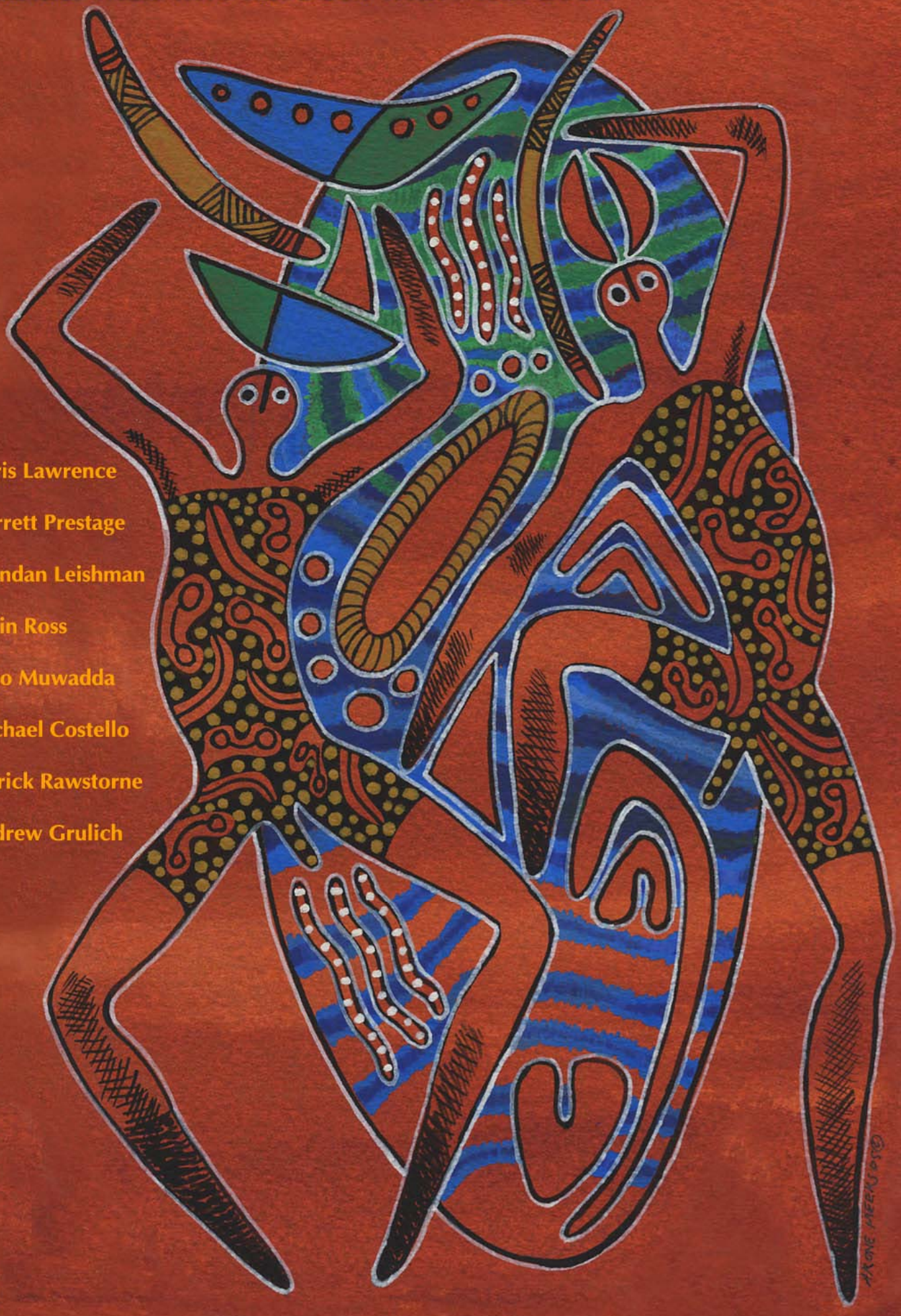
Queensland Survey of Aboriginal and Torres Strait Islander Men who have Sex with Men: 2004



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Office for Aboriginal and Torres Strait Islander Health

