

Opposites Attract

FOR HIV NEGATIVE PARTNERS OF HIV POSITIVE MEN



A true love romance

Second Edition

Contacts

NSW
ACON
02 9206 2000 or
1800 063 060

QLD
Queensland AIDS
Council
07 3844 1990

VIC
Victorian AIDS
Council/Gay Men's
Health Centre
03 9865 6700

ACT
AIDS Action Council
of the ACT
02 6257 2855

SA
AIDS Council
of South Australia
08 8334 1611

TAS
Tasmanian Council
on AIDS and Related
Diseases
03 6234 1242

WA
Western Australian
AIDS Council
08 9482 0000

NT
Northern Territory
AIDS Council
08 8941 1711

**Concept,
copy & design:**
dna creative

Photography:
Jeremy Parkes
Stylist:
Brett Chamberlain

Text:
David McGuigan
&
Kenton Miller

The first edition of *Opposites Attract* was a collaborative project between ACON and the Victorian AIDS Council Inc/Gay Men's Health Centre Inc



ISBN 1-86356-037-9
Second Edition - June 2005



Opposites Attract

This booklet provides information for HIV negative men who are in a gay relationship with an HIV positive partner – a serodiscordant relationship. No matter what kind of relationship you're in – whether you're wildly wooing or ferociously screwing, in the throes of lust, or with your longtime companion – this booklet is a resource for all HIV negative men living in a serodiscordant world.

As the HIV environment changes, gay men face new challenges and relationship needs. With the advent of improved treatment options, many of our HIV positive friends are living long, healthy and fulfilling lives – and as time passes, we are likely to begin fabulous friendships or enter new relationships with men who happen to be positive. As HIV negative men in a positive/negative relationship, we need to address the sexual and emotional issues particular to us. A significant number of new HIV infections occur within the first few months of a serodiscordant relationship, and it's with this in mind that we need to look not only at issues around safe sex, but also assessing risks, attitudes about love, and tips on making good relationships better.

Without claiming to have all the answers, we hope you find this handbook useful for making informed decisions about your relationship and sexual choices.

Contents

~1~

Love lessons

The modern man's guide to relationships

Pillow talk: New and improved communication

Come sin with me: Improve your sex life!

Three's a crowd: HIV and the relationship

Agony Aunt: Keeping things close to his chest

Do tell? The disclosure dilemma

~2~

Love bites

Dealing with lovers' tiffs

Agony Aunt: How to argue fairly and squarely

Agony Aunt: How to get what you want

More than a lover's tiff

~3~

Endless love

Open relationships, closed doors

Hungry for lovers

Agony Aunt: Open for trade

Heart ache: ending a love story

Loss and living

~4~

Bedtime stories

HIV & safe sex issues

How is HIV transmitted?

HIV and viral load

Living with lust in a discordant world

Being fucked • Withdrawal • Oral sex

Finger fucking • Fisting • Wanking – masturbation

Rimming – licking arse • Water-sports (pissing) and scat (shit)

Sex toys • Felching • Razors and body shaving

Injecting drugs

Sadomasochism (SM) and Bondage
and Discipline (B&D)

Other Sexually Transmitted Infections (STIs)

Risk assessment: How can I tell if
something is really a low risk?

~5~

Love-tern

The low-down on slip-ups

Agony Aunt: Voulez Vous Deja Vu?

If he is undetectable, does that mean that
we can fuck without condoms?

Post Exposure Prophylaxis (PEP)

HIV testing

Seroconversion illness

~6~

Treat him well

Pop more pills than a bored housewife

What if he stops taking his medication?

Supporting your partner with his treatments

Supporting the choice not to take treatments

Complementary therapies



~1~

Love lessons

The modern man's guide to relationships

Pillow Talk:

New and improved communication

Good communication with your partner depends on knowing yourself and your partner well. You need to spend time thinking about your needs, your expectations, your doubts, your fears and your dreams. This can change over time, so self awareness is a constant challenge. Sharing your own personal histories and trying to understand how you have come to be the persons you are, can dramatically improve communication, understanding, and support in a relationship.

Communication is an essential ingredient in any relationship, so make sure there is quality communication on a regular basis. When you communicate is as important as how you communicate and what you communicate.

Ask yourself and your partner when would be an appropriate time to talk about a particular issue. There will be times when you or your partner don't want to talk. That is fine and you need to respect that. Silence is an important part of any relationship. But don't let that be an excuse for never talking with each other. Find a time that suits you both.

The secret to good communication is realizing that getting to know each other is a lifelong process, and that every day presents new opportunities and discoveries.


Talk about how important it is for you to know how your partner is feeling, and what he is thinking, and that you also want him to know what you are feeling and thinking.

~1~

Sometimes it is difficult to express and explain things in a way that your partner is able to comprehend. At the same time it can be difficult for your partner to express and explain what he is feeling and thinking in a way that you are truly going to understand. Don't give up. Good communication is difficult and it takes time to learn how to do it. Allow yourself and your partner to make mistakes. Use sentences like "I am not quite sure if this is going to come out as I want it to, and I may have to change it, but here goes..."

Communication is a search for understanding; it is not about black and white statements set in concrete. In a relationship partners have to help each other to express themselves and listen in ways that improve the communication. Not everyone feels comfortable communicating about feelings, desires and problems. A relationship counsellor can help couples address difficult issues as well as building communication skills that you can use throughout your relationship.


"We talk a lot about HIV. It has opened many lines of communication between us and I believe it has improved the quality of our relationship" (Peter, 54)



Come sin with me: Improve your sex life!

Sex is an important and constructive part of any relationship (it can, in some cases, also be destructive). The key to good sex is communication with your partner. Partners need to know what each other likes and what the boundaries are. Communication about sex can occur before, during, or after sex and it doesn't necessarily have to be verbal. If you have any doubts ask your boyfriend. If there is something you like or don't like, tell him.

