MSM Masterclass

Module: **Living with HIV**

FACILITATOR GUIDANCE NOTES

Description to be shared with participants in advance
In this session we will consider the experiences and needs of men living with HIV. For the purposes of the HIV Prevention Needs Assessment process it was recognised that sexual health and HIV services have a responsibility to consider not only how we best engage men in HIV treatment and care, but also how services address the sexual health and wellbeing of HIV+ men.

In this Masterclass session you will hear about what men living with HIV report about their relationships and sexual health. A particular focus will be given to the mental health of men living with HIV, particularly in terms of how this impacts on sexual behaviour and risk. We will also hear about the stigma and discrimination faced by men living with HIV, considering how this impacts on intimate and sexual relationships. There will be an opportunity to discuss and consider what HIV+ men think about sexual health and HIV services, and the chance to reflect on what you think works well about current service provision. The session will also support participants to consider how we can provide the best and most appropriate sexual health care for men living with HIV, whether they access such a service through a Sexual Health clinic or their HIV service.

Suggested duration of this session is 60 minutes.

Before the session
Ensure participants complete Reflection Sheet 1 before attending the Masterclass
In preparing for the Masterclass ask participants to pay particular attention to the engagement they have with HIV+ men: ask staff to jot down any issues or topics or questions that they feel are important.

By the end of this session participants will have:

1. Developed a greater awareness of how being HIV+ impacts on intimate and sexual relationships: thinking about stigma, disclosure and assessing and managing the risk of HIV/STI acquisition and transmission.
2. Recognised the importance of considering the mental health of men living with HIV when we give consideration to both HIV treatment and care and meeting needs associated with sexual health and wellbeing.
3. Recognised the individual professional understandings and characteristics needed to help attract and retain HIV+ men in sexual health or HIV services in order to promote and support sexual health and wellbeing.
4. Understood what characteristics of a service are likely to help engage and sustain the attendance of HIV+ men.

Follow up
Further information is available from these sources (also on the last slide)

- HIV Prevention Needs Assessment (NHS Lothian and NHS GGC) http://www.scotland.gov.uk/Topics/Health/Services/Sexual-Health/HIVMSMNeeds
- FAQ Scotland Chapter 10: *Men Living with HIV* and Chapter 8 *HIV Status/Talking about HIV* at: http://www.faqscotland.co.uk
- HIV Scotland provide information and advice for people living with HIV here: http://www.hivscotland.com/living-with-hiv/
- Terrence Higgins Trust provide information and support for people living with HIV and others here: http://www.tht.org.uk/myhiv

Resources:
PowerPoint slides as a hand-out.

Outline
The session is built around a number of slides which draw on information from the NHS Lothian/GGC HIV Prevention Needs Assessment including the FAQ Community Engagement work, and other work that address the experiences, needs and rights of men who have sex with men.

Slides may have prompts for discussion; either as one group or in pairs/smaller groups. As a general guide around 5 minutes should be allocated for 'discussion' slides.

Facilitator guide notes for PowerPoint slides is suggested as follows:

Slide 1 Title /Introduction
Understanding how men who are living with HIV experience intimate and sexual relationships is a necessary part of delivering a holistic, person-centred service. This session is part of the Masterclass programme because it is important for clinic staff to understand as best we can the individual's health and wellbeing (both physical and mental) to discuss HIV/STI risk and prevention.

Much of the information on the slides we will be looking at in this session is taken from the HIV Needs Assessment; from both the Case Note Review and the FAQ community engagement work which saw men participating in online surveys and interviews.

Slide 2
(Facilitator: no need to read learning outcomes out but just refer to these as follows) This slide describes what we intend participants will get from taking part in this session.

Slide 3
The vulnerability of men newly diagnosed with HIV
We start this session with some thought given to mental health. The importance of mental health is also considered in another of the Masterclass sessions; but is particularly important to keep to the forefront of our considerations of how men live with HIV.

