

changing community,
changing practice ?

Young gay men,
HIV and
gay community

Suzanne Fraser

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Editor's note: Words in square brackets are editorial interpolations, made either to provide explanation or to preserve the anonymity of the respondent. Ellipses in square brackets, i.e. [...], indicate an editorial cut, usually made because the respondent repeated himself or said something irrelevant to the point for which the quotation is being cited. Ellipses without square brackets indicate a trailing off of speech or a short pause.

KEY FINDINGS

- **Identity** Participants mostly identified as gay, but did not use the term uncritically. Some were wary of its social and cultural implications. This suggests that there may be room to address young homosexually active men in a range of ways, including, but not exclusively by, the designation 'gay'.
- **Community** attitudes towards gay community were notably split: some participants considered it to be central to their social lives, identities and well-being, whilst others considered it excluding, constraining or irrelevant. When asked to elaborate on the meaning of community, however, they were unanimous in defining it as based on sameness and shared goals and values. Alternative formulations of community may serve better those who feel excluded by current forms.
- **Safe sex** A high level of safe sex awareness and safe sex practice was described. Commitment to safe sex did not vary according to attitudes towards or involvement in gay community.
- **HIV knowledge** While safe sex awareness was high, detailed understanding of living with HIV, and treatment options and procedures, was rare. Post-exposure prophylaxis (PEP) was particularly rarely understood.
- **Drugs** Drug use varied widely, but in all but one case was not described as a significant risk to safe sex practice. Some participants registered dissatisfaction with the amount of drug use in the gay scene, and described withdrawal from the scene and from significant social opportunities as a result of this dissatisfaction. This may indicate a need for more social opportunities/contexts for young men in which drugs are not a focus.

OPPORTUNITIES FOR EDUCATION AND HEALTH PROMOTION

Alongside consideration of broad questions of community, identity and belonging, this research suggests the following points for HIV prevention.

- Relatively minimal knowledge of HIV treatments, including PEP, may warrant further awareness campaigns.
- Assumptions among participants that casual partners are HIV-negative, and associated adverse reactions to the disclosure of positive HIV status by potential casual partners, indicate a degree of stigmatisation of positive men by young negative men. Education aimed at increasing awareness of the possible positive serostatus of casual partners, and at improving management of disclosure, is indicated.

- School emerged as a significant environment in which HIV education is first encountered. It may be that schools could be used more extensively and effectively for health promotion purposes.
- The internet was also nominated as a primary source of information and support around gay issues and HIV education, as well as a significant avenue for meeting partners. This supports the value of using the internet for education and health promotion.
- HIV testing evoked feelings of fear, anger and frustration for many of the participants. In this respect, there may be room to improve support around, and delivery of, testing.

INTRODUCTION

This project is a qualitative study of young gay men in Sydney. It is aimed at accessing some of the ways in which young men identify sexually, how they feel about notions of community — gay community in particular — and their perceptions of safe sex. Funded by NSW Health, the study emerged out of discussions conducted within the NSW HIV sector. These focused on questions around the changing character of gay community. A central impetus for the study was the common perception among those in the sector that with the advent of highly active antiretroviral therapy (and the concomitant improvements to health and life expectancy for those with HIV), the HIV epidemic has begun to recede from the consciousness of many men.¹ Other concerns voiced by members of the sector included:

- a sense of a loss of community or communality due to a reduction in the role of the ‘epidemic’ in providing the ‘social glue’ for gay community;
- a view that historical narratives around HIV tend to locate the epidemic in the past;
- the recognition of a new narrative among young gay men that HIV is a problem for overseas countries, not Australia;
- a sense that the linking of gay identity to HIV may no longer be useful;
- questions about the proper response of AIDS agencies to this ‘loss’ of HIV and AIDS as an organising principle for community and community-based organisations; and,
- a perception that to gay men — particularly young and HIV-negative gay men who have minimal contact with the epidemic — HIV and AIDS is no longer a serious concern.

In addition to these issues, increasing rates of unprotected anal intercourse (Van de Ven et al., 2002), and of new HIV infections (NCHECR, 2003), have also prompted thought and concern about young men’s attitudes towards HIV and gay community. Indeed, there is little current research on how young gay men with minimal contact with the HIV ‘epidemic’ or with AIDS agencies and organisations think about HIV, and their safe or unsafe sexual practices.

This study is a response to these concerns and gaps in research. It maps the harm reduction strategies used by men with little or no engagement in or contact with the HIV epidemic, as well as the patterns of risk for HIV among them. It also explores these men’s social lives and, in particular, maps their attachment to, and identification with, gay community. The study thus aims to form the basis for the development of effective HIV education and prevention messages for homosexually active men for whom the HIV epidemic may be less salient than for other men, or for whom involvement in gay community is minimal or in some way problematised.

STUDY CONTEXT

The notion of gay community has an important history in Australia, not least because of the ways in which it is intertwined, in the history of gay politics, with Australia’s successful response to the HIV epidemic (Dowsett, 1997). Also considered an important concept in the design and conduct of health promotion (Dowsett, 2001), the centrality of community to the health of gay men has become, for some, unquestionable. Studies conducted in Australia and overseas have argued for a connection between involvement in gay community and increased adherence to

safe sex practice (Chapple et al., 1998; Seibt, 1995; Van Gorder, 1995; Flowers et al., 2000). Recently, however, other research has questioned this approach, taking to task the view implicit in some work that community can be readily described, located and defined, and that it is always a positive force for good (Ridge et al., 1997; Ridge et al., 1999; Watney, 2000).

This critique has developed alongside a vigorous theoretical discussion of issues of community in Australia, evidenced, for example, by the publication in 2003 of a special issue of the *Cultural Studies Review* entitled 'Affective Community'. The work in this issue offers a fertile starting point for consideration of the theoretical issues surrounding community in Australia, and although it does not contain work written specifically on gay community², many of the observations made by contributors bear consideration in relation to concepts of gay community. As will become evident, some of the insights provided by Australian theorists and researchers working in the area of community have been taken up in the writing of this report, particularly in the section entitled 'Community'. Because this section deals with the central concerns of the project, it departs from the style of the rest of the report by employing theory to a greater extent. The aim is to offer some fresh observations on gay community that may be of use in the sector.

METHOD

Recruitment

As the study aimed to recruit young men (age range was 18–27) who did not have close personal or professional relationships with HIV-positive men, or close connections with AIDS-based organisations, recruitment methods were especially broad. Standard recruitment avenues such as ACON were avoided, the emphasis being instead on advertisements in the press, the Web,

and posters and fliers. Below are the numbers of participants recruited through each method:

Advertisements in gay press	5
Oxford Street area gay bar	5
Web sites and mailing lists	2
Advertisements in suburban and student press	2
Snowballing	1
Posters and fliers	0

Interviews

The interview was semi-structured in format, although the interview schedule (Appendix 1) was relatively detailed, and took about one-and-a-half hours to complete. As the schedule shows, participants were asked to talk about attitudes towards safe sex, and safe sex practices, views on gay community, and views on drugs, among other topics. Prior to interview, participants were given an information sheet and a verbal description of the project. Each was asked to sign a consent form, and a revocation of consent form was also provided in case the participant changed his mind about being involved in the study. Participants were also provided with information on HIV and safe sex, usually in printed and CD ROM format.

Interviews were audio-taped then transcribed. Transcripts were checked for accuracy against the recording, and identifying information was removed or changed. Pseudonyms were attributed to each participant. A selection of transcripts was read and a code list developed from issues emerging in the data, and from the issues covered in the interview schedule. Transcripts were coded and the codes were then entered into a qualitative data management software product (NVivo). Coded data sections were then closely read, and emerging themes identified. These themes formed the basis of this report.

This project had approval from the UNSW Human Research Ethics Committee.

FINDINGS

1. IDENTITY

'[Identity is] an idea which cannot be thought in the old way, but without which certain key questions cannot be thought at all' (Hall 1997: 2).

This project aimed in part to look at the meanings young homosexually active men ascribe to the term 'gay community', how important the concept is for them, and how much they involve themselves in what they define as the gay community. In examining these issues, it is first important to consider how the young men who volunteered to be interviewed for this project defined their own sexuality.

Significant shifts in the reputation of identity politics over the past ten years or so, notably in relation to critiques of identity categories offered both by feminist theorists³ and poststructuralists,⁴ may lead us to assume that young homosexual men have become wary of such categories. The associated advent of 'queer' may also lead us to wonder whether young homosexual men are as likely to describe themselves as queer as they are to describe themselves as gay. This interest in queer may exist in some contexts, but as will become evident below, was certainly not apparent among the young men interviewed here.

In recruiting participants, the project aimed to be as broad as possible. The text for the flier read:

COMMUNITY

What does it mean to you?

Are you male, aged 18 to 25⁵ and non-hetero?

If you are interested in talking about life, relationships and sex, and your ideas about Community, in a confidential interview of about one hour, we would like to hear from you.

In using the term 'non-hetero', the flier aimed to avoid prescribing those who may wish to participate. For example, if the term 'gay' had been used, bisexual men may have been discouraged from volunteering.⁶ In the event, almost all participants identified as gay, with one defining himself as bisexual, and another preferring the term 'homosexual'. However, a range of opinions was evident in relation to the meaning of gay, and the relative importance of sexuality in definitions of the self. Indeed, some participants demonstrated a sense in which, as Stuart Hall has put it, the term 'gay' has been placed 'under erasure', in that it is considered no longer fully viable, but is used in the absence of better alternatives: 'The line which cancels [it], paradoxically, permits [it] to go on being read' (Hall, 1997: 1).

Gay identity

It is important to note firstly that many participants do not hesitate to use the word 'gay' to describe themselves. Indeed, some, such as Jess, aged 21 ('gay through and through: there's no question about it'), and Lachlan, aged 18 ('gay, very gay'), are adamant about their sexual identification. Jess expands on his view of gay:

Interviewer: OK, so what does the expression 'gay' mean to you, what kinds of meanings would it have?

Jess: Um ... Obviously, being attracted to a member of the same sex as you. Um ... it sort of, I don't know, brings up a lot of things, different culture, different society, different, y'know, different way of living. I don't know, that's a bit of a difficult question to

answer, because I think it would mean something different to everybody because it's like the 'gay experience' is so different for every member of the community, and I mean, it's based on everything you experienced as a child, everything you experienced growing up, when [you] came out [... some] get really caught up in the scene and drugs and partying and a very trashy sort of lifestyle and [others ...] I don't know if you're involved in it at all but it's very,

extent [...] there's an experience of being gay where you come out and you go out, and you meet all these gay people and you're exposed to a completely new part of society, and it does involve, to a certain extent, it does change your lifestyle because you're being exposed to a part of society that the rest of society isn't exposed to, or is very limitedly exposed to, and [...] y'know, if I hadn't have come out, I wouldn't know like, a

'the "gay experience" is so different for every member of the community ...'

very segregated, like there's a certain type of gay man, there's [another] type of gay man, there's [another] type of gay man, and each one, maybe, y'know, there'll be certain mixings but, but they're certainly not heavily involved with each other.

large amount of my friends and I wouldn't know, I wouldn't have my job, I wouldn't have, y'know, like it's... I mean it would mean something different for everybody, but my lifestyle has been dictated by coming out, I think, to a certain extent.

Interviewer: Yeah right, OK. So when you say, um, I think you sort of said earlier, y'know, it's about a different kind of lifestyle, can you elaborate on that at all for me?