Queensland AIDS Council

Queensland Aboriginal and Islander Health Council

Australian Federation of AIDS Organisations

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National Centre in HIV Epidemiology and Clinical Research
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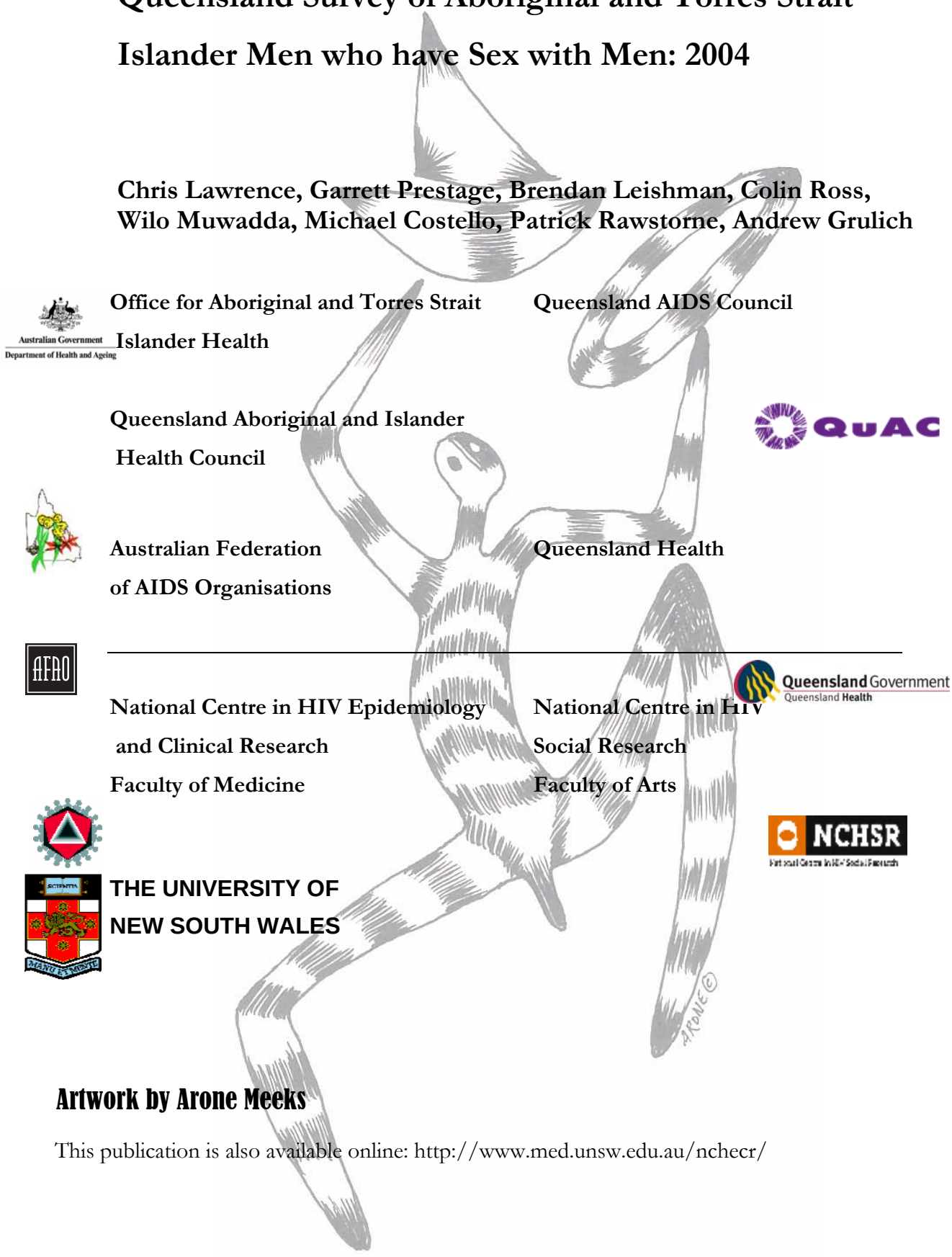

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Dougie Currie

Since the initial surveys for this report were conducted, one of the Recruiters, Dougie Currie, sadly passed away. Dougie was a well respected, active, fun-loving member of the Aboriginal and Torres Strait Islander community in Brisbane and Hervey Bay (including the gay community) who was instrumental in advocating for many of the services we now have for Aboriginal and Torres Strait Islander people, including HIV/AIDS and sexual health services. As one of the early group of Aboriginal "out" gay men, Dougie paved the way for many other Aboriginal and Torres Strait Islander gay men to be accepted in the Aboriginal and Torres Strait Islander community. The Steering Committee would like to acknowledge Dougie's contribution, not only to this study, but to the lives of the many people he touched

