



BRISE StraightMSM Study: Understanding expert views on defining and reaching heterosexually-identified men who have sex with men for health promotion and care

Never Stand Still

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Introduction

Almost no published research exists specifically on heterosexually-identified men who have sex with men in Australia, and the international literature is also scant. Very little is known about the sexual practices, risk perceptions, or information and service needs of these men more broadly.

Funded by BRISE, the Centre for Social Research in Health, in collaboration with Pozhet and representatives of NSW Health sexual health services, conducted exploratory research to investigate the sexual practices, sexual spaces, sexual health knowledge and sexual health needs of these men, and to consider opportunities to better engage them with health promotion and care.

This report summarises the key outcomes of this pilot research, which comprised reviewing the literature, analysing existing survey data, appraising the terminology and activities evident in online personal ads posted by straight men who have sex with men, and conducting qualitative interviews with 30 professionals employed in health services, health promotion and other relevant roles in New South Wales.



Why do this research?

HIV prevention and testing services are well established for men who have sex with men (MSM) who identify as gay or bisexual (Kippax & Race, 2003). While 80% of HIV notifications reported in New South Wales (NSW) are attributed to sex between men, this is not differentiated by identity, and so the proportion of heterosexually-identified men who have acquired HIV through sex with men (and report this either as sex with a man, or 'risk not further specified') is unknown (NSW Health, 2016). This means that any specific needs or opportunities to tailor health promotion and care to this sub-group are currently overlooked.

Hardly any research has been conducted or published on the experiences and needs of 'straight'-identified MSM in Australia, excepting projects which have focused on men attending sex-on-premises-venues (Santella et al., 2015), the experiences of female partners of MSM (particularly men who identify as bisexual) (Pallotta-Chiarolli, 2016), and a phone survey study conducted in 1993-1994 with behaviourally bisexual men residing in the Central Coast area, and recruited via advertisements in the personal column of local newspapers. The latter study was groundbreaking, confirming the existence of a sub-group of men who engaged in sex with other men and regularly used beats but did not identify as gay nor connect to social and sexual networks of gay-identified men. However, this study was conducted over 20 years ago, at a quite different point in the history of the response to HIV and in social attitudes to sexual diversity (Joseph, 1997; Prestage & Drielsma, 1996).

Looking internationally, most research on straight-identified MSM in the last 20 years has been conducted in the US, and is very much dominated by an interest in the phenomenon of the 'down low', and the potential role of these men as a 'bisexual bridge' for sexually transmissible infections between gay men and heterosexual women. The term down low 'has been popularised to describe ethnic minority men who maintain a 'straight' public appearance while engaging in sexual activities with men' (Reback & Larkins, 2010: 767), and is a contentious expression at least partly because it is imbued with a number of racialised assumptions. While some of that research and theorising may be applicable to the Australian context, we can assume that at least some aspects of the experiences of straight MSM are specific to their unique cultural contexts, which means they may be difficult to translate across country settings.

There has been an increase in attention among sexualities scholars in understanding the phenomenon of straight MSM: Jane Ward, for example, has argued that among white men in the US, these practices represents an affirmation, rather than a challenge, to heterosexual identity (Jane Ward, 2015). Kath Albury has proposed a new definition of 'identity plus' (Albury, 2015) to encompass these kinds of examples of sexual practices that exceed the identity categories that are relied upon in research, policy and practice.

In sum, while a range of insights have been documented regarding a set of sexual practices that contrast with assumptions made about heterosexual men, no research has been conducted in Australia in recent years to investigate what straight-identified men who (sometimes) have sex with men need with regard to health promotion and health services focused on HIV and sexual health.

What did we do?

The primary focus of this exploratory, qualitative project was to interview a range of professionals employed in health services, health promotion and other relevant roles to document their expert views on the experiences and needs of straight-identified MSM in NSW. Other activities included reviewing the literature, analysing existing datasets held by the Centre for Social Research in Health (CSRH), and appraising the terminology and activities evident in online personal advertisements posted by straight MSM.