"When we first had sex, I didn't know my partner's status. The sex was totally amazing and continues to be. HIV is never something I think of when we have sex. My partner would never let me take what he considers a risk, and our thoughts on that correspond. Our sex is fantastic!" (Marcus, 32)




Three's a crowd: HIV and the relationship

HIV can create fears in a relationship; fears that may be real or imagined. Although the perspectives are different, both partners can fear that the positive partner may become ill and possibly die, or that the negative partner might contract HIV, or that practising safe sex all the time will become frustrating. The partner with HIV can also fear that he will be rejected or abandoned, or that his partner will become overly concerned by the way he does or doesn't take care of his health. The partner without HIV can assume too much responsibility for his partner's health, feel guilty that he is not being supportive enough, or believe that his own needs are not as important as the needs of his partner. In some cases HIV can become an excuse to justify other difficulties in the relationship, or it can even become a reason why people stay together.

These challenges need to be dealt with, and this requires both awareness of each other's needs and honest communication between both partners. HIV is an important issue that both partners need to face together.

"HIV is important in that it's a part of my partner's life, so in turn it becomes part of mine. After 18 months, HIV plays a fairly minor role in our relationship as my partner has never been ill. My concern is for his health but probably no more or less than concern for my own well-being. I sometimes worry that I may become HIV positive through the law of averages, no matter how safe we are, but realistically I know that's unlikely. I would be concerned about the impact it would have on our relationship if I were also to become positive." (Shane, 35)





Keeping things close to his chest

*Dear Agony Aunt
I'm sooo in love with my Muscle Mary - you should see him flex some - but it took him forever to tell me that he's HIV positive. What took him so long? Will it take that long for him to be a fixture in my mini-gym?
Seriously Smitten*

Dear Seriously Smitten,
Some men have had shocking experiences when divulging they have HIV and, unfortunately, rejection is rife in sexual or relationship scenarios. If your lover had unprotected sex with you, then that's a different story. But if you were having safe sex, he may have decided not to tell you (or anyone in your position) because previous sex partners may have rejected him, either outright or in more subtle ways. Experience from telling previous lovers might mean he had used too much of his own energy in supporting them. They may not have been able to cope with their feelings, and that's just a whole bunch of other stuff for him to have dealt with. You may have been the best person to have told, but how was he to know that?

Once a relationship starts to develop, it can then be difficult to pick the right time to reveal all. It can feel too early one day and then too late the next. One moment he's holding back to test the waters and get to know you better, and the next - it feels like he's withheld information and has been hiding things from you.

Issues about confidentiality may also concern him. His HIV status may not be a problem for you, but your friends may have different ideas about it. Your new man is also going to want to have some control over who you share his news with as well. It may be a situation that you're going through - but it is his status!

HIV and AIDS support services, such as counselling and support groups, are there for people whose lives are affected by HIV, not just for those who are positive. Contact your local AIDS Council for these services. It is not unusual for negative partners to need support, comfort and the reassurance which their partner may not be able to give them.

Do tell? The disclosure dilemma

A tricky question when entering a relationship with a positive guy is - who do you talk to about his positive status? He may be happy for you to discuss his status with your friends and family, but then again he may not. There are many reasons why a person living with HIV may want to keep his status confidential. These may include: fear of rejection by friends or work colleagues; not wanting to be treated differently and/or pitied; not wanting to be continually reminded of his status; a fear of discrimination at work - including not getting promotions because he may get sick and wanting to avoid the stigma attached to being HIV positive.

To maintain a healthy relationship it may be important for you to be able to talk to somebody about the particular issues that arise with having a positive partner, either with someone in a similar situation, a close friend, a counsellor, or in a negative partners' support group. Being in a positive/negative relationship can at times be isolating; if either of you feel this way, you should discuss the need to chat with other people and work towards negotiating a compromise with your partner.

“My partner told me his status the second time we had sex, a month after we met. I responded in a low-key fashion. I was expecting him to tell me something awful - like he just wanted a fuck buddy; he already had a boyfriend, or didn't want a serious relationship. As a result I was kind of relieved, having decided already he was my kinda guy and worth pursuing.” (Cameron, 31)



~2~

Love bites

Dealing with lovers' tiffs

We often put off talking about the hardest stuff until we're in the middle of it. You might think that you know what's going on – only to realise that you only assumed you knew. Have you ever seen the situation where everyone seems to know that one partner is fucking around, while the other assumes they're being faithful to each other? So, when is the best time to bring stuff up? Try some of these pointers:

- sooner, rather than later, otherwise you may find yourselves dealing with something after "it" becomes a problem;
- not in the middle of a point-scoring fight. You may have something important to say that will get lost in the bitterness of the moment, or when you apologise for having shouted at him;
- alone, rather than in front of others. Not everyone appreciates an audience;
- before it becomes a huge problem;
- pleasant surroundings might help. Maybe you could smooth the way by cooking him a nice meal. It may seem manipulative, but it may also help hearing something that may be a difficult subject. A word of warning: don't try this too often or he'll lose his taste for his favourite food; and
- if one or both of you are affected by alcohol or other drugs wait until after you have either sobered up or come down. You don't want to say something that you regret and make the issue worse!



How to argue fairly and squarely

Dear Agony Aunt,
My boyfriend is a legal-eagle and I flunked the high school debating team. Every time we discuss something important, he turns it into a courtroom drama and I end up feeling like one of Judge Judy's victims. How can I arm myself better?
Walking Wounded

Dear Walking Wounded,
When you find yourself in a conflict situation it's unlikely that you'll speak eloquently, or remain as in control of yourself as you might like. Instead, you probably argue, or you might withdraw, or walk off and sulk. You might want to lash out or, if you can, you might try and talk things through and try to reach some kind of agreement.