Interviewer: And why do you say "as much as I don't like to admit it"?

Jess: Um, well as much as I don't like to admit it, I think it does, being gay makes you, like if you want to, I don't know, be involved in your sexuality, I mean I'm not talking about gay men who completely remove themselves, and y'know live straight lifestyles or whatever, but I mean to a certain

Jess: Um, because I don't like to think that we're necessarily forcibly segregated like, [...] I'd like to think that everybody can live utopiously [sic] and all that sort of thing, but it doesn't work like that.

Interviewer: OK, yeah, so you sort ... sounds like you're sort of saying that certain experiences tend to divide people?

Jess: Yeah, of course, yeah. I mean, it operates in, I mean y'know... an Indian, a person with Indian parents is going to be exposed to a different part of Australian society that we're not, and it's just the same thing. I mean, like, if you want to look at gay lifestyle as a separate culture within a large amount of cultures operating within Sydney then, sure.

importance of identifying clearly as gay, when he criticises what he sees as recent tendencies to consider gay politics resolved:

I feel that the gay movement has come a long way [...] but at the same time, now we're [in] a position where a lot of people, in my generation as well, [are] saying: "Well, it doesn't matter anymore. We're accepted — it's fine."

'Even here within [...] wonderful gay Sydney, you know, discrimination happens.'

In this extract, Jess explains his view that identifying as gay affects all aspects of life. In being exposed to gay culture, Jess becomes a different person from whom he might have been had he been involved instead in other aspects of Australian culture. In this way, being gay is a central defining characteristic for Jess, although this does not imply an essentialist view of sexuality. For Jess, being gay shapes who he is because it is social and cultural, not because it is biological. As social and cultural experiences differ from person to person, the meaning of being gay also differs.

As with some other participants, Jess links gay identification directly with gay community, and the relationship between the two is conceptualised as inevitably political:

I definitely would categorise myself first as a member of the gay community as opposed to a community that in some instances wants to get rid of my lifestyle and tell me that what I'm doing is wrong [...]

Similarly, Jarad (aged 25) also locates his gay identification politically, and asserts the

You know, or: "Actually being gay is not much about who I am." [...] I get, I get frustrated because I'm like, well, "Gee, open your eyes." Even here within, you know, wonderful gay Sydney, you know, discrimination happens. I walk down the street with my boyfriend and we'll get, you know, um, people make comments out of cars and things and that, and there is this shift of: "Oh yeah, it's cool, it's fine, yeah, gay's fine, and it doesn't matter anymore." [...] Today in the *Herald* [...] there's a whole thing about gay community kind of wondering about its relevance to itself and wider society [...] That's, that's my frustration [...]

Jarad's view is that, because Australian society is largely homophobic, being gay necessarily positions individuals politically, regardless of conscious political allegiances.

Other participants such as Laurie (aged 24) take up positions very like that criticised by Jarad, expressing reservations about the term

'gay'. For Laurie, the term evokes images of a particular lifestyle based on partying. As will become clear later in the section on Community, Laurie does not like what he considers to be the connotations of the word 'gay', preferring the term 'homosexual'. At the same time, he recognises that the ubiquity of 'gay' means its use has some expediency:

Um, well look, if somebody says on the street, "Are you gay?" I'd say, "Oh, yeah, sure". I'm not gonna say, "No, I'm a homosexual, what are you talking about". Like, I wouldn't give a shit. Um, but no, I wouldn't see myself in any category. Like if — I'm either gay or a homosexual. I mean, I don't swing both ways, I'm not a transsexual, I'm not whatever.

A little later, Laurie adds, 'Just because I like other guys, doesn't mean I'm not like anybody else'. This extract suggests that, for Laurie, identification as gay is *not* felt to be a defining feature of his identity. For him, such categories do not possess great significance. Similarly, Harry (aged 24) accepts being defined as gay, but says:

I predominantly define myself as just Harry [...] I do this and that, and I am gay, but I don't necessarily see it as the beginning of that sentence on who I am.

Indeed, at another point in the interview, Harry describes himself as 'just a guy who sleeps with men'. Stephen (aged 24) also indicates a similar resignation about the use of the word gay, despite reservations about its connotations:

Not necessarily like "Yeah I'm gay!" but, I don't know, I think there's a lot of talk behind that.

Queer

The participants above question what they see as a common assumption that gay constitutes a defining identity category able to describe them in a reliable and exhaustive fashion. In this respect, their remarks are reminiscent of aspects of the queer critique of gay. In other respects, however, they do not at all resemble the queer response. In listing those identity categories in which one definitively does not belong, such as bisexual or transsexual (Laurie), and in seeking to minimise the role of sexuality in defining the subject (Harry), both depart from queer theory — in the first instance from queer's wholesale rejection of identity categories on the basis of the fluidity of identity (Sullivan, 2003: 199) and in the second, from its view of sexuality as necessarily a powerful constituent of the subject.⁷

Other participants do more than ignore queer in formulating their responses. Instead they actively criticise it. Some are unfamiliar with the term's theoretical pedigree and reject it because of the word's derogatory connotations. As Gilbert (aged 22) says, 'take away the gay thing and queer is just weird, you know?' Others, such as Billy (aged 22) take issue with its politics. He sees queer as defining sexuality as 'socially constructed', and argues that although he finds the term interesting, in his experience, 'sexuality isn't a social construction'. In a related sense, Jarad rejects queer because he sees it as a means by which individuals can avoid taking the difficult step of identifying themselves as gay.

In conclusion, the majority of participants in the study identified as gay, but not all of these did so without ambivalence. For many, the term was mobilised under erasure, and in preference to the term 'queer'. Evidently, despite its high institutional profile, that is, its currency in tertiary institutions, and despite the high rate of tertiary education among participants, queer provokes very little enthusiasm in this study.

2. COMMUNITY

This section examines the ways in which notions of community are talked about by the young men interviewed. Also, because recent research has found increases in rates of unprotected anal intercourse (Van de Ven et al., 2002 and others) and HIV seroconversion among gay and homosexually active men⁸, and because safe sex practice has been correlated in the past with gay community attachment, the subsequent section looks at participants' sexual practice. Is involvement in something called gay community still, as research has suggested about earlier stages of the epidemic (Chapple et al., 1998), in any way associated with adherence to safe sex practices? What does community mean to young men who are emerging into a gay political environment in which, as Ridge, Miniciello and Plummer (1997) argue, 'assumptions of solidarity ... developed in the seventies political movement and through the AIDS crises of the eighties, are increasingly difficult to sustain'?

Defining community

When participants were asked to define the word 'community' generally, their responses largely reflected conventional liberal social contract notions of community. As Linnell Secomb points out, these formulations, 'all conceive of community as an attempt to achieve agreement and unity' (2000:133). Secomb cites the work of Thomas Hobbes and Jean-Jacques Rousseau as central to this tradition, pointing out Hobbes' commitment to community as populated by like individuals who relinquish their freedom in order to secure protection, and Rousseau's belief in community as bringing together individuals to pursue common goals.

Anton (aged 18) echoes aspects of these definitions:

OK, a community would be a group with shared beliefs and practices who stick together and have certain ethics and codes which segregate themselves from other communities ... or mark them out as different from other communities.

Here, Anton identifies similar beliefs, a sense of mutual obligation and the drawing of external boundaries as the basis for community.

Related to this sense of belonging in community is the element of responsibility or obligation theorised by Hobbes. As Harry says:

There's a fiduciary duty of everyone there to look after everyone else in there. There's generally some form of directional leadership within a community, and the community decides — generally as a community — it's like a big support group, to go in certain directions...

Gay community

When asked more specifically about their thoughts on gay community, some participants expressed very negative views. This was particularly the case, as noted above, among those who didn't see being gay as a central defining feature of who they were. Laurie is a good example of this. Aside from occasional visits to gay clubs, Laurie doesn't participate much in what's commonly understood as the gay community. He prefers to define himself as homosexual because, for him, being gay connotes:

the whole drug-taking, partying, you know, three-brain-cells-shared-between-ten-guys [thing]; you know, big pecs, shirt off, dancing in a night-

club. Just clueless bimbos, and that really pisses me off. Um, there's a lot of gay people at work; they all walk around flapping their wrists, you know, promoting the fact that they're out there and gay.

Laurie criticises what he sees as claims for equal treatment delivered through behaviour that focuses on difference over sameness. He argues that equality is best gained by minimising the appearance of difference. This formulation also echoes liberal views of the social contract, in which individuals are understood to participate equally through the establishment of a level playing field, and which values similarity over difference.

By contrast, but still in keeping with liberal models, Gilbert has strong positive feelings towards the idea of gay community, which, for him, is also based on the assumption of sameness. He states that being gay means:

Community. Very spirited. Love [...] you support each other, and you form this bond, which is like something that is as close as a like brother or sister, but something that your brother and sister can never have with you as well. Because it's a bit like a common struggle type thing. I suppose it's just a matter of understanding. People who understand each other stick together...

In Gilbert's view, however, the shared purpose and common experience of community can also encompass difference:

I like the diversity of it all, because you've got your whole, um, different sort of genres of people, within the small community as well [but]... there's

a common thread through all of them, you know?

Here, a common thread of a shared struggle based on sexuality holds diverse constituents together in a community.

Similarly, Jarad's strong positive feelings about gay community also depend to a certain extent on the assumption of sameness. Jarad defines gay community as:

shared experience because of a common linkage which would be our sexuality.

Jarad is idealistic about the concept of community: indeed, in contrast to Ridge et al.'s comments, he continues to see gay community as having an overt political role based on a unity of purpose. However, he also expresses disillusionment about the state of the gay community at present. So he qualifies his definition of community by adding, 'I'm not saying this happens, but in theory, [it's] where you can get support.'

Jarad comments on apathy around gay community, and airs an important aspect of liberal views of community when he criticises Mardi Gras for allowing non-gay people to participate. He emphasises the importance of boundaries in creating meaningful community, and asks, 'What's wrong with having a party one night of the year that can be just for us?' The potential exclusionary role of liberal community, its need to produce boundaries that exclude as well as include (Secomb, 2003: 85–86), is evident here. Jarad is the only participant to speak directly about the political need to confront discrimination, and to do this by forging a strong gay identity, and it could be argued that his take on community boundaries is related to this take on politics.

For the young men interviewed, gay community figures in quite different and often contradictory ways. For some it is a self-evident good that centres their experience of being gay; for others it is illusory and burdensome. For a few it is all these things at once. Consistently, however, a liberal notion of community is employed. Based on sameness and the co-operation of individuals to achieve common goals, this model is the foundation for belonging for some, and an impossible ideal for others. In other words, conventional formulations of community can be experienced as both enabling and disabling.

'I enjoy the scene [...] sometimes I think the scene enjoys me.'

It may be that making gay community relevant to more men requires reformulating the basis of community beyond the limitations of the liberal model. As suggested earlier, there is an extensive scholarly literature, both Australian and international, on alternative accounts of community. Some of the most innovative approaches focus on difference: on understanding community as growing from, indeed dependent upon, difference rather than sameness. For example, Rosalyn Diprose insists that 'community *lives from* difference' (2003: 36, emphasis in the original).

In recognising the role of irreducible difference (that is, difference that cannot be reduced to principles of sameness) in the production of community, it may be possible to develop flexible concepts of gay community that do not alienate those young men unable or unwilling to approximate gay norms of masculinity, or perceived gay lifestyles. Like liberal formulations, this approach may not be without its problems but, at minimum, it marks a departure from some of the most taken-for-granted aspects of community.