What information was extracted from existing survey data?

There are no comprehensive survey data available that reports the prevalence or risk profile of straight-identified men who have sex with men in Australia. However, while they were not directly targeted, a small number of straight-identified men have taken part in the Gay Community Periodic Surveys, which represent the primary behavioural surveillance system for behaviours that can increase the risk of STIs in Australia.

Heterosexually-identified men comprised 1.9% (n = 138) of all participants in the 2014 Gay Community Periodic Survey (GCPS) across six states and territories, compared with 6.2% (n = 458) bisexual and 89.1% (n = 6,600) gay-identified men. Most of the recruitment for the GCPS occurs at large gay community events, gay bars and, to a lesser extent, sex venues and clinics. Online recruitment was introduced in the second half of 2014. Because it is left to men to decide whether they are eligible to take part or not, heterosexual men can participate because they believe they meet the eligibility criteria (which focuses on adult men who have had sex with other men in the past 5 years), or because they misunderstood the criteria but still completed the questionnaire.

Of the 138 heterosexual men in the GCPS in 2014, 27 (19.6%) indicated some recent sexual contact with men (in the previous 6 months). Compared with a randomly drawn sample of 500 gay men from the GCPS database, these 27 heterosexual men reported relatively few male partners and were less likely to report anal sex with those partners. If they had met partners recently, heterosexual men were most likely to report meeting male partners at gay bars (which may also be an artefact of the GCPS recruitment method). Heterosexual men were less likely than other men to have ever or recently tested for HIV or STIs, and less likely to report recent illicit drug use, but were similarly likely to report injecting.

In conclusion, the 27 heterosexual men in the GCPS in 2014 who reported recent sex with men appeared to be at relatively low risk of HIV from sex with other men. However, it is highly unlikely that the GCPS sample adequately represents MSM who identify as straight/heterosexual because, as noted, straight-identified men are not actively targeted or recruited. The branding of the GCPS may, in fact, actively deter straight-identified MSM from participating because of its obvious gay themes and imagery. To comprehensively investigate the sexual practices and HIV risk profile of straight-identified MSM, a specific behavioural surveillance tool would need to be designed to include questions, for example, about sex with men and women, and to use targeted recruitment strategies that are culturally appropriate for straight-identified MSM.



What did we observe in the analysis of online personal ads?

Anecdotal reports suggested that the neutral environment and simple format of Craigslist (a popular personal advertisements and trading website) has encouraged its recent uptake by many straight-identified MSM in Australia, particularly as an alternative to sex and dating apps and websites explicitly targeting gay men. This is supported by research from the US which has demonstrated similar patterns and practices in that setting (Downing & Schrimshaw, 2014).

To create a snapshot picture of language used, practices and locations specified by men who fit the category of straight-identified MSM, we piloted a short analysis of Craigslist personal advertisements by reviewing posts in the 'men seeking men' section over a one-week period in July 2015. During this period, from a total 3,478 advertisements, approximately 5% included a description of the person posting as a straight-identified man seeking sex with men. While some of the posts included in this analysis may represent advertisements for paid sex, or gay-identified men playing the role of a straight man, this nonetheless suggests there are also many men who are straight-identified who are using this site to make contact with men for sex. Keywords featured in their ads included 'straight', 'str8', 'discreet' and 'married'. Many other terms included in these advertisements are not specific to this population, but suggest a literacy in and intersection with the sex-seeking practices and cultures of gay and bisexual men. While some men explicitly requested 'discretion' to keep their everyday lives separate from this aspect of their sexual lives, there was little sense in general that these advertisements were being posted by 'closeted' gay men who are living a double-life, or that men were seeking to overemphasise their heterosexuality through repeated references to straight male culture, as has been argued in US analyses of Craigslist posts by straight-identified MSM (2015; 2008). Rather, these posts suggest these men seek to engage in sex with men as simply one part of a broader heterosexually-identified life.