While many men will, with support and time, manage their diagnosis and HIV positive status it has become clear in the HIV Prevention Needs Assessment research that a group of particularly vulnerable men have been identified who report a clustering of psycho-social

and behavioural factors prior to diagnosis, at diagnosis or in terms of their lives living with HIV.

(Text from here on slide) Part of the HIV Prevention Needs Assessment was a Case Note Review. This included the case notes of MSM newly diagnosed with HIV (**Group B in the final report)** and those living with HIV for at least 12 months who had now presented with rectal Chlamydia or rectal gonorrhoea (**Group C in the final report**). The Case Note Review found:

- Psychological concerns were apparent amongst a significant minority of men in both groups; this included ongoing serious mental health concerns (approximately 1 in 3 of men) and poor emotional wellbeing (20-30% of men).
- Drug use and self-identified problematic alcohol use was reported by a significant minority of men (1 in 8 of newly diagnosed men and up to 1 in 3 of men living with HIV).

Slide 4
How has life changed? One man's response
It is important to remember the impact that an HIV diagnosis can have. This is an extract from an interview with a FAQ participant.

> How has life changed? I'm a lot more withdrawn. I used to be an extrovert. It's hard to explain. My personality changed. How has your sex with other men changed? Yes it's had an impact. I don't meet many guys now. I start with friends, shut down that sexual side. They haven't talked about this at *(service named).* They just talk about what you do. When it comes to men who don't have HIV, what is it you think they do not understand? They think it's not going to happen to them. Not realising how much an impact it has. Ignorant of the risks. To them if someone is positive, they just assume if someone is positive you'll give it to them. Do you have an example of that kind of situation? This guy wanted to meet me, to have sex. I told him I was positive and the guy said anyone who had HIV should go kill themselves and leave healthy people alone, like a massive rant. (Gay, 26-35, HIV positive)

Slide 5
Discussion: In 3s/with immediate neighbours. Some feedback to the group. Give this discussion a minimum of 5 minutes.

- Do you recognise the picture of the vulnerability of men living with HIV presented in previous slides?
- How do you think we are doing in our sexual health and HIV services when it comes to supporting men living with HIV?

Slide 6
With this context in mind this session now presents some information on a number of issues which impact on intimate and sexual relationships, any one or all of these issues might arise in the context of providing a service to men living with HIV:

- How HIV+ men are perceived and treated by men who are or presume themselves to be HIV-
- Disclosure to sexual partners.

- Serosorting: Choosing sexual partners with the same HIV status.
- Assessing and managing the risk of HIV/STI acquisition or transmission: using condoms and viral load.

Slide 7

Perceptions and treatment of HIV+ men

Men who took part in the Needs Assessment (in the FAQ interviews and in online responses) who state they are HIV negative or presume so, often use the term 'clean' to describe HIV negative status.

Talked about 'clean'. But we didn't use the word HIV. To be honest, no one ever says have you got HIV. 'Are you clean' or 'I hope you've not got anything', those are the terms that I hear. (Gay, 26-35, HIV negative)

I make sure I trust the people. I check they're clean. You can ask. I get myself checked. (Gay, 16-25, HIV negative)

Facilitator: check quickly in the room, is this term 'clean' one that participants have heard?

Slide 8

The Needs Assessment also heard about how HIV positive men can experience rejection, discrimination and stigma.

They think it's a deadly disease, that you're a sleazy person if you have it. (Gay, 26-35, HIV positive)

There is a stigma, people whisper, 'he's got HIV' and you try not to think of them differently but you do. (Gay, 26-35, HIV negative)

It seems that there are a lot of guys out there prepared to have bareback sex without disclosing status, but if you tell your status then they run a mile. So I think that's pretty un-educated really. (Gay, 36-45, HIV positive)

Discussion: Are these experiences familiar to you? Have men talked with you about such issues?

Slide 9

Disclosure to sexual partners

In this context disclosure of HIV status for men living with HIV is complex. From men involved in the Needs Assessment we learned that:

- HIV negative/untested/presumed negative men often expect that HIV positive men would and should disclose their status in all sexual encounters.
- Men living with HIV take different approaches; some men unequivocally want to ensure partners make informed choices to have sex; others do not feel an obligation to share and use knowledge of their low/undetectable viral load while maintaining a commitment to condom use as protective.

