An Ordinary Night Out

A report on the research project

Pivotal, Peripheral or Positional: Understanding SOPVs for Intervention

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Australian Research Centre in Sex, Health & Society

May 2008
Melbourne, Australia

LA TROBE UNIVERSITY

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Suggested Citation:
Grierson J, Smith AMA and von Doussa H (2008) An Ordinary Night Out. A report on the research project Pivotal, Peripheral or Positional: Understanding SOPVs for Intervention, Monograph Number 68, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia
ISBN 978 192 1377 396

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Acknowledgements

The authors would like to acknowledge the contribution of the following organisations and individuals to the success of this project.

The project interviewers and research assistants who showed enormous patience, diligence and professionalism in working with novel methodologies, Andrew Lavin, Anthony Young, Dale Scott, Dion Kagan and Rhys Bobridge.

The Department of Human Services in Victoria (DHS). This project was initiated and funded through a DHS Public Health Research Grant and supported by the staff of the DHS Public Health Branch and the BBV/STI Program, Communicable Disease Control.

The Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) were partners in this project and provided guidance and support in developing and conducting this study.

The project was supported by a Reference Group that included representatives of The Department of Human Services, VAC/GMHC, PLWHA Victoria, Venue Representatives and Melbourne Sexual Health Centre.

The owners, operators and staff of Victorian SOPVs who provided unprecedented access and staff support to the conduct of the study.

The participants in the community survey and patron interviews who, as always, gave of their time with great generosity and candour.

Our colleagues at ARCSHS who provided critical reflection and support during this project

Introduction

The research is designed to gather information and increase understanding about SOPVs so as to enhance the capacity of public health and gay community stakeholders to better address recent rises in HIV and other STIs. The research seeks to gain knowledge about SOPVs from the perspective of the SOPV industry, SOPV patrons and the community from which SOPV patrons are drawn.

Aims of Study

- To critically summarise the current state of knowledge on SOPVs with particular emphasis on sexual practices, and interventions
- To document the interventions that have taken place in Victorian SOPVs
- To provide an in-depth characterisation of the patrons of SOPVs from the perspectives of the SOPV industry, the time-space dynamics of venues, the patrons of SOPVs, and the communities from which SOPV patrons are drawn.
- To model patron flow between and within venues taking into account concurrency, seriality and temporal patterning
- To model the impact of interventions relating to SOPVs for specific populations

A note on the identification of venues in this report

A key undertaking in the negotiation of venue participation in the project was that individual venues would not be identified in any publications or presentations arising from this project. Such an undertaking is consistent with those given to individuals participating in research activities, where publications do not allow the identification of specific people without their express consent. In order to de-identify venues in this report we have replaced the names of the venues with code letters and numbers. These designations are varied and re-ordered across sections of the report so that specific venues cannot be tracked throughout the document. Where appropriate, venues are also identified as either 'wet' (saunas) or 'dry' (sex-clubs) – for example when discussing the specific spaces available in venues.

Review of Literature

> No thorough research has been done in Australia on the culture of sex-on-premises venues. Thus in order to understand the contemporary culture of such venues in Sydney, we have to conceptualise it, by looking at the broader picture of the history of the sex venues and of the HIV/AIDS epidemic in Australia. In so doing, we can understand the current challenges facing the gay community and those involved with HIV/AIDS education, prevention and research. (Santana and Richters, 1998:5)

> The problem with most public health prevention efforts in gay bathhouses is that almost none of it has been evaluated. Generally, prevention interventions are based on hunches of what will work in the situation with little more than the collection of the number of men served. Collaboration with university or institute-based researchers allows for more rigorous program evaluation that provides more than descriptive information about outcomes of interest. (Binson et al., 2005:387-8)

This was written nearly a decade ago and not a lot has changed. In Australia (and internationally) there has certainly been a small increase in both quantitative and qualitative research on the sex that occurs between men outside the home. The research that has been carried out in relation to SOPVs in Australia is Sydney-centred; there has been little research on SOPVs in Victoria.

The Importance of Location

In contemporary gay and lesbian scholarship, research, and community action necessitated by the HIV/AIDS epidemic, there is an increasing interest in and an expectation that 'locations' or 'sites' where sex between men happens will be put through the same denaturalising discussions that have seen identity categories like 'gay' and 'straight' be questioned and dismantled from the essentialist fixity often used to defend their intelligibility.

As Leap has commented in the introduction to his often sited work *Public Sex, Gay Space*, "Much of the discussion has focused on the constructed, negotiated, and situated nature of categories like 'gay' and 'straight' and on the close ties (and the conflicts) linking gayness, straightness, and other gendered identities with claims to ethnicity, race, nationalism, class positions, and privileged. Now, as the instabilities of these categories has become more firmly documented, discussion turns to the locations within which gayness and its related claims become constructed and negotiated, and, more specifically, to the particular intersections of location, gay identity, and male-centred pleasures." (Leap, 2001:1)

Historically gay men and other men who have sex with men (MSM) have had a necessarily immediate concern with location. Men who have sex with men have been forced to investigate, create and deal with 'location' and its possibilities and constraints. Men seeking pleasure, intimacy, and sexual contact with other men are inexplicably caught up in finding a place in which contact with similar others can be established and then, in the same or different location, a place for sex is sought. The immediacy of the connection of sex between men and location has prompted Leap (2001:7) to term many homosexual pleasures as "site-specific pleasures".

Similarly, in *Privacy Could Only Be Had in Public: Gay Uses of the Street*, George Chauncey mobilises the influential writing of Michel de Certeau (1984) to argue that space has no intrinsic or inherent meaning to govern its use as either private or public, but rather, that it is always invested with meaning by its users as well as its creators. He argues that while certain spaces, the street, the theatre, the gym, might have official or sanctioned uses coded or hardwired into their design and construction, they are always open to tactical responses from the people who pass through them, "allow[ing] them to use the space for alternative, even oppositional ways that confound the design of its creators." (Chauncey, 1996:224)

Also following de Certeau, William Leap argues that "Space emerges when practices are imposed on place, when forms of human activity impose meaning on a given location, and transform 'neutral' terrain into landscapes, that is, into a particular way of seeing relevant to that particular locale. In other words, 'the ways of seeing' relevant to a particular sense of landscape, as well as the distinction between place and space itself, are not static arrangements, but topics continually being constructed, negotiated, and contested." (Leap 2001:7) Leap's collection of essays offers ethnographic snapshots of male-centred sex in a number of public locations, these include SOPVs.

We draw this distinction and note the point here about the fallibility of attributing a fixed meaning to a given locale because many of the meanings and expectations about the 'locations' of HIV and the ways of 'seeing it' are attached to particular locations, either geographic or bodily, attachments which contain blind spots and fractures. These blind spots were illustrated recently in a story in The Age titled *HIV's Grim Comeback*:

> "It came as a rude shock to those gathered at a Prahran theatre in February last year. The men, some with HIV and some without, were having a frank discussion about safe sex, led by a popular drag queen Vanessa Wagner. They were talking about a well-known Melbourne gay venue. The HIV-positive men nominated a particular area where you went to have unprotected sex if you were infected with the virus. No, said the HIV-negative men, that's where you went if you were negative." (Fyfe, 2006)

While the interviews conducted with venue owners and mangers as part of this project suggest that Fyfe is misguided in her position - that there are no easily identifiable places differently inhabited by HIV-positive and HIV-negative men - the recommendations coming out of research on sex pigs and adventurous sex cultures clearly suggest different locations as necessary sites for HIV/STI education and intervention.

The tactical responses and reorganization of urban or architectural spaces in the work of de Certeau also reminds us of the problematic nature of the early structural HIV/AIDS containment strategies of the 'bath-house battles of the 1980s' in the HIV epicenters of North America. The structural and eradication policies of these times tried to reorganise the desires and sexual practices of gay men through architectural strategies and spatial policing within bath-houses or by trying to eradicate gay desire by closing down bath-houses altogether (Disman, 2003, Woods and Binson, 2003). And as Wood (2001:69) reminds us, these early public health policies were carried out "without relying on any research evidence, they clearly assumed that the structural environment might have contributed to individual behaviour and risk practices." (Saunders, 1996)

The bath-house wars were not simple or straight forward. As an intervention against HIV they were controversial. In New York, for example, many bath-houses where either closed down or, if they stayed open, outlawed sex in common areas, requiring sexual activities be confined to small, private rooms. Considering that much research from North America has established that more UAI happens in the privacy of homes than in sex clubs, perhaps the herding of all sex into the 'private' spaces had the reverse effect, increasing the chance for UAI. In contrast to New York, HIV prevention agencies in San Francisco agreed to eliminate private spaces all together. "They did so in the belief that it was necessary to encourage safe and discourage unsafe behaviour through staffing and customers norms." (Wohlfeiler, 2000:53) As Wohlfeiler further states, "Neither of these approaches have been evaluated."

In 2003 Woods and Binson edited a Special Edition of the *Journal of Homosexuality: Public Health Policy and Gay Bathhouses*. The volume functions as a resource for policy-makers and HIV prevention professionals. It provides an historical overview of the history of bath-houses in the US, particularly from the onset of the AIDS crisis.

Sites and Contexts of Sex.

A number of articles explore the need to expand research on sexual behaviour and the increase of UAI in terms greater than individualisations of risk 'behaviour' (Hurley, 2001), and call for a widening of the investigation to include "exploration[s] of both the proximal and distal determinants of such sexual contexts. This would incorporate a rigorous exploration of the psychosocial and socio-cultural contexts of sexual conduct. In conceptualizing such contexts, one key under-explored aspect of gay men's sexual conduct is the role of sexual location in shaping sexual conduct." (Frankis and Flowers, 2005:274) The literature suggests an expanding of the context and location of homosexual activities (and concerns over the rise in UAI) to include the internet (Grov, 2004b, Elford and Hart, 2003, Bull and McFarlane, 2000) circuit parties, (Johnston et al., Weatherburn et al., 2003, Grov, 2004a, Hull et al., 2005, Lewis and Ross, 1995, Duffin, 2004, Ghaziani and Cook, 2005), and sex resorts (Crosby and Mettey, 2004).

As Woods et al (2001:68) note, very little current research addresses contextual factors of SOPVs. "Studies that have been conducted measured two separate spheres of behaviour: sexual risk and visiting bathhouses...[very few] examined bathhouse settings or assessed sexual behaviour that took place in these settings. " (see also Bollen et al., 1998). Much of the Australian research is more discursive than its American counterparts, which focuses more on the individual and his behaviours in particular settings without analysis of the cultural context of the behaviour/setting nexus.

> "Meanings do not necessarily determine kinds of experience, nor do experiences produce a meaning which is attached to them or contained within them. Rather, each participant draws on a range of activities and the meanings that they have within the culture, whether that be immediate sexual culture or the broad culture. However, these meanings are also specific to individuals. That is, they have been developed by the individuals within their own sexual subjectivities. They constitute a repertoire of practical literacies with which they enact sexual selves in context with others who are similarly positioned through culture and their own sexual histories." (McInness et al., 2001:13). Also see Dowsett, (1994) and Dowsett and Davis, (1992).

Public Sex Environments and Commercial Sex Environments

Within the literature that concerns itself with MSM and the locations of sex, there are a number of organising distinctions which need to be highlighted. The vocabulary used to talk about such locations is parochial. It uses, for the most part, terms specific to either North America, the United Kingdom or Australia.

Public Sex Environments (PSE) are public places where men meet for sex, but which are not officially sanctioned or designed for that purpose. These include parks, trucks stops, beaches, shopping malls and public toilets. Public Sex Environments is the preferred term in the American literature. Literature from the UK also uses the term PSE, with PSEs such as public toilets likely also to be called 'cottages' and the process of using them 'cottaging'. In the Australian context PSE are most commonly referred to as 'beats'.

For Woods & Binson (2003:4) a PSE is generally "understood to include all places outside the home where people meet and engage in sex together." Under this definition, they also include commercial sex environments where people meet for sex.

Commercial sex environments (CSE) are places where men meet for sex that require payment for entry. These are usually not places where a person pays another person for sex, but where an entry fee is paid to enter an environment designed for the purposes of sexual contact between men. Bath-houses, sex clubs, saunas, backrooms of adult bookshops all fall within this category. CSE are businesses that provide an environment where gay men and other men who have sex with men can meet to contact sexually or socially. The physical structures, architecture, and atmosphere of the bath-houses vary from one space to the next, but each is constructed to meet the primary needs of a safe place to meet others for sex (Woods and Binson, 2003). In the literature from North America, CSE (or commercial sex venues (CSV) as they are also called), seems to be the most commonly used term (Somlai et al., 2001, Parsons and Halkitis, 2002, Binson et al., 2005, Frankis and Flowers, 2005), while some researchers use the blanket term 'the baths' to describe all CSEs (Disman, 2003). In the Australian literature CSE are referred to as 'sex on site venues' or 'sex on premises venues' (SOPVs), which have generally been further categorized into three groups: wet venues, dry venues and backrooms (McInnes and Bollen, 2000). The NSW Communicable Disease Health and Safety Guidelines for Sex on Premises Venues (2001) define an SOPV as "premises that gain income from entrance and/or membership fees paid for the use of premises for sex between patrons. Typical premises include

swinger's clubs, gay men's saunas, cruising/recreation clubs, bookshop backrooms and booths with glory holes, which accommodate sexual encounters."

For the purposes of health promotion and intervention, however, there are number of distinguishing features between PSE and SOPVs and reasons why, while both being 'public' sex environments, i.e. outside the home, they are treated in the literature (for the most part) as two distinct environments. Woods and Binson (2003) outline three questions which highlight the differences and are important to consider when designing location-appropriate targeted public health policy and intervention material:

- Does the place where sex occurs require 'transformation', i.e. the place was not intended as a space for sex. (following Leap's argument about transformation)
- Is it primarily a place for sex, for example a backroom, sex club, or sauna rather than a bar or gym where sex may happen, but whose primary purpose is not to provide a space for sexual contact?
- Does the space require membership and operate with a sense of exclusivity i.e. do the patrons who go through the door know the space is designed for the purposes of sex and have an idea of who the other patrons will be.

> "These variations suggest the opportunity to address HIV prevention strategies, and may be related to real distinctions in the kinds of risk activity and the degree to which men engage in these activities while frequenting these different venues. This combination of circumstances might create an environment where prevention can be practical, direct and sexually explicit without the risk of offending a population not intended to be targeted (i.e., women, children, and exclusively heterosexual men." (Woods and Binson, 2003:5)

These distinctions draw attention to the legal, ethical and social guidelines which govern the production and distribution of health promotion strategies in Victoria. Also see *The Use of Sexually Explicit Material in HIV/AIDS Initiatives Targeted at Gay Men* (sections 4 & 5) and *Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues*. See Woods et al (2001) for a greater analysis of the distinctions and the problems of rendering either environment properly public or private spaces. For example, while CSEs might be regarded as public, the sex which often takes place in them is not.

This review of literature collates published and grey material concerning, in the main, CSV and SOPVs. However, PSEs or beats, both in the US and Australia have been the topic of

much academic research and community based attention when it comes to HIV and STI interventions. For this reason some of the material included in the review will encompass both CSV and PSE. Particularly in the Australian context research on beats and beat outreach programs offer valuable data which may be of direct use in understanding certain aspects of site-specific sexual activity for SOPV interventions. Clayton & Ferguson, 1991; Frankis and Flowers, 2005, Harding et al., 2001; Dowsett and Davis, 1992. Santana and Richters (1998:2) also note in the Sites Project Report, research on beats is included in the research on SOPVs "in order to compare the contexts in which men meet for sex."

Public Health Interventions and Directions in Health Promotion

> "Generally, the public health response has been to promote education through fliers and posters and to distribute condoms. It is evident that this has been successful at least insofar as all (SOPV) clubs across the United States reported having this minimal level of prevention in place. Nevertheless, given the likelihood that a majority of the highest risk men will pass through these venues, it seems reasonable to ask more of public health professionals in creating appropriate prevention responses for the gay bathhouses…The problem with most public health prevention efforts in gay bathhouses is that almost none of it has been evaluated. Generally, prevention interventions are based on hunches of what will work in the situation with little more than the collection of the number of men served. Collaboration with university or institute-based researchers allows for more rigorous program evaluation that provides more than descriptive information about outcomes of interest." (Binson et al., 2005:387-8)

The limits of public health interventions in SOPVs and the lack of formal evaluation of interventions and outreach programs is echoed also by (Woods and Binson, 2003:1) "Public health policy on bathhouses has been limited and poorly documented"; Frankis and Flowers (2005:276) "Though a multiplicity of PSE-based outreach programs have been run within the UK, US and Australia, few have been formally evaluated."; Harding (2001:493) "traditionally, commercial venues and public sex environments (e.g. bars, saunas and cruising grounds) have been viewed as unsuitable for gay men's HIV risk reduction interventions beyond resource distribution and survey work. Poor lighting, lack of confidential space, noise and the focus on searching for and engaging in social and sexual activity all complicate the provision of in-depth interventions. There have been few published examples of successful interventions in these settings…"; Parsons (2002:823) "…CSEs, with their focus on anonymous sexual expression and limited conversation/negotiation, are places where one can have more freedom from worrying about

safer sex and the potential for HIV transmission, and thus feel less responsible about protecting sexual partners. Further studies are needed to fully ascertain the direction of the relationships among these psychosocial variables, substance use and frequenting CSEs."; and finally, Frankis & Flowers (2005:273) "Rates of casual UAI suggest that PSEs represent important sites for HIV intervention. However, since extant evidence is scant and methodologically flawed, further research is urgent. Such work must recruit participants in situ, and obtain satisfactory response rates, to be generalizable to a wider population of men who cruise."

> "A core task seems to be to engage with gay men through the agencies of daily living, sex and love and other "things that matter" to gay men. The purpose of this dialogue is not about finding places to insert "the HIV still matters" message, but to devise new frameworks beyond epidemiology and risk for health promotion. For instance, what might matter to some gay men is valuing sex that is emotional and caring and not "esoteric" (wild) or penetrative. What gay men might want most from each other is friendship and social support. […these may be found in the places where "wild" or not so wild sex happens. "Things that matter" may be locations or locationally situated] These sorts of conversations are partly about health and they offer ways of promoting and supporting healthy practice that is not offered by "sophisticated risk analysis" embedded in the science of epidemiology that only reduces gay men to a set of physical acts with health consequences." (Duffin, 2004)

> "The other emerging challenge for HIV educators is the increasing epidemics of other STIs and their epidemiological synergy with HIV …While the core strategies for HIV prevention remain behavioural intervention, the core strategies for some (not all) STIs are screening, testing, attention to symptoms and appropriate treatment – all medical interventions. That doesn't mean there isn't a role for education and awareness. The return of STIs has implications for policy, for health services and for educators. And STIs can have a significant impact on the health of people with HIV." (Duffin, 2004)

Context

This section of the report places the social and sexual experiences of SOPV patrons within their broader context. As has been noted in the review of literature, all too often the sexual behaviour of men is rendered in such a way that it is divorced from any sense of social, physical, normative or political context. Understanding the sexual practice of SOPV patrons, particularly with the aim of producing health promotion materials and interventions, requires an understanding of the ways in which the physical and social environments shape, constrain or co-vary with this practice. To that end we have not simply measured the sexual behaviour of SOPV patrons – that would tell us little more than currently available data does – but rather constructed a project that attempts to provide a rich landscape within which these behaviours and practices emerge and operate.