In conclusion, we believe this suggests that Craigslist and other non-gay-specific online and mobile platforms for seeking sex partners offer important new environments for recruiting research participants who are not reachable through existing recruitment strategies. However, research needs to be planned realistically regarding the number of straight-identified men who can be expected to be using these sites.

Who did we interview as key informants?

After ethical approval was secured from Sydney Local Health District (Royal Prince Alfred Zone) and site-specific approvals from relevant Local Health Districts, key informants were interviewed by CSRH researchers in person or by phone between November 2015 and February 2016. Interviews lasted up to one hour in length, and explored expert views on how to define and reach this population, these men's sexual lives and practices, contact mechanisms, strategies and spaces for engaging with other MSM, HIV/STI knowledge, engagement with and expectations regarding health services, health promotion and prevention strategies for this group, and intersections with diversity in cultural backgrounds.

Thirty participants were interviewed across 21 interviews (some in groups), with an even gender balance among participants. Slightly more than half (n=17) comprised practicing clinicians with frontline knowledge of straight MSM, including sexual health physicians, nurses, social workers and counsellors, and the remainder were engaged in other relevant roles including health promotion, advocacy, policy or community development, and/or academic research. More than half (n=18) were employed by publically funded health services, and the remainder by policy or health promotion units of local health districts, non-government organisations, in private general practice and/or higher education institutions.

What were the key findings of the research?

Resisting definitions: Participants actively resisted developing a stable or singular definition for straight MSM. Instead, they viewed them as a set of multiple, shifting sub-groups and individuals, rather than one population. Nonetheless, most participants still viewed straight MSM as distinctive in a number of ways from men who identify as gay or bisexual. Based on these views, some men who fit the description of straight MSM may be described as 'culturally straight' in that they would likely identify as gay if they felt it was possible in their particular cultural, family, or religious context. This group was often described as being the most conflicted, anxious or angered regarding the divergence between identity and practice in their lives. Others can be described as 'straight but open', or as is being recently proposed in the literature, 'heteroflexible' (Carrillo & Hoffman, 2016), that is, they strongly identify as heterosexual but do or have had sex with men on occasion because of opportunity, fun, the desire for particular sexual practices, or to make money. While some are seen to be unbothered by this degree of 'flexibility', they still value 'discretion' and are largely not keen for others to know.

They're a pretty heterogeneous group... [Some are] culturally straight...[and] in denial...because the social costs are so great... The other group would be the men that I'd probably call pretty hypersexual... They would see themselves as straight but...quite frequently have sex with men, just 'cause they're easier to get. [KI 1: clinician – sexual health physician]

They're not one identity, you know? They have different ages [which shapes] how they express themselves and the practices perhaps... Some are in long-term, heterosexual relationships. Some are single and either serially monogamous or have multiple casual partners...some are experimenting and some have very long, established patterns of practice. [KI 11: clinician – social worker]

Comprehending parallel lives: Participants described finding it hard to comprehend the emotional and practical ‘work’ that likely goes into managing these parallel lives. Straight MSM were described as making use of the ‘usual’ ways that gay-identified men meet other men for sex (eg. hookup apps, sex venues, beats/public spaces, sex workers), but with an additional emphasis on deliberation, distance and/or ‘discretion’. We heard stories about the myth of the ‘fishing trip’, eg. long-term arrangements between straight men, and of men living in rural and suburban areas who would travel to other towns or cities to protect privacy. Overall, participants believed that the considerable effort involved in demarcating sexual and everyday lives revealed how much was at stake for them if they were ‘found out’: fears of losing wives, girlfriends, families, friends, jobs, communities. There was some divergence in views about the notion of ‘compartmentalising’: was this simply careful management of different parts of life that don’t connect easily, or did it reveal a deep and problematic denial of different aspects of the self?