Slide 10
These slides illustrate these views:

I think that if someone is positive that it's very much their responsibility to disclose it. (Bisexual, 16-25, HIV negative)

Obviously I'm against where somebody is diagnosed and having sex without disclosing their status. I'm against their spreading what they've got. It's just nice to know the status. (Gay, 26-35, HIV negative)

We did talk online and they said they were positive. It's definitely not on my profile that I am but it is a conversation you need to have and it's best to do it before you actually meet up. (Gay, 36-45, HIV positive)

Slide 11/12/13 These deal with the issue of disclosure to sexual partners and the law around transmission or exposure to HIV.
Facilitator should introduce these slides as covering an important issue, general principles of the law are provided but this is not legal advice, the slides also deal with how we support people living with HIV with what might be a real concern for them. Tell people that discussion will follow after reviewing these 3 slides.

Slide 11 Disclosure to sexual partners: the law
Read text out and check for understanding

A person can be prosecuted for HIV transmission or exposure if precautions are not taken.

A person can be found guilty of **reckless transmission of HIV** if evidence is provided that proves **all** of the points below applied at the time of the alleged offence:

- The person knew they had HIV.
- They understood how HIV is transmitted.
- They had sex with someone who didn't know they were HIV+.
- They had sex without a condom.
- They did not follow the advice given by their doctor on preventing risk to others.
- They transmitted HIV to that person.

Slide 12: Disclosure to sexual partners: the law
Read text out and check for understanding

Under Scots law it is also possible for a person to be found guilty of **exposing another person to HIV**, even if the virus has not been passed on. The circumstances in which charges may be brought are much the same as transmission cases, with the obvious exception of transmission not having taken place. To be found guilty of a reckless exposure charge, prosecutors would need to prove that all of the points above, other than actual transmission, applied at the time of the alleged offence. Exposure cases are extremely rare and should only apply in exceptional circumstances.

Slide 13

Read text out and check for understanding

Disclosure to sexual partners: Important messages for people living with HIV include

- It is each individual's choice and right to decide whether or not to disclose their HIV status. This applies to telling a spouse or partner, family and friends, sexual partners, healthcare professionals and employers.
- A person can be prosecuted for HIV transmission or exposure if precautions are not taken.
- It is not always easy to tell someone about your HIV status. There are people who have experience of this and can provide practical and sensitive advice on how to talk about HIV with others.
- If you already know you have HIV it's important that you follow medical advice about reducing the risk to your sexual partners. Effective condom use can prevent risk to others. If you find it difficult to use a condom, or difficult to insist that your sexual partner uses a condom, help and advice are available on a confidential basis from your local sexual health clinic or voluntary sector and support organisations.

Discussion: (Full group) How do issues of disclosure figure in your discussion with men living with HIV?

Slide 14

Serosorting: Choosing sexual partners with the same HIV status

In terms of sexual partners one strategy for men after HIV diagnosis is referred to as serosorting, which is choosing a sexual partner of the same HIV status. It became apparent in the Case Note Review that men had different approaches to serosorting.

- Some men exclusively serosort in relationships and with casual partners.
- Others report being in a relationship with another HIV positive man and have mixed serostatus casual partners.
- Some men have relationships and casual contacts with men of mixed serostatus; they may choose not to use condoms when a partner is positive.
- Others report being so distressed about possible transmission of HIV and criminalisation, or just having to disclose to a new partner, that they feel serosorting/sex only with positive men is the easier or only option.
- On analysis of the Case Notes it seems that for some men the decision to serosort was indicative of poor emotional wellbeing and adjustment to their HIV diagnosis. Some men describe feeling like they 'damaged goods' or 'tainted' and therefore viewed as undesirable and unlikely to form relationships or have casual sex with HIV-negative men anymore.

