

Negotiated Safety

Definition

"Negotiated safety" describes the practice of unprotected anal sex in a relationship where both partners are the same HIV serostatus and both partners have :-

- decided this is what they want to do;
- ensured that they've both had HIV antibody tests;
- agreed to wait three months and then have the tests again (this ensures that either or both partners are not in the "window period", in which a person may have HIV but not yet have formed antibodies);
- made an agreement about not using condoms for sex with each other, but still using condoms or avoiding anal sex with other partners outside their relationship;
- undertaken other agreements about how they might deal with any problems with these arrangements (such as finding out through test results that they are not of the same HIV serostatus, or dealing with any breakdown or need for change to the agreements).

This strategy for avoiding HIV transmission requires many staged negotiations. The practice is 'safe' because HIV transmission cannot occur if both partners are of the same HIV serostatus. Hence, the Australian researchers who first named the practice, called it "negotiated safety"(see, for example, Kippax et al, 1992).

“Use a Condom Every Time” versus “Unprotected Sex in Relationships” - A History

Part 1

Both Safe Sex & Partner Strategies Used

Early education material targeted to gay men in Australia (eg. "Rubba me" in NSW and "AIDS: trying to reduce the risk" in Victoria) recommended two strategies:

- changing sexual activities (ie safe sex);
- relationship and partner strategies (reducing number of partners, closed fuck circles, safe sex outside the primary relationship).

Once the virus was identified and epidemiological research was able to clarify how it was transmitted, the Australian Federation of AIDS Organisations adopted a straight forward definition of safe sex on which to base educational messages:

Safe sex is any form of sexual activity in which the blood, semen or vaginal fluids of an infected person do not pass directly into the body of another person.

Part 2

The HIV-Test Arrives - “Use A Condom Every Time” Adopted, Partner Strategies Rejected

HIV-antibody testing became available in 1985. Options based on self-knowledge of HIV-status became a possibility. Some governments and parts of the medical profession advocated



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monogamous relationships based on first having HIV-tests, and of partner selection strategies based on both partners knowledge of each others HIV-status.

AIDS Councils rejected these strategies as being inappropriate for gay community culture, and in the absence of any effective treatments and widespread discrimination and stigmatisation, argued against widespread use of HIV-antibody testing.

In an environment of considerable debate about appropriate strategies, gay community organisations, educators and policy makers decided in the mid-1980s that the quickest and easiest means of preventing widespread HIV transmission was to focus on facilitating behaviour change amongst those men who were most likely to be involved in HIV transmission: those practising anal sex without condoms with casual partners. This resulted in promotion of simple "safe sex" rules which were:

- easy to communicate
- the same for everyone in gay communities, regardless of relationship or HIV status
- seen as a minimum, and therefore more likely to be achievable, change
- likely to minimise divisions between HIV negative and HIV positive gay men, and therefore minimise community divisions and discrimination.

By doing so, relationship and partner selection strategies were rejected. Two simple rules defined the safe sex culture:

- "Use a condom every time"
- "Don't ask, don't tell" (in relation to your partners and your own HIV-status)

For heterosexuals, negotiated safety has been recommended as a primary strategy (along with safe sex if you're not sure) since the availability of the HIV-test.

Part 3

Research Identifies Widespread Use of Partner Strategies by Gay Men - Education Responses Reinforce "Use a Condom Every Time"

In 1987, the Social Aspects of the Prevention of AIDS (the SAPA study) and was conducted by Macquarie University in collaboration with the AIDS Council of NSW. It found that gay men in Sydney had undertaken widespread behaviour change in response to the HIV epidemic, and that very few men still practised unprotected anal intercourse. Amongst those who did, the practice was most likely to occur with regular partners. Most people interpreted this as meaning that promotion of safe sex was working, except amongst men in relationships. The problem was that men were taking additional risks when they were "in love": an irrational response which needed to be addressed through education programs. This interpretation was made by researchers, educators and gay community leaders. The result was increased effort to promote the use of condoms in all sexual encounters involving anal sex (Connell *et al*, 1989).