There’s a massive fear of being found out. And I think that’s what stops people, even though they may be worried about sexually transmitted infections and HIV, from accessing services, because that would be part of their hidden life bleeding into their everyday life. [KI 12: clinician – sexual health physician]

Some guys were so relaxed about it: “I’m married and I’ve got my wife at home and I love her, and we’ve made a life together. And I just occasionally [visit the SOPV] for a shag”...a quick fix at lunchtime and then go on their way. [KI 2: advocacy/policy/community worker]

Challenging assumptions: Participants believed that most people have no idea straight-identified men can enjoy sex with other men, and if they do, tend to judge them as deviant, duplicitous and deceitful. Participants expressed a strong pushback against the common belief that these men are ‘actually gay’, and proposed that this response can be explained on the basis that people need stable categories to make sense of the world. The HIV and sexual health sector in NSW was viewed as mostly ‘open-minded’, but also as sometimes ‘a bit judgmental’. But there was broad recognition that in terms of the work of health promotion and care, this group of men were most appropriately described as ‘complex’, ‘challenging’ and ‘elusive’.

It’s a difficult position... Their straight mates who don’t have the same views or urges will probably tell them that they’re closet faggots...the gay community will tell them that they’re slumming or they just haven’t had the courage to face-up to the stuff that they’ve faced-up to... But, first of all, that’s irrelevant, it’s their business, and, secondly, I know it’s not true in some cases. [KI 15: advocacy/policy/community worker]

People have to find such a quick label, you know? As a gay man, I certainly hear amongst friends and, surprisingly, within the sector, that many are perceived as ‘really gay’. And I just think that’s not true...they just don’t understand the diversity of sexual practice... That gets so reinforced in...the down-playing of this group in terms of HIV reporting... I got told once to ‘stop tramping around the margins’ when I raised it. [KI 11: clinician – social worker]

Assessing risk: There was a general consensus that these men hold less knowledge about sexual health than gay-identified men, as do other straight men. But there were divergent views on whether these men take extra efforts to stay safe in order to protect female partners and prevent being 'outed', or if they simply don't know what they don't know. Some believed these men may prefer low risk practices while others reported seeing a number of straight-identified clients who engage in anal sex with other men, as well as a smaller but consistent number of men in this category who are HIV positive. In general, the sense conveyed by participants was that a minority of men (within the minority of straight MSM) are likely to engage in high risk practices, but that there was no obvious way of identifying these men in advance, or without their own willingness to disclose their sexual practices openly. There was little consensus expressed regarding the question of whether or not these men 'need our help' in relation to sexual health, although there was agreement that their emotional wellbeing was certainly a concern, as were the potential impacts on female partners who may be unaware of the full extent of their partners' sexual lives.

There's individual cases where those guys are at really high risk. Probably as a population they're not. And so is it about...protecting their female partners... [Or] suicide risk? The psychological consequences of the strategies they're needing to employ to survive? [KI 28: clinician – sexual health physician]

People get reduced to like risk factors [when] maybe it's just about different sexualities and expressions of sexuality? [Although] if someone's having unprotected sex...then, yeah, there is a logical risk [and] in terms of late diagnosis of HIV, it's often non gay-attached or heterosexual or straight MSM, or CALD groups, that are in that late diagnosis [category]. [KI 8: clinician – social worker]