The scene

As with attitudes towards gay community, a range of views was also found in relation to the commercial gay scene. For some, the scene represents an extension of the gay community, for others it is distinct and carries with it less appealing connotations. For instance, Lachlan describes the scene/community connection in the following way:

[the scene] is like the community really, it's like, like you go to church, you go to a gay club.

By contrast, Harry says:

I think that the community that might have been there 25 years ago when Mardi Gras started, and groups of people doing things, with common goals, is no longer there ... [but] there *is* a scene. I don't think the scene is pretty or pleasant. However, the scene is an awful lot of fun, when you're there with your friends.

For Harry, as for several other participants, the scene is enjoyable as long as you don't look for emotional depth or support there:

I enjoy the scene [...] sometimes I think the scene enjoys me. I think you can have a sense of belonging in a community, but I don't think you can in a scene.

Harry goes on to argue that gay community is essentially defunct, and that this loss also means the loss of a sense of belonging, notwithstanding

the pleasure to be had (and to be given) on the commercial gay scene.

Likewise, Laurie sees the scene as lacking depth, but describes it as sometimes amusing, as somewhere to go occasionally to:

have a bit of a laugh, go “Ha, ha, look at him — look at the way he’s dressed” or whatever ... but I wouldn’t actually seriously go out there and try to meet a future partner.

Here, Laurie expresses in a similar way the sense that the scene provides light entertainment rather than anything significant or meaningful. It is interesting to consider whether this common discourse of superficiality and triviality is related to the scene’s perceived status as commercial and consumerist. As Miranda Joseph (2002: 1) has pointed out, conventional liberal formulations of community tend to oppose community to capital (to the exchange and accumulation of wealth):

The discourse of community positions community as the defining other of modernity, of capitalism.

Given this division between community and capital, the scene’s obvious grounding in commercial enterprise — its focus on consumption, on venues that involve spending, and on style which is also often achieved through spending — could well underpin its failure to qualify as community in the eyes of many.⁹

Links with heterosexual communities

In keeping with the range of perspectives on the value of gay community evident among participants, the study also found great variety in the extent to which links were maintained with straight friends and social contexts. Some participants reported having very few straight

friends, whilst others socialised mostly in heterosexual company. For Jess, despite his interest in gay activities and socialising, heterosexual friends substantially outnumber gay friends:

I mean, your sexual relationships are a large part of who you are and of course that’s gay, but I mean, all my nearest and dearest friends are all straight, like all my guy friends that, y’know, used to be in football teams and all that sort of stuff, and all private school boys, they went to [private school], so I mean I’m not dictated by my sexuality in any way.

In contrast to Jess’s commitment to his longstanding circle of friends based around his schooldays, Lachlan reports finding time spent with straight friends made at school (especially those who do not know he is gay) increasingly unsatisfying and unappealing:

When I do go out with them I sort of just sit there and yeah, be quiet and just sit there and y’know um, don’t enjoy myself at all.

He goes on to explain:

They’re people that I’ve known for years like since I was like this big, um, I’ve known them for years. Um, when I do go out with them I have, I just don’t enjoy myself at all. I find it really boring because [they’re...] really straight people — it’s just, it’s just not my thing. Um, I find that, I’ve found in the last six months I tend to be more in the [gay] scene than being in the straight scene. [... The more] I love the scene, the more the straight scene gets

pushed away. I'm enjoying the scene more because I feel more comfortable [there], like I meet more gay people [...] Nothing wrong with straight people; it's just the fact [that] I have more fun in the gay scene[...]

love coming out with us. Like, if we have a party at my place, like most of the people there will be gay. I mean, [my straight friends] don't not come because of it. Um, I mean, if we go out on the weekend, they're as much on the speed dial as anyone else is.

'the kind of gay friends that I have are not intimidated by operating in the straight world ...'

For Lachlan, relationships with old school friends have begun to wane as his interest in gay social activity has increased.

This emphasis, however, on one social focus or another, is not necessarily evident among other participants. Anton, for example, differs from both Jess and Lachlan in that he puts equivalent emphasis on straight and gay socialising:

I think I'd go crazy if my life was just completely gay friends, gay this, gay that, watching *Queer As Folk* on Monday nights and going to Oxford Street all the time. I couldn't do that. I have to have my straight friends as well. Put things into perspective.

The majority of participants report maintaining strong social links with both straight and gay friends, and for some this includes mixed socialising with both groups. Gilbert, for example, describes social events attended both by straight and gay friends:

Interviewer: Do they, do you socialise much together at all, or is it separate?

Gilbert: Yeah, yeah, my, well say people from uni who, oh, pretty much all of them are straight at uni, um, they

Likewise, Jess says:

I mean, the kind of gay friends that I have are not intimidated by operating in the straight world, and the straight friends I have, likewise y'know, they wouldn't have a problem with going to a gay bar with me and having a drink, yeah so, there's no tensions there at all.

For others, however, some social activities tended to be separated along lines of sexuality. Jarad, for instance, responds in the following way:

Interviewer: Okay, um, so [...] would you say, um, you tend to socialise with your gay and straight friends together, or separately, or a bit of both?

Jarad: Probably separately. There's occasions ... They cross, but, um, [usually we socialise] separately.

Interviewer: And is there a reason, or does it just happen that way or ...

Jarad: Just, well, if we're going to a particular gay event, like at the [gay bar], a predominantly ... well it's, yeah, a gay venue, um ...

Interviewer: How about the other way around, like a movie?

Jarad: Oh no! [...] It is, if, if it's a social evening, going to a specific gay venue, then it would be mainly gay men and lesbians, whereas if it's just general going out to the pub, going out to dinner ... no, no difference.

Unlike Jess, Jarad seems to be saying that some activities such as going to gay bars are reserved for gay friends, whereas others, such as dinner, movies or the pub could include both straight and gay friends.

Despite some variation, it is clear that straight friends play an important role in providing social opportunities and emotional support to many of the young men interviewed. Family of origin is also of great significance. When asked to list the three relationships most important to them, nine of the 15 participants identified at least one member of their immediate family (mother was most common among these). For eight, at least one straight friend also figured among the top three. These nominations were usually based on perceptions of similar outlook, similar sense of humour and the presence of an extensive history that ensured understanding, trust and familiarity. From this point of view, it is clear that many young gay men maintain highly significant relationships with people who have little or no connection with what might be termed the gay community.

Safe sex and gay community

As Van de Ven et al. (1997) have argued, although the figures do not necessarily support the view, there is a popular assumption that young gay men are likely to be associated with recent increases in unprotected anal intercourse (UAI). From this point of view, it is important to investigate the ways young men with different relationships to

community understand HIV. Do attitudes on HIV and safe sex relate in any way to views on, and participation in, gay community and/or the scene?

In 1997 Ridge et al. noted that the notion of gay community did not resonate for many young gay men they interviewed, that many hadn't witnessed the high levels of illness and mortality seen by older men, and that:

For these interviewees, HIV is often an abstract idea which may even be romanticised.

As noted above, the interviews we conducted accord in some respects with the first two of these observations. However, they diverged sharply from the third. Ridge et al. (1997) argue that among their interview participants:

HIV can be constructed as a means of bonding and having common destiny in a partnership, a way of gaining social status or support, a kind of delayed suicide, and even as not being a major issue.

None of these views on HIV were apparent in the interviews we conducted. Without exception, the participants considered contracting HIV entirely undesirable. Not all felt that HIV was an immediate risk for them, but this view was usually grounded in very careful safe sex practices. Almost half of the participants stated emphatically that they had never experienced unprotected anal intercourse, even with a regular partner. For example, when asked how he decides whether to use a condom or not, Taylor (aged 24) replies, 'That's not a question: it always happens.'

Other participants describe having unprotected anal intercourse once only, during their first sexual experience; or only in the context of a regular relationship. A few do describe past experiences of unprotected anal intercourse with casual partners. For example, Gilbert acknowledges a single instance, which occurred

whilst overseas on holiday and disturbed him so much that, he says, 'All I wanted to do was come home and get tested.'

The interviews suggest that, irrespective of attitudes towards, and involvement in, gay community and/or the scene, adherence to safe sex practices (condom use for anal sex) is generally very high amongst the participants. Harry, however, differed markedly from the others by describing relatively high rates of unprotected anal intercourse with casual partners (about five instances in the past year). In Harry's view, condom use is on the decline: 'less and less people, as far as I'm aware, are using them'. When asked what influences his choices about whether or not to use condoms, he replies, 'Partially what I'm on at the time, partly [...] what I'm in the mood for.'¹⁰ Like the other participants, but with perhaps less justification, Harry rates contracting HIV as 'pretty unlikely' for him.

In analysing the interviews in relation to questions about gay community and HIV awareness, the study found no evidence to support a view that increases in rates of unprotected anal intercourse are likely to originate amongst young gay men. Similarly, the interviews did not suggest that the young men consider the prospect of acquiring HIV insignificant or, alternatively, in any way appealing. Because the participants reported both very high levels of safe sex practice, and quite varied involvement in, and attitudes towards, gay community and the scene, no simple relationship between the two can be assumed.

A note on 'change'

An aspect of the initial proposal for this project was an interest in the extent to which young gay men today hold different views of gay community from those held by their elders prior to the advent of antiretrovirals and the concomitant changes in HIV (about ten years ago). This question is

extremely difficult to investigate in any reliable fashion, largely because no sufficiently comparable interviews are available. Such interviews would have to be now a decade old, conducted with Sydney gay men in the same age group, with similar demographics, and have followed a very similar methodology, to produce meaningful results. This lack of comparable data is unfortunate, as it leaves little room for accurately judging change. Broadly speaking, however, it is important to note that, as explained above, current understandings of gay community largely conform to longstanding liberal definitions of community. In this respect, it is likely that they correspond with those in circulation a decade ago. Of course, as Robert Reynolds notes (2001), and as alluded to earlier, the early 1990s also saw the arrival of 'queer' into Australian gay politics. Queer's questioning of the humanist subject central to liberal notions of community, and its related role as an identity category devoid of identity, means it offers the basis for formulations of community quite different from those of liberalism. For the young men exposed to queer at the time, it is possible that those formulations helped to shape definitions of gay community, and personal responses to gay community, in ways that they appear not to do now.

3. KNOWLEDGE OF HIV

As noted above, participants reported a high rate of adherence to safe sex, which was generally defined as sex with a condom. What else did the participants know about HIV? Where did they gain their knowledge of HIV? Have their views on HIV changed at all over time? These questions will be discussed below.

Learning about HIV

When asked where they first heard about HIV, many participants cited school as their first source of information. Whether the information provided

by schools succeeded in impacting on practice is difficult to gauge. For example, Laurie explains how he reacted to discussions of HIV in class:

they were saying, “Unsafe sex leads to HIV”. And we’re like “HIV, um — what’s HIV?” And [they said], “human immunodeficiency virus” — whatever. And I [thought], “Oh, OK. Cool. Whatever. I’m at school now, I want to go out and play handball” or something. Like, you don’t really think about it. It’s, “Yep. OK”. I’m sitting here, listening to some guy on stage raving on about safe sex and using condoms — I think, “OK, cool.” It didn’t, it didn’t really sink in.