In 1989 results of another study were released (Vadasz and Lipp, 1990). Using qualitative methods based on in-depth interviewing, this study was conducted in Melbourne. Aiming to find out more about the nature of gay male relationships, this research found that many men were having unprotected anal sex in relationships in which they knew both partners were HIV negative. The term "negotiated safety" was yet to be articulated, but it was clear that changes were occurring, and that education was out of touch with the reality of many gay men's lives.

Those making the new changes were not taking decisions alone, and not all taking them for the first time. Gay men in relationships, in consultation with doctors and counsellors, have been encouraged through post-test counselling to consider various means of avoiding further transmission of HIV ever since the test became widely used. Very often negotiated safety (although it wasn't called that) was an option that was explored.

Part 4

“Negotiated Safety” Described - Considerable Debate Ensues Amongst Educators

In 1992, the Macquarie University research team released the results of a follow-up study in which they had further explored the relationship contexts in which men were having anal sex without condoms, and found that in most cases what was occurring could be described as "negotiated safety". It was this report which named the practice and thus made public discussion easier.

Those men who chose to enter negotiated safety agreements were neither ignoring nor contesting the basic information about safe sex guidelines. They were considering the relevance of the information to their own lives, and using it effectively to make rational choices in consultation with others they trusted and respected.

The labelling of the practice as "negotiated safety" gave greater attention to the practice. It enabled wider community discussion, and its relevance was immediately recognised by those men who were already engaging in negotiated safety and by the health service providers who had up until then been supporting such choices. Even some educators who had been promoting one simple strategy for everyone were finally able to admit that they themselves had been practising negotiated safety in their own relationships.

The enhanced capacity of the community to talk about negotiated safety also led quickly to an enhanced capacity to talk openly about the fact that many gay men don't like using condoms, yet want to practise anal sex. This has, in turn, led to a greater recognition that many men have problems relating to educational messages which deny the validity of their own experiences. For many gay men, safe sex is not an enjoyable practice; even some men who always use condoms can now say publicly that they don't like doing this.

Negotiated safety thus presented important challenges to the simple defining rules of the safe sex culture. First, it is now clear that negotiated safety is possible, so that using condoms for every episode of anal intercourse is not the *only* way to prevent further HIV transmission. Second, the identification of the new practice made even clearer what educators had known for a while: safe sex was not a desirable or viable option for many gay men.

Initially, HIV educators decided not to address this issue in public programs, because they feared this might undermine a culture which supported men's attempts to avoid further HIV transmission.

Part 5

Further Research - Educators Respond with First Campaigns on Negotiated Safety

More recent research has indicated that a significant number (>25% of those identified) of seroconversions are taking place within regular relationships (eg. the 1995 Melbourne/Sydney Seroconversion study). In-depth interviews have revealed that in many instances this is the result of "improperly negotiated" agreements about use of condoms. In other words, negotiated safety can fail if it does not involve all the complex stages of negotiation listed in the introduction.

The initial campaigns (the VAC ad, "Fucking: with condoms, without condoms", and ACON's "Fucking without condoms") both made it quite clear that there were many pitfalls associated with negotiated safety. In the pre-evaluation focus test of the VAC advertisements many participants thought the purpose of the advertisements were to reinforce 'use a condom every time'. The VAC advertisement made it clear that fucking without condoms was far more difficult than with them.

The ACON campaign 'Talk, Test, Test, Trust' makes no sense when it is reduced to just the slogan. The advertisements were used as part of a far more comprehensive and sophisticated campaign to promote dialogue and thus deeper understanding of the issue. This dialogue led inevitably to a public debate, which has been both healthy and useful and problematic.