Reaching without targeting: Participants strongly agreed these men presented a series of complex challenges for health promotion: how can you effectively target a disparate group who may actively avoid messaging about sex between men? Consistent advice included that health promotion materials which use notably 'gay' images and 'explicit' language will be avoided by straight-identified men, suggesting that more neutral language which focuses on sexual health or general health, and appeals to 'blokes' or 'straight' guys, may offer opportunities to overcome this resistance. We also heard many participants suggest that men in this context connected deeply with messages about 'keeping you and your (female) partner safe'. They also suggested strategies for reaching men who identify as straight needed to capitalise on but also extend beyond traditional approaches to reaching gay-identified men, thinking creatively about the use of online/mobile sex-seeking platforms, social media, and general practice and sexual health clinics. Participants saw value in working carefully to influence attitudes in different cultural groups over time, and in increasing health literacy and inclusive sex education in schools in order to build on generational changes in attitudes to sexuality, which they believed were already changing quite dramatically. The increasing access to pre-exposure prophylaxis (PrEP) technologies was also suggested as a potential opportunity to engage those straight-identified MSM who were particularly keen to achieve additional protections for their own sexual health.

You've gotta get through the incredible barriers that straight men have around [health]. They think they're invincible, [that] their wife will sort it out for them. But if they can't talk to their wife about the fact that they're having sex with truckies...who is? [KI 21: researcher]

I remember sitting down with [an older man] and [going through] some resources... He's like, "Oh, I'm not a poofa, you know?" [Because] the language is very gay [like] 'fucking', 'blasting' [but] they don't speak like that and they don't see it like that. [KI 25: clinician - nursing]

Serving without judging: Different views were expressed about which health service was more important for engaging these men: while the anonymity of sexual health clinics may be preferred, don't more men use GPs? Lots of stories were expressed about GPs being unprepared to ask the right questions and provide the right support to straight MSM, but participants also recognised that as sexual health clinics must prioritise 'priority populations', so that straight men who do not feel comfortable reporting sex with men upfront may, according to triage protocols, be sent elsewhere for care. Automated surveys that permit clients to indicate sex with men without having to speak to anyone could act as a self-triaging strategy to overcome that potential missed opportunity for engagement of men with health services. Participants were supportive of trialling innovative service delivery approaches in other contexts, eg. rapid testing at shop fronts, and sex-on-premises-venues, but saw the main challenge as building trust with men to encourage them to speak openly about their sexual practices. Ideal approaches to engaging men with health care services included: ease of access, clinician choice, confidentiality, open-mindedness, non-judgment, repeat visits to build trust and respect.

If somebody rings up...we ask them, "Have you ever had sex with a man?" and [if] they haven't got to the point where they're comfortable to say that, then they wouldn't get in... And they're always concerned when they see you writing stuff down and putting things in a computer... [So] how do you identify unless somebody identifies themselves? And there needs to be a relative level of comfort before they'll do that. [KI 12: clinician – sexual health physician]

Let people tell their own stories...rather than assuming... The context in NSW is so strongly [focused on] gay men, even doctors forget that they might be sitting in front of someone who's not. And they just start to tell their story for them. [KI 19: advocacy/policy/community worker]



What are the key conclusions and recommendations from the research?

In summary, our interviews with key informants reveal that professionals engaged in the response to HIV and sexually transmissible infections in NSW hold notably progressive views about sexual diversity, including the small but significant proportion of straight-identified men who have sex with men in this setting.

Participants viewed these men as illustrative of both the lived realities of sexual fluidity, and the challenges this presents for health systems which rely on stable identity categories. They described straight-identified MSM as comprising multiple and intersecting sub-groups, but also having distinctive preferences and needs which they believed distinguished them from gay and bisexually-identifying men. These specific needs rendered them deserving of a detailed response within the design and delivery of HIV and sexual health promotion and care.

While participants agreed it is likely some men do engage in high risk practices, there was general agreement that not enough is known about the sexual practices and support needs and preferences of straight MSM. Similarly, while the range of suggestions provided for how to reach and engage these men were broad, most participants were hoping this research could help them in this process, as they largely found engaging or attracting straight-identified MSM to services challenging.