Slide 15

Serosorting

These quotes are from the FAQ community engagement work.

I only have anal sex with guys who are HIV+. I just don't feel comfortable having anal sex with guys who don't have it. It's just my mind-set. Never.
(Gay, 16-25, HIV positive)

If I meet somebody I do tell them my status. I think it should be known. I would prefer to meet somebody of the same status; I'd just feel more comfortable. Usually I do use condoms but if they guy doesn't want to, I will bareback. (Gay, 45+, HIV positive)

Discussion: (Full group) Do you have experience of talking about sero-sorting in your engagement with men?

Slide 16

Assessing and managing the risk of HIV/STI acquisition/transmission

In the FAQ work HIV+ men talked about commitments to condoms and managing viral load to reduce risks of HIV/STI acquisition/transmission.

> Now, I just make sure I use a condom… And I make sure no cum gets into his mouth or eyes or anything like that. I wouldn't like to think that someone else could get it and ruin their lives or whatever. (Gay, 45+, HIV positive)
>
> I'm undetectable, I know I'll use a condom but I'm undetectable so I don't worry. In general it's a condom because I'm paranoid about syphilis and Hep C. If I catch something like Chlamydia or Gonorrhea it's treatable, but syphilis and Hep C that's not so easy. When I go with someone they won't guess my status. (Gay, 45+, HIV positive)
>
> No. It wouldn't matter because I adopt safe sex practice. I'm not going to be in a situation where I could infect a guy. I'm not going to risk getting another strain. I would treat him as a potential risk and if you have potential risk you take steps to protect yourself. (Gay, 45+, HIV negative)

Slide 17

The last few slides have covered these issues:

- How HIV+ men are perceived and treated by men who are or presume themselves to be HIV-
- Disclosure to sexual partners.
- Serosorting: Choosing sexual partners with the same HIV status.
- Assessing and managing the risk of HIV/STI transmission: condoms and viral load.

Discussion: Full group

What stands out for you about these issues?

Slide 18/19

Living with HIV and sexual health services

From the HIV Prevention Needs Assessment, particularly the FAQ community engagement work, it is possible to draw some broad conclusions about the kind of sexual health and HIV treatment services that men living with HIV would like to be able to access.

Men living with HIV:

- Identified the opportunity to talk openly and frankly about sex and sexual health as a positive feature of some services; however, they also said that a 'tick-box'

- Said that HIV/Sexual Health services should not assume that they have the information, knowledge or skills needed to maintain a healthy approach to sex.
- HIV/Sexual Health services are good, but men might choose to limit the information they are willing to share, particularly when it comes to partner numbers or instances of condomless anal sex.
- Identified the need for better integration across HIV treatment and care services and Sexual Health services when it comes to meeting their sexual health needs.
- HIV positive men echoed two key messages that emerged from talking with men of all ages, sexual orientation and HIV status. First, clinic staff should remember that men might be nervous or anxious, either when first approaching a service or when they attend with a worry about their sexual health. Second, men need clinic staff to be non-judgemental, respectful, informative, interested, friendly and professional.

Slide 20

At the top of the slide here are a couple of comments from men living with HIV.

- My consultant is really good. The nurses at the clinic are really good they're very honest with me and I'm honest with them so it works well. (Gay, 36-45, HIV positive)
- Smile. Be non-judgemental. Be open about sex and sexual acts, talking about anal sex, and you know, gay sexual practices. Be sort of friendly. Be non-authoritarian and non-disapproving. (Gay, 45+, HIV positive)

Discussion: Initially in 3s/with immediate neighbours and then back in the full group as time allows to identify most important themes.

- What are the challenges for our services in working with HIV+ men?
- Does your service provide an appropriate balance between sexual health support and advice and HIV treatment and care?
- What might improvement to services for HIV+ men look like?

Slide 21

Ask participants to take the last minute to note down a few thoughts on the reflection sheet provided.

Slide 22

Further information provided, including links to the agencies HIV Scotland and Terrence Higgins Trust.