These campaigns and the ensuing public debate has led to careful consideration by educators about how the practice of negotiated safety can be addressed through public programs. How can we simultaneously support men's ability to consider all viable options for prevention of further HIV transmission, without inadvertently encouraging ineffective choices, negotiations or behaviours?

The Current Debates

There are two debates presently occurring.

The first is a debate about whether or not negotiated safety is a good idea for many gay men. This debate is important and reasonable: even if negotiated safety is a viable option for some men, it will not work for everyone. Some men don't feel that fucking without condoms is so important that they need to find ways to do it. For others, even though fucking without condoms may be important, so are their relationships: they have decided that the complex negotiations and trust agreements necessary for effective negotiated safety would make their relationships less viable, and therefore they choose not to enter such agreements. Others would love to pursue negotiated safety agreements, but don't have the partners with whom to do this: deciding what you want doesn't mean you can easily find someone else who wants the same. In all these cases, it helps to have public discussion of the sort that helps people work out what is the most viable option for them to avoid further HIV transmission. This is why AIDS Councils are promoting such discussion.

The second debate is about whether or not AIDS Councils should be promoting such discussion. While most people would support the concept of freedom of speech, many do not believe this extends to using public funding for campaigns which promote dialogue and which do not give people clear directives.

The problem with this position is that it leaves negotiated safety exactly where it is. It is a viable option for some men in elite circles, who have access to accurate information, supportive professional advisers (such as good doctors or counsellors), and circles of friends with whom they can discuss complex issues. It is not, however, a viable option for men without access to these things. Hence, many men are entering arrangements which are not negotiated and not safe, but which they think fulfil the negotiated safety criteria.

The criticism of campaigns which promote understanding of the complexities of negotiated safety is based on three fallacies:

- (i) That campaigns lead directly to behaviour change, simply through providing information.

This is a little like the argument that we shouldn't teach school children about safe sex because it will lead to then having more sex. Simply talking about negotiated safety is not likely to lead to more people practising less than ideal forms of negotiated safety. There is no evidence that the people now fucking without condoms are doing so because they heard about negotiated safety and then decided safe sex no longer matters.

- (ii) That individuals take decisions in isolation, as though they live separately from social and cultural environments, and don't talk with others about their choices.
- (iii) That without such campaigns men would never think of breaking the rule of "safe sex with everyone every time".

New Challenges in the Prevention of Further HIV Transmission

Recent evidence identifies possible:

- increases in unprotected sex in casual encounters;
- increases in the proportion of gay men in relationships;
- decreases in the proportion of gay men having casual sex; and
- increases in the proportion of gay men having anal sex.

Some commentators have claimed that negotiated safety campaigns are to blame. However, the documented increases have a nationally consistent pattern not related to where these campaigns have been run. The increases in unprotected anal sex in casual sex are seen in both gay and non-gay identifying men. Amongst the non-gay identifying men the largest increases have been documented in Qld and WA amongst men who are likely to have had no direct or indirect exposure to these campaigns.

A complex series of related changes seems to be occurring. A number of factors may be influencing these changes:

- a change by gay men to long term coping strategies for responding to the epidemic?
- changed community attitudes to gay men's relationships?
- an enhanced ability for gay men to disclose their antibody status?
- an enhanced capacity of gay men to talk honestly about their sexual behaviours?
- an improvement in HIV treatments leading to expectations of the end of a wearying, epidemic which has dominated many men's lives for what seems like a generation?

Many factors influence human behaviour, and HIV education therefore faces many complex new challenges. However, we have learned much through our interaction with the HIV epidemic to date, and we're no longer working in the dark. Although there are new challenges, the epidemic is no longer, and not yet again, out of control.

To reduce our understanding of current challenges to a simplistic single cause, and to suggest that cause is the promotion of negotiated safety, is to trivialise the realities of gay men's lives. It ignores the sophisticated and overwhelmingly successful response to the challenges of the epidemic to date, it denies gay men's right to choose viable health options, and it over-simplifies the nature of the response now required to meet new challenges.



REFERENCES

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