In this passage Laurie pinpoints an issue raised by several participants — the sense in which the proximity of HIV, the possibility of actually acquiring it, took time to develop. For some, the awareness occurred only after initial homosexual sexual experiences. As Mitchell (aged 25) explains:

so that was then [...] I wasn’t particularly worried. But, um, these days, because I am sexually active, even though [I’m] not into particularly adventurous [sex], like, in relation to other people I don’t, I’m not wild, um, but even then it is more of an issue now. My perception’s different because, like, it is a, a real issue, in the sense that I have to avoid it, and it’s something I have to worry about, and it has caused me some worry. So my attitude is different.

Laurie describes a similar process of growing concern about HIV, and increased strictness around condom use:

We were young, um, it didn’t really occur [to us] to use condoms. We knew we weren’t having sex with anybody else; we knew that we’ve never had [...] sex with anybody else, um — I don’t know. We didn’t — I wasn’t always as safe as I am now. Like back then, with my first boyfriend, I was, “Oh yeah, whatever.” Safe sex, yeah, back of my mind. *Back* of my mind. Um, and then — I don’t know. I don’t know what happened. I think there were always safe sex messages. For some reason there was all this huge blitz of advertising on safe sex, and I started being really worried, just because, I think I must be a bit of a hypochondriac anyway, I think, “Ooh, shit, you know, maybe I should use condoms and stuff”. So I did.

In these examples, use of condoms seems to have developed over time, with greater sexual experience and, in some cases, with increasing exposure to safe sex messages. It is possible to hypothesise that, for some young men, the threat of HIV, and thus the adoption of safe sex practices, may constitute a performative¹¹ moment in the production of a gay self, and that some degree of readiness to produce oneself as homosexual or gay (as opposed to heterosexual) is a prerequisite for acknowledging the need for safe sex.¹² However, because safe sex is also understood (albeit probably less widely) to relate to heterosexuals, and because the project did not discuss heterosexual experiences and condom use with any consistency, it is difficult to evaluate this hypothesis.¹³ Jess, however, expresses a similar idea when he says:

Yeah, I think, when I became really, really comfortable with my sexuality you sort of think about it and become

aware that you're more exposed ... you're going to be exposed to it and um, it's definitely not a nice thought to have, and um, I can remember some people saying to me y'know, "You should always be careful", and these are [...] straight people, like none of my straight friends have safe sex, like y'know, like maybe, *maybe* [...] with a guy they don't know, y'know maybe they've met someone and after two weeks they start having sex and they never, ever use a condom as long as she's on the pill.

which participants gleaned information on HIV at a young age is probably broader than in the case of older men. As noted above, many cite school as a primary source of information, along with the media (*Queer as Folk* was mentioned more than once), websites, pamphlets, friends and older gay men. The grim reaper advertisement (which was first shown in Australia in 1987) was regularly mentioned by participants as having created a powerful impression, even amongst those too young to have understood it. As Gilbert puts it:

'... I can't really put my finger on the exact moment when I first heard about HIV.'

It is important to note that there is a ten-year age spread amongst participants, and that this creates significant differences in how HIV has been encountered. While some men remember first finding out about HIV, other, often younger, participants describe having always been aware of it. Thus, Anton says:

As long as I can remember, like, I've always known. Ever since I was a little kid.

Similarly, Michael (aged 19) explains:

I grew up with HIV coming out at [me] [...] I can't really put my finger on the exact moment when I first heard about HIV.

These men are among the first born at the advent of AIDS. It is possible that growing up in a context in which HIV has always been present creates a different experience of HIV from that of older men. Certainly, the range of sources from

I remember seeing the ad, and it always scared me. I had no idea what it was about. I just thought, "I better not go to a bowling alley, I might get bowled over!"

Particularly with the advent of the internet, methods of accessing knowledge about HIV have changed significantly over the past ten years. Ronnie's experience is particularly relevant here. Born and brought up in Malaysia, Ronnie (aged 27) had little knowledge of homosexuality or of HIV as a teenager. Only by accessing the internet did he come to realise that he was not alone in his sexual orientation:

Um, I became fully aware of my sexuality, I'd say, when I was eighteen. The internet was there at that time, ah, and I start reading a lot of material from there. Mainly to find out about my own sexuality.

And when I was doing that, I actually learned about safe sex. [...] I, I felt like I was really lost, because you don't even know which community you belong [to] [...] you don't even know gay people exist [...] living in a country like Malaysia. And, ah, when you read these things, you get an idea: "Hang on", you know, "there is a community. There are other gay people, so you're not the only one." And, ah, these people get together and have sex, and um, the ways to have sex, you learn all of that. And, er, you know, you learn about, er, everything really. Like [from] just pashing someone to, you know, really getting, um, you know, like, as in anal sex and everything else, yeah.

Other participants also talk about using the internet for researching health issues, and also for meeting gay men for friendship and sex.

What is HIV and how is it transmitted?

Participants were asked to talk in detail about their knowledge of HIV, modes of transmission and treatments. Most first described HIV transmission as dependent upon direct blood-to-blood contact via unprotected anal sex. However, other forms of contact were also discussed, such as contact between semen and cuts on hands, oral sex, and injecting drug use. Relative risks were also often built into these descriptions. For example, Jarad explains:

Um, you've got blood, semen, [and] transmission because of injecting drug use. Unprotected anal [or] vaginal sex, I suppose... well, there's the risk of oral — [it's] in saliva, but you need bucketloads to get [HIV].

Michael also offers a quite comprehensive description of vectors of HIV infection:

Okay. Intravenous drug use. Passing of bodily fluids. Blood, semen, vaginal secretions. Can't be passed through tears, spit. You can get it if you perform scat or water sports which I don't. If there's blood or anything in them you pass it on that way. Any open cuts, dental work that kind of thing. Um, blood transfusion.

Knowledge about the relative risks of insertive and receptive sexual positions (Vittinghoff et al., 1999; Varghese et al., 2002) was inconsistent among participants. Some were aware of the view that the receptive position is the more risky of the two, but this did not generally lead them to reason that adopting the insertive position means not having to use a condom. Jess, for example, says, 'I always use a condom, y'know, whether I'm on the top or the bottom.' Likewise, Jarad (whose regular partner has not been tested, and whose serostatus is thus unknown) says:

I'm a ... yeah, I'm a top, which, I know that it's not always safe either, [so] I use a condom as well. And I know they're not always safe, but the logic in my mind is, "Well I am actually safer, because I'm taking the insertive position."

Mitchell differs radically from Jess and Jarad in that his awareness of the reduced risk posed to the insertive partner has led him to believe that HIV cannot be transmitted to that person at all. He only recently discovered, via an older gay man, that this was not the case. No other participants describe believing HIV transmission from the receptive to the insertive partner to be impossible.

Harry is alone in stating that he incorporates a form of strategic positioning into his decisions about whether to use condoms. In keeping with his generally less strict approach to condom use, he says:

I believe, from what I've read, the risk of contracting HIV if you're the person who is the fucker, as opposed to the fuckee, the risk is significantly less. [... Condom use] would partially be determined by if I was top or bottom. I'd probably be less inclined if I was the top.

Most participants were largely uninformed about treatments for HIV. An exception was Taylor, the only participant with a friend with HIV (the partner of his flatmate). Taylor showed a relatively high level of familiarity with HIV treatments:

I know that [HIV-positive friend] takes the pills every, ah, he takes more drugs than I can think of, at 8 o'clock in the morning and 8 o'clock at night, 'coz his alarm goes off. Something that you can't really miss, and that um [...] if you're having sex um with [an] HIV[-positive] person and a condom breaks, you go to hospital and you take those drugs [...] I've been with a couple of friends who have had to have that, and they get really, it's like, I don't know, it's like drinking toxins to cleanse your body, um, which won't necessarily work. Um, but I was with a friend [and] he freaked because he was sleeping with somebody and the condom broke, and [I] took him to the doctor and got all that, and he got really sick, so, it was the first time he's ever had it, so

he was in a very bad way. So it's not very nice.

Taylor's familiarity with post-exposure prophylaxis (PEP), unique amongst the participants, may be related to his friendship with a serodiscordant couple. His direct knowledge of the rigours of undertaking HIV drug therapy is equally uncommon. Most of the other participants had not heard of PEP or, if they had, knew very little about it. Similarly, many had only a basic understanding of HIV treatments; some knew that HIV-positive men often take pills, but aside from Taylor, none mentioned the frequency or regularity of pill-taking, or the volume of pills involved. Most comments about HIV treatments were notably vague. Observations made by Laurie exemplify in a quite fascinating way this uncertainty about the changes to life wrought by HIV treatments. Various descriptions of HIV as both a 'death sentence' and a 'life sentence', Laurie seems to put his finger on the profound shift HIV has undergone in the last decade, both medically and culturally. While the former presents HIV as a kind of capital punishment, the latter constructs it as a form of imprisonment. Because Laurie does not elaborate on his 'life sentence' comment, it is not entirely clear what he means by it — perhaps he is referring to what he sees as inevitable restrictions HIV places on sexual activity, perhaps to the relatively regimented medication regime HIV-positive people often follow. As noted in the earlier section on community (and as suggested by the comments quoted below), there is no sense in which the availability of antiretrovirals has encouraged him or the other participants to adopt a blasé attitude towards acquiring HIV.

Other aspects of HIV health and treatment were also little understood by participants. Both the meaning of viral load testing, and the idea that viral load might impact on HIV transmission rates (Quinn et al., 2000, Taylor et al., 2003),

were largely unfamiliar to them. Perhaps not surprisingly then, none of the (all HIV-negative) participants used the viral load of sexual partners to decide whether or not to use condoms.

In fact, none expressed a willingness to knowingly have sex with an HIV-positive man. Far from it, most responded very negatively to the idea. For example:

Interviewer: How do you feel about sex with a positive man? If somebody said to you that you really–

Anton: No, no, no, no, no.

Interviewer: You would say no?

Anton: Yeah, I would. It's just something I know I wouldn't feel comfortable with, the next morning or whatever I just ... Nothing against the person, I just couldn't do it.

Kyle (aged 22) offers a poignant story based on a similar response:

Interviewer: OK ... How do you feel about sex with a positive man?

Kyle: I couldn't do it.

Interviewer: Even if they wanted to use a condom?

Kyle: Yeah.

Interviewer: OK. And why wouldn't you?

Kyle: If it was stranger and it was someone I didn't know, and it was ...

no I couldn't. I have had someone [...] before [who] revealed — it was really sweet that they did. I actually wanted to write a letter and I never did it, which I feel really angry about because it was something that was really beautiful. Like, I was really drunk and in this horrible place, Place X we'll call it, and um I was kissing this guy that I didn't know, and just y'know, generally being a trashy whore, and then he said, "Um, yeah, y'know, do you have protected sex?" and I said, "Yes", and he said, "Um, oh good because we have to", and I said, "Oh, I don't understand", and he said, "We have to, do you want me to draw a picture?" and I went, "Oh, oh my God, oh", and then I was still going ahead with the plan to go back to his house, [but] then just before we left, he'd left his jacket inside, and I ran away. And I just didn't know how else to, I knew I shouldn't have been picking up some stranger anyway. That was the first [reason], and like, it's just deviant and like y'know, sometimes I get a bit crazy when I'm out on my own, and, but that was the first thing I [thought], and then the second one was just like, I just can't do this, I can't put myself in this risk category, 'coz I'm drunk and like, y'know, it's not, it's just the fact that I'm worried about, not the ... I mean yeah I'm still worried about the risk being increased. But I really wanted to write a letter and say thank you to that guy anonymously for actually telling me in the first place.