The contextual component of this report presents findings from a number of perspectives. We have examined the operation of SOPVs from the perspective of the owners and staff, we have mapped the physical spaces including the distribution of men and materials, and we have examined the normative context among members of the gay male community. There were, of course, many other contextual elements we could have included in this project had time, patience and funding been infinite. The media examination, and at times interrogation, of sex venues and patrons is one example. The attitudes and beliefs of peers who are not gay men is another. Our focus, however has been on those factors most directly relating to health promotion activity in and about these venues and this has directed our choice of data sources and substantive issues of enquiry. Similarly, we could have expanded the definition of sexualised space to include back rooms at gay bars, beats and other public spaces and organised sex parties. These, however, were not the focus of this project, nor were they the basis on which the project was funded. The project concerns commercial venues whose primary purpose is to provide a space in which patrons may engage in sexual practice with other patrons. We trust that this leaves sufficient room for future research and researchers to explore and examine.

SOPV Guidelines

Part of the socio-political context in which sex in SOPVs operates is the presence of a set of guidelines on the operation of SOPVs in Victoria (see Appendix D, page 92). They were developed by the Public Health Division of the Victorian Department of Human Services in consultation with venue owners, the Ministerial Advisory Committee on AIDS, Hepatitis C and Related Diseases, the VAC and MSHC. Not all SOPVs in Victoria are signatories to these guidelines, and not all venues involved in this research project are.

The guidelines focus on venue operators and their responsibilities. They do not focus on the clientele and their expectations, nor (except to a limited degree) on the provision of services, material or support to venues to achieve the stated aims. The guidelines are primarily designed to specify practices and standards that venue operators must comply with in order to maximise the effectiveness of HIV/STI prevention in their premises.

The extent to which the guidelines operate as a public document that codifies community expectations is highly questionable. It is unlikely that many patrons are aware of the guidelines or whether their chosen venue is a signatory to them.

Key Informant Interviews

Background

Key informant interviews were conducted with venue owners and staff to provide an industry perspective on the function of SOPVs, their relationship to health promotion activities (synergies and barriers), a characterisation of the patrons (market share) and the dynamics of venue usage by regular and occasional patrons.
The participants were asked about the general day-to-day functions of the SOPV business from an industry perspective, including:

- Patron characteristics
- A characterisation of patrons (market share)
- Dynamics of venue usage by regular and occasional users
- The current status of health promotion activities within the venue
- Their relationship to external health promotion activities and institutions

The interviews were semi-structured, with questions designed to respond to the areas outlined above. They included:

- Demographic information of key informant, including job title
- Facility information, type of venue
- Description of the physical layout of the venue in terms of facilities and amenities. Specifically, does it allow sex to occur in open areas or does it provided small booths for sex, or both. Are there wet areas and sexual amenities?
- Patterns of patronage: when is the venue busy, when is it quiet?
- Patron characteristics and perceived socio-demographics of patrons e.g. age, gay community attachment, membership to other sub-cultures, status as regular or occasional user of the venue
- Flow between venues: where do patrons come from, how long do they stay, where do they go after?
- HIV/STI interventions: historical/current
- Are condoms and lubricant provided and if so where are the distribution sites, are they free of charge?

- What is the current state of printed HIV/STI prevention material, e.g. posters and other information for distribution?
- Do they provide HIV/STI testing, special health programs or health promotion outreach?

Key issues

Fourteen key informant interviews were conducted with venue owners and staff. While the primary aim of this phase of the research was to direct the design of the remainder of the project, we provide here a brief overview of some of the key findings from this process. Interview quotes are not identified in relation to specific venues to ensure confidentiality.

Customer base

Venue owners and staff, not surprisingly, have a detailed understanding of the particular clientele of their business. To ensure the commercial viability of business such as these that rely heavily on meeting customer expectations and return patronage, understanding the characteristics and preferences of patrons is essential. The various venues rely on a market share that is in part geographic (many patrons coming from the local area) and in part concordant with the tone or flavour of the venue.

Regular versus occasional

Venues vary in the mix of regular and occasional patrons, with some venues characterised by a core clientele of regulars, while others rely on patrons that are visitors to Melbourne or irregular venue patrons. Some respondents discussed the differences between these two groups in terms of demographic characteristics (age, ethnicity, sexual identity etc.).

> *The older guys tend to be the regulars. Some regulars a few times a week. Others have the one regular day of the week that they come in and this doesn't seem to change.*

Regular patrons may have a specific relationship to the venue and a particular engagement with the health promotional materials displayed. This 'ownership' of the venue may be important in engaging patrons with this material.

> *Very high return rate but always getting new faces, 90% return rate. We have memberships which increases the number of regulars*

Lots of regulars. Most come about twice a week. Better to be here than home alone with the cat. Maybe some of older ones don't care so much about sex. It's a local gay place to come and sit and socialise.

Regular and occasional patrons may engage with health promotion material in different ways, or respond to different messages. Familiarity with materials may lead to either reinforcement of key messages or desensitisation. Occasional patrons at a specific venue may none the less be regular venue users (for example interstate visitors), while others may be generally unfamiliar with the ways in which SOPVs operate.

Larger international turnover. Small amount of regulars. Out of 30 people in a shift only a handful would be regulars. There are a few who practically live at the place, whom I'll see on most of my shifts. We sell weekly passes, which brings the same person back a number of times over the same week.

The venue as a safe (social) space

Several key informants identified the safety of the venue as an important characteristic that attracts patrons and enhances the experience of the venue. Safety, is described both in physical terms – that is safety from physical assault or the legal consequences of beat usage – and in social terms – safety from unwanted disclosure of sexuality or misinterpretation of sexual intention.

People who come here prefer venues because there are no hassles or the possibility of being bashed, robbed or killed. The venue is secure and legal.

See some new faces each week. Huge amount of regulars. (30/40% new faces come and go, internationals and interstaters) 20% come in more than three times a week. We are a place people feel comfortable to come and spend time. Sometimes it is about a lot more than just sex. It's about familiarity, company, friendships.

The anonymity of venues may in itself offer a form of social safety for patrons, or at least a clear and instrumental engagement with other homosexually active men.

Many come to the venue, don't talk to anyone, find sex and leave without talking to anyone. There are some men who come up from the suburbs for a different venue experience

Niche markets

While some venues have a broad clientele, some venues may occupy a specific niche in the market of SOPV patrons. Understanding the particular type of clientele accessing these venues may be important in making decisions around the type of health promotion material provided and the way in which it is displayed.

> *Lots of patrons don't class themselves as gay. We are located away from [gay area] so we get a less young and gay crowd. Many straight acting/looking patrons*
> *Mature crowd, most over 30. Younger on weekends. Younger ones more likely to come in groups and chat and giggle, maybe about 20%. The rest are 40s and up. Newbies come in pairs or are drunk and say the experience was either great and they loved it or it was scary and spun them out.*

Venue staff also characterised patrons in terms of their engagement with gay community. They identified differences in the ways in which community engaged and non-engaged men related to the venue and other staff. Venues could not necessarily cater for both groups, as the presence of signifiers of gay community may dissuade non-attached men from returning, and the absence may do the same for attached men.

> *Married men do come in because I see the rings on their fingers and had one man freak-out because he lost his wedding ring while at the venue. Most of the patrons are over 40 years, although there are a few under 30 guys that use the venue. Most of the young ones are coming to look for older men. Asian men use the venue a lot.*

> *Mostly community attached men that live quite close to the venue or use the other venues within the vicinity.*

The role of staff in provision of information

Key informants were specifically asked about the experiences of staff in being asked about or providing information to patrons about HIV, STIs or sexual health. Experience varied greatly between venues and with different categories of patrons. Larger, more established venues were more likely to report being asked about these issues. In most cases, regular patrons were more likely to engage with staff, although many noted that the enquiries from occasional patrons tended to reflect a higher level of ignorance around transmission issues.

It has happened but not a lot. Some questions get asked. People don't generally want to talk about this type of thing with staff. We can refer people to the nurse when he is here or let them know when he will be available. We get asked about PEP and tell people to go to the Alfred.

Yes, 'Can I get AIDS from oral sex?' or 'his cock touched my arse, can I get AIDS?' Questions show a real lack of knowledge

In some venues it was rare for staff to encounter these types of discussions. While training conducted with the AIDS Council may provide staff with the basic information and referrals, when such encounters are rare they may not necessarily have the experience to deal with them satisfactorily.

Most customers don't talk much. They don't like to talk about health issues and we rarely get asked questions about sexual health.

It depends a lot on which staff member you are dealing with as to whether you get information or not. I think it's important to remember that the staff don't necessarily see their role/responsibility as an educative one.

Health promotion

Key informants were generally very supportive of the presence of health promotion material in venues. There was often a degree of cynicism or at least caution around the efficacy of posters and pamphlets particularly when they were seen as providing information, rather than influencing social norms.

How many different ways can you boil an egg?' I don't think that posters have much of an effect. People tend to look past them. Perhaps you do notice the new ones for a moment. We don't have posters here because they always get vandalised. No matter how hard we try to keep the posters up, even the ones behind Perspex get vandalised. We find all the posters tend to get ripped down and left on the floor. I like in your face posters 'Don't take it up the arse without a condom'. They have to be in your face so people take notice. Glow in the dark posters are the best.

Key informants were also conscious of the place that such materials have in the broader context of men's engagement with SOPVs. The primary business imperative that patrons have a safe and enjoyable experience in the venue can at times be in conflict with the aims of prevention material or initiatives.

> *You hope that people glance at the resources and something twigs. You need to try to get the message across in as few words as possible. People are horny, they're not here to read posters. The pamphlet rack was moved to a position with greater light because someone from the Department thought it was too hidden away. As a result, less people take the pamphlets. They don't want to be seen picking up something related to HIV/STIs.*

> *Probably not effective. People have already made up their minds and decided how they are going to behave before they even arrive at the venue. I'm dealing with scene queens here, who are gay community attached and already quite knowledgeable.*

The tension between the motivations of patrons and the opportunity that venues offer as a point of access to gay men can be seen in both practical expressions- the visibility of 'gay' material compromising public identity – and more subtle ones, such as the conflict between an experience of sexual liberation and the rationalising discourse of sexual risk and prevention.

> *Customers feel embarrassed if the straight people see the posters (which are usually put towards the entrance of the sex space where they can be seen by many people). Customers tell us they already know what's safe and don't need the posters up.*

Condoms and lubricant

All venues provided access to the practical technologies of HIV prevention - condoms and lubricant - although the manner in which these were provided varied. For some venues the provision was focused on individuals, i.e. each patron was provided with a safe pack, while in others they were provided in sexual spaces. While there may be an economic dimension to this it also represents a philosophical difference. The provision of material to individuals ensures that each man has the means of prevention available to him, and this can be seen to represent a form of individualised responsibility. Making condoms and lubricant available in sexual spaces shifts the emphasis to the context in which sex takes place.

In all cubicles, usually 6 in each cubicle. They are checked hourly. Cubicles cleaned regularly and condoms replaced. Younger guys take handfuls home. I know this because I've seen them taking them.

One set of lube/condom is free with every entry. If more are required they are available from the desk at the cost of $1/pack. Once tried a coin operated machine but this was not used

As with other aspects of venue management, understanding the motivations and responses of clients also played a part in decisions around the provision of materials. Condoms are a signifier of anal sex which may or may not be in the client's repertoire, among his sexual intentions or regular practices, and may or may not represent a particular representation of sexuality or masculinity.

Condoms and lube are distributed throughout the venue. People don't like to take them from the front counter. There is an issue of embarrassment, the customers say, 'No, I don't fuck.' On occasions large amounts of condoms get taken from the venue

Outreach

In those venues where outreach is conducted by the VAC/GMHC or MSHC, key informants had mixed reactions to the experience. While there was generally a recognition that this offered an opportunity to provide and to access information and support, there was also some concern that the presence of outreach workers had the potential to disrupt the operation of venues for both staff and patrons, or to overly 'medicalise' or 'educationalise' the sexual environment.

Outreach is good; sometimes it is preferable to have someone to talk to. We like a pragmatic and real approach to education. Something that isn't too passive.

Educators can be very pushy. People don't need to be pushed into things. It is sometimes hard for clients to be open and educators need to be more sensitive in their approach.

Venue Mapping

A detailed mapping exercise of the extant SOPVs in metropolitan Melbourne was undertaken.

The mapping of venues had two primary aims:

- To provide a characterisation of spaces and facilities within venues against which time-space sampling and patron interviews could be contextualised
- To provide information on the availability and location of health promotion materials within the venues to enable estimation of patron exposure

Venues were mapped (not to scale) in terms of specific spaces, for example cubicles, play spaces, café areas, video rooms, saunas, cruising areas etc. Within each venue the location of health promotion materials (posters, pamphlets etc.) was recorded, as was the location of condoms and lubricant. Not all venues involved in the research project permitted this detailed mapping of the venue. In such cases we were able to use generic characterisations of the venue type (e.g. sauna, cruise club) to construct the geographic typology for subsequent phases of the research. A generic version of a venue map can be found in Appendix A (page 79) of this report.

To maintain the commercial confidentiality of venues we do not make the specific maps available in this report or elsewhere. Our principal concern is with the generic types of spaces within venues and whether the geography of venues is related to specific social and sexual practices or to the uptake of health promotion material.

The very simplified summary of the results of this exercise are shown in Table 1 below.

Table 1: Results of venue mapping

Venue*	Posters			Condom and Lube			Pamphlets
	Non-sexual Space	Cubicle	Cruising Area	Non-sexual Space	Cubicle	Cruising Area	
A	?	?	?	-	Y	Y	-
B	Y	Y	Y	-	Y	Y	Y
C	S	Y	Y		Y	Y	-
D	Y	Y	Y	Y	-	-	Y
E	S	-	-	-	Y	S	-
F	Y	-	-	-	Y	Y	Y
G	Y	-	-	-	S	S	-
H	-	-	-	Y	-	-	-
I	Y	Y	Y	S	-	-	-
J	-	-	-	Y	-	-	-

Y indicates high coverage in this type of space, S indicates some coverage, ? indicates unknown due to restrictions on access

*Note small chain style venues have been collapsed into a single category, as they all operate with the same facilities.

It can be seen that most venues provide health promotion material, although some more comprehensively than others. All venues mapped provide condoms and lubricant, although again some venues do this comprehensively in multiple spaces, while others provide the materials upon entry or in a non-sexual public space. Internationally there is considerable variability in the provision of health promotion materials, condoms and lubricant within venues. In part this often reflects the legal status of the venues- for example where the provision of materials may jeopardise the assertion that the venue does not specifically provide a space for sexual activities. In other situations the economics of the business operations or the health promotion program does not allow for widespread provision of condoms. Another factor that may play a part in the provision of materials is the presumption that protective practices are the sole responsibility of patrons. In the Australian context, the long held principal of harm minimisation as a key component of the response to HIV would suggest that the provision of condoms and lubricants in sex on premises venues is a pragmatic and efficacious strategy to maximise protective opportunities. Clearly, the more proximal the site of condoms and lubricant availability is to the site of sexual activity, the greater the opportunity patrons will have to access them. Similarly, the presence of health promotion material in a sexualised environment will have high contextual relevance.

Time-space sampling of venues

Rationale

The time-space sampling of venues had two primary aims:

- To provide a characterisation of patronage within venues against which the sampling for patron interviews could be constructed and the interview findings contextualised
- To provide information on the distribution of patrons within venues to enable estimation of patron exposure to health promotion materials

Background

Time-space sampling is a probability based method for recruiting members of a target population at specific times and venues. Trained researchers attended each venue at

specific times in a stratified sampling frame and enumerated the number and location of patrons within the venue.

Methodology and Sampling

The stratification was refined on the basis of the key informant interviews, the review of literature and project reference group discussion. Larger venues were sampled at three time periods each day for one week and the smaller venues at two time periods for one week.

125 observational visits were conduced over a three month period. Researchers visited venues in an un-obtrusive manner recording the number of patrons in each area on the map prepared in the venue mapping exercise. Data was then collapsed into generic venue space classification before analysis.

Findings

Data collected from the time-space sampling is presented in Appendix B (page 81) in table form to characterise patterns of patronage within venues. Not surprisingly, weekends and late evenings proved to be the most popular times. Recruitment and sampling for the patron interview phase of this study was structured around these findings by specific venue and time period to obtain a roughly representative patron profile.

Gay Community Survey

Rationale

The purpose of the community survey was twofold: to ascertain the characteristics of men who did, and did not, use SOPVs; and to determine men's perceptions of SOPVs and the men that use them.

In developing health promotion materials and interventions for SOPVs it is critical to understand the place they have in the communities that access them. This includes understanding the historical place of sex venues within the gay community, and particularly the place that such venues have had within the AIDS epidemic. While many jurisdictions around the world closed gay bath-houses and meeting places in response to the emergence of HIV/AIDS, Australia took a quite different approach based on the partnership model, a commitment to the involvement of affected communities in prevention and a recognition that harm minimisation could most productively use existing social structures to work in the service of education and prevention efforts. In this historical context, then, SOPVs are both demonised globally as sites of infection and recognised domestically as playing a critical role in prevention.

Understanding community attitudes around SOPVs and their patrons is critical in making decisions about the tone, explicitness (both sexual and in relation to identifying SOPVs as the target space), etc. of health promotion campaigns. Men who patronise SOPVs do not form an isolated social group unconnected to those that do not use these venues. Understanding what the peers of SOPV patrons believe about the venues and their customers can help us to tailor messages that can: address stigmatisation of users if this is evident; target specific populations in 'insider' language; mobilise patron expectations of venue standards; suggest approaches that embed SOPV practice in broader social and sexual practices; or avoid reinforcing typologies that distance patrons from the target message.

Conducting this survey at a broad constituency community event also gives us another perspective on the group of men that regularly or occasionally use SOPVs. We readily acknowledge that participation in the in-depth visit interviews at the patrons' initiation may under-represent specific groups of men or specific venue experiences. Conducting this

survey at an event that historically provides a broad cross-section of the gay community and demonstrates high acceptability and uptake of social and behavioural surveys allows us to assess the characteristics of the patron population among event attenders.

Methodology

The survey (Appendix C) was an anonymous, self-complete questionnaire administered to volunteers at the Midsumma carnival on February 11 2007. The survey consisted of 21 items assessing participant characteristics and knowledge and attitudes relating to SOPVs and their patrons.

Findings

A total of 287 surveys were returned which included postcodes indicating a Victorian place of residence and included a valid age.

Demographics

The average age of men in the sample was 38.6 years (median 38; range 17-74) and the majority identified as gay (94.1%) rather than being bisexual or some other non-heterosexual identity (5.9%).

Sexual identity and openness

Men where asked about how 'out' they were about their sexuality in four settings: at work; with neighbours; with friends; and, with family. As can be seen in Table 2, men were more likely to be very out to friends and family but less likely to be very out to workmates and neighbours. Openness in one context tended to be related to openness in others.

Table 2: Openness about sexuality

	very out				not at all out
With friends	75.9	13.3	4.9	4.9	1.0
With Family	60.2	12.7	7.8	6.3	13.0
With workmates	49.1	18.9	14.4	6.7	10.9
With neighbours	34.8	16.5	15.4	12.2	21.1

Regular Relationships

Half of the men indicated that they were in a regular relationship with a man and of those 57% (28.5% of the total sample) indicated that the relationship was monogamous. Men's relationships varied in length between one month and 44 years with an average of 8.25 years (median 6 years). While men in non-monogamous relationships reported that their relationships were longer than did men in monogamous relationships (9.2 year versus 7.6 years), this difference was not statistically significant.