If you physically or emotionally withdraw from a situation, maybe from fear of confrontation, you no longer have a say in what happens. That's not to say there aren't times when it's wise to withdraw (such as in the face of escalating violence). On the other hand, withdrawal can sometimes cause a problem to grow out of all proportion. We sometimes say too little, thinking that the problem will just go away or fix itself, without acknowledging that walking away sometimes leads to a build-up of resentment in ourselves.

To compromise in an argument requires some negotiation skills so that everyone gains something from the situation. But there are some disadvantages:

- one partner may inflate their role to appear more giving in what they're doing;
- one may give in more than the other;
- sometimes, neither side may feel much commitment to a plan/situation that falls short of what they want; and
- if the options aren't explored thoroughly, a compromise might be less than the best solution.

It's human of us to do these things, or even to give in a bit to preserve the relationship. But there is another option.

Everyone's a winner baby

We usually believe that to have a winner, there must be a loser. It might be true for sport, but not everywhere in life. In many situations, everyone stands a chance of winning something. The advantages of a win/win solution are:

- you both discover better solutions;
- your relationship might grow better and stronger;
- when both people win, both are tied to the solution; and
- if you're going to stay with this person, it pays to deal fairly.

When problems confront us we look for solutions - sometimes far too quickly. This approach requires you to find out more about the situation first and explore the options before thinking about the final solution. If this is too difficult for you or your partner, a relationship counsellor can help.

The win/win method: We do it better together

Some useful guidelines for seeking win/win solutions:

- address issues when they are minor rather than waiting until they are big and more difficult to resolve;
- define both people's needs;
- try to meet everyone's needs;
- support his values as well as your own;
- try being objective;
- separate problems from personalities;
- concentrate on fairness not pressure; and
- look for creative and ingenious solutions.

Of course real life may not seem that simple. But don't knock it till you try it. We do often rush in to try and provide solutions before we fully understand the problem, or the intricacies of the situation, and that alone is probably worth being mindful of, so as to avoid it.

Of course, all this is well and good if you're feeling in control of your emotions. The problem often is, when you have a point you want to communicate, you feel very upset and this can cloud your spoken responses. Most of us release our emotions by directing them at someone else - either the person we believe 'caused' this emotional response, or whoever happens to be to hand when we have it.

It's never easy to ask someone to change or to tell them something that you don't like about them. Especially if you've been with them for a while and you haven't mentioned what really annoyed you before ('I don't like the way you've been kissing me for the last four years'). No matter how assertive you want or need to be, sometimes requests for change need to come with a spoonful of sugar.

*Some of this has been adapted from the excellent book 'Everyone Can Win: How to resolve conflict' by Helena Cornelius & Shoshana Faire.



How to get what you want (in the sweetest possible way)

Dear Agony Aunt
My boyfriend won't stop perverting at other men. Every time he comments on 'eye candy,' I want to scratch out his big blue ones. How can I stop him? How can I stop myself?
Green-eyed Monster

Dear Green-eyed Monster,

You need to tell him what's upsetting you. Even if you have looked at assertiveness training before, it will probably be useful for you to remind yourself about how it specifically fits into your relationship. Here are four main ways of communicating with each other.

Aggressive: is stating what you want (and often how you plan to get it) but doing so at the expense of your partner's feelings.

Passive: is not expressing one's feelings, thoughts or wishes. Attempting to ignore the problem and hoping it will go away.

Passive-Aggressive: is when you appear to be passive but express your displeasure in indirect ways (bitching, not following through on agreements, or the silent treatment).

Assertive: is communicating directly how you feel and stating your wishes. You stand up for your rights but also take into account the rights of your partner/others.

An example that might illustrate the difference:

Aggressive: You cause a scene by yelling at your partner that he's a rude, inconsiderate, selfish slut.

Passive: You don't say anything. You pretend that you're not upset at all, but inwardly you are.

Passive-Aggressive: You make a bitchy comment like "In your dreams treasure! He's only interested in men with hot bodies."

Assertive: You calmly state that you feel upset when he perverts at other guys when you're around, and you'd appreciate it if he'd stop doing so. But assertiveness takes a bit of organisation and thoughtfulness.

Express your feelings assertively using the following words:
I feel (say how you feel) when you (describe the event/behaviour clearly and without using put-downs) because (describe the impact of the event/behaviour) and I want/would like... (say openly and exactly what you would like to happen).

Much more than a lovers' tiff

Most gay relationships are based on love and respect. Some are based on abuse and control. Abuse and control in a relationship is domestic violence – and is much more than a lovers' tiff.

Even though domestic violence isn't a term we often hear associated with gay relationships, it happens. It is any type of behaviour by one partner that attempts to gain and maintain control over the other.

Ongoing humiliation, threats, stalking, 'outing', verbal abuse, controlling finances without permission, physical violence and sexual assault are all examples of domestic violence.

Domestic violence may be present in some relationships from the beginning while for others it may start or get worse following a positive HIV diagnosis. HIV can cause tension, stress and a range of other problems within a relationship but it does not cause domestic violence.

In some cases of domestic violence the abusive partner may be the HIV negative one. Forms of abuse that the negative partner might use include threatening to out their partner's HIV status, withholding medications or access to medical services or using derogatory terms like 'diseased or unclean'. In other relationships it may be the HIV positive partner who is abusive. Using guilt or emotional blackmail, refusing to take medications as a means of control or threatening to or actually infecting their partner are forms of abuse that an HIV positive partner might use.

All forms of domestic violence are wrong and some are illegal.

If you are, or think you are, experiencing domestic violence you can call the Department of Community Services 24-hour Domestic Violence Line (1800 65 64 63). Calls to the line can be anonymous and are free from landline or public phones. Mobile calls are charged to your account and will appear on the bill. The staff who answer these calls are gay friendly and are trained in same sex issues.