Kyle's story makes several points. The most obvious is that he is not willing to have sex with HIV-positive men, particularly those he does not know well.¹⁴ His ambivalence towards casual sex with strangers is clear as well. Also apparent, however, is the sense in which disclosure is an extremely complex and sometimes fraught process, most obviously for the HIV-positive partner,¹⁵ but also for the negative partner, who may find his social resources heavily taxed in devising ways to retreat gracefully from sexual engagement. Perhaps most striking about the passage is the evident mutual compassion displayed (admittedly at different stages). Also implied — in Kyle's panicked response to the idea of sexual contact with an HIV-positive man — is his assumption that unless such a disclosure takes place, his casual partners are HIV-negative. Significantly, however, this apparent assumption does not mean that Kyle is inclined to engage in unprotected anal intercourse: Kyle is one of the participants who states in his interview that he has never had UAI.

In that other participants also expressed a strong aversion to casual sex with positive men, Kyle's assumption about the serostatus of his partners is probably not unique. What about serodiscordant sex with a regular partner? It is not clear from most interviews whether participants would consider sex with an HIV-positive man if he were well known to them. It is possible that the familiarity and trust involved in such a relationship might impact significantly on decisions made. Jarad's story is perhaps closest to this scenario in that his regular partner has never been tested. Jarad is aware of the possibility that his partner is HIV-positive, and, as noted above, incorporates condom use and principles of strategic positioning into his decision to have anal intercourse.

In brief, this aspect of the study found that considerable gaps exist in the knowledge of some young men around HIV treatments, including PEP; that for some men, adoption of condom use

developed over time, perhaps as they became more accepting of, and comfortable with, their sexuality; that sources of early information on HIV (for example, school, internet) were likely to vary significantly from those once used by older men, and; that many young men may operate under the assumption that their casual sex partners are HIV-negative, but that, perhaps with one exception, this does not appear to encourage them to decide against condom use.

HIV testing

Although participants expressed a high level of awareness around the possibility of acquiring HIV, testing rates were variable. Some participants reported testing two or three times in the previous year, others annual testing, and some only one test ever. To some extent these variations correspond with factors such as age and frequency of sexual activity. For example, Lachlan, who is 18, underwent his first HIV test in the week prior to interview, and Ronnie, who had had sex only once or twice in the past year, had not had a test for about nine months (he reported quarterly testing during periods of more regular or frequent sexual activity).

The participants also described considerable levels of fear and anxiety around HIV testing. For example, as Anton comments, 'It was very scary, but just yeah I think it's something you have to do.' Similarly, Harry says:

Harry: I'll be sitting at work and think back to something I have done, and I sort of wonder, ponder; I hate getting blood tests, though, hate it.

Interviewer: Is that part of the reason why you haven't tested in a while?

Harry: Yes. Don't like it. As well as I'm frightened of needles. But I don't, I hate that interim period of waiting for the results, hate it.

In this extract, Harry mentions two potential obstacles to testing: fear of blood tests/needles, and anxiety during the testing interim period. For some participants, such as Anton, fear does not appear to impact on regularity of testing, but for others, such as Harry, it does.

Kyle cites a fear of doctors in general as an obstacle he faces in undergoing testing, and describes experiencing poor rapport with his doctor as part of this fear. He explains that, for him, having to negotiate the constraints of the standard GP consultation constitutes a significant disincentive to attend:

'I've gotten to the stage now when something is wrong with me I just hope it will go away ...'

Kyle: [...] I guess it's also because bulk-billing doctors have attitude.

Interviewer: Have attitude?

Kyle: Yeah, I didn't actually know there was a time limit [to the consultation], and I'm [telling the doctor] 'I haven't been to the doctor for ages and I know I should, I've got all these things wrong with me and I ... and [doctor] says 'Yeah, could you just go one at a time and maybe make another appointment because I've only got fifteen minutes.' Like, I think that's the downside of bulk billing, and that's something I'm really actually angry about because my mother's a nurse, and so she always just looked after us [...] so I never really had a doctor-patient relationship, and therefore I've gotten to the stage now when something is wrong with me I just hope it will go away...

This account suggests that, not having had experience with a long-term, regular GP, and facing an apparently impersonal medical system, Kyle finds consultations with GPs alienating and unsatisfying. As a result, maintaining regular testing presents a challenge for him.

In addition to these anxieties and negative experiences, some participants described highly distressing circumstances around testing. Jarad, for example, has had only one test, and this was conducted as part of his application for permanent residency in Australia:

Jarad: For my, um, residency I had to have HIV tests, and — well if they're positive, then the chances are — there's a high chance I'd be rejected. Because of that, the whole residency process was a huge stress [...] I hadn't had one [HIV test] before. And [...] even though I practise safe sex, like, there is that risk, and it's out there, and it's more prevalent in my community, so yes...

[...]

I had to ring [Immigration], because I — the only reason I know it was [...] negative —'coz they haven't said — is that [my residency has] been accepted.

[...]

[When] I phoned them up ... I said, "Well, how do I know if it's [negative]?" [...] And they said, "Well you'll know, because you'll be called back for another interview." And I never was.

[...]

Interviewer: And you've never seen the results or anything.

Jarad: Never seen them, no. The results, actually — I got given the results in an envelope which is sealed, which only Immigration can open. I had to take it to them, and I had to hold on to that for three weeks. It had —

Interviewer: You must've opened it.

Jarad: But you can't. It's got all my medical things in it, and it's stamped on the, um, where it's sealed with... And in the meantime, I did phone them, and said, "How do I know?" And that's when they said that. That's, well it's not right — they should tell me.

In this extract, Jarad describes highly stressful circumstances around his first HIV test. Not only is he expected to pick up and retain his sealed results for weeks before passing them on unopened to department officials, but he is never directly informed of the results. Given that Jarad had never previously been tested, and clearly considers testing a significant event, this procedure is insensitive at best. Improved procedures around both support for testing, and notification of test results, would appear to be urgently needed within the Department of Immigration.

Jess also describes a (rather different) testing experience which caused him considerable fear and distress:

Jess: I had one a few weeks ago, and it was all clear, and I was crying about it, like, in the doctor's surgery ... [because

there had been] a misdiagnosis as well; they had someone else's file in my file, which was HIV-positive [...] and I went on, I started taking, like, anti-depression medication, and they had to, like, re-diagnose it, all that sort of thing.

Interviewer: How long did that take?

Jess: Um ... A few days, a few days and um ...

Interviewer: Terrible ...

Jess: Yeah, that was actually, um, I had the blood test when I broke up with, um, [ex-partner] and I was so down in the dumps, I can't even explain it, but [what with] that, plus [the diagnosis, I was thinking] "What the fuck is going on?" Like I was — and, like, y'know, in five seconds you've worked out the rest of your life, whether you're gonna commit suicide, or are you gonna go and live out your life in some far-off rural land where you don't want to talk to anybody, so.

Interviewer: Wow, that's awful.

Jess: It was horrible, and the doctor called me up and he was like, "I'm so sorry".

Interviewer: Yeah, because I was gonna say, you'd be angry. What a mistake.

Jess: Yeah, I was fuming, fuming, so.

In this extract, Jess describes a traumatic instance of misdiagnosis which, on top of the relationship breakdown which prompted his test, caused him to commence anti-depressant medication and even to consider suicide. As with Jarad's experience, HIV testing for Jess was intensely stressful on this occasion. These two stories are the most extreme in a group in which fear, anger and uncertainty feature disturbingly regularly. It is possible that both perceptions of testing and testing regularity are negatively affected by these common feelings, and that changes in policy and increased support could improve young men's experience of HIV testing.

4. DRUGS

The vivid story Kyle tells in the previous section, in which alcohol intoxication is described in the context of safe sex negotiation, raises questions about the role of drug use in young gay men's lives and safe sex practice. When asked, interview participants described a wide range of drug use. However, some, such as Anton, Ronnie and Simon (aged 20) explain that they have no interest in illicit drugs. All three have tried one or two drugs, but express a strong aversion to further drug use. Anton, for example, describes himself as 'not curious' about drugs, and has tried only amyl nitrate. He was not impressed with the drug and did not take it again. He elaborates on his aversion to drugs by reference to a boyfriend ('a really gorgeous person, really beautiful-looking, gorgeous boy, really beautiful heart') who became heavily involved in drugs, including injecting. Anton makes clear his awareness of injecting as a possible transmission route for HIV when he says, 'Luckily I never had sex [anal intercourse] with that person.' Ultimately, his boyfriend's extensive drug use led Anton to terminate the relationship.

Ronnie is similar to Anton in his avoidance of illicit drug use. He states:

I don't do them at all ... I have nothing against them. If someone wants to do them, go right ahead ... I've had several incidents where I've got people coming really close to me in, you know, offering me pills, and all that. It just doesn't appeal to me.

Ronnie explains that he has not tried any drugs of any kind except alcohol, but later he also mentions using amyl nitrate on several occasions, in the context of sex. He also describes an incident in which his drink was spiked with speed, and he spent the night unable to sleep ('a really awful experience'). In short, aside from a small number of occasions, one of which was involuntary, Ronnie makes no use of illicit drugs at all. As a result of this, Ronnie finds clubbing unappealing and alienating:

I don't feel that I belong with the people who're there, or I can't really make contact. I, I can't drag a guy aside and have, ah, an intellectual conversation with him [...] It's, it's usually, um — they are in some other world, and, and to us still on Planet Earth ... still in [club], it's two o'clock in the morning.

Simon describes an equally strong personal aversion to illicit drugs. When asked to characterise his relationship with drug use, he says: 'It's never interested me at all.' Despite being offered drugs on many occasions (including amyl nitrate during sex), Simon has never tried any illicit drugs. He explains his attitude to drugs in terms rather like Ronnie's:

I'm anti drugs for myself, but I'm not going to hold it against a person necessarily if they do use drugs.

Here Simon demonstrates a strong conviction that he should not take drugs, but maintains that he takes a non-judgmental attitude towards those who do. When asked to comment on the reasons for his dislike of drugs, Simon cites his grandmother's near-fatal lung cancer, caused by cigarettes, as a powerful early warning against smoking. This led him to avoid smoking cannabis, the first illicit drug to which he was exposed. He also cites his tertiary studies in psychology, which highlighted the dangers of drugs, as prompting him to avoid other drugs.

Others, such as Harry and Lachlan, make extensive use of illicit drugs. Harry explains that almost everyone he knows takes illicit drugs, and that he has recently had to 'ease off' on his drug

just sat in the local pub reading a book [...] and then I went to another party, and then I left this party at 10 o'clock in the morning to go to the Cross, because we wanted to get some more drugs, and then we went back to the party with the drugs. And then I had to go out and have lunch with someone that afternoon, and I was just ... Then I went home, met the guys back at the pub, took more drugs, went out that night. Went home at 4 o'clock on the Monday morning, slept five hours to go to work.

'I'm anti-drugs for myself, but I'm not going to hold it against a person necessarily if they do use drugs.'

use, as problems had begun to arise from it. He cites debt, neglect of family and work (too many sick days) as some of the results of extensive drug use, and concludes that: 'The lifestyle, the more you're getting on it, the more fucked up your life gets.' Harry describes in detail a recent weekend in which drugs played a major role:

The last time I had drugs, um ... Not last weekend, but the weekend before, I, I went to a friend's house. I picked up a friend in town on Friday, went to a friend's house for dinner, and then all of a sudden we were doing lines and drinking, and we got home at 9 o'clock on Saturday morning. Then I lay on top of my bed for a couple of hours. Couldn't sleep. Went back over to [friend's] house, got back on again, and then we went to a party that night; oh no, I went to the pub for a while, and

Interviewer: Okay. And what drugs did you take then? Over that weekend?