Table 3: Monogamy in relationships

	Number	Percentage
We are monogamous – neither of us have sex with others	89	56.7
My partner has sex with other people but I do not	3	1.9
I have sex with other people but my partner does not	14	8.9
Both my partners and I have sex with other people	51	32.5

HIV and STI testing and HIV status

About half of the men in the survey (51%) reported having had an HIV test in the previous year. Over one third (37%) reported that they had not had a test and 12% chose not to answer this question.

Table 4: HIV testing

	Number	Percentage
Yes	147	51.22
No	107	37.28
No response	33	11.50

Two hundred and twenty nine men (80% of the total) indicated their HIV status. Most (66% of the total) reported that they were HIV-negative, 8% HIV-positive and 6% did not know their HIV status. It is important to note that over 20% of respondents chose not to answer this question. HIV status was unrelated to having a regular male partner and, among those with a partner, HIV status was unrelated to whether or not the relationship was monogamous.

Table 5: HIV status

	Number	Percentage
HIV-Positive	24	8.36
HIV- Negative	189	65.85
Unknown	16	5.57
No response	58	20.21

Men were also asked if they had been diagnosed with a sexually transmissible infection (STI) in the twelve months prior to survey. The question was answered by 88.5% of respondents. Twenty four men indicated that they had been diagnosed with an STI, representing 8.4% of the total sample.

Table 6: STI diagnoses

	Number	Percentage
Yes	24	8.36
No	230	80.14
No response	33	11.50

Men were asked where they obtained information about HIV and sexually transmissible infections. Respondents were able to indicate more than one source of information. As Table 7 shows, medical practitioners and gay community press were the most important sources for many men. The internet was a source of information for around 35% of men and friends were cited by 31%. It is important to note that information in the gay press and on the internet may in fact be sourced from AIDS community organisations and sexual health services. It is interesting to note that 13% of respondents specifically cited SOPVs as a source of HIV/STI information.

Table 7: HIV/STI information sources

	Number	Percentage
Your regular doctor	135	47.04
Gay community press	119	41.46
Internet	100	34.84
Friends	89	31.01
VAC/GMHC	85	29.62
Sexual health clinic	65	22.65
Sex on premises venues	37	12.89
Other	21	7.32
Bars/clubs	19	6.62

Substance Use

Substance use in the six months prior to the survey was common with alcohol, tobacco, marijuana, ecstasy and amyl nitrate being the most frequently reported (Table 8).

Table 8: Substance use in six months prior to survey

	Number	Percentage
Alcohol	223	77.70
Tobacco	89	31.01
Amyl	80	27.87
Marijuana	72	25.09
Ecstasy	66	23.00
Viagra	36	12.54
Speed	35	12.20
Crystal Meth	24	8.36
Cocaine	19	6.62
GHB/GBH/Fantasy	8	2.79
LSD/Trips	7	2.44
Heroin	3	1.05
Steroids	2	0.70

Sexual Practice

About on quarter of the men in the survey reported having no casual sexual partners in the previous year (28%): 4.6% reported one; 23% 2-5; 14% 6-10; and 31% more than ten casual sexual partners in the previous year. There was a slight association between HIV status and number of casual sexual partners with HIV-positive men being less likely that HIV-negative men to report no casual sexual partners in the previous year and more likely to report more than ten casual sexual partners in the previous year.

Table 9: Casual sexual partners in year prior to survey

	Number	Percentage
none	80	28.07
one	13	4.56
2-5	65	22.81
6-10	40	14.04
11+	87	30.53

The men were asked the types of site, if any, in which they had met sexual partners in the previous year. The most commonly reported types of site were saunas/sex clubs followed by the internet and through friends (Table 10).

Table 10: Locations where sexual partners were met in year prior to survey

	Number	Percentage
Sauna/Sex club	154	46.3
Internet	100	34.8
Through friends	87	30.3
Beats	62	21.6
Gay community organisation	32	11.1
Private sex party	14	4.9
Gay bookshop/video store	11	3.8

The use of these types of site was explored in relation to the men's age, their HIV status, how out they were and their substance use. These characteristics did not distinguish between men who had met partners at beats, gay bookshop/video store or private sex parties from those who had not, although HIV-positive men were somewhat more likely to

report meeting sex partners at beats than were other men. Men who reported having met sex partners at saunas/sex clubs, via the internet, through friends or gay community organisations had higher substance use than did men who did not meet sex partners in those sites. The likelihood of men reporting meeting sex partners at saunas/sex clubs increased with age whereas the likelihood of men meeting sex partners via the internet or through friends declined with age.

Perceptions of SOPVs and patrons

We asked a series of questions that aimed to assess the ways in which members of the gay community characterised SOPVs and their patrons.

To place SOPVs in the broader context of gay life we included an item that assessed the social acceptability of SOPVs and other settings using a hypothetical proposition. Respondents were asked to rate how comfortable they might feel telling their gay friends that they had met a new boyfriend at a number of different places including an SOPV, a beat, through friends at a bar etc.

Table 11: Comfort with disclosing meeting place of hypothetical new boyfriend

	Very Comfortable				Very Uncomfortable
Through friends	75.7	12.9	7.7	0.7	3.0
Club/bar	66.2	18.1	11.7	0.7	3.3
Gay community organisation	66.1	15.1	12.9	2.2	3.7
Dance Party	61.3	18.6	14.5	3.0	2.6
Private party	62.3	19.2	12.3	3.2	2.5
Internet	55.5	18.5	20.7	5.5	4.8
Sauna/Sex club	27.3	12.7	20.7	14.9	24.7
Beat	21.3	10.3	18.8	15.4	34.2

As can be seen there is a marked distinction between those sites that are explicitly sexualised from those which are not. SOPVs were more acceptable to the respondents than beats, although considerably less so than more traditional social settings. These items had good internal consistency (α=0.86) and were averaged to produce a score of men's comfort with sexualised settings. Their comfort was positively associated with how out men were, their substance use and their age.

Venues

Men where asked if they had heard of a range of venues, whether they had used them in the previous year and, if so, how many times. It should be noted that in the original survey instrument specific venues were named. Here we have replaced the business names with a simple characterisation of the venue as wet, dry or other (bar based back-rooms). Knowledge of specific venues varied considerably (from 45% to 83%). Use of specific venues in the twelve months prior to survey ranged from 4.5% to 31% of respondents. The frequency of use in the prior twelve months ranges from an average of 1 visit to 5.5 visits. The venues that were most familiar to the population were also those most likely to be used by respondents and those frequented most often by individual men.

Table 12: Familiarity with SOPVs

	Heard of	Used in last 12 months	Number of times visited last 12 months*
Dry 1	59.58	6.62	1.947
Dry 2	56.49	4.53	2.308
Dry 3	76.22	17.42	3.920
Dry 4	29.27	4.53	2.153
Wet 1	72.82	12.89	2.189
Wet 2	60.28	7.67	2.727
Wet 3	53.31	3.83	1.000
Wet 4	45.30	4.53	2.769
Wet 5	74.91	12.89	5.729
Wet 6	67.60	13.59	3.743
Wet 7	82.58	31.01	5.595
Other 1	71.08	17.07	4.448
Other 2	50.52	10.80	3.645
Sex Space at local Dance Party		6.97	2.050
Sydney venue		8.01	2.565
Interstate venue (not Sydney)		8.36	1.416
Overseas venue		12.54	4.361

* Only among those who have used venue in last 12 months

Men were asked to respond to a series of attitudinal items about sex venues (Table 13). We included items in this section that tested anecdotal, media and HIV sector beliefs about community attitudes. These included items accessing beliefs about promiscuity, superficiality, the role of SOPVs in HIV and STI infections, and the 'image' of the gay community.

Generally attitudes indicate little community disapproval of venues and their patrons. Respondents tended to disagree with statements that characterised patrons of SOPVs negatively, although a significant minority considered patrons to be 'only interested in sex'. There was fairly comprehensive rejection of the premise that closing venues would reduce HIV/STI infections or reduce the amount of sex gay men had.

Table 13: Attitudes relating to SOPVs and Patrons of SOPVs

	Agree				Disagree
Using sex venues is an important part of being gay	15.3	17.2	29.8	12.7	25.0
Men who use sex venues are sluts	8.2	6.7	20.5	18.3	46.3
Sex venues send the wrong message to the straight community	8.4	21.3	21.8	16.0	32.7
HIV would not be a problem if all gay men were monogamous	6.5	10.8	13.8	17.3	51.6
Gay men who use sex venues are only interested in sex, not relationships	10.9	17.3	24.1	21.8	25.9
Straight men who complain about the existence of sex venues are just jealous of the amount of sex gay men can have	20.2	27.3	28.1	9.7	14.7
If all sex venues were closed there would be fewer cases of STIs /STDs /VD	5.6	9.6	18.9	21.1	44.8
Closing sex venues would not reduce the amount of sex gay men have	42.3	20.6	13.1	9.0	15.0
Men who use beats make the gay community look bad	11.2	17.5	30.2	17.2	23.9
Dim lighting at sex venues helps ugly men get sex	25.0	28.7	25.4	8.6	12.3

Eight of the ten attitude items demonstrated good internal consistency (α=0.76) and were averaged to construct a scale of negative attitudes to venues and the men who use them. Disapproval declined with the men's age and was negatively associated with how out the men were, their comfort with sexualised settings and the breadth of their substance use. Disapproval was lower among men with higher numbers of casual sex partners and among HIV-positive men than HIV-negative men.

Patron Characterisation

We were interested in the perceptions of the 'flavour' of specific venues, with respect to their patron profile. It is likely that these patron profiles arise from the marketing of specific venues, the experience patrons have of them and community perceptions about the 'type' of gay men that regularly attend SOPVs. Earlier we examined this from the perspective of the staff and management of venues, and later we see this through the profile of patrons recruited from venues. Here we are interested in broad community characterisations.

Men were given a list of named venues and a set of patron characteristics and asked to indicate which venues would be 'characterised by this sort of clientele'. The types of men included: leather men, married men, HIV-positive men, HIV-negative men, party boys, young men, Asian men, and sex pigs. In addition they were asked which venues could be characterised as 'very much part of gay community', and 'not much part of gay community'.

The results are given below in Table 14. Each cell indicates the percentage of survey respondents that indicated that each venue could be characterised by the particular patron group. For example, 12% of survey respondents indicated that the first venue would be characterised as having a 'leather man' patron profile. For each characteristic, we have shaded the cells of the two venues that rated most highly on that characteristic.

What is most immediately clear from the table is that there is no broad consensus about the types of men that use specific venues. The highest single cell percentage in the table is 42% for 'leather men' at venue 'dry 4' and the lowest is 5% for 'leather men' at venue 'wet 3'.

When we specifically examine the characterisation of venues in terms of the HIV status of patrons, something very interesting can be seen. Venues tend to be either characterised as having both HIV-positive and HIV-negative patrons, or as not characterised by HIV status of the patrons at all. For example, for venue 'dry 3', 30% of respondents characterised it as having HIV-positive patrons and 24% as having HIV-negative patrons, while for venue 'wet 4', 14% characterised it by HIV-positive patrons and 15% by HIV-negative patrons. We did not see any venues that were consistently characterised high as HIV-positive and low as HIV-negative, or vice versa.

Other patterns are evident in these data, for example, venues characterised by a 'sex pig' clientele are more likely to be characterised by HIV status (both positive and negative). Similarly venues seen to be more 'a part of gay community' are characterised by HIV status. Those that are characterised by patrons that are 'young' or 'party boys' are less likely to be characterised as having patrons that are 'married men'.

While these patterns do not necessarily reflect the actual patronage of venues they are important in understanding how health promotion material targeting SOPV users may be perceived within gay community networks. Linking such material to specific venues may create perceptions about the type of gay men that the material is intended for. The fact that this exercise did not demonstrate consistent patterns of perceived client profile however, suggests that this may not be a critical issue in health promotion work.

Table 14: Characterisation of venue patrons (Full Sample)

	Leather men	Married men	HIV-positive	HIV-negative	Party boys	Young	Asian	Sex Pigs	Very much part of gay community	Not much part of gay community
Dry 1	12.20	21.25	17.77	18.47	17.77	17.42	12.89	14.63	20.56	7.67
Dry 2	8.36	30.66	16.72	15.33	8.71	8.01	8.36	11.85	10.80	15.68
Dry 3	42.16	26.13	29.97	24.04	18.47	15.33	16.03	31.71	29.97	8.01
Dry 4	6.97	19.16	14.98	16.03	7.67	6.97	9.41	9.41	10.10	13.59
Wet 1	9.06	25.44	21.60	21.25	27.18	24.04	18.47	18.82	26.13	8.01
Wet 2	5.23	27.87	18.12	17.42	9.76	10.10	12.54	12.54	15.68	10.10
Wet 3	4.88	25.44	15.33	17.07	9.76	10.10	10.10	11.50	12.89	10.80
Wet 4	6.62	17.07	14.29	14.63	9.06	8.36	13.59	11.15	13.94	9.76
Wet 5	13.24	29.97	22.65	20.21	13.94	13.94	22.65	18.47	23.69	8.71
Wet 6	7.32	23.00	19.51	19.16	16.03	20.91	23.34	16.38	20.91	8.01
Wet 7	15.68	28.57	22.30	23.34	29.62	31.01	27.18	22.65	34.15	9.76

Men who use SOPVs and those who do not

Given that a considerable proportion of this sample had met a sexual partner at an SOPV in the twelve months prior to survey, we can compare these men with the remainder of the sample to see if they differ in any significant ways.

Demographically, SOPV users and non-users are generally similar (Table 15). Similar proportions identify as gay, are open about their sexuality, and have a regular partner. SOPV users were more likely to report that they had more than 10 casual partners in the twelve months prior to survey. SOPV users were more likely to have had an HIV test in the previous twelve months, were more likely to be HIV-positive and were less likely to report that they did not know their HIV status.

Table 15: Demographic characteristics of SOPV users and Non-Users

	SOPV users	Non-Users
Mean age	41	36
Identify as gay	93%	95%
Has a regular partner	42%	59%
>10 casual partners	57%	10%
Out about sexuality to family	89%	86%
Out about sexuality at work	89%	89%
Smoke tobacco	31%	32%
Smoke Marijuana	30%	22%
HIV test in last 12 months	67%	51%
HIV positive	16%	6%
HIV status unknown	6%	8%

When we examine the attitude items among men who had met a sexual partner at an SOPV in the previous twelve months (Table 16), we can see that the responses are more strongly positive, although not dramatically different from the remainder of the men. Men who have used SOPVs in the previous twelve months agree more strongly that these venues are an important part of being gay and disagree more strongly that they send the wrong message to the straight community. SOPV users also more strongly dismiss suggestions that SOPV closure would reduce the amount of sex gay men have or the incidence of STIs. Interestingly SOPV users respond less negatively to beats and are more likely to support the contention that 'dim lighting helps ugly men get sex'.

Table 16: Attitudes relating to SOPVs and Patrons of SOPVs among those who have met sex partners at SOPV in last 12 months

	Agree				Disagree
Using sex venues is an important part of being gay	23.4	18.6	33.9	10.5	13.7
Men who use sex venues are sluts	4.9	4.1	17.1	13.0	61.0
Sex venues send the wrong message to the straight community	4.2	17.7	17.7	19.3	41.2
HIV would not be a problem if all gay men were monogamous	5.0	8.3	11.7	14.2	60.8
Gay men who use sex venues are only interested in sex, not relationships	8.2	16.4	21.3	17.2	36.9
Straight men who complain about the existence of sex venues are just jealous of the amount of sex gay men can have	21.5	31.4	25.6	6.6	14.9
If all sex venues were closed there would be fewer cases of STIs /STDs /VD	8.9	5.7	12.9	20.2	52.4
Closing sex venues would not reduce the amount of sex gay men have	47.2	17.1	11.4	8.9	15.5
Men who use beats make the gay community look bad	7.3	19.5	22.0	17.1	34.2
Dim lighting at sex venues helps ugly men get sex	26.0	30.9	20.3	7.3	15.5

In examining the characterisation of venues in terms of client profile (as discussed above in relation to Table 14), we can look at these perceptions specifically among men who have attended each venue. In Table 17 below, for each venue listed we have examined the perceived patron profile only among men that indicated that they have attended that specific venue in the previous twelve months. For example, nineteen men indicated that they had attended venue 'dry 1' in the previous year. For this venue we can see the percentage of these nineteen men that say that venue is characterised by specific types of patrons.

In contrast to the data presented earlier, the perceptions of specific venue users are much more consistent. Here we see the highest percentage as 78% and the lowest at 0%.

Overall, the patterns discussed above can be seen in this analysis and are in fact more marked. Note particularly the observation about the characterisation of venues by HIV status being either both positive and negative or neither is particularly evident here. With

the exception of venue 'dry 4' the ratings of HIV-positive and HIV-negative patron profile are highly similar for each venue.

Overall this suggests that among the patrons of a specific venue, there is greater consensus, although still not overwhelming, about the patron profile than there is in the general gay community. Understanding how both 'insider' and 'community' perceptions of venue patron profiles operate could well be important for health promotion initiatives in this area.

Table 17: Characterisation of venue patrons (Among those who have used venue in last 12 months)

	N	Leather men	Married men	HIV-positive	HIV-negative	Party boys	Young	Asian	Sex Pigs	Very much part of gay community	Not much part of gay community
Dry 1	19	31.58	57.89	42.11	42.11	47.37	47.37	36.84	36.84	57.89	42.11
Dry 2	13	7.69	76.92	15.38	15.38	15.38	15.38	30.77	30.77	30.77	38.46
Dry 3	50	78.00	50.00	58.00	48.00	38.00	36.00	32.00	66.00	56.00	18.00
Dry 4	13	7.69	53.85	7.69	23.08	7.69	0.00	23.08	7.69	30.77	30.77
Wet 1	37	21.62	37.84	40.54	43.24	56.76	56.76	37.84	40.54	59.46	21.62
Wet 2	22	4.55	59.09	36.36	31.82	13.64	31.82	27.27	22.73	27.27	36.36
Wet 3	11	0.00	54.55	36.36	45.45	18.18	36.36	18.18	27.27	36.36	27.27
Wet 4	13	7.69	15.38	15.38	15.38	23.08	15.38	30.77	23.08	38.46	23.08
Wet 5	37	27.03	62.16	43.24	40.54	24.32	24.32	54.05	40.54	43.24	27.03
Wet 6	39	12.82	35.90	23.08	23.08	25.64	43.59	61.54	28.21	28.21	12.82
Wet 7	89	26.97	48.31	41.57	42.70	51.69	56.18	50.56	42.70	52.81	22.47

Venue Patrons

A series of detailed interviews with SOPV patrons were conducted. The interviews capture in rich detail the exact nature, duration and sequencing of the sexual interactions that occurred during the men's most recent visit to an SOPV. The data allow us to describe trajectories of engagement with sexual possibilities during visit to an SOPV - which are crucial elements in understanding the possibilities and constraints associated with any intervention to alter the sexual risk among gay and other homosexually active men who use SOPVs. In addition patrons were asked about their engagement with a number of specific health promotion interventions related to SOPV use.

Background

While it is important to understand the characteristics of men who do and do not use venues, and to understand how venues are perceived, it is also very important to understand how men use venues and what they actually do during visits to them.