ACON (9206 2000/1800 06 30 60) also has a number of services and resources for people experiencing same sex domestic violence. If it's safe to do so you can also check out the Same Sex Domestic Violence website at <http://ssdv.acon.org.au>



~3~

Endless love

Open relationships, closed doors

Hungry for lovers?

At different times we desire different things from a relationship. Some relationships may be strictly monogamous while others may be 'open.' There may be many reasons why one partner seeks sex with others while the other partner is content with the way things are. Perhaps one partner's libido fluctuates or they require something else from sex.

If you're the one seeking to explore other sexual outlets, it is important that you raise this with your partner. Both partners need to be able to discuss why sex is desired outside the partnership and the effect it may have on intimacy and the relationship. Emphasise the other aspects that the two of you share that no-one else does, be very clear about how much you care for your partner and how much he means to you. Listen to his needs and consider all options. The need for reassurance and validation of the relationship is essential – relationships are a bit like gardens – without constant upkeep they wither and die, or the weeds take over.

There is an important health issue that needs to be considered if one or both of you are planning on having sex with casual partners. Sexually transmissible infections (STIs) like gonorrhoea and herpes can be passed on, even when condoms are used! STIs can cause the skin or membranes in your dick, arse and throat to become sore, inflamed or bleed. This makes it easier for HIV to get into your bloodstream, increasing the chance of you becoming HIV positive. If your partner has an STI, his HIV viral load will significantly increase. This makes HIV infection more likely to occur if condoms are not used. Using condoms and lube as well as having regular sexual health check ups are important things to consider if having sex with other partners.

~13~



Open for trade

**Dear Agony Aunt,
I've just met the love of my life and
I want to keep him all to myself, but my
friends say I should share him around.
Am I foolish wanting a monogamous
relationship? Isn't 'opening the relationship'**

Just a sign that it's on its last legs?

Fool for Love.

Dear Fool for Love,
Lots of men feel that open relationships are almost compulsory in the gay community. This isn't true. There are many long-term, monogamous gay male couples. How ever you and your partner want to live out your relationship is up to you. Talking about it with each other is the only way to find out what is going to work for you both.

If, however, you want to negotiate an 'open' relationship, there are many things to be considered. Many gay men seek sex with other lovers once the initial attraction to their partner dies down, and seeking sex with others has been read incorrectly as signalling the end of a relationship. Gay men desire sex for a variety of reasons, everything from emotional closeness to simply getting off. While we might be pissed off that our partner is going off with others for reasons of closeness ("he can get that at home") sometimes there are things that long-term partners can't supply.

No matter how long, strong or good a relationship is, it's impossible to recapture that 'not knowing' that comes with a first encounter, or even in the early days of a relationship. Some guys get off on the thrill of the chase, others the 'conquest' of a sexual encounter. Some guys are into variety and others might be into sexual practices that their partner isn't.

Wanting sex with other people isn't necessarily a sign that you don't want each other. Wanting others sexually isn't going to replace every other aspect of the relationship that the two of you have together.

You may find that only one of the partnership wants to take other lovers. It may be that your partner wants casual encounters. He may be used to having unprotected sex with other HIV+ guys. That's something that he's not going to be able to get in his relationship with you - are you able to allow for that to happen with others? How do you feel about that?

Different people at different times have different sex drives. In the beginning of relationships, sex is usually quite high on the menu. A couple may be having sex three or four times a week, for example, and one may be thinking "maybe this will pick up as we get more comfortable with each other" while the other may be thinking "well, here's hoping this dies down after a while." If neither of you wants to undergo a complete change of personality, one of you having a separate sexual outlet may be a solution.

Jealousy, of course, is another issue. This can eat away at the best relationships. It's better to look at this honestly, in the beginning. There's nothing wrong, necessarily, with having strong feelings. Letting them get out of control and seeking to control others, however, isn't healthy for either of you.

There are so many different ways that you might have an open relationship. Often, finding out what works for you is a case of trial and error. This can be hurtful at times, but if you're both committed to it, it's going to get you the best results.

There are a variety of needs to be met, or desired things in relationships. Talk about what you have found works in the past. Some people insist on honesty and want to know every detail. Others have been hurt by too much honesty in the past and want only the barest of details. Still others prefer to not know anything about the sex their partner might be having. You may need to discuss and agree on whether sex will be: without agreements; with only anonymous fucks; only sex outside the relationship at bars or saunas; only sex with no emotional involvement; nothing that is allowed to be repeated; only with on-going 'external' or 'secondary' partners. Is it 'open' with a 'don't ask, don't tell' policy; partial disclosure; or tell all?

- Beyond these arrangements, you may want to include some fine print. A few of these suggestions might be useful:
- The person who just had sex outside of the relationship might want to think about how to tell the other partner about the news (working this out in advance will cause less dramas when the time comes).
 - How much can the other person ask without crossing the line into invasion of privacy?
 - See if you can tell your partner about extra-curricular sex before some other 'well-meaning' person in the community rings him up to tell him.
 - What happens if one of you picks up a sexually transmissible infection from outside the relationship?

Heartache: Ending a love story

Like any relationship, positive/negative relationships have their ups and downs. The problems in the relationship may have nothing to do with HIV, or HIV may be the cause of the problems.

Whatever the reason, leaving an HIV positive partner seems to be more complicated for some people. It is not uncommon for people to feel guilty about leaving a person with HIV and thoughts like “he needs me” are also common.

It may be useful to consider some of the following things:

- if the relationship is not working, what are the benefits for either you or your partner staying together;
- don't assume you are the only one experiencing difficulties;
- pity, sympathy, and guilt are not three ingredients to a successful relationship;
- don't underestimate your partner's emotional strength; and
- 'Mr Right' may be just around the corner for both of you!