Harry: Marijuana, pills, speed and cocaine. And K.

In this account, Harry spends his weekend taking a variety of drugs and attending a range of social events, sleeping only on Sunday morning, and for a relatively short period of time.

Lachlan describes similar occasions, and despite communicating a great enthusiasm for drugs, he, like Harry, expresses some concern about the consequences of drug taking. When asked if he uses drugs, he replies, 'All the time!', and goes on to provide a brief history of his drug use, beginning with cannabis smoking at age 12. He describes cannabis as 'natural' and thus 'God's creation', and goes on to add that he also 'loves getting drunk'. According to Lachlan, it was when he began attending raves and dance parties

at age 15 that he began taking other drugs such as speed and pills (this soon became weekly use). At 17, he reports, he lost his job due to ‘smoking too much pot’, and this caused him to question his drug use:

I was finding out that I was gay, I was going through the emotions, like confused with who I am [...] so I said, “Stop it. Stop it”. And that’s it.

He goes on to explain:

I’m not as stupid as I was — used to be. I used to take whatever was given to me. I was, you know, “Oh, OK”, like I used to take a bit of everything. Now I’m more sensible in what I take and how much I take [...] I’m smart about it now. So in a way I’m glad that I started young, so I sort of, I got over it.

Although Lachlan’s account of his drug-taking trajectory moves from extensive, relatively indiscriminate use to considered, ‘sensible’ use, this does not mean he never now engages in instances of extensive, multiple drug use. For example, when asked to describe his most recent weekend, he offers the following detailed narrative, in which he describes consuming crystal meth, speed, cocaine, pills and alcohol:

Lachlan: My weekend started Wednesday night at [bar]. Um, I was actually sick. I wasn’t planning on coming, I was just coming to Oxford Street to go shopping and I didn’t even make it onto Oxford Street before my friend meets me and goes “Oh, come to my house”. I’m like “OK” so I got picked up, um, we went to his house and then they wanted to go to [bar] and

I’m like “I don’t feel well” and they’re like “Oh, come on, come on, y’know, we’ll go get drugs” and blah, blah, and I’m like “OK”. So we went and got drugs and then we went to [bar] and we ended up going shopping [...] and, um, we went to [bar] and yeah, we, we were up all night. We ended up going to a lawyer’s house on the corner here and we just stayed at his house and we were just watching movies and smoking pot and whatever and just like socialising. Um, Wednesday came, I met a boy, went to back to his house, um.

Interviewer: This would be Thursday?

Lachlan: This is Thursday now, um, went back to his house and did the deed um, Thursday night —

Interviewer: I take it you mean you had sex?

Lachlan: Yeah. Yeah, um, Thursday night I had to go home because I was wearing clothes for like, more than twenty-four hours. I had to get changed. I went home, had a shower, um, I had a few hours sleep, woke up in the morning, came back in the city, um, went to the movies. Thursday night [...]

Interviewer: Now we’re at Friday.

Lachlan: Now we’re Friday morning. Friday morning I had a lazy day. Friday night I went to [club], um, that was

really fun. Had more drugs again. Um, danced and partied all night. Um, met heaps of people ... It was very social that night, met lots of people, got lots of numbers, um, yeah partied till the sun came up. Um, Saturday had to sleep, hadn't slept. Um, woke up in the afternoon, came back into the city. Saturday night, I'm at Saturday night now?

Interviewer: Yep.

Lachlan: Saturday night I went to [bar] again and, yeah, got really, really drunk. [laughing] It was a very long weekend as you can tell. Um, got really, really drunk and yeah, did the same all over again. Um, partied till the sun came up. I, um, found another boy. I sound like a real slut but I'm really not. [both laughing] [...] Um, when I first saw him, I actually saw him on the Wednesday night at [bar] and this guy is like drop-dead gorgeous [...] he was actually dancing on the bar Thursday night, apparently, so um, yeah, anyway we were just talking, I was just talking to him and got up and, yeah, chemicals mixed and, yeah, we went back to his house and had sex again. [...]

Interviewer: OK. Was this a typical weekend for you?

Lachlan: Um, it was typical weekend but it was about four weekends thrown into one. Um, usually I don't have long weekends like that. Because I work in

hospitality I don't really get weekends off, but lately I have, so um, and I usually don't go out and get that trashed and end up calling myself a trash bag on the Sunday. I sat there and I looked like absolute shit and I was just saying, like, "Oh, I'm a trash bag."

In this account, Lachlan describes relatively extensive drug use undertaken mainly in a clubbing context. For him, drug taking, participation in the gay clubbing scene and establishing sexual relationships are closely connected. In this respect, his story tallies with Ronnie's in that Ronnie explains that because he does not take drugs, he feels disengaged and dissatisfied in clubs. Indeed, when asked how he meets sexual partners, he replies:

Ronnie: You don't really — I have to be honest. [both laugh]

Interviewer: I've had more than one answer a bit like that.

Ronnie: You really don't — so I'm not the odd one here am I?

Interviewer: No, no.
[...]

Ronnie: Give me their numbers! [both laugh]

Ronnie goes on to explain that he occasionally meets partners via the internet or through work, but adds that:

Ronnie: [In] the last nine months, I've only had sex once or twice. Yeah.

Interviewer: Right, right, right.

Ronnie: Quite sad isn't it? [both laugh]

Ronnie's tone is light in this extract, but his comments do suggest a significant difference between his social life and those of the young men such as Lachlan who are involved in clubbing and drug use. This issue will be discussed in more detail later.

Drugs and safe sex

Does the consumption of drugs affect the interview participants' ability to negotiate safe sex? As noted above, all but one of the

and:

Generally [...] when I didn't use one [condom], I was off my guts [...] But in those situations I was flying through. I had a pill, I had something else [...]

These comments make it clear that, for Harry, alcohol and other drugs bear heavily on his safe sex practice. Among the other participants who do take illicit drugs, sex whilst under their influence was not commonly reported. Jess, for example, says that if he takes drugs prior to sex, he 'can't finish the job'. However, cannabis was

'... if I'm going to have sex [anal intercourse] with you, then I'm definitely going to need condoms.'

participants demonstrate a strong commitment to safe sex practices. When asked directly about the impact of drugs in this respect, again, a range of responses was evident. Harry is the only one who describes relatively frequent unprotected anal intercourse related to drug taking. He expresses the view that drugs and alcohol can impair his ability to negotiate safe sex, when he says:

I'm probably like a lot of men who are horny when they're drunk [...] but it's not necessarily the right time to be bringing someone home [...] I guess because you're not in the full sense of your faculties.

and describes several instances of drug-related UAI, for example:

I was paralytic one night and this guy fucked me without a condom. And another guy, I think.

cited by some participants as a good adjunct to sex. For example, Mitchell says:

There's a sexual element, because when you're stoned — like, when I'm stoned, I get horny and so on, and it's very nice, and it improves sex. Absolutely.

Michael also mentions cannabis in relation to sex, and challenges the idea that it might interfere with condom use, or safe sex adherence in general:

From the point of view of negotiating safe sex, it doesn't really come into it. Just makes it easier if anything, because then the paranoia kicks in so you make sure that you use it [condom].

Consumption of alcohol prior to sex was also reported by some participants. Again, Harry

notwithstanding, most participants argue that inebriation does not compromise safe sex practice. Thus, Ronnie states:

No, it has never changed the way I have sex with them. For me, to not use them [condoms] today, I find that odd. I find that something's missing [...] Without condoms I can be passionate [...] but if I'm going to have sex [anal intercourse] with you, then I'm definitely going to need condoms.

Overall, while some extremes in attitudes towards illicit drug taking are evident in the interviews, the majority of participants describe occasional drug use, including regular but largely moderate drinking and smoking of cannabis, and consumption of other drugs only when attending large-scale events such as Mardi Gras. Only in one case was drug use said to affect safe sex practice. This is in keeping with comments the participants made elsewhere in the interviews, which describe generally very high adherence to safe sex practices.

Drugs and gay community

Evident in the accounts provided above is a close relationship between context and the consumption of illicit drugs (clubs and venues, for instance, are associated with a range of drugs). Given that the gay scene (which is largely made up of clubs, bars and parties) is considered by some participants to constitute a significant aspect of gay community, the question arises as to how drug consumption is located in relation to feelings of belonging in gay community. Kane Race (2003) addresses one aspect of this issue, arguing that contemporary gay culture and community have been shaped and reshaped in important ways by drugs — and by this he means both HIV medication and 'recreational' drugs.

Race argues that, via the dance party, Ecstasy 'was an important actor in the creation and recreation of community'(4). Lachlan's account of his Wednesday-to-Sunday weekend corresponds with this argument in some respects. His friendships and sexual encounters were conducted in the context of this drug taking, and were at least partially shaped by it. However, it is important to note that he does not use the word 'community' himself to describe the social activity he participates in.

If drugs do indeed play a significant role in the production of gay community, the desire expressed by some participants to eschew drugs may place them in a marginal position vis-à-vis gay community. Ronnie's comments are relevant here. For him, the gay clubbing scene, which he nominates as an important source of socialising and sexual relationships, is rendered unappealing and alienating due to relatively common illicit drug use. As suggested earlier, since participating less frequently in this scene, he finds meeting sexual partners more difficult.

Similarly, Jess sees the gay scene as compromised by drug use:

I don't really feel positive about it, because I think that in the gay community it [drugs] is a huge, huge problem and it's destroying, destroying so many things that could happen [...] like I think disease is a huge, huge by-product of drug problems in the gay community, and social problems — the lack of importance placed on relationships in a lot of people's minds in the gay community.

For Jess, drug use on the scene has diminished the integrity of the gay community, and prompted him to find alternative values and sources of social activity:

I was very lucky because, y'know, you do take a lot of drugs and you come out, like every weekend, and um it's just something that's involved, like, y'know, in any clubbing scene or whatever, but I think, I just, my body just rejected it and I said that's enough, I don't, y'know, and I sort of withdrew myself and sort of focused on more meaningful friendships and relationships rather than going out every weekend and doing the same 'ole, same 'ole.

The interviews suggest that for many young men, drugs and gay sociality are linked. Lachlan draws this connection quite vividly by observing that:

Lachlan: There's lots of drugs in the scene but there's not lots of drugs at home, know what I mean um [...]
Drugs, everywhere in the gay ...
I reckon more gay people take drugs than straight people, like, really.

Interviewer: You think more gay people take drugs than straight people?

Lachlan: Yeah. And I think a lot of gay people party harder than straight people [...] because, like, I haven't partied harder than since I've joined the gay scene from the straight scene. Like I find gay people tend to just hit it really hard and party non-stop.

Whether this link between drugs, partying and community is welcome depends upon individual attitudes towards drugs. For some, a weakening of the link is likely to appeal. These

are the young men who find themselves withdrawing from the gay clubbing scene when the effects of drugs on themselves and others are deemed too negative. Evidently, while drug use facilitates gay socialising for some young men, it may compromise it for others. For those who do withdraw, however, other forms of gay sociality may be accessed or produced. Thus, while Jess's comments indicate the loss of one social and sexual context, they also suggest participation in other gay contexts.