An approach to this issue, which was considered and rejected, would be to interrupt men during their visit to a venue and to ascertain either what they had done during that visit and/or to assess what men 'usually' did during such visits. This approach was rejected for two reasons. First, asking men about what they had done so far during their visit amounts to a form of arbitrary censoring – we could not know at what point during their visit we spoke to men (indeed the men themselves are unlikely to know with any certainty how much longer they might remain in the venue and the extent to which what had happened so far was in any way predictive of the remainder of their visit). This would render data collected in this fashion extremely difficult to interpret and it could not be used to validly generalise to all patron visits. Second, 'usual' practice is a poor guide to actual practice and to rely on recall about previous, perhaps distant, visits raises considerable issues about the reliability of data.

Recruitment

The participants in this part of the research were attendees of SOPVs in Victoria. The criteria for involvement in the project were that participants were male, over the age of

eighteen and had been present at an SOPV within a forty-eight hour timeframe prior to the time of the interview.

Participants were invited to participate in the research as they left the venues. Upon exiting the venue they were handed a Recruitment Card by the staff member at the venue door. The recruitment card outlined the project, described the compensation the participant received upon completion of the interview and provided the contact number the participant used to ring the interviewer. At no stage did participants provide a name, address or any other contact details.

After discussion with the Project Reference Group it was decided that the recruitment card should be designed with a perforated 'tear-off strip' containing contact details only. Because some of the potential participants use the venues discretely, it was important that every effort be made to maintain patron confidentiality.

Upon completion of the interview the participants were provided with a number that corresponds with one supplied to the venue from which they were recruited. Upon presentation of this number at the venue the interviewee was provided with one free entry back into the venue.

All interviews were conducted over the phone, with ARCSHS being the inbound destination of the calls. The inbound number was a freecall 1800 number, therefore limiting any costs incurred by participants (providing they were calling from a landline).

Participants were asked to describe their most recent visit to an SOPV. They were asked to describe the exact nature, duration, and sequencing of sexual interactions and events across the course of their time at the venue. The data was recorded on coding sheets, designed to reflect the nature and facilities of each venue. For every participant a separate Venue Coding sheet was completed for each venue visited and a separate Activity Log sheet for each different sexual event.

The participant was asked where he arrived at the venue from and where he went upon leaving the venue. If the participant visited more than one venue in the same period he was asked to describe his visits to all venues.

The interviewee was asked if he noticed or used any health promotion interventions while at the venue. These interventions include, but are not limited to:

- posters
- condoms and lubricant
- pamphlets
- an outreach worker from a health promotion organisation
- visiting an on-site testing clinic
- talking to venue staff about risk reduction strategies or health concerns

The interviews were semi-structured, with questions designed to respond to the areas outlined in the venue coding sheet and the activity log sheet. They include:

Venue-specific Coding Sheet

- Demographic profile of participant
- Time of arrival at venue
- Alcohol and drug consumption
- Time spent in different areas of the venue
- Exposure to interventions while at venue

Activity Log Sheet

- Location of sex within venue
- Type of space where sex occurred
- Type of sexual activity
- Duration
- Age of partner
- Condom use
- Amyl use
- Ejaculation
- Serosorting
- Partner HIV status
- Partner attractiveness
- Satisfaction

Participants

A total of 219 men completed interviews with sufficient data to allow analysis. Men ranged in age from 18 to more than 80. The median age range was 40-44. Overall, 10% were under 30, 30% were aged 30-39, 37% aged 40-49, 18% were aged 50-59 and 7% 60 or older.

Table 18: Patron age

	Number	Percentage
18-29	22	10.3
30-39	65	30.4
40-49	79	36.9
50-59	39	18.2
60+	16	7.3

Most men (94%) were Victorian residents with half of the remainder being from Tasmania. It was largely a metropolitan sample with only 5% reporting that they lived in country areas.

Table 19: Patron residence

	Number	Percentage
VIC	201	93.9
Interstate	11	5.2
Overseas	2	0.9
Metro	202	95.3
Country	10	4.7

The majority of men identified as gay (86%) with the remainder identifying as bisexual (11%) or with some other identity label (3%). No participants identified as heterosexual. Just over three quarters reported that they were employed (78%) and two thirds reported a post-school qualification. A quarter of the men smoked tobacco. Most men were HIV-negative (82.1%) with fewer being HIV-positive (9.2%) or untested or of unknown status (8.7%).

Table 20: Patron Education

	Number	Percentage
High School	70	32.7
Tertiary diploma or trade certificate/TAFE	47	22.0
University or CAE	97	45.3

Table 21: Patron Employment

	Number	Percentage
Employed (full-time, part-time, casual)	166	77.9
Not employed in the work force (unemployed, student, pensioner)	47	22.1

Table 22: Ethnic or cultural background

	Number	Percentage
Anglo	140	65.4
British/US/NZ	9	4.1
European	22	10.1
Asian	36	16.8
Other	7	3.3

More than half the men described themselves as single (68%) with 27% indicating that they had a regular male partner, 3% a regular female partner and 1% both regular male and female partners. Of those with a partner, the median relationship length was 7 years with a range from under one year to 46 years. Most men reported that their partner was HIV-negative (82%), with 10% reporting an HIV-positive partner and with the HIV status of the remaining partners being unknown. Few men in relationships reported that it was a monogamous relationship (6%) with two thirds reporting that both partners have casual sex (66%) and a further 28% reporting that they have sex with others but their partner does not.

Table 23: Patron relationship status

	Number	Percentage
Single	146	68.2
Regular male partner	59	27.6
Regular female partner	7	3.3
Both Male and Female	2	.9

Table 24: Regular partner's HIV status

	Number	Percentage
HIV-Positive	7	10.3
HIV- Negative	56	82.4

Unknown	5	7.4

Participants were asked to rate how attractive they considered themselves in comparison to other men. Few rated themselves below average, and most rated themselves as average (Table 25).

Table 25: Patrons' self-rated attractiveness

	Number	Percentage
Below Average	4	1.87
Average	136	63.55
Above average	74	34.58

Men were recruited after visiting a total of 12 different venues. However, just four venues accounted for more than two thirds of the men in the study (68%). Most of the men were recruited on the weekend (Friday, Saturday and Sunday) (61%). The majority of men arrived in the afternoon (1:30-6pm 38%) or evening (6:10-11pm 43%) with few arriving late at night (5%) or in the morning (13%).

Arrival

Men most commonly reported arriving at the venue from home (59%) followed by work (10%), shopping (8%) or a bar (7%). Only one man reported arriving from another SOPV. Most men arrived alone (85%) although 21 (10%) arrived with a partner and 11 (5%) with one or more friends. Men were familiar (32%) or very familiar (65%) with the venue and only 3 (1%) were visiting the venue for the first time. The men had visited SOPVs a median of 7 times in the previous six months.

Table 26: Location prior to venue arrival

	Number	Percentage
Home	122	57.3
Bar	14	6.6
Shopping	18	8.5
SOPV	4	1.9
Work	21	9.9
Other	34	16.0

More than three quarters of the men (77%) reported having consumed no alcohol in the four hours prior to arriving at the venue. Around one in eight men reported having consumed 1-2 drinks (14%) with a further 7% reporting 3-4 drinks. Only 3% of men reported having consumed five or more drinks in the four hours prior to arrival at the venue. Only 11 men (5%) reported drug use prior to arriving at the venue, with marijuana accounting for nearly all of the drug use (73% of drug use, 4% of total sample). Drug use was more common during visits than prior to them with 31 men (14%) reporting some drug use at the venue. Amyl was most commonly reported (71% of drug use, 10% of total sample) followed by marijuana (23% of drug use, 3% of total sample).

Table 27: Consumed alcohol in the 4 hours prior to arriving at the venue

	Number	Percentage
None	167	77.0
1 or 2 drinks	30	13.8
3 or 4 drinks	14	6.5
5-10 drinks	5	2.3
10-15 drinks	0	0
More than 15	1	.5

There was no significant variation among the venues in terms of the ages of the men recruited, their sexual identity or employment status. There was some variation in the education level of the men among the venues. There was also considerable variation among the venues with respect to the HIV-status of the men recruited from them. The percentage of patrons that were HIV-positive ranged from zero to 27% across venues[1] with an average of 9%. The percentage of patrons that were of unknown HIV status also ranged from zero to 27% with an average of 9%.

Health Promotion

Men were asked whether they had seen any HIV/STI related health promotion material while in the venue or had spoken to an outreach worker or staff regarding sexual health

[1] This does not include venues where fewer than 5 patrons were recruited.

matters. The majority of men had noticed posters while in the venue, while around half had seen pamphlets. Only a small number had accessed outreach workers or on-site testing. Fifteen of the participants had had conversations with staff about sexual health.

Table 28: Patron exposure to health promotion materials/ interventions

	Number	Percentage
Posters	182	82.7
Pamphlets	101	45.9
Talking to venue staff	15	6.8
On-site testing clinic (MSHC)	8	3.6
Outreach worker from VAC/GMHC	6	2.7
Other	7	3.2

Patrons were asked if they had taken home any material pertaining to HIV/STIs. While twenty percent said they had, the vast majority indicated that this was either the condom pack from the venue or the gay press. Only two patrons left with sexual health pamphlets.

Table 29: Health promotion material taken home

	Number	Percentage
Nothing	177	80.1
Condom pack	26	11.9
Gay press	23	10
Pamphlet	2	1.0

Venue Visit

As described above, participants in this phase of the research were asked to recount in detail their visit to the specific SOPV. Interviewers asked participants to recount the visit in a linear narrative sequence of events – basically a series of "then where did you go?" and "then what did you do?" prompts. Each activity was then coded with an associated time period. This allows us to understand the visit not only in terms of the activities engaged in, but the sequence and duration of those activities. It is beyond the scope of this report to analyse the iterations and complexities of the behavioural sequencing – this will follow in further publications. What is included here are analyses of the range of activities, sexual and non-sexual, engaged in by the men, the settings in which they took place and the duration of those activities. These are discussed in relation to the characteristics of the patrons and their sexual practices. This allows us to contextualise the sexual practices within the entire venue experience, instead of seeing it as somehow independent. As will be shown, while sex may be the primary motivation for a visit to an SOPV, it constitutes only a small part of the activity.

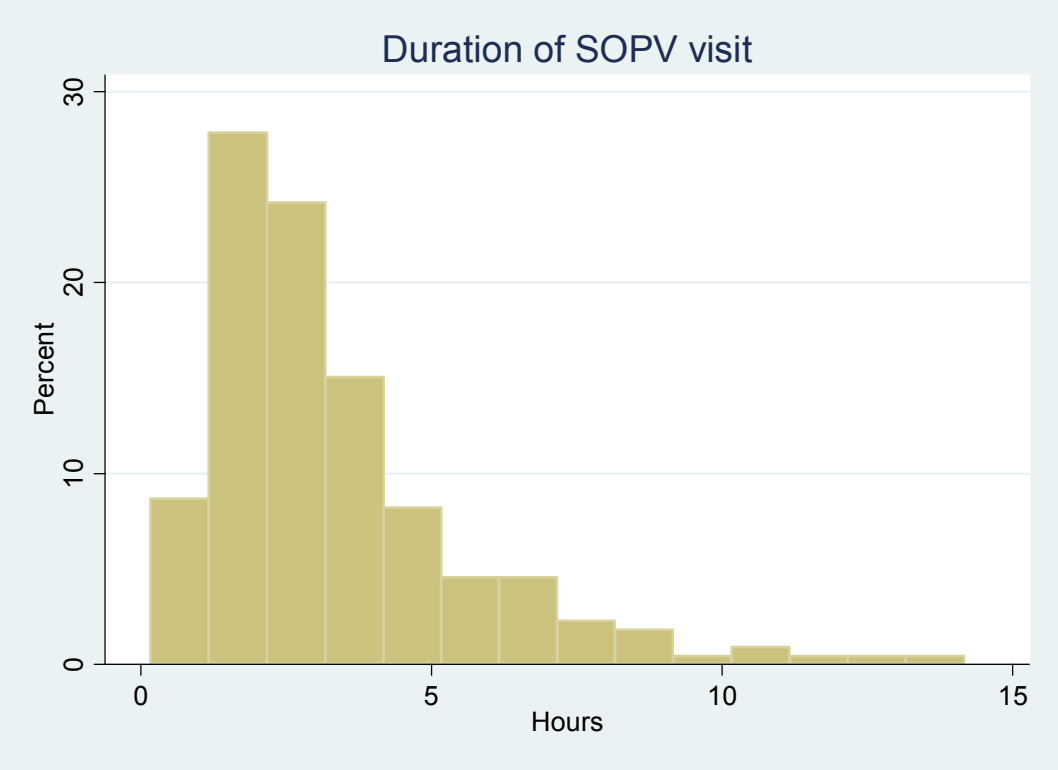


Figure 1: Duration of SOPV Visits

As can be seen in Figure 1, most visits lasted between one and four hours with only a minority lasting more than six hours (12%). The average time spend at different venues varied between 100 minutes and 257 minutes. Length of visit was not associated with men's age, their sexual identity, HIV status or work status. There was an association between length of visit and state of residence with men from Tasmania spending on average an additional 199 minutes at the venue than did Victorian men. There was also an association between education and length of visit with University educated men spending on average 40 minutes fewer than did men with only a high school education.

For the purposes of this report we have categorised men's activities and locations into a small number of possibilities. They are: using the café; cruising areas where sex happens; in a cubicle; in wet areas; walking the venue; using the internet; outside the venue; and other. Table 30 describes the allocation of men's time to those sites/activities.

Table 30: Total time allocation within specific sites in venues

Site/activity	Total time (minutes)	Percent
Café	4759	10.8
Cruising sex areas	13731	31.1
Cubicle	9761	22.1
Wet areas	7223	16.4
Walking	3338	7.6
Using the internet	1148	2.6
Outside	2448	5.6
Other	1688	3.8
Total	44096	100.0

The three most clearly sex-related sites/activities (cruising sex areas, in a cubicle and being in wet areas) together account for 69.6% of men's time in the venues. However, 74.1% of men's time (on average 149 minutes of a total of 201 minutes) does not involve a sexual interaction.

Time budgets

As can be seen from Table 31 below, there was considerable variability among venues in relation to the time spent in particular sites/activities. The table presents the total time spent in each area across all respondents from each venue. This variation relates to both the facilities available at specific venues (for example wet areas, café areas) as well as the culture of the venues.

Table 31: Minutes spent engaged in sites/activities at the different venues (total minutes)

Venue	Cafe	Cruising	Cubicle	Wet	Walking	Internet	Out	Other
1	410	500	256	85	478	80	30	115
2	175	355	290	150	360	0	0	30
3	220	605	753	592	10	0	0	131
4	413	1057	773	1072	225	5	330	350
5	1844	4610	2397	74	1055	779	630	195
6	315	869	715	989	345	0	670	145
7	954	3215	2787	2659	722	0	430	598
8	324	1519	1556	1602	65	255	300	119
10	0	75	75	0	0	0	0	0
14	0	255	0	0	0	0	0	0
15	105	431	100	0	80	30	60	8
16	0	240	60	0	0	0	0	0
Total	4759	13731	9761	7223	3340	1149	2450	1690

We can examine these data for each specific venue. Table 32 shows the percentage of time patrons within each venue spent in specific areas. Each cell represents the percentage of time men in that specific venue spent in each of the areas. For example men in Venue 3 spent 33% of their total time in cubicles. This illustrates the different profiles of venue use and the considerable variability across venues.

Table 32: Percentage of time spent engaged in sites/activities for each different venue

Venue	Cafe	Cruising	Cubicle	Wet	Walking	Internet	Out	Other
1	21	26	13	4	24	4	2	6
2	13	26	21	11	26	0	0	2
3	10	26	33	26	0	0	0	6
4	10	25	18	25	5	0	8	8
5	16	40	21	1	9	7	5	2
6	8	21	18	24	9	0	17	4
7	8	28	25	23	6	0	4	5
8	6	26	27	28	1	4	5	2
10	0	50	50	0	0	0	0	0
14	0	100	0	0	0	0	0	0
15	13	53	12	0	10	4	7	1
16	0	80	20	0	0	0	0	0
Total	11	31	22	16	8	3	6	4

Associations between Time Spent in Venue Areas and Patron Characteristics

We can examine the time spend for each type of area for different subpopulations of patrons. In this way, we can see whether health promotion materials targeting specific groups are better placed in specific sites within venues.

Older men spent less time in the Café whereas smokers spent slightly more time there than non-smokers. There was no variation in time spent in the Café with respect to men's sexual identity, employment status, education, injecting drug use status, or HIV status.

Time spent cruising was unrelated to men's age, sexual identity, employment status, education or HIV status. Men who had injected drugs in the previous year spent on average an additional 111 minutes cruising and those who used tobacco an additional 30 minutes.

Time spent in a cubicle was unrelated to men's age, employment status, injecting drug use, tobacco use, or HIV status. Bisexual men spent 31 minutes less in cubicles than did men who identified as gay. Men who had a university education spent an average of 18 minutes less in cubicles than did men with only a high school education.

Time spent in wet areas was unrelated to men's age, sexual identity, employment status, education or injecting drug use. HIV-positive men spent an average of 23 minutes less in wet areas than did HIV-negative men and smokers an average of 14 minutes less than did non-smokers.

Time spent walking the venue was unrelated to men's sexual identity, education, injecting drug use, tobacco use, or HIV status. Time spent walking increased with age but was shorter by 18 minutes for men who were employed rather than unemployed.

Time spent on the internet and outside the venue were unrelated to men's age, sexual identity, employment status, education, injecting drug use, tobacco use, or HIV status.

Neither the total time spent in sexual encounters nor the proportion of men's visits involving sexual encounters was related to men's age, sexual identity, employment status, education, injecting drug use, tobacco use, or HIV status.

Encounters

There was considerable variation in the numbers of sexual encounters the men reported over the course of their visit (Table 33). Interestingly, 15% of patrons had no sexual encounter during their visit. The majority of patrons (63%) reported one or two sexual encounters and only a small number reported more than four encounters.

The number of sexual encounters men reported was not significantly related to men's age, sexual identity, employment status, education, injecting drug use, tobacco use, or HIV status.

Table 33: The number of sexual encounters men reported during their visit

Encounters	N	Percent
0	33	15.07
1	79	36.07
2	60	27.40
3	27	12.33
4	10	4.57
5	8	3.65
6	2	0.91

In total, men reported 367 encounters of which 63 (17.2%) involved more than one other man. For the purposes of analysis we treat the men's interactions with each of their partners in a multiple partner context as separate encounter.

Location and duration of sexual encounters

The majority of the sexual encounters that men reported (58%) took place in cubicles, with most others occurring in cruising areas (20%) and wet areas (15%).

Encounters lasted an average of 26.5 minutes. As might be expected the duration of encounters varied depending on where they took place (Table 34).

Table 34: Sites and durations of encounters

Site	Encounters	Average duration (minutes)
Cafe	6	10.0
Cruising	85	19.9
Cubicle	251	32.9
Wet	64	13.1
Internet	1	2.0
Other	23	22.6
Total	430	26.5

Encounters that took place in cubicles were of the greatest duration, averaging at 33 minutes. Those in cruising areas averaged 20 minutes, while those in wet areas took around 13 minutes. Given the small number which occurred at the Café or Internet, those two sites will be included in the "Other" category for any subsequent analysis.

Associations between Location of Encounter and Patron Characteristics

There was some variation among the site of the encounters in the ages of the men. However, no clear pattern was apparent. Sexual identity was strongly associated with the site of the encounter with nearly half of the bisexual men's encounters (44.4%) occurring in cruising areas and a further 25.9% happening in cubicles compared with 16.7% of gay men's encounters occurring in cruising areas and 62.2% in cubicles.

Site of the encounter did not vary significantly with respect to men's education, employment status or HIV-status although HIV-positive men were somewhat more likely to have encounters in cubicles (77.8%) than were HIV-negative men (56.2%).

