someone		
	and them a condom \square^1			tched \square^1	
	aid or did anything $\mathbf{\Box}^1$	I tried to ignore	e what they were	doing \square^1	
26. Which of these se (Tick as many as apply)		,	, 0	•	on?
(new as many as appry)	Urine sample \square^1	Blood test for H	$IIV \square^1$ Throat s	swab \square^1	
Penile swab \square^1	Anal swab□ ¹	Other blood t	est \square^1 No	<i>tests</i> \square^1	
27. Do you ever discuss	with any of the following	your participation	in group sex:		
		Never	Occasionally	Often	
Your boyfrie			\square^2	\square^3	
Close friend Fuckbuddie		\square^1	\square^2 \square^2	\square^3 \square^3	
Internet con		\square^1	\square^2	\square^3	
Casual sex		\Box^1	\square^2		
Your doctor		\Box^1	\square^2	□3	
28. a) Have you ever	had an HIV antibod	y test?	Yes \square^1	No \square^2	
b) When were you	u last tested for HIV	antibodies?			
Less than a week ago			More than 4 year	rs ago □ ⁷	
1–4 weeks ago E 1–6 months ago E		years ago □ ⁵ years ago □ ⁶	Novor	tested □ ⁸	
° °	Lts of your HIV antibody	, ,			
c) based on the result	5	o test/Don't know			
Positive \square^1 <i>continue</i>		Negative		to question	30
\downarrow		Ũ			
If you are HIV positive, p	please complete these to	wo questions.			7
29. a) Are you on combin	•	•	Yes 🗖	¹ No □ ²	
b) Is your viral load:	Undetectable ¹	Detectable \square^2	Don't know / u	Insure □ ³	
30. a) How many of your	friends are day or home	sexual men?			_
50. a) now many or your		Ione \Box^1 A few E	\square^2 Some \square^3	Most □ ⁴	All □ ⁵
b) How much of your	free time is spent with g	av or homosexual	men?		
, i i jii			² Some \square^3	A lot \square^4	
31. a) How many <u>womer</u>					ths?
None E			More than 10 w	omen 🗖	
One [2		
b) Have you <i>ever</i>	been in a sexual rela	ationship with a	woman?		
	Yes, currently \square^1	Yes, in the p	ast 🗖 No, r	never \square^3	
c) Have you <i>ever</i>	been married to a w	oman?			
	Yes, currently \square^1	Yes, in the p	ast □ ² No, r	never \square^3	
32. How many different <u>n</u>	nen including your par	tner / boyfriend h	ave you had sex	with in the pa	st six months?

33. Do you <u>currently</u> have a **regular** male partner (such as a boyfriend, lover or regular fuckbuddy)?

Yes E	Continue here	No □²	→ ski	o to question 35	
	For how long have you been in this relati 6–11 month 1–2 year Do you know your regular partner's HIV s	The second seco	5 He He is	than 6 months □ ¹ 3–4 years □ ⁴ or more years □ ⁵ is HIV-positive □ ¹ s HIV-negative □ ² his HIV status □ ³	
c)	We have agree All anal s	not discussed of to have no ar sex with each o	condom use v nal sex at all v ther must be	use <u>with each oth</u> vith each other □ ¹ vith each other □ ² with a condom □ ³ nout a condom □ ⁴	
	Yes, but we agreed that Yes, and we agreed that we Yes, and we agreed that w	never discusse neither of us will only have s re can have se	d having sex will have sex sex with other with other m	with other men 🗆 1 with other men 🖵 1 5 men together 🗆 2 nen separately 🗖 3	
e)	Some anal se	ed whether to u No sex <i>at a</i> No <i>anal</i> se sex with other r ex with other me	se condoms v all with other r ex with other r men <i>must</i> be en can be <i>with</i>		
35. Ho	w old are you?y	rears			
	nat country were you born in? Australia		ease specify)_		
37. A	re you of Aboriginal or Torres Strai	t Islander ori	gin?	Yes	\square^1 No \square^2
38. Wł	nat is your ethnic background? (e.g. Dutc	h, Greek, Vietri	amese, Leba	nese, Chinese)	
<u>An</u> 39. Are	glo-Australian only □ ¹ Other: e you in paid employment? nat is your occupation?				
	Vhat is the highest level of education	on you have	nad?	Up t	o Year 10 □¹
	Year 12 Tertiary diploma or trade certificate	2 / HSC □2 / TAFE □3		duate degree □4 duate degree □5	
42. Wł	nere do you live? Postcode		Jburb/Town:		
43. a)	Do you think of yourself as:	<u></u>			
	Gay/homosexual C	1 ¹ Bise	xual □ ²	Heterosexual ³	
b)	How much do you see yourself as:				
~)		Not at al	I Somewha	t Very much	
	Gay		\square^2	\square^3	
	Queer A bottom		\square^2 \square^2	\square^3 \square^3	
	A top		\square^2	\square^3	
	A bear	\Box^1	\square^2	\square^3	
	A leatherman	\square^1	\square^2	\square^3	
	A sexpig	\square^1	\square^2	□3	
	A partyboy	\Box^1	\square^2	\square^3	

<i>Non-scene Effeminate Straight-acting Masculine</i>			12 12 12 12 12 12 12 12 12 12]3]3	
44. Do you prefer to fuck or be fu To fuck □ ¹	cked: To be fucked □²	Both ³	Neither – d	lon't like ana	I sex □4
 45. If you have sex with casual partners, what do you usually do about condoms: No clear rule □¹ No anal sex □² Always use condoms □³ No condoms at all □⁴ Use condoms if asked □⁵ I only use condoms when I top □⁵ I only use condoms when I bottom □⁵ 					
46. If you have sex with casual partners, how often do you tell them your HIV status before sex:					
Never \square^1	Sometimes \square^2	Oft	en □³	Alv	ways □⁴
47. If you have sex with casual partners, what do you usually do about HIV status: No clear rule □ ¹ Only have HIV-positive partners □ ² Only have HIV-negative partners □ ³					
48. How much do you agree or disagree with the following:					
		Disagree strongly	Disagree	Agree	Agree strongly
It is my responsibility to alwa	5	\square^1	\square^2	\square^3	\square^3
Positive guys should always			\square^2	\square^3	□ ³
Negative guys should alway			\square^2	\square^3	\square^3
Negative guys should alway Positive guys should always			\square^2	\square^3 \square^3	\square^3
Sometimes I'd rather take a		_	\square^2	\square^3	\square^3