It is difficult to draw conclusions from these comments about the link between drugs and gay community because not all refer to the notion of community. While Jess explicitly discusses community, Lachlan and Ronnie do not. Leaving aside the word 'community' and its various meanings, however, there is a link for some between gay identity and drugs (for instance, Lachlan), and gay socialising and drugs (for instance, Lachlan and Ronnie).

CONCLUSION

This study encountered a very broad range of attitudes and behaviours within a relatively small sample of participants. In considering the conclusions that can be drawn from this diverse data, it is useful to return to the concerns that prompted the study.

1. Has the availability of powerful medications prompted a decline in awareness of, and concern about, HIV?
2. If so, has the relevance of gay community diminished along with the decline in the perceived urgency of HIV? That is, is gay community in any way dependent upon HIV for its *raison d'être*?
3. How have young men's safe sex practices been shaped by gay community, and by the advent of antiretrovirals?

Each of these issues will be summarised separately.

First, the young men interviewed for this study demonstrate a high level of concern about HIV, and a strong sense of the importance of safe sex practices. From this point of view, it is not possible to identify any 'decline' in awareness of HIV, or any reduction in the perception of HIV as an imminent threat to health and well-being. While antiretrovirals are understood, in a general sense, to have transformed HIV from a swift killer to something approaching a chronic illness, this does not generally appear to lead to casual attitudes towards safe sex.

Second, whether young men find gay community less relevant than their older counterparts because of improvements in HIV treatments is, as noted earlier, difficult to gauge. Rigorous comparisons across time are not possible at present. However, it is clear from the interviews that for some young men, gay

community is critically important. It is likewise clear (to state the obvious) that HIV is not the only challenge these young men face. Homophobia, both generalised and abstract, and direct and personal, constitutes a major challenge, and gay community is seen by some as crucial to surviving it. The isolation some young men face constitutes another, related, challenge potentially alleviated by gay community. As Jess puts it, when asked what gay community means to him:

It's so like indescribably important so ... because I remember when I was at high school, I used — I called up, um, I can't even remember the name of the organisation, maybe it was Twenty10 or something like that. [I was in] a rural area, [and] knowing that [the organisation] was there was so, so amazing to me, like, and just made me feel like I wasn't stuck, in a way, because, what is it, like 300% more likely for gay individuals to commit suicide or something like that? And so I was definitely at that point when I was at school [...]

For Jess the perception of the existence of a gay community, even a distant one accessible only via the telephone, and only through relatively formalised avenues, was of profound benefit.

As is also clear in the interviews, however, some young men do not relate to gay community in this way, or to this extent. For many, this is due to an inability or disinclination to 'fit in' with perceived gay norms, or to engage in activities (such as drug-taking) that are seen to be linked with major aspects of gay community. From this

point of view, there may be room to rethink the basis of community to better allow for irreducible difference. This involves accepting that differences may exist within community which will never be reconcilable into some form of sameness, and that it is this difference that forms the basis for the impetus to build community. There may prove to be limitations to this approach, but at minimum it offers a starting point for redefining community. At the same time, the profound links participants described with straight communities (via friends and family members) suggest that young men find social and emotional support outside gay community contexts as well as within them.

Third, participants in this study generally described a high level of safe sex awareness and safe sex practice. From this point of view, it would seem that the advent of antiretrovirals has not contributed to any lesser degree of safe sex practice among these young men, compared with older men at the same age. As some young men cite gay friends (including older friends), as well as pamphlets and information accessed via gay events, among their sources of information about HIV and safe sex, it is possible, by applying a particular definition of gay community, to conclude also that gay community has helped shape HIV awareness and safe sex practice for these men. Conversely, the perceived role of drugs in gay clubbing would appear to raise doubts about the contribution to safe sex practice made by one aspect of gay community — the scene. While drug use did not appear to impact negatively on safe sex practice for any of the participants except one — Harry — this does not mean Harry's comments can be ignored. His belief that UAI is on the increase amongst his companions suggests that his case may not be as isolated as it appears in this study. Importantly, however, Harry's interview suggests that for him, drug use does not lead to *unintended* lapses in safe sex practice — that is, it does not affect his *ability to negotiate* safe sex. Instead, Harry is

fully aware that while under the influence of certain drugs, he may prefer UAI.

In the promotion of safe sex practice, it is also important to recognise the role of schools and other sources of information not readily linked with gay community (the 'grim reaper' advertisement is one example). Equally significant is the extent to which HIV testing emerged as a source of fear and frustration. Establishing trusting relationships with GPs was perceived by some as a challenge, and a need for greater support around testing was identified.

Other important considerations include age-specific issues. For instance, young men differ from older men in that they did not encounter the issue of HIV as adults or even as teenagers. For them, it has always been present. This is an important change in exposure to the threat of HIV, one which has not yet been researched thoroughly. Another factor related to age is the relatively recent availability of the internet for providing access to information on HIV (as well as on being gay, and on aspects of gay community). Again, these young men encounter a range of issues around being gay in ways very different from those available to older men at their age.

ENDNOTES

¹ It is important to note that the advent of antiretrovirals was not the first moment at which HIV began to be seen to occupy a different status among gay men (especially younger ones). Gary Dowsett coined the term 'post-AIDS' in 1995 (a year prior to the arrival of the first drugs) to refer to a stage in which HIV had begun to lose its status as a crisis. (Dowsett, 1995, Dowsett and McInness, 1996, Smith and Van de Ven, 2001: 15)

² Its focus on questions of national community reflects the intensity with which issues of migration, asylum and citizenship have dominated the Australian political landscape over the past few years.

³ This is a vast area of scholarship, but see, for example, Denise Riley's classic work *Am I that Name?: Feminism and the Category of "Women" in History*, published in 1988. Challenges to the feminist category of 'women' (to women as the basis for an identity politics) also emerged over various specific issues of identity, such as that of racism within feminism. See for example, hooks (1991) and Huggins (1987).

⁴ The works of Foucault (for example, 1998 [1976]), and Deleuze and Guattari (1987, 1993) are good examples here.

⁵ In the event, a 27-year-old man volunteered, and was interviewed.

⁶ However, the image used with the flier and advertisement (that of two muscular men facing forwards with arms around each other's shoulders) was identified by some participants as quintessentially 'gay'.

⁷ Judith Butler's work (1990, 1993) is relevant here, in elaborating the ways in which sexuality and its iteration is central to the construction of 'viable' and 'intelligible' subjects.

⁸ For instance, NCHECR's 2003 annual surveillance report states that the annual number of cases of newly diagnosed HIV infection rose from 650 in 1998 to 800 in 2002.

⁹ This viewpoint is by no means new, as the work of Guy Davidson (2001) makes clear.

¹⁰ Further discussion of drug use and safe sex appears later.

¹¹ This term is used in the sense developed by Judith Butler, in which the subject is understood as temporary and conditional; produced and reproduced through everyday acts (such as condom use).

¹² It could perhaps be argued that this reasoning is not faithful to Butler's sense of the performative, in that it appears to locate the subject prior to the performative act. This is open to debate.

¹³ However, Michael Hurley (2003: 21) makes a similar point, describing safe sex as potentially an aspect of 'doing gay'. He goes on to suggest that, from this point of view, safe sex is possibly divorced from specific ideas about health. While the former observation may be relevant to the participants in this study, the latter is unlikely, due to the high level of concern expressed about HIV.

¹⁴ Van de Ven et al. 2001 calculate that avoidance of sex with men believed to be HIV-positive is common among gay men.

¹⁵ Clearly, experiencing rejection upon disclosure is a serious issue for HIV-positive men.

APPENDIX 1

Interview schedule

1. Background

Some or all of the following themes may be prompted:

Where grew up, family, friends

Work (full-time, part-time, casual)

Type of work

Highest level of education

Domestic circumstances — e.g. living with parents, partner, friends

Relationship status: Are you in a relationship or relationships? Is it an open regular relationship?

Leisure activities — who with?

2. Identity

What five words would you use to describe or define yourself?

How would you describe your sexuality?

Have you always understood your sexuality in this way? If not, when did you first begin to view your sexuality in this way?

Who have you told about your sexuality? Are there people you wouldn't tell?

How important is your sexuality in your understanding of who you are? Does it help shape your lifestyle? In what ways? (Prompts might include publications you read, places you go, things you buy, ways you present yourself, etc.)

What does the expression 'gay' mean to you?

What do you think it would have been like to come out 20 years ago?

Do you think some people are discriminated against on the basis of their sexuality? Has sexuality-based discrimination increased or decreased over time? Is more change needed? If so, how might this happen? Do you think of yourself as involved in this process?

3. Social networks

What did you do last weekend? Who with?

Was this a typical weekend?

Think of your three closest relationships. What are each of these relationships based on?

Where/How did you meet? What makes these relationships important to you?

Do many of your friends describe their sexuality in a similar way to you?

If so, how did you become involved socially with other gay men/queers, etc?

Do you have many friends who describe their sexuality differently from you, e.g. gay/queer/heterosexual?

(If so) do all these friends (e.g. gay, hetero and queer) socialise together? Under what circumstances?

What kinds of activities do you undertake with your friends?

Are there particular social activities or practices that contribute to your experience of your sexuality? (Prompts include shopping, going to the gym, attention to personal grooming and style, reading particular publications.) Who do you do these things with, if anyone?

Do you watch *Queer as Folk*? What do you think of it?
 Tell me a bit about your thoughts on the characters.
 Do any particular episodes or events in the show stand out for you, and why? Describe them.
 Tell me a bit about what you think of the relationships in the show.
 Do you think of the programme as political?
 What is your favourite television programme? Why?
 What do you understand by the word 'community'? What about 'scene'?
 What does the expression 'gay community' mean to you?
 Do you think of yourself as part of the gay community?
 Do you participate in gay community events and organisations? (Prompts: Mardi Gras, Queer Screen, Fair Day) Why? Why not?
 Do you think of yourself as belonging to other communities?
 What does 'belonging' mean to you? Is it important to you?
 What do you think is the future of 'gay'?

4. Sexual practice

How do you feel about safe sex?
 Can you tell me about how you began being homosexually sexually active? How were you introduced to homosexual sex?
 How do you find sexual partners? (Prompts include: internet, beats, sex clubs, pubs, saunas, backrooms)
 When was the last time you had sex, and who was it with? Do you usually have sex with men?

When was the last time you didn't use a condom for anal intercourse? Can you tell me about the situation?

Do you ever use condoms? When? Under what circumstances?

How do you feel about condoms?

Are there times when you would prefer not to use them?

Do your partners use condoms? Always? Sometimes?

Has your usage of condoms changed over time? How? Why?

When you have sex with someone for the first time, how do you establish whether or not to use a condom?

Do you ever experience difficulties in negotiating safe sex with a partner?

Do you have other strategies that you use to minimise the possibility of acquiring/transmitting HIV? What are they? (e.g. negotiation around serostatus, strategic positioning, viral load testing)

Do you use one or more of these strategies (including condoms) every time you have sex, or are there times when no HIV transmission prevention strategies are used? If the latter, were there other factors that led you to feel that the risk of infection was low?

Have you ever taken PEP? If so, where did you get it? What do you know about it?

What do you know about viral load testing?

Do you discuss your HIV status with all sexual partners? (If no, what are the circumstances in which you do or do not?)

How prominent is the possibility of acquiring HIV in the way you think about

sexual encounters? How likely do you think you are to get HIV/transmit HIV?