Recommendations developed by the investigating team on the basis of these interviews, and through the additional activities in which we engaged during this pilot research, include:

Social and behavioural research:

In addition to relevant studies already in train regarding straight-identified MSM, for example, understanding the mental health needs of gay married men (GAMMA, 2016), engaging men with HIV and STI testing at a suburban SOPV (Santella et al., 2015), and piloting the recruitment of straight-identified MSM into surveys of behavioural risk (eg. Looking survey conducted by The Kirby Institute):

- Opportunities to conduct survey research on the sexual practices, risk profile and health promotion and care needs of non-gay-identified men should be explored by CSRH, in partnership with Pozhet and relevant research partners. Such research would likely benefit from recruiting both bisexually- and straight-identified men in order to achieve a sufficient sample size and provide comparison groups. Recruitment strategies to be considered include accessing men through their sexual networks and sex-seeking websites and apps such as Craigslist, Grindr and Squirt. The survey should also ask if men would be willing to take part in a confidential phone interview or private web chat to explore their experiences in more depth. This would permit qualitative research if sufficient funding support is secured.

- Opportunities to pursue qualitative research to investigate the experiences of heterosexual men who have acquired HIV through sex with men should be explored by Pozhet, supported by CSRH and other members of the StraightMSM Study team, in order to draw on the trusted relationships Pozhet has built over time with diagnosed straight-identified MSM. This research could explore any divergences between identity and practice in this group, including what that has meant for how they disclose to and discuss these matters with their healthcare providers.

Professional development:

- Opportunities to increase clinician awareness of straight-identified MSM and confidence in undertaking appropriate sexual histories should be explored. Both of these points were also stressed in a recent article encouraging Australian general practitioners to: 'Be open to the possibility that your male patient may be at risk of HIV, syphilis and other STIs. Routine sexual history taking will help reduce the proportion of late HIV diagnoses and the associated poor outcomes and high risk of onward transmission' (Cornelisse, Fairley, & Roth, 2016: 184)
- Opportunities to provide additional support and/or information to clinicians who diagnose and manage HIV infection in heterosexually-identified men could be investigated by NSW Health, particularly those clinicians located outside specialist clinics, to ensure they are aware of and refer appropriately to peer and support services.

HIV notifications:

- NSW Health, in partnership with CSRH and/or the Kirby Institute, if appropriate, could conduct an exploratory audit of recent HIV notifications data (e.g. last 5 years) held by NSW Health to identify the proportion of behaviourally bisexual men contained within the existing MSM notifications category, in order to determine the potential value of routinely reporting this category.
- The potential feasibility and value of collecting additional information on sexual identity of newly diagnosed patients (ie., in addition to mode of transmission), could be investigated by NSW Health through the HIV Support Program. This information could be collected through, for example, phone interviews with clinicians who have diagnosed and/or taken on the management of HIV infection in men in recent years, to provide information on sexual identity to supplement that which is available through the HIV notifications data reporting processes.



Health promotion and care:

- Opportunities to investigate the use of targeted strategies to reach this population, where possible, should be explored by NSW Health, in addition to opportunities for capitalising on existing health promotion campaigns by incorporating relevant messages on HIV testing and sexual health, particularly in general sexual health campaigns and men's health campaigns.
- The potential value of developing a small number of HIV and STI prevention resources (eg. brochures, fact sheets) which are deliberately inclusive of men who identify as heterosexual could be investigated by NSW Health. The visual and messaging dimensions of these materials would need to be carefully considered, to ensure they are viewed as relevant to heterosexual men, but do not presume these men exclusively have female partners.
- Opportunities to overcome barriers to disclosure of sex with men among straight men in health service settings, should be explored by NSW Health, in order to ensure HIV testing is made available to all those sub-groups in the broader population who are at risk of HIV but do not necessarily identify with an existing priority population (such as gay men).

What happens next?

We are developing a number of in-depth analyses to be published in the peer reviewed scientific literature, focusing both on how key informants conceptualise this population, and also how they make sense of the challenges and opportunities within the health system to more effectively comprehend and engage straight MSM with health promotion and care. We are also engaged in plans for potential future research, as noted above, and hope to have further information to report in the coming year.

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