More of the encounters of men who had injected drugs in the previous year occurred in cruising areas (50.0%) than did those of men who had not injected drugs (17.8%) and conversely fewer of them occurred in cubicles (26.9%) compared with men who had not injected drugs (60.4%). Compared with men who did not smoke, those who did were more likely to have their encounters occur in cruising areas (32.4% versus 15.4% for non-smokers) and less likely to have them occur in cubicles (51.3% versus 60.7%) and wet areas (7.2% versus 17.6%).

Perceptions of partner characteristics

Respondents were asked to describe their sexual partners across a range of characteristics. Particular caution should be exercised in interpreting these data. These are perceptions of the participant, rather that the characteristics the partner may report if they themselves were asked these questions. These perceptions are relevant to the current project in that a respondent may act differently given their *perception* of a partner's age, HIV status or other characteristic.

Partner ages were mostly reported in broad categories, for example 'mid-twenties' or 'late thirties'. In some encounters, participants were able to report specific ages, where they had had a conversation with the partner. Generally where estimated and reported, the distribution of partner ages tended to younger than the distribution of participant ages.

Table 35: Partner age (perceived)

	Number	Percentage
18-29	95	19.79
30-39	133	27.71
40-49	101	21.04
50-59	40	8.33
60+	8	1.67
Undetermined/ unreported	103	21.46

Perceived partner ethnicity was reported for 85% of partners. Over half the partners were believed to be of Anglo/Celtic background (see Table 36). When participants reported that partners were of non-Anglo background this was often qualified or clarified as, for example 'Greek-Australian' or 'Australian of Vietnamese background'. Similarly some of the partners described as 'Anglo' or 'Caucasian' were qualified by country of residence, for example New Zealand or Canada.

Table 36: Partner's ethnic or cultural background (perceived)

	Number	Percentage
Anglo	281	58.54
European	66	13.75
Asian	52	10.83
Other	9	1.87
Unreported	72	15.00

When asked the HIV status of partners, the vast majority (88%) stated that they did not know (Table 37). Only five partners were identified by the respondent as HIV-positive, and twenty-two as HIV-negative. Only six participants reported that they made an assumption about the partner's HIV status.

Table 37: Partner's HIV Status (perceived)

	Number	Percentage
Positive	5	1.04
Negative	22	4.58
Unknown	423	88.13
Unknown- assumed positive	4	0.83
Unknown- assumed negative	2	0.42
Unreported	24	5.00

We asked whether the participant or their sexual partner disclosed their HIV status, and if so, at which point during the sexual encounter. Non-disclosure was by far the most common situation for both participant (Table 38) and partner (Table 39). Prior knowledge and disclosure prior to sex were rare, but equally likely. When HIV status was disclosed or known, this was generally true for both participant and partner.

Table 38: Patron Disclosure of HIV Status

	Number	Percentage
Already Knew	15	3.13
Told Before sex	14	2.92
Told During sex	3	0.63
Told After sex	1	0.21
Non Disclosure	424	88.33
Unreported	23	4.79

Table 39: Partner Disclosure of HIV Status

	Number	Percentage
Already Knew	14	2.92
Told Before sex	15	3.13
Told During sex	0	0
Told After sex	2	0.42
Non Disclosure	424	88.33
Unreported	25	5.21

Partners were generally more likely to be rated as 'above average' attractiveness than 'below average' (Table 40).

Table 40: Partner Attractiveness (perceived)

	Number	Percentage
Below Average	25	5.20
Average	172	35.83
Above average	196	40.83
Unreported	87	18.13

Participants were asked whether they believed that their partner was alcohol or drug affected at the time of encounter. Few believed that their partner was alcohol affected (Table 41), and of these 45 individuals, only 6 were thought to be 'very' alcohol affected.

Table 41: Partner alcohol affected (perceived)

	Number	Percentage
Yes	45	9.38
No	377	78.54
Unknown	38	7.92
Unreported	20	4.17

Similarly, few believed that their partner was drug affected (Table 42), and of these 37 individuals, only one was thought to be 'very' drug affected.

Table 42: Partner drug affected (perceived)

	Number	Percentage
Yes	37	7.71
No	380	79.12
Unknown	43	8.96
Unreported	20	4.17

Associations between Partner Characteristics and Patron Characteristics

There was a strong association between the respondent's age and the age of their partner with a tendency for both men to be of similar ages.

There was no association between respondents' ages and their partners' HIV status, their perception that their partner was alcohol affected or drug affected, or their partners' perceived tobacco use.

The respondent's sexual identity was unrelated to their partner's age, HIV status, to their perception that their partner was alcohol affected or drug affected. Bisexual men were somewhat more likely than gay men to report that their partner smoked tobacco.

Respondent's education was unrelated to their partner's age, HIV status, to their perception that their partner was alcohol affected or drug affected, or their partner's perceived tobacco use.

Respondent's employment status was unrelated to their partner's age, to their perception that their partner was alcohol affected or drug affected, or their partner's perceived tobacco use but there was a tendency for unemployed men to be less likely to report that their partner was HIV-positive.

Respondent's HIV status was unrelated to their partner's age, to their perception that their partner was alcohol affected or drug affected, or their partner's perceived tobacco use. The five men who reported that their partner was HIV-positive were themselves HIV-positive. All of the men who reported that their own HIV status was unknown or undetermined reported that their partners' HIV status was undetermined.

Men with a history of injecting drug use were more likely to report that their partner's age was undetermined, that their partner was HIV-positive, that they had not determined whether or not their partner was alcohol affected, drug affected or a smoker and they were more likely to report that their partners were drugs affected but were less likely to be a smoker.

Smokers were more likely to report that their partner's age was undetermined, that they did not determine whether or not their partner was alcohol affected, drug affected or a smoker and they were more likely to report that their partner was a smoker.

Associations between Partner Characteristics and Sites of Sexual Encounters

There were some associations between the sites and the characteristics of partners, particularly whether specific characteristics were ascertained.

The partner's age was more likely to be undetermined in cruising areas (23.5%) than in other sites such as cubicles (6.4%). Having excluding partners with undetermined ages, there was still some variation with partners' ages being assessed as somewhat older in cruising areas and wet areas compared to cubicles.

Partner's HIV status was unrelated to site. Men's perception that their partner was alcohol affected or drug affected, or their partner's perceived tobacco use varied with site such that it was less likely to be determined in cruising areas than other sites. Excluding the partners with an undetermined alcohol, drug or tobacco use status, there was no association between sites and assessed alcohol or drug use but partners in cruising areas were more likely to be assessed as smokers (41.2%) than were those in cubicles (20.4%).

Sexual Practice

Interviews with SOPV patrons included detailed documentation of the sequence, duration and nature of activities within each sexual encounter. It is beyond the scope of this report to include the duration and sequencing analyses, and we have included a simplified description of sexual encounters here. In this section you will find a description of the types of sexual practices and the sites in which they took place. There are also brief summaries of the relationship between these activities, characteristics of the interviewee, and characteristics of the sexual partner.

The sexual practice that occurred most commonly in encounters was oral sex (Table 43), which was reported in three quarters of all encounters.

Table 43: Number and percentage of encounters involving particular practices

Practice	N	%
Massage, frottage, kissing etc	233	54.9
Masturbation	156	36.3
Oral sex	322	74.9
Protected anal intercourse (participant insertive)	62	14.4
Protected anal intercourse (partner insertive)	66	15.3
Unprotected anal intercourse (participant insertive)	9	2.1
Unprotected anal intercourse (partner insertive)	12	2.8

Just over half the encounters involved massage/frottage etc. and one third involved masturbation. In total, a quarter (27.7%) involved some protected anal intercourse and of the 119 encounters in which any protected anal intercourse occurred, it was reported by the respondent as only insertive or only receptive in 92.4% of encounters. Similarly, in the 4.6% (N=20) of encounters in which any unprotected anal intercourse occurred, it was reported by the respondent as only insertive or only receptive in 95.0% of cases. The likelihood that an encounter involved any specific practice was unrelated to how long the man had been in the venue at the time the encounter took place.

There was considerable variation between types of sites and the activities that occurred there. For example, while wet areas included between 10% and 20% of the encounters in which massage/frottage etc., masturbation and oral sex took place, they accounted for none

of the encounters in which anal intercourse, either protected or unprotected, took place. Cubicles are the site of most of the anal intercourse, both protected and unprotected, and accounted for 83.9% of encounters involving anal intercourse.

Table 44: Sexual activities engaged in while visiting SOPV

	Site									
	Cruising		Cubicle		Wet		Other		Total	
Practice	N	%	N	%	N	%	N	%	N	%
Massage, frottage, kissing etc	38	16.3	166	71.2	24	10.3	5	2.1	233	100
Masturbation	35	22.4	79	50.6	31	19.9	11	7.0	156	100
Oral sex	52	16.1	201	62.4	50	15.5	19	5.9	322	100
Protected anal intercourse (respondent insertive)	9	14.5	52	83.9	0	0.0	1	1.6	62	100
Protected anal intercourse (partner insertive)	8	12.1	55	83.3	0	0.0	3	4.5	66	100
Unprotected anal intercourse (respondent insertive)	3	33.3	6	66.7	0	0.0	0	0.0	9	100
Unprotected anal intercourse (partner insertive)	0	0.0	12	100.0	0	0.0	0	0.0	12	100

Associations between Sexual Activity and Patron Characteristics

We examined the likelihood that each specific sexual practice would occur within encounters in relation to a number of characteristics of the participants. In most cases, there is no association between patron characteristics and sexual practice. Table 45 identifies where relationships were observed and these are detailed below.

Table 45: Relationship between patron characteristics and sexual practice

	Age	Sexual Identity	Education	Employment	HIV Status	IDU History	Tobacco Use
Massage, frottage, kissing etc							
Masturbation	X						
Oral sex						X	
Protected anal intercourse (respondent insertive)	X					X	
Protected anal intercourse (partner insertive)		X					
Unprotected anal intercourse (respondent insertive)			X				
Unprotected anal intercourse (partner insertive)					X	X	

The likelihood an encounter involved masturbation declined with the respondent's age.

Men with a history of injecting drug use were significantly less likely to report encounters involving oral sex.

Reporting an encounter involving protected anal intercourse in which the respondent was the insertive partner declined with age and was less common among men with a history of injecting drug use.

Men who identified as bisexual rather than gay were less likely to report an encounter which involved protected anal intercourse in which the respondent was the receptive partner.

Respondents with a university education were less likely than those with only a high school education to report an encounter which involved unprotected anal intercourse in which the respondent was the insertive partner.

An encounter which involved unprotected anal intercourse in which the respondent was the receptive partner was reported by no men who identified as bisexual and was more common among men who were HIV-positive rather than those who were HIV-negative and among those with a history of injecting drug use rather than those without a history of injecting drug use.

Associations between Sexual Activity and Partner Characteristics

We also examined the likelihood that each specific sexual practice would occur within encounters in relation to a number of characteristics of the partners in each encounter. There was little relationship between these. Table 46 identifies where relationships were observed and these are detailed below.

Table 46: Relationship between partner characteristics and sexual practice

	Age	HIV Status	Tobacco Use	Alcohol affected	Drug affected
Massage, frottage, kissing etc			X		
Masturbation					
Oral sex	X			X	
Protected anal intercourse (respondent insertive)					
Protected anal intercourse (partner insertive)	X		X		
Unprotected anal intercourse (respondent insertive)					
Unprotected anal intercourse (partner insertive)					

Massage/frottage etc. was more likely if the partner was a smoker than if their tobacco use was not determined.

The likelihood of oral sex in an encounter generally declined with the age of the partner and was more likely in an encounter where the partner was judged to be alcohol affected rather than it being undetermined.

The likelihood an encounter involved protected anal intercourse in which the respondent was the insertive partner generally declined with age and was more likely if the partner was a smoker than if the partner's smoking status was undetermined.

Health Promotion Exposure Model

Table 47 below characterises the likely exposure to health promotion materials in three generic spaces within venues for various groups of SOPV patrons. For each space and patron group, the table presents: proportion that spent time in this space, the average time spent in minutes, the proportion of total venue visit spent in this space and an assessment of the likely exposure to health promotion materials.

The sub-populations we have chosen to represent here are those that are often identified as specific target populations in health promotion initiatives. We present data for:

- Men who had more than one sexual encounter on their visit-
- Men who are HIV-negative, HIV-positive and untested
- Older and younger men (over 50/ under 30)
- Men who have injected
- Men who identify as bisexual
- Men who had any anal intercourse during their visit
- Men with a high school only education

It should be noted that being in a space does not necessarily mean engagement with any material that may be displayed there. Rigorous testing and evaluation of any campaign material is essential to assess the accessibility, understanding and interpretation of such material.

Table 47: Health Promotion exposure factors by patron type and space

Patron Group	Non-sexual space	Cubicle	Cruising space
Proportion of venues with HP materials in this area	60%	40%	40%
Proportion of venues with condoms and lubricant in this area	35%	55%	50%
All patrons	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	88	76	94
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	50	45	96
	Proportion of total time	Proportion of total time	Proportion of total time
	24	23	50
	Degree of exposure to HP At the level of all patrons it is clear that most men spend some time in all these contexts. Nearly half men's time however is spent in cruising areas averaging at around an hour and a half. Almost an hour is spent in non-sexual space. An important consideration in health promotion terms when comparing these two contexts is the degree to which the patron's attention is available for noticing and processing health promotion messages.		

Patron Group	Non-sexual space	Cubicle	Cruising space
Men with more than two sexual encounters on visit	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	94	79	98
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	59	63	96
	Proportion of total time	Proportion of total time	Proportion of total time
	22	23	50
	Degree of exposure to HP While the time distribution of this group resembles the total sample, men who have more than one sexual encounter spend considerably more total time in cubicles (and more time overall in the venue). This in itself does not suggest that this group would necessarily benefit from the provision of generic health promotion materials in cubicles, as this is probably not what they are focussed on. It does however suggest that initiatives specifically targeting men who have multiple encounters could take cubicle use into account. It also suggests that the provision of a single condom per patron may be disadvantageous to this group.		

Patron Group	Non-sexual space	Cubicle	Cruising space
HIV-negative men	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	89	76	95
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	48	45	94
	Proportion of total time	Proportion of total time	Proportion of total time
	25	23	50
	Degree of exposure to HP As HIV-negative men were the majority of interviewees, the data above are very similar to the overall sample. The assessment of exposure to materials is therefore the same as for the full sample interviewed.		

Patron Group	Non-sexual space	Cubicle	Cruising space
HIV-positive men	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	95	85	85
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	64	53	92
	Proportion of total time	Proportion of total time	Proportion of total time
	26	32	41
	Degree of exposure to HP HIV-positive men appear to spend more total time in non-sexual spaces than HIV-negative men. They also spend a greater proportion of their time in cubicles and a smaller proportion in general cruising areas. 'Positive in prevention' initiatives could potentially take advantage of these differences.		

Patron Group	Non-sexual space	Cubicle	Cruising space
Untested men	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	79	58	95
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	52	28	122
	Proportion of total time	Proportion of total time	Proportion of total time
	24	14	61
	Degree of exposure to HP Men for whom HIV status is unknown show a starkly different pattern of venue usage from both HIV-positive and HIV-negative men. They spend considerably less time, and a smaller proportion of their visit in cubicles, and considerably more time in general cruising spaces. This may have significant implications for HIV testing campaigns.		

Patron Group	Non-sexual space	Cubicle	Cruising space
Older men	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	86	74	93
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	55	45	106
	Proportion of total time	Proportion of total time	Proportion of total time
	26	20	50
	Degree of exposure to HP The distribution of time across spaces does not differ much between older men and other patrons. They spend slightly longer in general cruising areas, but the difference is negligible. The general considerations for the full sample apply to this group.		

Patron Group	Non-sexual space	Cubicle	Cruising space
Younger men	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	89	76	94
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	48	44	92
	Proportion of total time	Proportion of total time	Proportion of total time
	24	24	49
	Degree of exposure to HP The distribution of time across spaces does not differ much between younger men and other patrons. The general considerations for the full sample apply to this group.		

Patron Group	Non-sexual space	Cubicle	Cruising space
Men who have injected drugs in past year	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	100	66	100
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	88	24	192
	Proportion of total time	Proportion of total time	Proportion of total time
	29	9	60
	Degree of exposure to HP Men who have injected drugs in the year prior to interview spend very little of their time in cubicles and the majority of their time in general cruising areas. Their time in general cruising areas is twice that of other patrons. They also spend considerably more time in non-sexual areas of venues. The exposure of these men to health promotion materials in cubicles would be minimal.		

Patron Group	Non-sexual space	Cubicle	Cruising space
Men engaging in any anal intercourse in venue	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	86	74	92
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	52	53	96
	Proportion of total time	Proportion of total time	Proportion of total time
	25	26	47
	Degree of exposure to HP Men engaging in any anal intercourse during their visit spent slightly more time than other in cubicles. Otherwise, they generally resemble the total sample in terms of total time spent and distribution of time across spaces.		

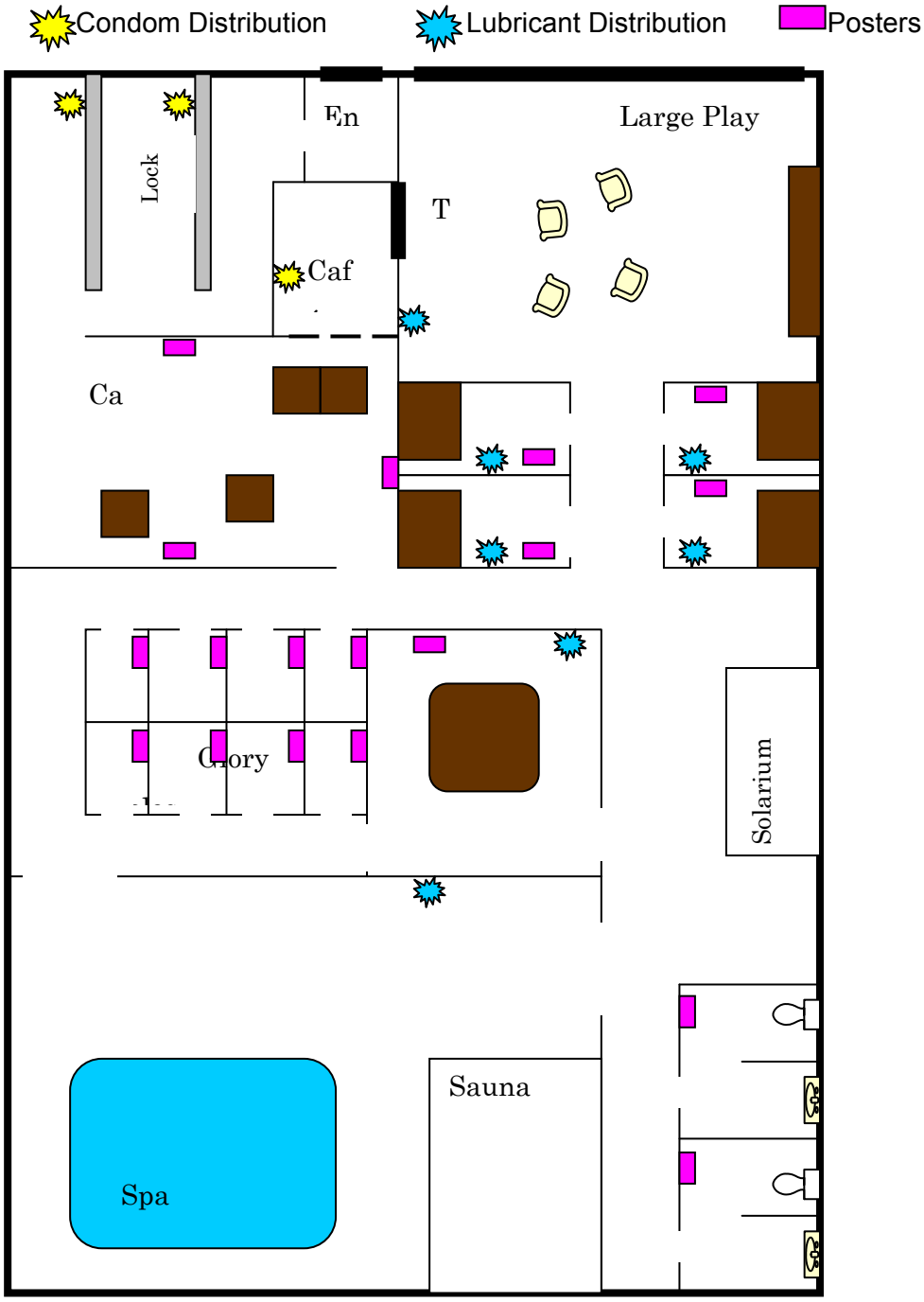
Patron Group	Non-sexual space	Cubicle	Cruising space
Bisexually identified men	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	72	36	92
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	45	15	117
	Proportion of total time	Proportion of total time	Proportion of total time
	23	8	65
	Degree of exposure to HP Men who identified as bisexual spent very little time in cubicles, averaging only fifteen minutes. More of their time was devoted to general cruising areas (as was noted earlier in relation to location of sexual events). They spent much the same amount and proportion of time in non-sexual areas as other patrons.		