Loss and living

Since the epidemic began, some of us have lost so many friends, partners, and loved ones that we've lost count, or have become numb to our own grief. Over the years the epidemic has changed significantly and now there is an increasing number of people with HIV who are living healthy and fulfilling lives with new and comprehensive treatment options available.

However, we should not forget that there are still a significant number of people dying of AIDS related illnesses. Antiretroviral treatments are effective for many, but not for all. Some people develop resistance to the drugs, while for others, the side-effects are too severe to continue treatment. We are also still unsure what the long term side-effects of antiretroviral treatments are, and how long they will continue to be effective.

When we talk about loss, we are not only talking about the death of a loved one. You may experience loss and the need to grieve over a number of different things. These may include lifestyle changes, hopes and dreams for the future, and changes to your sex life. If you are in a situation where you are feeling overwhelmed by some of these things it may be that you are grieving in advance, and it is important for your own well-being to find support from friends, family or a counsellor. ACON provides free or affordable counselling or referral to an appropriate agency.





~5~

Bedtime stories

HIV & safe sex issues

How is HIV transmitted?

HIV is only infectious in blood, cum, pre-cum, vaginal fluid, and breast milk. Any activity that allows infected blood, cum or vaginal fluid to enter the bloodstream of another person will place that person at risk of getting HIV.

The most common ways HIV can be transmitted are: anal or vaginal sex – whether you are fucking or being fucked – without using condoms and lube; or sharing injecting equipment or needles used for body piercing or tattooing.

HIV is present in a number of other body fluids, like saliva and mucous, but not in sufficient quantities to transmit the virus.

The level of risk of transmission varies depending on the type of sex you are having and other factors. Understanding what the risks are, what things might make something more risky and how to reduce the risk for yourself with different activities, will help you in making decisions about what's safe for you.

HIV and viral load

Human Immunodeficiency Virus (HIV) causes the failure of part of the immune system. Acquired Immune Deficiency Syndrome (AIDS) refers to specific illnesses that people with HIV may get when their immune system is badly damaged. The presence of HIV in the body is not itself an AIDS diagnosis. It is possible to have HIV antibodies for many years but none of the clinical symptoms which define AIDS.

HIV infects and destroys key cells in the body. It particularly targets the CD4 cells (also called a T4 or T helper cell). The CD4 cells are the 'generals' of the 'immune system army'. The CD4 cells tell other cells of the immune system what to do when an invading organism, germ or cancer is found in the body. What HIV does is kill off the CD4 cells. When these generals of the immune system army are killed off, the rest of the immune system doesn't know how to fight off invaders.

If your partner has regular check-ups with his doctor, he will probably be getting tests to check his viral load and immune system function. Viral load refers to the concentration of HIV in body fluids such as blood and cum. Testing the viral load in the blood is the most common way to test for HIV.

Viral load is measured per millilitre of fluid. A high viral load is considered to be over 50 000, a moderate viral load is between 10 000 and 50 000, and low viral load is considered less than 10 000. The greater the viral load, the more damage the virus is doing to your partner's immune system. Your partner's CD4 count will indicate how much damage his immune system has suffered.

An undetectable viral load does not mean that the virus is no longer present. It simply refers to the sensitivity of the viral load test.

Living with lust in a discordant world Being fucked

Being fucked by someone with HIV who isn't wearing a condom is the most likely way of getting HIV. HIV in cum or pre-cum can easily enter the bloodstream through the lining of the arse and through small cuts or abrasions, on the cock or in the arse. Having your partner use a condom and plenty of water-based lube is the best way to reduce the risk of getting HIV.

Withdrawal

Pulling out before cumming does not protect you from HIV. Withdrawal can lead to HIV being passed on because if you are being fucked, small amounts of pre-cum can enter your bloodstream through the lining of your arse and there's also no guarantee that your partner will be able to pull out in time. Likewise, if you're doing the fucking, HIV can enter the cock through small cuts and scratches on the cock.

Fucking

Fucking your partner without using a condom is another likely way of acquiring HIV. Many guys think that because they're the one doing the fucking, HIV can't enter their bloodstream – but it can. HIV can enter the cock through the piss hole (the meatus) or through small, and sometimes invisible, cuts and scratches on the head of the cock.

Oral sex

For most gay men oral sex remains the sexual activity they are most unsure of. Although the level of risk depends on the situation, there are a number of things that we are certain of: HIV does occur with oral sex but, on a transmission per sexual act basis, it appears that HIV transmission is rare. Large scale studies fail to show oral sex as a significant mode of transmission. It's also not possible to say how risky oral sex is because different circumstances make transmission more or less likely to happen. There are no verified cases of HIV transmission through receiving oral sex, and any risk from oral sex is far lower than unprotected fucking.

There are a number of things you can do to reduce the chances of contracting HIV when giving head:

- if you avoid cum in your mouth there is reduced risk of HIV. You can choose to do this by asking your partner to pull his cock out before he cums. You can also eliminate the risk completely if your partner wears a condom;
- the presence of sores and cuts in your mouth can increase the chance of contracting HIV. Brushing your teeth or flossing before giving oral sex increases the chance of having cuts or sores in your mouth;
- avoid oral sex if you've had recent dental work;
- to check for sores and cuts in your mouth, gargle or wash your mouth out with a salty rinse; and
- all sexually transmitted infections (STIs), including HIV, are more easily passed on if you have a throat infection.

Finger fucking

Finger fucking, either giving or receiving, poses no risk of HIV transmission if there are no wounds or cuts on the fingers. If cuts or sores are present, using a glove will remove the risk of contracting HIV.