5. Drugs

How do drugs fit into your life?

- friends?
- clubbing?
- sex?

Do you associate some drugs more than others with sex?

Tell me about the different ways you've taken drugs.

Tell me about the last time you used drugs.

- Where?
- With whom?
- How did you take them?

Was this a 'typical' occasion?

How about mixing drugs?

How do you find out about drugs, their effects and safety?

6. HIV

When/How did you first hear about HIV?

What do you know about HIV? AIDS?

How is it transmitted?

What is safe sex?

What is viral load and how does it relate to transmission?

How do insertive and receptive positions relate to transmission?

Has your attitude to HIV changed at all since you first learnt about it?

Do you know anyone who is HIV-positive?

Have you known anyone who has died of AIDS? How long ago was this?

What do you know about HIV treatments and vaccines?

Where did you find out what you know about HIV?

Have you heard of the following organisations:

ACON (AIDS Council of NSW)

AVP (Lesbian and Gay Anti-Violence Project)

Gay Counselling Service

AFAO (Australian Federation of AIDS Organisations)?

Have you used the services of any of these organisations? Do you think of them as relevant to you?

Have you ever been tested for HIV or other sexually transmissible infections (STIs), or hepatitis C? Do you mind telling me your HIV status?

Have you ever had any other STIs?

If you are seronegative, how often do you test for HIV? Where?

Where do you find out about health in general?

If you are seropositive, are you on antiretroviral treatments?

If you have a regular partner who is HIV seropositive, is he on treatments?

Do you usually know the serostatus of your partners? If so, how?

How do you feel about sex with positive men?

Do you think positive men should inform their partners of their serostatus? Under what circumstances? How about negative men?

Are there any areas that we haven't covered today which you think are relevant to this interview?

APPENDIX 2

Demographic details of interview participants

CODENAME	AGE	AVENUE OF RECRUITMENT	OCCUPATION	RESIDENTIAL AREA
1 Harry	24	Web	Accountant	Inner West
2 Gilbert	22	Snowball	Student	Inner East
3 Billy	22	Gay press	Student	Blue Mountains
4 Jarad	25	Gay press	Researcher	Inner West
5 Simon	20	Student press	Student	Eastern Suburbs
6 Michael	19	Suburban press	Musician	Outer West
7 Laurie	24	Gay press	Student	Eastern Suburbs
8 Ronnie	27	Web	IT	Unspecified
9 Mitchell	25	Gay press	Administrator	Inner East
10 Jess	21	Gay press	Fashion	Inner East
11 Stephen	24	Gay bar	Student	North Shore
12 Anton	18	Gay bar	Student	Eastern Suburbs
13 Lachlan	18	Gay bar	Waiter/Student	Outer South
14 Taylor	24	Gay bar	Bank worker	City
15 Kyle	22	Gay bar	Office worker	Inner West

As the table shows, age spread for the interview group was wide. Occupations varied significantly, as did ethnic background, with some participants born overseas in Asia and Europe. However, level of education was quite consistent: almost all participants had undertaken or were currently engaged in tertiary studies. Also, all participants reported negative HIV serostatus.

APPENDIX 3

Publications

Aspects of the results of this study were transformed into research publications, abstracts for which are provided below.

Poetic World-Making: *Queer as Folk*, counterpublic speech and the 'reader'

The television programme *Queer as Folk* seems to represent in equal measure scandalous, indecorous behaviour, and respectable, even conventional, forms of love. It constitutes what Michael Warner (2002), in his influential essay 'Publics and Counterpublics' has described as public speech. At the same time, it sits both inside and outside his category of counterpublic speech and, as such, it operates as a boundary case through which the distinction between public and counterpublic can be analysed. In this paper, this analysis is conducted both as a means of drawing out and building upon Warner's theory, and also in order to offer some insights into the ways in which young gay male viewers of the show in Sydney understand sexuality in relation to transformational politics. In the process, the paper troubles Warner's distinguishing of counterpublic from public by investigating the rather neglected question of the reader in his designations of the counterpublic.

'Being-with others': young gay men and theories of gay community

It has become something of a truism that, over the past two decades, HIV and gay communities have been mutually constitutive (Dowsett, 1997: 83). From this point of view, given that the advent of highly active antiretroviral therapy (HAART) significantly improved AIDS-related mortality rates and changed the experience of HIV, it is likely that the ways in which gay community is understood and constituted have also changed (Race, 2003). This is particularly relevant to young gay men who may have come out, and begun being sexually active, since HAART. This paper examines interviews conducted with young gay men in Sydney to understand better their thoughts on, and relationships to, gay community. In particular, it argues that gay community figures in quite different and often contradictory ways for the young men studied. For some, it is a self-evident good; for others it is illusory and burdensome; and for still others, it is all these things at once. Consistently, however, a liberal notion of community is employed. Based on sameness and the cooperation of individuals to achieve common goals, this model is the foundation of belonging for some, and an impossible ideal for others. In considering these findings, this paper also looks at recent critical engagement with the notion of community (which mainly focuses on national community). I ask how these alternative theories of community, in moving as they do beyond liberal assumptions, may or may not relate to gay men's sociality.

REFERENCES

- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. London: Routledge.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. London: Routledge.
- Chapple, M., Kippax, S. & Smith, G. (1998). 'Semi-straight sort of sex': Class and gay community attachment explored within a framework of older homosexually active men. *Journal of Homosexuality*, 35(2), 65–83.
- Davidson, G. (2001). Liberation, commodity culture and community. In the 'Golden Age of Promiscuity'. *Australian Humanities Review* [Online serial], 23. Available: <http://www.lib.latrobe.edu.au/AHR/archive/Issue-September-2001/davidson2.html>
- Deleuze, G. & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia*. Minneapolis: University of Minnesota Press.
- Deleuze, G. (1993). What is becoming? In C. V. Boundas (Ed.), *The Deleuze reader* (pp. 39–41). New York: Columbia University Press.
- Diprose, R. (2003). The hand that writes community in blood. *Cultural Studies Review*, 9(1), 35–50.
- Dowsett, G. (1995, November). *Australian perspective on HIV/AIDS health promotion*. Paper presented at the New South Wales Health Promotion Conference, Sydney.
- Dowsett, G. & McInnes, D. (1996). Gay community, AIDS agencies and the HIV epidemic in Adelaide: Theorising 'post-AIDS'. *Social Alternatives*, 15(4), 29–32.
- Dowsett, G. (1997). Sexual conduct, sexual culture, sexual community: Gay men's bodies and AIDS. In J. J. Matthews (Ed.), *Sex in public: Australian sexual cultures* (pp. 78–90). Sydney: Allen & Unwin.
- Dowsett, G., Bollen, J., McInnes, D., Couch, M. & Edwards, B. (2001). HIV/AIDS and constructs of gay community: Researching educational practice within community-based health promotion for gay men. *International Journal of Social Research Methodology*, 4, 205–223.
- Flowers, P., Duncan, B. & Frankis, J. (2000). Community, responsibility and culpability: HIV risk-management amongst Scottish gay men. *Journal of Community & Applied Social Psychology*, 10, 285–300.
- Foucault, M. (1998 [1976]) *History of sexuality, volume 1: The will to knowledge*. (R. Hurley, Trans.). Harmondsworth: Penguin.
- hooks, b. (1991). Sisterhood: Political solidarity between women. In S. Gunew (Ed.), *A reader in feminist knowledge* (pp. 27–41). London: Routledge.
- Huggins, J. (1987). Black women and women's liberation. *Hecate*, 13(1), 77–81.
- Hurley, M. (2003). *Then and now: Gay men and HIV* (Monograph 11/2003). Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Joseph, M. (2002). *Against the romance of community*. Minneapolis: University of Minnesota Press.
- National Centre in HIV Epidemiology and Clinical Research (2003). *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report*. Sydney: National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.
- Quinn, T., Wawer, M., Sewankambo, N., Serwadda, D., Li, C. & Wabwire-Mangen, F. (2000). Viral load and heterosexual

- transmission of human immunodeficiency virus type 1. Rakai Study Group. *New England Journal of Medicine*, 342, 921–929.
- Race, K. (2003). The death of the dance party. *Australian Humanities Review* [Online serial], 30. Available: <http://www.lib.latrobe.edu.au/AHR/archive/Issue-October-2003/race.html>
- Reynolds, R. (2002). *From camp to queer: Remaking the Australian homosexual*. Carlton South: Melbourne University Press.
- Ridge, D., Hee, A. & Minichiello, V. (1999). 'Asian' men on the scene: Challenges to 'gay communities'. *Journal of Homosexuality*, 36(3–4), 43–68.
- Ridge, D., Minichiello, V. & Plummer, D. (1997). Queer connections: Community, 'the scene', and an epidemic. *Journal of Contemporary Ethnography*, 26, 146–182.
- Riley, D. (1988). *Am I that name?: Feminism and the category of 'women' in history*. Minneapolis: University of Minnesota Press.
- Secomb, L. (2000). Fractured community. *Hypatia*, 15, 133–150.
- Secomb, L. (2003). Interrupting mythic community. *Cultural Studies Review*, 9(1): 85–99.
- Seibt, A. C., Ross, M. W., Freeman, A., Krepcho, M., Hedrich, A., McAlister, A. & Fernandez-Esquer, M. E. (1995). Relationship between safe sex and acculturation into the gay subculture. *AIDS Care*, 7(Suppl. 1), S85–S88.
- Smith, G. & Van de Ven, P. (2001). *Reflecting on practice: Current challenges in gay and other homosexually active men's HIV education* (Monograph 9/2001). Sydney: National Centre in HIV Social Research, University of New South Wales.
- Sullivan, N. (2003). *A critical introduction to queer theory*. Armadale: Circa Books.
- Taylor, S., Boffito, M. & Vernazza, P. (2003). Antiretroviral therapy to reduce the sexual transmission of HIV. *Journal of HIV Therapy*, 8(3), 55–66.
- Van de Ven, P., Noble, P., Kippax, S., Prestage, G., Crawford, J., Baxter, D. & Cooper, D. (1997). Gay youth and their precautionary sexual behaviors: The Sydney men and sexual health study. *AIDS Education and Prevention*, 9, 395–410.
- Van de Ven, P., Rawstorne, P., Crawford, J. & Kippax, S. (2001). *Facts and figures: 2000 Male Out Survey*. (Monograph 2/2001). Sydney: National Centre in HIV Social Research, University of New South Wales.
- Van de Ven, P., Rawstorne, P., Crawford, J. & Kippax, S. (2002). Increasing proportions of Australian gay and homosexually active men engage in unprotected anal intercourse with regular and with casual partners. *AIDS Care*, 14, 335–341.
- Van Gorder, D. (1995). Building community and culture are essential to successful HIV prevention for gay and bisexual men. *AIDS & Public Policy Journal*, 10(2), 65–74.
- Varghese, B., Maher, J., Peterman, T., Branson, B. & Steketee, R. (2002). Reducing the risk of sexual HIV transmission: Quantifying the per-act risk for HIV on the basis of choice of partner, sex act, and condom use. *Sexually Transmitted Diseases*, 29, 38–43.
- Vittinghoff, E., Douglas, J., Judson, F., McKirnan, D., MacQueen, K. & Buchbinder, S. (1999). Per-contact risk of human immunodeficiency virus transmission between male sexual partners. *American Journal of Epidemiology*, 150, 306–311.
- Watney, S. (2000). *Imagined hope: AIDS and gay identity*. London: Routledge.