Patron Group	Non-sexual space	Cubicle	Cruising space
Men with high school only education	Proportion of men using this area	Proportion of men using this area	Proportion of men using this area
	89	73	90
	Time spent (minutes)	Time spent (minutes)	Time spent (minutes)
	51	53	106
	Proportion of total time	Proportion of total time	Proportion of total time
	26	24	48
	Degree of exposure to HP Men with high school only education had longer venue visits than other men as has been noted earlier. Generally, however, the distribution of this time across spaces was similar to other men.		

Appendices

Appendix A: Floor plan example

The following is a generic floor plan. It does not represent any specific venue. We include this here to clarify the methodology used in constructing the time-space sampling methodology and recording the activities in the patron interviews.


Condom Distribution
Lubricant Distribution
Posters
En
Large Play
Lock
T
Caf
Ca
Glory
Solarium
Sauna
Spa

Appendix B: Results of Time-Space Sampling

Each of the following tables gives a summary of the number of patrons observed in specific spaces in venues in specific time blocks. The first column of each table gives the generic spaces in which observations were made. The second column gives the number of observations conducted in each type of space for the given time period of the table. The third column gives the maximum number of patrons observed in that type of space in that time block. The minimum number of patrons was almost always zero, but exceptions have been noted for each table. The final column gives the mean number of patrons observed in that type of space in that time period. So, for example, in Table 48, we made 21 observations on weekdays in public spaces that were not specifically sexualised. The maximum number of patrons observed in this type of space on a weekday was 5, the minimum was zero. On average we observed 2.05 patrons in this type of space on a weekday. Similarly in Table 55, we can see that in 24 late night observations we observed an average of 9.08 patrons in 'general cruising' areas.

Table 48: Time space results Weekdays

Area	Number of observations	Maximum*	Mean Number of Customers
Public space- non sexual	21	5	2.05
Public sex space	28	10	2.54
Wet sex area	13	9	3.62
General Cruising	17	10	1.88
Internet space	11	2	.73
Cubicle	28	8	2.14

* Minimum for all cases= 0 unless specified

Table 49: Time space results Fridays

Area	Number of observations	Maximum*	Mean Number of Customers
Public space- non sexual	26	26	5.08
Public sex space	35	36	6.31
Wet sex area	16	18	3.13
General Cruising	22	37	7.77
Internet space	11	7	2.27
Cubicle	35	32	5.14

Table 50: Time space results Saturdays

Area	Number of observations	Maximum*	Mean Number of Customers
Public space- non sexual	24	41	7.92
Public sex space	33	35	6.24
Wet sex area	15	12	4.13
General Cruising	20	48	8.45
Internet space	12	7	2.00
Cubicle	33	64	7.58

Table 51: Time space results Sundays

Area	Number of observations	Maximum*	Mean Number of Customers
Public space- non sexual	23	35	6.65
Public sex space	29	35	5.52
Wet sex area	14	36[a]	5.29
General Cruising	19	42	7.42
Internet space	12	9	1.67
Cubicle	29	30	5.03

[a] minimum=1

Table 52: Time space results Mornings

Area	Number of observations	Maximum *	Mean Number of Customers
Public space- non sexual	3	2	1.00
Public sex space	3	4	1.67
Wet sex area	2	2[a]	1.50
General Cruising	1	0	.00
Internet space	3	2	1.00
Cubicle	3	12[b]	6.00

[a] minimum=1, b minimum=2

Table 53: Time space results Afternoons

Area	Number of observations	Maximum*	Mean Number of Customers
Public space- non sexual	31	17	3.13
Public sex space	44	35	3.98
Wet sex area	19	36	5.42
General Cruising	28	42	3.36
Internet space	14	3	.79
Cubicle	44	14	2.59

Table 54: Time space results Evenings

Area	Number of observations	Maximum*	Mean Number of Customers
Public space- non sexual	32	34[a]	6.75
Public sex space	39	36	6.08
Wet sex area	19	18	4.11
General Cruising	25	38	8.04
Internet space	15	9	2.00
Cubicle	39	38	5.74

[a] minimum=1

Table 55: Time space results Night- early morning

Area	Number of observations	Maximum*	Mean Number of Customers
Public space- non sexual	28	41	7.21
Public sex space	39	30	6.18
Wet sex area	18	12	2.72
General Cruising	24	48	9.08
Internet space	14	7	2.36
Cubicle	39	64	7.18

Appendix C: Midsumma Community Survey

The following is the text of the survey used to collect community views and experience at the Midsumma GLBTI carnival on February 11 2007. The original survey included the names of specific venues. These have been removed from this version of the survey and anonymised in the report.

Community SOPV Questionnaire

This questionnaire is part of a study looking at gay men's thoughts about sex on premises venues (SOPVs) as part of the research project *Pivotal, peripheral or positional: Understanding SOPVs for intervention*. The survey is being conducted by Dr Jeffrey Grierson, Prof Anthony Smith and Henry von Doussa of the Australian Research Centre in Sex, Health and Society at La Trobe University.

This survey is voluntary and completely anonymous- do not write your name or address on the survey.

No information will be kept that allows for the identification of any person doing the survey. All the answers you give are confidential. This means that no one apart from the researchers will see your answers. The data (without any identifying details) will be kept by Latrobe University for a period of five years for comparison with future studies. Results from the survey will appear in reports, peer reviewed publications and conference presentations. No identifying details will appear in these publications.

You may access any reports or publications arising from the study by visiting the ARCSHS website (www.latrobe.edu.au/arcshs) or by contacting us (see details below) and being added to our mailing list.

The survey will take between 5 and 10 minutes to complete. Remember if there are any questions you do not wish to answer, just skip them. None of the questions are expected to cause any distress or discomfort. If you don't feel comfortable answering a question leave it blank.

When you have completed the questionnaire please give it to the people behind the ARCSHS Stall.

Some of the questions in the survey are about sensitive and personal matters. If you are uncomfortable about answering any question, just move on to the next one. Skipping a question or section in the survey will not make your other answers less useful.

If you have any questions about the survey please ask someone at the ARCSHS stall, or contact us: (Dr Jeffrey Grierson, Prof Anthony Smith and Henry von Doussa) on 1 800 064 398

If you have any complaints or queries that the researcher has not been able to answer to your satisfaction, you may contact:
The Ethics Liaison Officer, Human Ethics Committee, Latrobe University, Bundoora, Victoria, 3083, (phone: (03) 9479 1443, e-mail: humanethics@latrobe.edu.au).

Thank you for your time and thoughtfulness in responding to this questionnaire.

Jeffrey Grierson
Australian Research Centre in Sex, Health and Society
La Trobe University
215 Franklin Street Melbourne 3000

Background Information

1. Age ☐☐ years

2. Do you think of yourself as:
   - Gay/homosexual ☐
   - Bisexual ☐
   - Heterosexual ☐
   - Other (please specify) ☐_____

3. Postcode ☐☐☐☐

4. How open are you about your sexuality?

	very out				not at all out
With friends	☐	☐	☐	☐	☐
With Family	☐	☐	☐	☐	☐
With workmates	☐	☐	☐	☐	☐
With neighbours	☐	☐	☐	☐	☐

5. How would you rate your attractiveness?
   - Below Average ☐
   - Average ☐
   - Above Average ☐

Relationships

6. Are you in a regular relationship/married?
   - Yes ☐
   - No (go to Q10) ☐

7. What is your regular partner's gender?
   - Male ☐
   - Female ☐
   - Transgender ☐

8. How long have you been in this relationship? __months __ years

9. How would you describe your relationship with your current partner?
   - We are monogamous – neither of us have sex with others ☐
   - My partner has sex with other people but I do not ☐
   - I have sex with other people but my partner does not ☐
   - Both my partners and I have sex with other people ☐

10. How many **regular male** partners have you had sex with in the last year?

    none ☐ one ☐ 2-5 ☐ 6-10 ☐ 11-50 ☐ more than 50 ☐

11. How many **casual male** partners have you had sex with in the last year?

    none ☐ one ☐ 2-5 ☐ 6-10 ☐ 11-50 ☐ 51-100 ☐ more than 100 ☐

12. Where have you met male sex partners in the last 12 months? (tick as many as appropriate)

- ☐ Beats
- ☐ Sauna/Sex club
- ☐ Club X
- ☐ Private sex party
- ☐ Internet
- ☐ Through friends
- ☐ Gay community organisation e.g. VAC/GMHC, PLC. Gay Sporting Club

13. Imagine you have new **regular partner/boyfriend.** Rate how comfortable you might feel telling your gay friends you met him in each of the following places.

	Very Comfortable				Very Uncomfortable
Beat	☐	☐	☐	☐	☐
Sauna/Sex club	☐	☐	☐	☐	☐
Private party	☐	☐	☐	☐	☐
Dance Party	☐	☐	☐	☐	☐
Club/bar	☐	☐	☐	☐	☐
Through friends	☐	☐	☐	☐	☐
Internet	☐	☐	☐	☐	☐
Gay community organisation e.g. VAC/GMHC, Gay Sporting Club	☐	☐	☐	☐	☐

Sex on Premises Venues (SOPVs)

14. Which of the following venues have you heard of?
Please fill all boxes if you have used the venue in the last **12 months**.

Heard of	Used in last 12 months	Number of times visited last 12 months
☐ Venue*	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Venue	☐	⌊_____⌋
☐ Sex Space at local Dance Party	☐	⌊_____⌋
☐ Sydney venue	☐	⌊_____⌋
☐ Interstate venue (not Sydney)	☐	⌊_____⌋
☐ Overseas venue	☐	⌊_____⌋

* Specific venues named in original survey instrument

15. Please rate your agreement or disagreement with each of the following statements:

	Strongly Agree				Strongly Disagree
Using sex venues is an important part of being gay	☐	☐	☐	☐	☐
Men who use sex venues are sluts	☐	☐	☐	☐	☐
Sex venues send the wrong message to the straight community	☐	☐	☐	☐	☐
HIV would not be a problem if all gay men were monogamous	☐	☐	☐	☐	☐
Gay men who use sex venues are only interested in sex, not relationships	☐	☐	☐	☐	☐
Straight men who complain about the existence of sex venues are just jealous of the amount of sex gay men can have	☐	☐	☐	☐	☐☐
If all sex venues were closed there would be fewer cases of STIs /STDs /VD	☐	☐	☐	☐	☐
Closing sex venues would not reduce the amount of sex gay men have	☐	☐	☐	☐	☐
Men who use beats make the gay community look bad	☐	☐	☐	☐	☐
Dim lighting at sex venues helps ugly men get sex	☐	☐	☐	☐	☐

16. We are interested in the types of men you think use different venues. Please put an X in each box where you think this venue is characterised by this sort of clientele.

	Leather men	Married men	HIV-positive	HIV-negative	Party boys	Young	Asian	Sex Pigs	Very much part of gay community	Not much part of gay community
Venue 1*										
Venue2										
Venue3										
Venue4										
Venue5										
Venue6										
Venue7										
Venue8										
Venue9										
Venue10										
Venue11										

* Specific venues named in original survey instrument

17. Have you had an HIV test in the last 12 months? Yes☐ No☐

18. What was the result of your last HIV test?

HIV-Positive ☐
HIV- Negative ☐
Unknown ☐

19. Have you been diagnosed with a sexually transmissible infection (STI/ STD/VD) in the last 12 months? Yes☐ No☐

20. Where do you get your information about HIV and sexually transmissible infections (STI/ STD/VD)?

☐ Friends
☐ Victorian AIDS council/Gay men's health centre
☐ Your regular doctor
☐ Sexual health clinic
☐ Sex on premises venues
☐ Bars/clubs
☐ Gay community press
☐ Internet
☐ Other (please specify) _____

21. Have you used any of the following in the last **6 months**?

Alcohol	☐
Tobacco	☐
Marijuana	☐
Speed	☐
Heroin	☐
Cocaine	☐
Ecstasy	☐
LSD/Trips	☐
Amyl	☐
Steroids	☐
Viagra	☐
GHB/GBH/Fantasy	☐
Crystal Meth	☐

Appendix D: SOPV Guidelines- Victoria, NSW, South Australia and Queensland

Following is the text of The Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues.

Also included in this appendix are the guidelines and codes of practice from New South Wales, South Australia and Queensland for the purposes of comparison.

The Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues (June 2001)

This document was developed by the Public Health Division of the Victorian Department of Human Services in consultation with operators of Victorian sex on premises venues, the Ministerial Advisory Committee on AIDS, Hepatitis C and Related Diseases, The Victorian AIDS Council and the Melbourne Sexual Health Centre.

The Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues.

General Principles

1. All patrons have a right to practice safe and consensual sex.
2. All patrons and staff have the right to information about safe sex.
3. All patrons and staff have the right to be treated with respect.
4. Newly established SOPV will be invited to endorse the *Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues* and to sign a statement of agreement.
5. These guidelines will be regularly reviewed in consultation with all signatories.

Specific principles

6. A copy of both the general and specific principles contained with the *Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues* will be displayed prominently within all SOPV in areas where patrons are most likely to notice and read them.
7. Operators of SOPV will provide a culture that facilitates discussion of safe sex practices between staff and patrons.
8. All staff working at SOPV will receive training in STI prevention, including HIV. The VAC will provide regular opportunities for training.
9. All staff working at SOPV will have an appropriate level of training in occupational health and safety relevant to that establishment.

10. Operators of SOPV will ensure that all staff receive training about hepatitis A and B and understand the benefits of vaccination against these viruses.
11. Operators of SOPV will ensure that condoms and water-based lubricant are readily available in all locations within the venue where any sexual activity may be likely to occur. In all cases, condoms and lubricant will be situated within easy reach.
12. Operators of SOPV will ensure that all areas within the venue are regularly monitored to ensure that stocks of condoms and water-based lubricant are checked and replenished if necessary.
13. All new SOPV staff will be provided with a copy of the *Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues.* The guidelines will be discussed with new employees to ensure a high degree of understanding and acceptance.
14. Posters promoting safe sex will be displayed throughout SOPV. These will be placed at eye height and will be legible from a distance of two metres. Posters will be updated regularly to ensure relevance and promote patron interest.
15. Operators of SOPV will ensure that general levels of lighting within venues are adequate to illuminate safe sex messages and to enable patrons to readily locate condom and lubricant dispensers.
16. Operators of SOPV will ensure that posters and educational material will be displayed which encourages patrons to be tested for STI.
17. Operators of SOPV will ensure that posters and educational material will be displayed which informs patrons of the risks associated with oral sex and the transmission of STI.
18. A well lit area will be maintained in SOPV where patrons may collect detailed educational material about safe sex and the prevention, treatment and testing for STI. The material will be displayed prominently and will include a list of testing, treatment and peer support services. These areas will be restocked regularly.
19. The Victorian AIDS Council (VAC) will provide SOPV with up to date educational material on an ongoing basis to fulfil the requirements of these guidelines.
20. Venues will follow guidelines for a clean and hygienic environment as required by law, including regulations relating to infection control and food preparation.
21. Securely anchored sharps containers will be provided in all toilets for safe disposal of needles and syringes. Cleaning staff will also carry portable sharps containers when cleaning venues.
22. Operators of SOPV will ensure that lighting in all areas of venues during cleaning is sufficient to satisfy OH&S requirements.
23. Operators of SOPV will ensure that staff are provided with the necessary materials to minimise the risk of occupational acquisition of STI and hepatitis.

24. Each fortnight operators of SOPV will check that their venue is operating in accordance with these guidelines. A record of this monitoring process will be maintained in a logbook and will include the date on which the check occurred, the name of the person who performed the check, any issues that arose and details of corrective measures undertaken.
25. A representative of the Department of Human Services will consult with each SOPV every six months in regard to compliance with these guidelines.
26. Operators of SOPV will allow research activities at their venues when the research aims to reduce the transmission of STI and where the research will be conducted in full and ongoing consultation with venue operators and does not negatively impact on patrons, staff or venues.

ACON Sex on Premises Code of Practice

September 2005.

Principles

- All patrons have the right to practice safe and consensual sex.
- All patrons and staff have the right to information about safe sex.
- All patrons and staff have the right to be treated with respect.
- Newly established SOPVs will be invited to participate in the Code and meet the minimum standard

Acronyms

AIDS Acquired Immunodeficiency Syndrome
HIV Human Immunodeficiency Virus
SOPV Sex On Premises Venue
STI Sexually Transmissible Infection
MSM Men who have Sex with Men
PEP Post-Exposure Prophylaxis

Definitions

Sex on Premises Venue Any premises including sex clubs, backrooms and saunas where patrons pay for entry with the intention of having sex with other patrons.

Introduction

The development of this Code has been a collaborative process written by ACON in full consultation with sex on premises venue owners and managers.

The Code endorses components of the NSW Department of Health's Guidelines on Communicable Diseases and South Sydney Councils Sex Industry Policy. It is intended that the Code is read in conjunction with these documents.

Sex on Premises venues are invited voluntarily to sign up to the Code.
Participating venues agree to abide by the principles set out below.
The Code will ensure a co-ordinated response to health issues by agencies and the gay community.

This document and the principles in it will be regularly reviewed and updated in collaboration with venue owners and managers.

Aim:

The Code of Practice aims to maximise the health and well being of both patrons and staff in sex on premises venues and minimise the risk of communicable diseases.

Objectives:

- Setting minimum standards for sex on premises venues in the areas of:

-Condom and lube distribution
-Adequate lighting levels
-Provision of safe injecting equipment
-Provision of resources
-Training staff
-Cleaning

- Monitoring venue's compliance with the Code on a regular basis.
- Regularly consulting with venue owners and managers and patrons.