Fisting

Fisting is the insertion of the whole hand, and sometimes the forearm, up someone's arse. Again, if there are no sores or cuts present on the hand or forearm, there is no risk of HIV transmission. If sores or cuts are present, using a glove will eliminate the risk. There are other risks associated with fisting however, including bowel perforation. It's worth considering using gloves and plenty of water-based lubricant anyway, to make the insertion of the fist easier.

Wanking – masturbation

HIV cannot be passed on by:

- wanking yourself or someone else;
- massage, body stroking or licking; or
- cumming on someone as long as there are no open cuts or sores on his body.

Hint:

Do not use your partner's cum for lubricant because HIV can enter the bloodstream through the tip of your cock or through small cuts on your cock.

Rimming – licking arse

Rimming involves licking, tonguing and kissing in and around the arse. Rimming does not pass on HIV, but there are a number of other serious illnesses that are easily passed on – such as hepatitis A, and gut parasites. It is especially important for your partner to avoid these infections as they can have a serious effect on his health. Here are a couple of things to consider about rimming:

- use a latex barrier such as a dental dam or clear food wrap for protection when rimming;
- there is a hepatitis A and B vaccination available. Both partners should get one;
- if you have a stomach upset, think twice about letting your partner rim you; and
- it is a good idea to wash your arse before being rimmed, but it is not a good idea to douche as it can bring more germs out into the open around your arse.

Water-sports (pissing) and scat (shit)

There is no risk of HIV being passed on through pissing on unbroken skin. However, there is a slight risk if the piss gets through broken skin, the lining of the eyes, or the mouth, as there could be traces of blood in the piss. Other infections can be passed on through piss and these may be dangerous for your partner.

Scat is not risky for HIV unless there is blood in the shit. Other STIs can be passed on through shit like hepatitis A and gut parasites. Take extra care to keep shit and piss away from the eyes, any open sores, and the mouth.

Sex toys – dildos, anal beads, butt plugs, fruit and veg, bottles, etc.

HIV can be transmitted if sex toys come into contact with infected blood and are then used by the negative person.

Some hints:

- if you are going to share a sex toy, put a condom on it and use a new condom for each person;
- clean sex toys with warm soapy water after use and rinse thoroughly; and
- have a selection of your own personal sex toys.

*“ We very much make love now, not just sex.
It has never affected our feelings about sex – just how
we do it” (Richard, 43)*

Felching

Felching is when someone sucks the cum from another person's arse. HIV and other infections could be passed on by felching for the following reasons:

- it is unsafe sex where one partner cums inside the other;
- rimming must occur to suck out the cum; and
- one partner eventually gets cum in their mouth (see oral sex section).

Razors and body shaving

As blood is often involved in shaving, never share a razor for face or body shaving.

Injecting drugs

If injecting drugs – do not share needles, swabs, spoons, filters, tourniquets or any of your gear with anyone. Sharing injecting equipment is another common way that HIV is passed on. You can access free equipment from needle and syringe programs and

ACON. Some injecting equipment can also be bought from pharmacies after hours. Australia also has an epidemic of hepatitis C that is being spread through the sharing of injecting equipment.

Sadomasochism (SM) and bondage and discipline (B&D)

SM refers to the practice where pain is given or received. Depending on the activity, SM can be safe or unsafe for HIV. Any activity where blood or cum is present can be risky.

'Safe words' are useful when practicing SM and B&D (preferably not like 'stop' or 'no'). These words are chosen before the session so that both partners know when a limit is reached.

Other sexually transmitted infections (STIs)

STIs (commonly referred to as STDs) include chlamydia, genital and anal warts, gonorrhoea, hepatitis A, B, herpes, and syphilis. There are a number of reasons to avoid getting an STI for both yourself and your partner's health:

- some STIs, like gonorrhoea, can increase the viral load of your partner. An increase in the viral load of a positive person puts their health at risk as well as increases the chance of passing on HIV (see section on viral load);
- if a positive person gets another STI, such as hepatitis B, they may need to come off their HIV medication to be treated for the other infection. When an HIV positive person who is on medication stops taking the medication, it can affect the level of HIV in their blood; and
- HIV may increase the number of times a recurring STI appears and also increase the seriousness of the infection as the immune system gets weaker.

For more information on STIs and how they are transmitted contact ACON, sexual health clinic, or your GP.

Risk assessment: How can I tell if something is really a low risk?

We make decisions about what sort of risks we take based on a lot of different things. For some sex acts, we know how great the risks are. Some sex, like unprotected fucking, obviously poses a high risk for getting HIV. At the other end of the spectrum, when we talk about 'low risk' one person hears 'low' and forgets about taking any precautions, another person hears 'risk' and over-compensates. Some activities, such as oral sex, can vary as to how safe they are according to the circumstances (see 'oral sex').

One of the things we do when we worry about whether a sex activity might be a risk for HIV or other STIs, is forget that we assess risks all the time. In considering the pros and cons of a risky activity, there are some questions we might ask ourselves:

- What are the gains?
- How much pleasure will this give me?
- Do I need to do it, or is it just convenience?
- What's the possible cost?
- What are the known risks – how much do I care about a 'bad' outcome?
- Who's involved?
- What skills do I have that might help in this situation?
- Is my partner going to be of any use to me here – how might he help?
- What are the risk reduction options open to me?
- Is there something I can use to protect me?
- Can I go just partway and lower the level of risk to me?



Love - torn

The low-down on slip-ups

Slip-ups happen. When they do, it may help to talk through what happened with someone, but choose that person carefully. Friends can be judgmental about HIV negative men who have unprotected sex with their HIV positive partners, and most of what they say boils down to “You should know better.” But knowing often isn’t enough. Try to access a health professional – contact ACON for access to free or affordable counsellors who are going to understand your situation. Then talk through the encounter – how you felt beforehand, what mood you were in, what substances might have been involved, the history of the relationship to that point, etc. Discuss the act itself and be as honest with yourself as possible.

By working out what contributed to you putting yourself at risk, you stand a much better chance of not allowing that situation to arise again. The solution might be anything from just making sure that you’re well stocked and don’t run out of condoms, to focussing on the values that are operating within the relationship, and maybe enter into counselling.

Just because a slip-up happened, doesn’t mean that it will have to go on happening. You can prevent it if you want to.

Alcohol and other drugs

Being out of it on drugs or alcohol is often given as the reason for slip ups, and some men seem to find safe sex more difficult when drunk or affected by drugs. If you know you are going to have a big night out, or even staying in, be prepared! Make sure that there are plenty of condoms and lube around the house for when the action begins.

What feels right when you are out of it may be regretted when you have sobered up. Don’t use being out of it as an excuse to have unsafe sex and keep in mind that it can take only one unsafe fuck for HIV to be transmitted.



Voulez Vouz Deja Vu?

*Dear Agony Aunt,
Last night we broke our pact and fucked without
a condom. Now we've done it once I feel there's no
stopping us. How did it happen? How do we put the brakes
back on?*

Reckless Randy

Dear Reckless,
Sex is definitely about the physical but it can also be about the social, the emotional, the psychological, and even the spiritual. How did you feel about yourself at the time, what does the sex mean for you? When we're in the 'heat of the moment' our informed choices can go out the window.

No matter what your rational mind told you you'd do if you were in that situation, it's not our rational minds that we use in the middle of sex. We can slip into doing something just because it feels good. It might feel a total turn on, or you might be getting off on the closeness of the moment. It can even feel 'right', even though afterwards it might feel anything but that!

These are just guesses. There might be a whole range of reasons why 'it' happened. Only you can know and then it's usually only after lots of reflection. The worst thing can be the rush of worry and perhaps fear that you could feel afterwards.

Just about the worst attitude that we can adopt when having taken a risk is "Oh well, I probably have it now anyway". This is almost as bad as having unsafe sex and then afterwards, if you don't get HIV, deciding that you can run the same risk again. The real risk of getting HIV varies from encounter to encounter.

Once is a mistake, and the only person who can take responsibility for not slipping again is you. Even if part of the situation was a persuasive or insistent partner, it's going to be up to you to work out how to avoid repeating the situation.

A large scale study done of gay men who had episodes of unprotected anal sex showed that knowing all the latest and best information wasn't enough to prevent it from happening again.

The thing that had the most impact on not slipping up again was talking about what happened with someone else.

Actually recounting for yourself what happened, what led up to the event, what you were feeling, and what was going through your head, is going to assist you in understanding what really happened. Only you know what was happening for you. A personal diary could be a great friend in this situation.

It's important to remember that having unsafe sex with your partner does not guarantee HIV infection, but the more times you have unsafe sex the likelihood of becoming positive increases. Viral loads fluctuate dramatically and your own susceptibility and health shifts.

If he is undetectable, does that mean that we can fuck without condoms?

No matter what your partner's viral load is, there is a risk of contracting HIV. Some guys use viral load as an indicator for the type of sex they are going to have, and choose to fuck without condoms if the viral load is low. However there are a few things you need to consider before making any similar decisions. Most viral load tests measure the level of the virus in the blood. A low blood viral load does not necessarily mean that the viral load in your partner's cum is also as low. The presence of some other sexually transmitted infections, such as gonorrhoea, can cause viral levels in cum to increase significantly. Sex with condoms and lube is still the safest way to have anal sex.

“Sometimes we fuck without condoms. When we do we’re usually pissed or out of it. It feels good at the time because we don’t care, but for a couple of days after I feel like shit. I can’t guarantee it won’t happen again though. Waiting for the test results can be stressful.” (Isaac, 36)

Condoms

A likely slip-up that gay men experience is slipping of the condom – where the condom slips off your dick. Because of high manufacturing standards, condom breakage or slippage is more likely to be the result of incorrect use rather than the product being faulty. Condoms tend to break more often during anal sex than with vaginal sex, as the rectum does not self-lubricate. Here are a few things to consider when using condoms:

- use plenty of water based lube to reduce friction. Oil based lubricants weaken and damage the latex and should never be used with condoms;
- condoms that have expired, or which have been exposed to heat, light, or air pollution, are more likely to break;
- if doing the fucking, it's a good idea to take your dick out straight after cumming. Many guys lose their erection fairly quickly after orgasm, making slippage more likely; and
- when removing your dick, hold on to the base of the condom so it doesn't slip off. Regardless of the risk of HIV, it is not much fun fishing up your arse for a used condom!

Post Exposure Prophylaxis (PEP)

If you think you may have been exposed to HIV there is now a treatment option available. PEP is a combination of at least two anti HIV drugs taken at strict times of the day over a four week period. PEP is not a simple treatment. TAKING PEP DOES NOT GUARANTEE PREVENTION OF HIV INFECTION! Research shows that PEP may decrease the chances of HIV transmission. These drugs are extremely powerful and can cause unpleasant side effects like cramps, diarrhoea, vomiting, headaches, and tiredness. These side-effects can be treated with other drugs, but sticking to the strict routine is crucial.

PEP is most effective when taken immediately or within a couple of hours after exposure to HIV. The earlier you start PEP the better. However PEP may still be effective if taken within 72 hours of the incident. If you think you've been exposed, seek medical advice as soon as possible. You can get PEP from HIV treatment prescribing doctors, sexual health centres or hospital emergency wards. Due to long waiting times at hospital emergency wards, seek advice from a prescribing GP or sexual health centre first if possible.

HIV testing

HIV tests involve a combination of HIV antigen and HIV antibody tests. When a person is first exposed to HIV and becomes infected, antibodies to the virus will not be immediately present. Antibodies appear over a period of time. The time between infection and the appearance of antibodies is called 'the window period', which can be up to 3 months.