In order to meet minimum standards venues agree to the following:

1. Condoms and Lube

i. Condoms and lube will be freely available at all times, in all areas, where sex is likely to occur and preferably within 'hands reach'. People should not have to leave the area where sex is happening in order to locate condoms or lube.

ii. Supplies of condoms and lube in areas where sex is likely to occur will be regularly monitored and replenished when low. It is recommended this is done hourly to ensure adequate maintenance.

iii. Condoms and lube will be available in reasonably lit areas or located by a small light.

iv. In saunas, condoms and lube will be placed just outside steam room/ sauna areas.

v. Large and tighter fitting condoms and gloves will be available upon request at the counter.

2. Lighting

i. Where safe sex information is provided lighting will be sufficient enough to decipher the information.

ii. Where sex may occur, lighting will be of a sufficient level to locate condoms and lube.

iii. Lighting will be of a sufficient level in all areas of the venue in order to ensure adequate cleaning standards are maintained (Australian Standard AS 1680).

3. Drug use

i. At least one sharps bin will be provided and securely anchored to the wall.

ii. Sharps bins will be provided in well-lit areas where injecting drug use is likely to happen.

4. Resources

i. ACON resource racks will be placed near exit areas or areas of high traffic. Resource racks will display information on safe sex, STIs including HIV and hepatitis, and information on alcohol and other drugs.

ii. Resources will be prominently displayed in well-lit areas to enable accurate deciphering of information.

iii. Sexual health information and information relevant to gay men and MSM will be displayed in toilets.

iv. Additional safe sex messages/ posters will be left to the discretion of the venue operators. In appropriate circumstances ACON will advise venues on where these messages will have greatest effect.

v. ACON will regularly (once a fortnight) supply and update campaign material and resources.

5. Fostering a Safe Sex Culture

i. Barebacking videos will not be played in the venue.
ii. Advertising for theme nights should not promote the idea that unsafe sex or barebacking will or might occur at these events.

6. Cleaning & Food Preparation

i. Venue operators will follow NSW Department of Health and Council regulations on cleaning, infection control and food preparation. (see Related Documents pg.7)
ii. The venue will be thoroughly cleaned at least once a day and spot checks shall be carried out when appropriate. Particular attention to spot cleaning will be given during peak hours, ie. weekends.

7. Staff Training

i. A handbook supplied by ACON with relevant referral information and basic information on HIV, STIs, Drug issues, emergency numbers, information on clinics, PEP and anything relevant to the gay community will be issued to all venues and updated when necessary

ii. ACON will provide adequate training opportunities for SOPV staff in the following areas:
• Infection control (including cleaning)
• Problematic drug Use
• STIs including HIV

iii. ACON or partnership agencies shall run 6 courses throughout the year. SOPV operators will encourage staff to attend training courses. The courses will be accredited with a certificate of attendance and attendance will be recorded.

8. Compliance

Compliance to the Code will be monitored by ACON (Information and Liaison Officer) every three months in the first year and every six months thereafter.
Venue owners and managers have agreed that ACON will visit the venue within 24 hours of notification.

Venues failing to comply will be consulted with and advised on how to meet the standards.

If the minimum standard is not achieved then certification may be removed until compliance is met. Those venues persistently failing to comply will be monitored every three months until they meet the standard. ACON will produce a report for the accredited venues every six months. The report will highlight venues continuing to abide by the minimum standards and what those minimum standards are.
A meeting between ACON and venues will take place every 12 months to review the Code.

9. Public Consultation

Patrons will be constantly consulted via a dedicated telephone line. Any views/ complaints will be recorded and reported back to venues in order that they may review their practice.

Advertisements publicising this dedicated phone number will appear in the gay press every six months. Venues will also be required to display the number.

10. Reviewing the Code

This code will be reviewed and updated 12 months after its release.

Gay Cruise Clubs, Lounges and Saunas Voluntary Code of Practice - Gay Men's Health, AIDS Council of SA

Guiding Principles:

1. The Mission of the AIDS Council of SA (ACSA) is to improve the health and wellbeing of gay and homosexually active men and prevent the transmission of HIV. Gay cruise clubs, lounges and saunas represent an important opportunity for health promotion with this group.
2. The Gay Men's Health program area at ACSA will work with gay cruise clubs, lounges and saunas using a collaborative partnership approach to maximise the opportunities for HIV prevention and health education for gay and homosexually active men.
3. This Voluntary Code of Practice is based on the values of trust and cooperation and is not enforceable by any party.

Standards:

1. Gay Men's Health will provide assistance and up-to-date advice regarding safe sexual practices and health information to the cruise club, lounge or sauna.

2. The cruise club, lounge or sauna will provide free condoms and lubricant to their patrons.

3. The cruise club, lounge or sauna will provide adequate space for free safe sex information materials on site.

4. Gay Men's Health will provide free safe sex information materials and update their display regularly.

5. The cruise club, lounge or sauna will provide time for all staff to attend annual training on HIV, Sexually Transmitted Infections (STIs) and related topics.

6. Gay Men's Health will facilitate annual training on HIV, Sexually Transmitted Infections (STIs) and related topics for all cruise club, lounge or sauna staff.

7. The cruise club, lounge or sauna will provide safe disposal bins for injecting equipment.

8. Gay Men's Health and the cruise club, lounge or sauna will collaboratively explore additional opportunities for maximising the health of patrons as they arise.

Signed on (DATE)

For the cruise club, lounge or sauna

for Gay Men's Health,
AIDS Council of SA

Healthy Venues, Healthy Choices: Best Practice within Queensland Gay Men's Sex on Premises Venues

Preface

The health and safety of staff and patrons within Queensland gay men's sex on premises venues (SOPVs) is of vital importance for the prevention of HIV and other sexually transmissible infections (STIs).

This document outlines recommended industry principles for the provision of healthy sex venue environments which enable patrons to make safe choices. The document was developed by the Queensland Sex on Premises Venue Reference Group which is a joint initiative of participating Queensland commercial gay men's sex on premises venues, the Queensland Association for Healthy Communities (QAHC) and Queensland Health.

As businesses dealing directly with gay and bisexual men, SOPVs play a vital role in influencing safe sex cultures and norms. SOPVs are also well placed to promote sexual health awareness, to assist patrons in accessing health information and services, and to work with health services on health initiatives.

Maintaining a safe and healthy venue environment

- Condoms and water-based lubricant should be freely available at all times within the venue. Ideally, condoms and lubricant should be available within venue spaces where sex occurs.

- Health information print resources should be available and prominently displayed at venues.

- Respectful etiquette and behaviour should be encouraged amongst patrons.

- Venue premises should be maintained in a clean and safe state.

- While venues do not support the use of recreational drugs on premises, sharps disposal containers should be provided on-site.

- Venues should maintain a safe environment which addresses potential issues such as safe surfaces, storage and maintenance of equipment, and proper signage.

Developing Healthy Policies, Procedures & Practices

- As with all businesses, sex on premises venues will develop appropriate policies and procedures to comply with regulatory requirements such as workplace health and safety requirements.

- Venues will strive to meet the SOPV industry workplace health and safety guidelines.

- Venues should maintain clear Internal Policies and procedures on issues such as:
    - Violence and harassment within venues
    - Cleaning processes
    - Anti-discrimination policy
    - Management of patrons under the influence drugs and alcohol
    - First AID
    - Complaints processes
    - Referral Procedures

Assisting staff and patrons to develop knowledge and skills

- Venues seek to promote a safe sex culture and behaviours within their venues.

- Sexual health information and referrals should be accessible within venues from literature stocked on-site or by speaking with a venue staff member.

- Regular training opportunities should be available to venue staff to assist them to provide sexual health information and referrals.

- Venues and health services should work together to develop and implement health campaigns within sex venues.

Promoting collaborations between venues and health services

- Health services should be mindful of business sensitivities and considerations when working with venues.

- In the event of emerging health alerts, venues and health services should work together to develop appropriate health responses.

- Venues and health services may provide on-site clinical services, where possible and feasible.

- Venues and health services may provide on-site sexual health education outreach and research projects, where possible and feasible.

- Due to regular and high contact with sexually-active gay and bisexual men, venue staff and management can play a lead role in providing advice and feedback to health organisations.

Supporting Community initiatives

- Venues strive to be mindful of community issues and will consider supporting a range of community health, support and advocacy issues.

- Venues will contribute to, and promote industry best-practice by participating in the Queensland SOPV Reference Group.

Appendix E: Project Reference Group: Terms of Reference

The research conducted for the *Pivotal, Peripheral or Positional: Understanding SOPVs for Intervention* project will need to be informed by the views, experiences and expertise of all relevant stakeholders. The research is a collaborative project which requires input from the research institution, community health sector, and the venues.

The Reference Group will act in an advisory capacity to the researchers and project officer at the Australian Research Centre in Sex, Health and Society (ARCSHS). The group will meet at key milestones throughout the life of the project to discuss issues and questions that arise during the different phases of the project, particularly the phases when venue sampling and patron interviews occur.

It is anticipated that the group will meet first to offer guidance during the establishment and planning phase of the project, once mid-way through the project to evaluate processes and continue planning (around the time of patron interviews) and once towards the end of the project. The project is funded for 13 months. Reference Group members may be contacted at other times through out the project to advise or offer evaluation on issues relating to their area of experience.

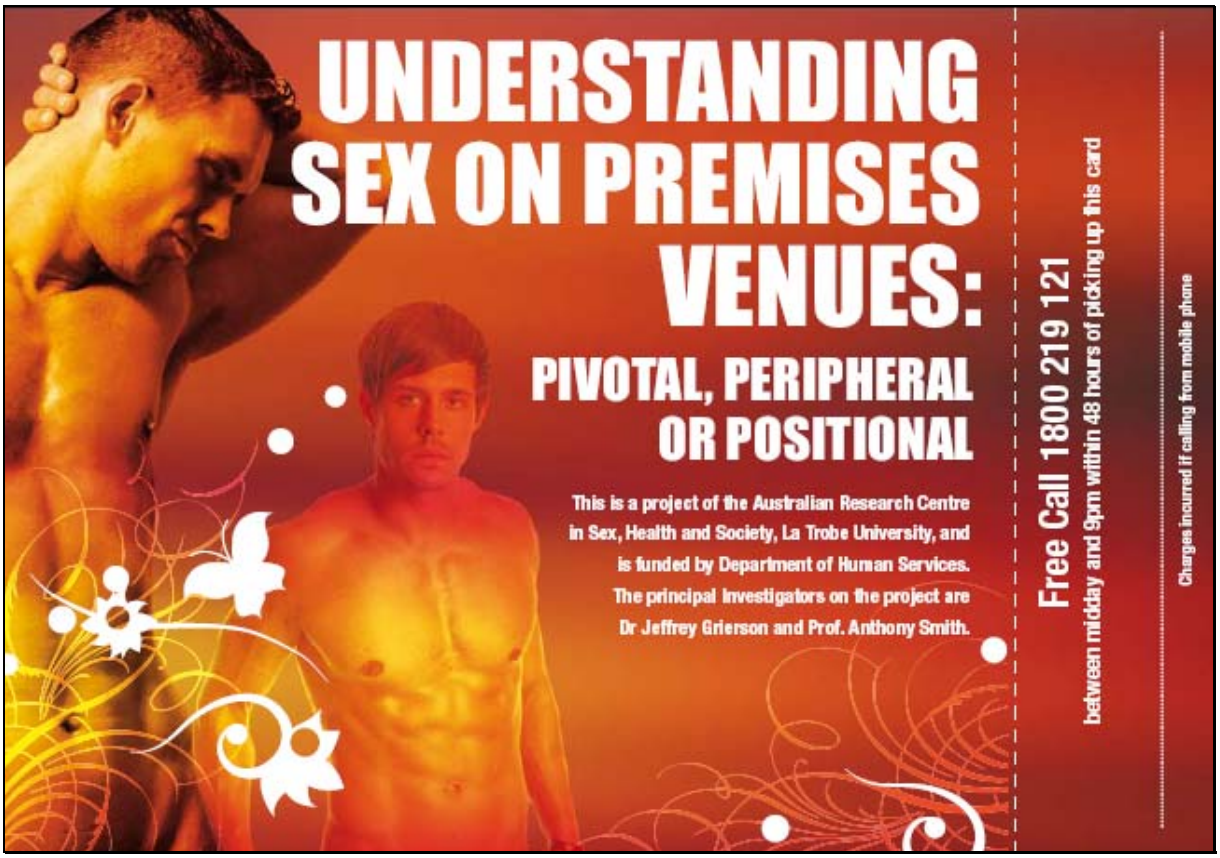
Membership of the Reference Group will include ARCSHS, The Department of Human Services, VAC/GMHC, PLWHA Victoria, Venue Representatives and Melbourne Sexual Health Clinic.

The Reference Group will be chaired by the Principal Chief Investigator of the project Dr Jeffrey Grierson.

Discussion within the reference group will be confidential.

Appendix F: Recruitment card for SOPV patron interviews

Following is the recruitment card distributed to patrons of SOPVs for the patron interview phase of the study.


UNDERSTANDING SEX ON PREMISES VENUES:
PIVOTAL, PERIPHERAL OR POSITIONAL
This is a project of the Australian Research Centre in Sex, Health and Society, La Trobe University, and is funded by Department of Human Services. The principal investigators on the project are Dr Jeffrey Grierson and Prof. Anthony Smith.
Free Call 1800 219 121
between midday and 9pm within 48 hours of picking up this card
Charges incurred if calling from mobile phone


To recieve your FREE ENTRY back into the venue please quote the number given to you by the interviewer.
The Australian Research Centre in Sex, Health & Society is interested in your experiences at Sex on Premises Venues.
HELP REDUCE THE RISK OF HIV & STIs BY PARTICIPATING IN A BRIEF INTERVIEW.
Please call us within 48 hours of leaving this venue. The interview will only take about 15 minutes and will be totally confidential. You don't even have to tell us your name.
In return for calling us we will give you one FREE RETURN VISIT to this venue.
For further information on the study visit
www.latrobe.edu.au/arcshs/sopv.html
LA TROBE UNIVERSITY
AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH & SOCIETY

Appendix G: Health Promotion Interventions

Interventions

In Australia and other countries interventions have been poorly evaluated. There is a lack of empiricism when it comes to arguing for or against the effectiveness of different levels of intervention e.g. individual, group or community interventions. But it is generally regarded that interventions aimed at groups and communities have a better success rate than those aimed at the individual (Elford and Hart, 2003). See Westacott and Horwitz (2007) for a review of three new online interventions for Gay Men's Health Crisis, New York.

> "However, if HIV prevention works, why are rates of high-risk sexual behaviour increasing among MSM in major European, Australian, Canadian, and U.S. cities? The evidence generated by systematic reviews alone may not provide a clear answer to this question. This is because (a) it is uncertain whether experimental interventions shown to be affective in one setting, place, or moment in time can be repeated successfully in another; (b) we have limited understanding of the processes that underlie the interventions; (c) interventions shown to work in an experimental study may not necessarily be effective in everyday life. To answer these questions, we need to be alert to the changing risk environment in which men are having sex with other men. We also need to develop a new program of research addressing the transferability, sustainability, and effectiveness of sexual health promotion among MSM." (Elford and Hart, 2003:297)

Methodology

The main databases used for the review of SOPV-based published literature were: Medline; Embase; INFORMIT; HIVA; CINAHL (Cumulative Index to Nursing, Allied Health Literature); Current Contents; The Body: The Complete HIV/AIDS Resource. For a more thorough search of Australian material, databases attached to the National Centre in HIV Social Research and the National Centre in HIV Epidemiology and Clinical Research, AFAO, and NAPWA were consulted.

Search terms: HIV or AIDS or sexually transmitted diseases; intervention or health promotion or prevention; CSV or commercial sex venue or sex on premises venue or bath-house. In a secondary search the terms 'beats' and 'public sex environments' were used to draw out material which was relevant but locationally different and, in the case of beats, more appropriate to the Australian context.

As Scott (1998) notes, "Recently there have been useful reviews of the literature describing the history, anthropology and social and sexual dynamics of cottaging and cruising behaviour. Other literature reviews have either concentrated on specific issues such as the policing of PSEs (Ford, 1996), or have touched tangentially on PSE usage in reviews of bisexual behaviour (Weatherburn, 1996) or services (George, 1993)." (Scott, 1998)

Databases from ACON, the library at the South Australian AIDS Council and resources from other AIDS Councils around Australia were consulted, particularly for the grey literature search. For newspaper articles Factiva database was searched, without much success. It has been noted that grey literature is often excluded from academic literature databases and is therefore challenging to collate exhaustively. (Frankis and Flowers, 2005)

Inclusion criteria for published literature was:

- that the analyses are published in peer reviewed publications
- that the settings in which the data are collected or interventions are conducted are substantially similar to those found in Victoria
- that, in the case of interventions they are practicable in the current Victorian social and legal context

Inclusion criteria for grey literature was:

- that it is of a quality that warrants inclusion in the review including where relevant: ethical clearances; empirical basis for findings or assessments; documented and transparent processes; public availability; clear statements of pecuniary or other interest that may have an impact on the conclusions drawn;
- that it is drawn from settings that substantially resemble those currently found in Victoria

Relevant Studies in CSV and SOPVs

The following section draws together some of the recent analysis of interventions that have been conducted both nationally and internationally. Most have occurred within the last five years and, where possible, where conducted in substantially similar settings to those found in Victoria. The HIV/STI prevention studies included here do not represent

an exhaustive search, but include major studies and their findings from some of the epicentres of the HIV/AIDS crisis.

As Woods and Binson have noted, when one narrows down the literature search terms from HIV/AIDS or STI interventions or health promotion among MSM by including the research terms 'commercial sex venues', there are substantially less hits. While the following studies represent commercial sex venues, some also took place in PSE that were not commercial. (Harding et al., 2001, Woods et al., 2001, Binson et al., 2005, O'Sullivan et al., 2002, Somlai et al., 2001, Frankis and Flowers, 2005, Frankis and Flowers., Jan 2006)

Studies: International

Woods et al., 2001

This study is methodologically similar to that of the current project*: Pivotal, Peripheral or Positional* and locates itself within SOPVs only. Structured interviews were conducted with the owners/managers of the businesses across the US. Using two business directories of gay businesses, 104 SOPVs where identified and contacted. Twenty venues had closed, four reported that they did not operate as business that provided a space for sex. This left 80 businesses. Out of those 80, sixty-three completed the interview process, five refused to participate and 12 could not be reached.

Of the 63 key informant interviews, 16% were owners, 65% managers, 19% other staff. The inclusion criterion was that the person interviewed had a day-to-day knowledge of what went on the business. Interviews took on average 10 minutes, were conducted on the phone, and covered about 10 subject areas:

- Demographic information of key informant, including job title
- Facility information. Key informant asked to identify what type of venue it was
- Description of the physical layout of the space in terms of facilities and amenities. Specifically, did it allow sex to occur in open areas or did it provided small booths for sex. Also asked about water and sexual amenities, douches, glory holes, saunas, slings etc.
- HIV/STI interventions
- Were condoms and lube provided and if so were they free of charge
- Asked about specific HIV/AIDS prevention, e.g. posters and fliers
- HIV/STI testing and special health programs

Points of interest:

- Condom and pamphlet distribution occured at all venues
- A large number of businesses provide special education events and some provide HIV/STI testing
- The worry that too much of an emphasis on HIV/STI health education would turn away customers did not hold true
- Only one person from each business was interviewed, this could generate bias
- Ambiguity about what constitutes an 'open space' - e.g. some people reported that no sex occurred in public space and at the same time reported that sex occurred through glory holes and in the maze - could have compromised findings.