Antigen tests test for antigen which is an HIV protein. This test can detect HIV before the body has developed antibodies, therefore detecting infection earlier. People who have developed HIV antibodies will test negative to this test. An antigen test maybe useful after a slip-up to get an earlier result.

You will be given counselling before being tested and when you are getting your results. Counselling helps to talk about what a negative or positive result means and help you work out how to get support during the waiting or 'window' period.

Ask your doctor about having a sexual health screen for other STIs when you go for your HIV test.

Seroconversion illness

Seroconversion illness is a set of symptoms that a newly HIV infected person may experience within 4-6 weeks of infection. Between 50 and 80% of people who contract HIV will have symptoms which are often described as 'flu like' however, some people will experience NO symptoms at all.

These symptoms include:

- notable tiredness and lethargy;
- fever;
- night sweats;
- an often uncharacteristic rash;
- diarrhoea; and
- 'flu like' symptoms such as a sore throat or headache.

The severity of these symptoms vary greatly from person to person, with some people experiencing severe symptoms, while others experience only mild symptoms. These symptoms last for a week or two and go away by themselves. It is important to note that some people do not suffer any noticeable symptoms at all.

All of these symptoms are common to a range of other conditions both serious and minor. Having one or more symptoms does not necessarily mean that you have contracted HIV. However, if you think you may have been exposed to HIV, an HIV test can determine whether a person has HIV and regular testing for HIV and other STIs is recommended.



~5~

Treat him well

Pop more pills than a bored housewife

This section gives you basic information about HIV medication. Whether your partner is on medication or not, this information may help you to understand a little more about treatments and the choices your partner has made about HIV medication.

Treatment for HIV is a combination of antiviral drugs which help stop HIV from infecting new cells in your partner's body. These drugs belong to different classes which work in different ways to combat HIV and work best when they are taken in combination.

These drugs work at different stages of the HIV life cycle. It has been found that the most effective way to use these drugs is to take at least three together. This is known as combination therapy. Initially, most people will have side-effects. These can include nausea, loss of appetite, headache, sleeplessness, diarrhoea, tiredness, and low sex drive. These side-effects can be treated with other drugs and usually decrease over time.

For treatments to be effective, your partner will have to stick to a complicated and sometimes frustrating routine. Treatments need to be taken two or three times a day at specific times, some with and some without food. Some medication requires refrigeration while others need to be taken with fatty food.

~31~

What if he stops taking his medication?

At times, your partner may want to have a break from his medication. Some people find the routine of taking the drugs too demanding, or the side-effects too severe. Sometimes his doctor will also advise him to have a break as part of the therapeutic treatment of HIV. Whatever the reason, if he chooses to go off medication it is important to discuss his reasons why and your concerns and fears. There are a couple of important issues for you both to consider around ceasing medication. If your partner misses doses of his medication, HIV will begin to multiply and his viral load will increase. The virus will also begin to mutate and change in his body and may develop resistance to HIV medication, reducing treatment options in the future.

“I think his pill-taking is largely his responsibility, and I don’t want to get into mothering him, but occasionally I do ask if he’s taken his pills for the day.”
(Larry, 40)

Supporting your partner with his treatments

There are a range of things you can do to support your partner with his treatments.

- become aware of the times and food restrictions of his medication;
- offer to carry spare doses with you (assuming his drugs don’t need refrigeration);
- if you are not living together keep some spare medication at your place;
- support and discuss his decisions around HIV medication. Express your excitement, relief, fears and concerns about his decisions;
- discuss together the role you might play in reminding him to take his pills. He may need and appreciate a lot of support and reminding or he may resent over-concern and ‘nagging’; and
- ask him how he is feeling. The side effects of some medication may explain why he is in a bad mood or not in the mood for sex.

“My boyfriend takes nothing but Bactrim. I always remind him, is it Bactrim day, darling?” (Brad, 36)

Why isn't he taking his medication?

There are several reasons why some positive men decide not to use medication:

- their viral load might be low or undetectable and their T cells might be in a healthy range.
- their doctor tells them they don’t need to.
- they might not be ready to deal with the complicated routine combination therapy requires.
- they might feel fine and don’t see the point in taking medication that might make them feel sick; or
- they may be worried about the longer term side effects of HIV medication such as

changes in body shape, diabetes and high cholesterol.

“My partner is just beginning to feel more comfortable with my knowing about his medication.” (Josh 26)

Complementary therapies

Complementary therapies are those which are considered to be outside the mainstream of conventional western medicine. There is a debate around the usefulness and effectiveness of complementary therapy as many of these therapies have not been proven to be successful in a scientific way. Success of these therapies is usually measured by word of mouth and anecdotal evidence.

Some HIV positive people use complementary therapies to complement their antiviral medication. They are also commonly used to relieve the side-effects of antiviral treatments. Other HIV positive people choose complementary therapies instead of conventional medicine.

Commonly used complementary therapies include:

- acupuncture
- aromatherapy
- diet
- vitamins
- herbalism
- Chinese herbalism
- homoeopathy
- hypnotherapy
- exercise
- massage
- yoga
- meditation.

Due to the nature of these therapies, it is important that they are administered by someone who has recognised qualifications. Most of the above therapies have recognised professional organisations. ACON, GPs, hospitals, and PLWHA centres are often able to refer people to reputable practitioners.

Complementary therapies, like conventional medicine, can be dangerous if not administered, used or practised correctly. When considering changing or starting complementary therapy it is useful to talk with a doctor to make sure that the therapy will ‘complement’ your existing medication and not hinder its effects.

“I think our life is full of exciting experiences because we make the most of our time. We know how valuable it is.”
(Henri, 44)



www.acon.org.au