Harding et al., 2001

GMFA (Gay Men Fighting AIDS) is a British group who attended a range of gay community venues - including SOPVs - to address the feasibility of combing motivational interviewing and cognitive interventions for HIV risk reduction by peer educators in an outreach context. A questionnaire asking participants to compare their desired versus actual behaviour in sexual situations and to recognize their risk-related cognitions was used among the venue patrons. (Harding et al., 2001)

The interviewing process used a technique of open-ended conversation and had semi-structure questions to act as prompts. In order to maximize uptake in the research it was important to approach people in an open and friendly way and to use recruiters and interviewers who are comfortable in a range gay community environments and familiar with the codes and conventions of the SOPV scene.

Parsons & Halkitis, 2002

A qualitative research project of an ethnically diverse sample of HIV sero-positive men in New York and San Francisco. They were recruited from a variety of settings including CSVs and PSEs. Data for the investigation was collected as part of a larger study of the sexual behaviours of HIV-positive MSM. All participants were self-identified HIV-positive MSM recruited through a targeted sampling strategy. To protect confidentiality the men were handed a recruitment card at a number of venues which outlined the project and stated: "If this doesn't apply to you, please pass to someone you know." The

men were screened by phone to determine eligibility. The surveys took approximately 60 to 90 minutes to complete and addressed a variety of factors:

- Sociodemographics
- Mental health
- Substance use
- Sexual behaviour
- PSEs/CSEs
- Sexual sensation seeking/sexual compulsivity
- Perceived responsibility to protect partners

Points of interest:

- Men who reported going to CSEs were more likely to report the use of stimulating drugs, specifically amphetamines, ecstasy, hallucinogens and inhalant nitrates (poppers)
- The use of these drugs was related to 'cognitive escapism'
- The only recreational drug used more commonly by men frequenting PSEs was barbiturates. Men who looked for sex partners in parks and other outdoor cruising areas may be more inclined to use barbiturates/tranquilizers as a way of relaxing in preparation for 'hanging out'
- Men who frequent CSEs were found to have significantly higher levels of sexual sensation seeking and depression, as well as to perceive less responsibility towards protecting their sexual partners from HIV infection
- In terms of psychosocial differences between HIV-positive MSM who do and do not go to PSEs, the only factor that differentiated these men was feelings of 'sexual compulsivity', which was higher among those going to PSEs
- There were no significant differences in the frequencies of unprotected sexual behaviour between those who did and did not frequent PSEs
- Men who attended CSEs reported significantly more acts of unprotected sex than did men who did not attend CSEs, corroborating other studies (Binson et al., 2001; Elwood & Williams, 1998
- HIV-positive MSM who frequent CSE were found to have more unprotected sex more often with unknown status partners than with partners of known status
- HIV-positive MSM who went to CSEs engaged in more unprotected anal insertive and oral receptive sex acts than did the men who had not frequented CSEs.

- The authors note that future studies should assess sexual risk behaviours at these venues, as well as outside the venues, to better understand the role that the venues play in unprotected sexual activities.

"HIV prevention interventions tailored to men who frequent CSEs were identified as an immediate priority more than a decade ago, however, although interventions for men who frequent PSEs have been evaluated, there have been no published evaluations of men who use CSEs." (Parsons & Halkitis, 2002:816)

Binson et al., 2005

While this intervention in a bath-house in the US is substantially different to our research project - this one being the implementation of a weekly HIV/STI testing program at a sauna - the case studies and evaluations have a number of salient points to make. This project has interesting comparability with *Pivotal, Peripheral or Positional* because the collaborative nature of the project (the stakeholders being SOPV management, public health officials, university researchers, and a community based project worker) is similar to that proposed for our project.

"Capacity building: one of the outcomes was capacity for all stakeholders. We think of capacity building as a dynamic process that increases or improves the capacity of individuals (groups, organizations, communities) to carry out stated objectives and to contribute to their sustainability…Capacity building from this perspective is best nurtured through efforts at increasing the connections between community partners and university researchers, connections that increase community research capacity and community research involvement, while at the same time increasing university research capacity." (Benson, 2005:388)

It was important, Binson et al note, for the collaborative partners to understand that bath-houses and bath-house patrons have historically had 'adversarial relationships' with law enforcement and public health agencies. Noting that it is important for outreach workers and research assistants to respect the necessity of 'doing business' of an SOPV and to follow the guidelines and expectations of business owners in ensuring customers' privacy is protected. It was further noted that "there is also the reality that patrons come to the club for various social reasons but not to be clients and research

participants. Thus, the programs and evaluation are available for patrons to use at their will, not the other way around" (2005:396)

Reflecting on best practice and lessons learned during the project, the research emphasised the importance of transparent and respectful data and evaluation dissemination; that SOPVs should be informed of findings before dissemination; and that research institutions stand alongside venues if any negative attention falls on venues due to project results.

Mutchler et al., 2003

This qualitative study compares sexual activities over two bath-house sites in Los Angeles. Both bath-houses are substantially different, with Bath-house A being one frequented by young, affluent, predominantly Caucasian men, and Bath-house B being characterized by a predominately ethnic/racial minority clientele who were more mixed in age and largely from working class backgrounds. Bath-house B also has a clientele less gay community attached than Bath-house A. Workers and patrons from both sites were recorded using a semi-structured style of interviewing.

Points of interest:

- The importance of location and context in the tailoring of site-specific and demographically appropriates intervention were confirmed. Some similarities were found across both sites, for example men at both bath-houses use a top/bottom typology to decide on potential HIV risk, with insertive partners in anal sex being seen as lower risk.
- When asked how they decided to use a condom or not, a common response from men at both bath-houses was that the decision was left up to their partner.
- Assumptions about HIV status proved to be site-specific, where patrons at Bath-house B were commonly perceived to make no assumptions about the HIV status of their partners, while pardons at Bath-houses A were more likely to assume that their partners were HIV-negative.
- The assumption that non gay-identified MSM, as a hard to reach group, can be more easily targeted by health promotion at SOPVs was examined, with most men across both venues identifying as gay. However, patrons reported seeing sexual risk behaviours among bisexual and/or married men who attend the venues, allowing the researchers to draw the conclusion that the implications for

female sexual partners of patrons from some sites may be more pressing than others.

- The research also confirms differences in drug and alcohol use across venues, suggesting that patron drug choice might be used as a reason for patrons to cluster around a particular site, and that this would have implications for public health interventions.

Weatherburn et al., 2003

The article addresses the 'moral panic' that has come mostly from US generated statistics and their interpretation about homosexuality and the internet. The report examines the extent to which MSM use the internet, where they meet partners, and the relationship between where they meet partners and HIV exposure. (Weatherburn et al., 2003)

"The health promoters (and public health officials) who have a major concern regarding the internet and sexually transmitted infections need to articulate what the precise problem is. Do they believe the increased opportunities for sexual interaction is problematic per se? If not, do they believe that there is some characteristic of the internet that makes it fundamentally more problematic than meeting men in any other setting?"

This report usefully sets about investigating these questions and makes a comparative analysis between venues and their associations with UAI (see section 4.3 Relationships between the settings: Segmenting men by where they meet new male partners). Analysis concerns itself with the odds ratios of having UAI in particular venues at particular times. Among all men, the setting associated with the most sero-discordant UAI was the backroom. Interestingly, among diagnosed positive men who had met a new partners in the last year, the only other setting associated with sero-discordant UIA were social groups and the internet.

Crosby & Mettrey, 2004

Of the 164 men surveyed at a large sex resort in the US over a 6 month period

- 2/3 of men had anal sex
- 21% never used condoms and 41% reported always using condoms
- Of sex had in previous 3 month 49% engaged in UAI

- No significance found in the frequency of UAI between positive or negative men
- Significant number of men engage in practices which added risk; UAI without lube; use of 'nonprescription' Viagra; fisting
- One sixth (16.7%) of the sample reported being HIV-positive
- One fifth of men reported being HIV-negative despite not having been tested in the past year

Conclusions: The findings suggest that MSM attending large sex resorts may experience substantial risk of HIV infection. Sex resorts are another commercial sex venue which may be an important site of HIV prevention. This may have implication for the Australian gay resort market and SOPVs more generally. (Crosby and Mettey, 2004)

Australian Research Projects

Santana & Richters, 1998

An ethnographic study of five SOPVs in Sydney. Participant observation (limited to public areas and a social context) and key informant interviews (to expand on what could not be gleaned through limited participant observation) were used as research methods. The method is similar in scope to that of *Peripheral, Pivotal or Positional*, with the exception of community perspective interview and a less comprehensive analysis of the time-space mapping. (Santana and Richters, 1998)

McInnes & Bollen, 2000

Learning on the Job: Metaphors of Choreography and the Practice of Sex in Sex-On-Premises Venues draws on two Sydney projects: *Enacting Sexual Contexts* and *Mapping Sex-On-Premises Venues*. The authors deploy metaphors of choreography to understand the ways men 'do' sex in the 'discursively constrained' environments of sex venues. The project is underpinned by the desire to develop and implement appropriate educational material for MSM at SOPVs, and "to increase men's levels of 'health' literacy and the capacity of men to make 'healthy' choices as they participate in sex at sex-on-premises venues." Unlike similarly motivated studies from the US however, this study seeks to do so "without disrupting or impacting negatively on the culture of sex venues." (2000:28)

Methodologically, the model used is context based and follows Dowsett's (1995) move beyond the generic list of sexual sites (saunas, beats, clubs, backrooms), to more fully

incorporate sexual context of a broader terrain; "sexual contexts differentiated across physical-situational, relational-emotional, and symbolic-semiotic dimensions." (200:29)

Analysis of interviews: men were asked to recount their experiences at sex venues in as much detail as possible, with their stories being analysed for narrative structure and thematic clustering. After analysis it was proposed that experiences at SOPVs be modelled along three dimensions:

- Trajectory: a temporal-narrative dimension that recounts a sequencing of moments, activities and engagements, as men trace their moments through a venue in recounting an experience
- Scope: a spatial-situational dimension that registers shifts in attention paid to the venue and its areas, to the self and to others, to particular bodies and their body parts, as men describe the various situations through which they move
- Moments: an actional-relational dimensions that clusters together particular kinds of doings and particular ways of relating that constitutes various applications to sex venue practice as men recount the details of what they did at particular points.

McInnes et al., 2001

Enacting Sexual Contexts is a series of cross-sectional surveys of gay men in Sydney in the late 90s. "This report is not attempting to 'generalise' practices, groups and meanings, but is foregrounding the 'why', that is the active discursive positioning that enables or constrains behaviour. It examines sex, sexual practices, contexts and cultures as meaningful practices rather than simply describing behaviours." The interviews are analysed for both material and discursive patterns, analysing not only what the men did at SOPVs, but also the meanings they attach to those happenings.

Enacting Sexual Contexts places emphasis on the discursive, giving as much, if not more weight to the mapping of 'discursive terrain' (familiarity/comfort, relating/relationships, sexuality/temporality, abandonment/control/choice, agency/passivity) as it does to the mapping of what men actually do in the venue (venue choice, patterns of use, sexual roles, drug/alcohol use, risk assessment/behaviours, sexual negotiation strategies).

"This discursive description is vital, in that it directly informs the ideas and choices men make, and how they are seen as social, and therefore marketing/health promotion

subjects. It is often hard to address the discursive as it impacts on the sexual choices men make because, we would argue, it has not actually been clearly mapped but rather left implicit, dominated by other concerns." (2001:17)

McInnes et al suggest the following areas, among others, need to be considered when developing educational initiatives in SOPVs in a post-AIDS context:

- different motivations for 'healthy choices'
- increased levels of active health literacy
- different and diverse experiences of sex and HIV/other STIs in comparison to the singularity of crisis mode education.

It is interesting to note, as the authors suggest, that, "though this project focused on places and practices that might lead to a risk of HIV transmission, we did not ask for the recount of a 'risk-taking' event. Rather we asked for memorable or interesting occasions. Few of our interviewees discussed a 'risking-taking' event, even when prompted most did not disclose an encounter where risk occurred." (2001:16)

O'Sullivan et al., 2002

In the first six months of 2000, 148 cases of Shigella infection were recorded in NSW, compared with an average of 95 cases over the same period the previous six months. A questionnaire was completed by both the research cohort and a control group. Eighty percent of the new cases were among homosexually active men, with visiting a sex venue in the two weeks before onset of illness the only factor significantly associated with shigelloses.

Research established that venue facilities, such as poor lighting in wash areas or a lack of hand-washing basins (in 40% of the 15 sex-venues used for the research) contributed to inadequate cleaning. Of the five venues with douching equipment, only two reported regular cleaning of the equipment.

As a result of the research an interagency approach was used to develop and conduct plans to control the outbreak. These included a health promotion campaign for gay men; a shigellosis forum attended by owners, managers, and cleaners of sex venues; and the development of infection control guidelines for SOPVs.

McKenzie, 2004

These conference proceedings outline the evaluation of the Victorian AIDS Council's SOPV outreach project, *Contact Outreach*, in eight Melbourne venues. McKenzie explores the different types of issues discussed by venue patrons and the ways health educators respond to a wide variety of issues discussed during the Contact Outreach sessions with outreach workers.

"The Contact Project aims primarily to inform and educate venue patrons, and in addition venue management and staff about HIV/AIDS and other STIs, safe sex practices and to be a 'friendly ear' for same sex attracted men who have difficulty in discussing their sexual health with their usual doctor or other health professionals."

Hull et al., 2007

The Melbourne Gay Periodic Survey 2007 was the ninth to be conducted in Melbourne. In all 1805 participants were recruited at a number of sites: SOPVs, sexual health clinics, bars and clubs and Midsumma carnival day. The questionnaire is a short self-administered instrument that typically takes 5 to 10 minutes to complete.

Where men looked for sex partners: Around two-thirds of those who responded to the question "Where do you look for male sex partners?" had looked for partners in gay bars. Just under half had looked for male sex partners in gay saunas and about a third had looked at other sex venues. Reported UAIC was higher among me who had visited SOPVs to look for partners (29.3% had engaged in UAIC) than it was among men who had not visited SOPVs to look for partners (9.9% had had UAIC).

Over time there has been a significant increase in the proportion of men using the internet to find casual sex partners. In 2007 over 25% of the men who had sought out sex partners online reported engaging UAIC, compared with 11.6 of those who had not sought sex partners via the internet.

Use of condoms for anal intercourse was more likely with casual partners than with regular partners. Less than a third (28.4) of all men who had sex with casual partners had unprotected anal intercourse with these men, while nearly half (48.4%) reported having always used condoms.

From 2001-2007 there have been no significant changes to the proportion of men who reported engaging in UAIC, based on the HIV serostatus or the respondents.

Grey Literature

SOPV Codes of Conduct

Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues (June 2001)

(See Appendix D page 92)

The draft policy was developed by the Public Health Division of the Victorian Department of Human Services in consultation with venue owners, the Ministerial Advisory Committee on AIDS, Hepatitis C and Related Diseases, the VAC and MSHC. Currently the guidelines are only actively used by a small number of venues. Not all SOPVs in Victoria are signatories.

When you're hot you're hot (ACON)

The brochure is designed for guys who are interested in visiting a venue but who haven't yet or who have been a few times but still find it a bit mysterious. This 'handbook' for the use of SOPVs functions as a 'how to' guide, with sections like, Getting started, Cruising tips and Taking care of yourself.

When you're hot you're hot: pocket-sized booklet (ACON and QuAC)

This is more or less the same resource as the above bigger version, however this is a smaller, put in your pocket version with a little less information.

Unlock your sex life (QuAC)

A business card size foldout pamphlet giving the details of sexual health services and a reminder to have check-ups every six months. The resource is produced particularly for SOPVs.

Cruising (VAC/GMHC)

An extensive guide to cruising in Victoria. It covers a range of locations, beats, SOPVs and online cruising. Again, for the most part, a 'how to' guide, with up-to-date information about HIV/AIDS and other STIs. There is an extensive section on cruising and the law and useful information on sero-sorting, sexual positioning and other risk reduction strategies in the context of cruising and causal pick-ups.

The S Guide: A Guide to Male Only Sex on Premises Venues (WAAC)
Sauna Sexual Health Service (Western Australia)
Located within Perth Steamworks & Beaufort 565 this service provides sexual health education and confidential and anonymous testing for sexually transmitted infections (STIs) and blood borne viruses (BBVs).

Check It Out Intervention Campaign - Victoria
This resource was produced by the Department of Human Services and aimed at Men who have sex with men (MSM). In 2003 the Department selected a consortium, led by the Victorian AIDS Council, to develop and implement a targeted HIV and STI testing campaign, intended to increase levels of regular HIV and STI testing among MSM in Victoria. The campaign was launched during the Melbourne Midsumma Carnival. A4 narrowcast messages were placed throughout toilets at this large community event, postcards were distributed and a four panel take away brochure distributed within condom packs. The initial phase of communications, which targeted gay community attached men who have sex with men, commenced in 2004. In addition 200 display points were installed in sex on premises venues, gay clubs and pubs and other gay community venues, Display points were maintained for an initial four month period. A press campaign in print, web and radio was scheduled to support this campaign.

TravelSafe: HIV/AIDS Prevention Campaign - Australia
This resource was produced by the Commonwealth Department of Human Services and Health and targeted outbound/inbound, intra-international travellers. Between 1991-2000, Convenience Advertising developed a HIV/AIDS prevention program on behalf of the Commonwealth Department of Human Services and Health. Targeting international and domestic travellers, the campaign employed 1784 display points with six creative executions to promote safe sex behaviours to reduce the likelihood of HIV/AIDS transmission.

ACON HIV/AIDS Awareness Campaign – Resource produced by the AIDS Council of New South Wales for men who have sex with men in Sydney. In 1998, the AIDS Council of New South Wales selected Convenience Advertising to run their HIV/AIDS awareness campaign within popular gay venues within Sydney. A total of nine messages were adopted for this campaign with an overall total of 200 display points.

The campaign aimed to raise awareness of the risks related to HIV and to advocate safe sexual practices as a means of preventing transmission.

Evaluation of Outreach Programs

ACSA SOPV training

Training schedule for SOPV training day

Gay Cruise Clubs, Lounges and Saunas Voluntary Code of Practice

VAC/GMHC Contact Outreach Project. See (McKenzie, 2004)

Outreach conducted in eight Victorian venues by health promotion team.

10 Plus

55 Porter Street

Bay City Sauna x 2

Club 80

Steamworks

Subway

Wet on Wellington

Beat Bookshop currently under construction

STRIP (Sexual Health Testing Referral Information Program)

Canberra. See evaluation in (SCHAMBURG et al., 2003)

As a result of the low testing rates illustrated from the 2000 Canberra Periodic Survey, a testing and referral program was set up in one of Canberra's most popular SOPVs. Evaluation of the sexual health outreach project suggests that of the people who did use the service during its pilot (32), 31% had never been screened for HIV or other STIs, 53% had not been tested in the last 12 months. As a result of the positive feedback from participants and the clinical outcomes it was decided to continue the project.

Strip was followed by the PACT (partnership approach to comprehensive testing) Project, which undertook a comprehensive testing program at six ACT venues between June 0002 and November 2004. PACT is now ongoing.

ACON

ACON don't currently do 'outreach' but have some health promotion materials out in venues. The main resource is *When You're Hot You're Hot*, which is accompanied by a series of workshops called *Cruising 101 Workshops*.

ACON has also developed a Code of Practices for SOPVs (see Appendix D, page 95) more recently it is has incorporated a change to 'foster a safe sex culture', including an agreement that venues not show barebacking videos or promote unsafe sex parties or events.

Appendix H: List of Tables and Figures

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