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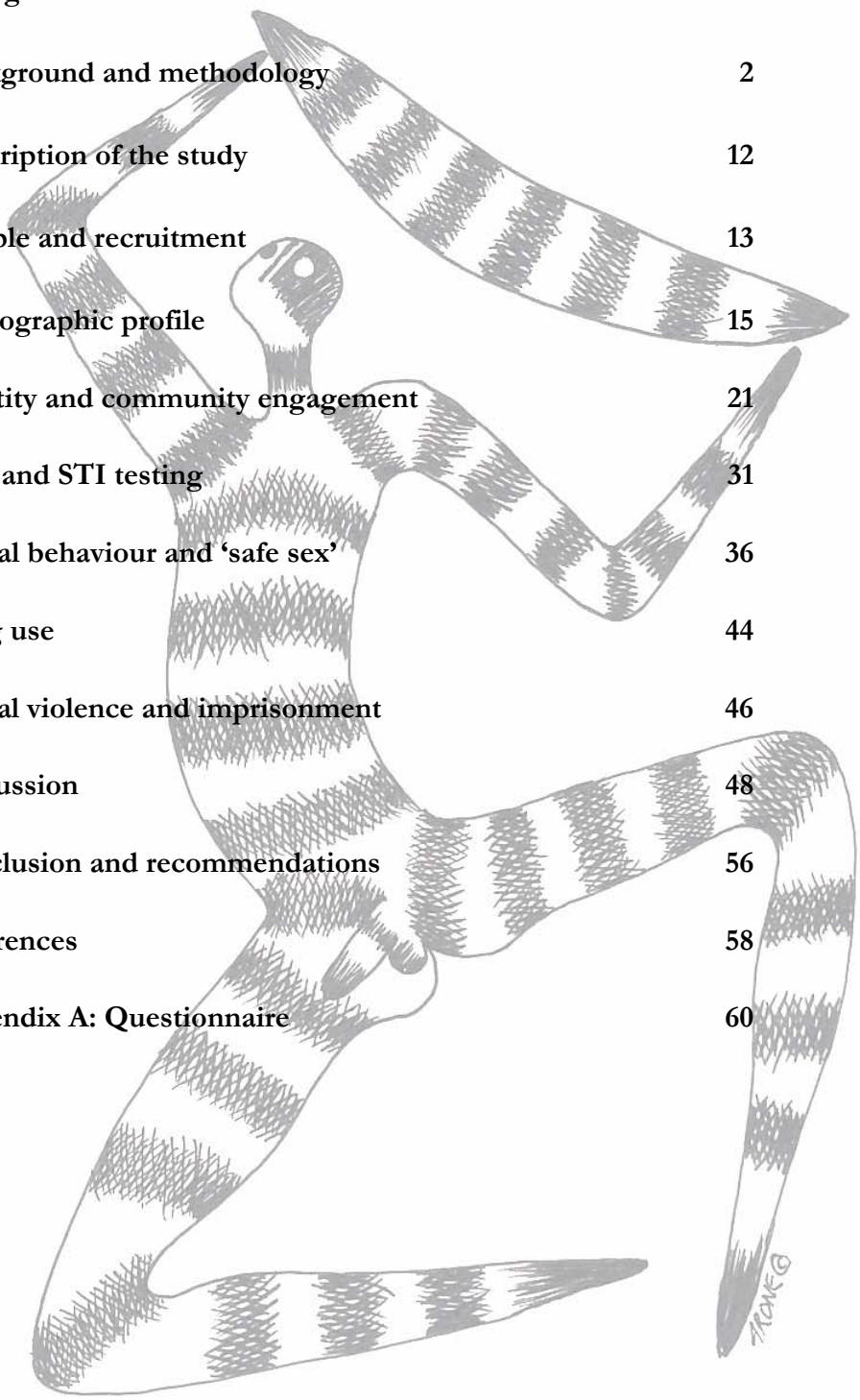

Executive Summary

Overview of the study

The major aim of the 2004 Queensland Survey of Aboriginal and Torres Strait Islander Men who have Sex with Men (QSAM) project was to provide data on risk behaviour and community relationships in a broad cross-sectional sample of homosexually active men of Aboriginal and Torres Strait Islander background. The study was conceived and designed in consultation with the Queensland Aboriginal and Islander Health Council (QAIHC), the Queensland AIDS Council (QuAC) and the Queensland Health (QH) Department, with funding from the Office for Aboriginal and Torres Strait Islander Health (OATSIH), in the Commonwealth Department of Health and Ageing.

The study utilised a mixed-methods approach in collecting both qualitative (in-depth interviews) and quantitative data (short, self-administered survey questionnaire). Participation was voluntary and all recruitment staff were Aboriginal or Torres Strait Islander. Men of Aboriginal and Torres Strait Islander background were recruited from a range of gay and Aboriginal and Torres Strait Islander community events and community health centres, as well as gay community venues. Non-MSM were mainly recruited through Aboriginal and Torres Strait Islander community events and services.

Main findings

- All up, 233 men completed the questionnaire, among whom 160 did not identify heterosexually or had sex with men (MSM), while 73 men indicated a heterosexual identity *and* had not had sex with men (Non-MSM). The majority of MSM identified as homosexual (71.3%), bisexual (10.6%) or Sistergirl or transgendered (9.4%).
- Most participants identified as Aboriginal and one in five as Torres Strait Islander.
- The median age was 32 years and mean age was 33.
- Almost half the participants, both MSM and non-MSM, reported being in employment, while well over a third of MSM reported they were either unemployed or working for the Community Development Employment Program (CDEP).
- Formal education levels were not as high in this sample as is commonly found in studies of gay men, suggesting some educational and socio-economic disadvantage.
- Almost all respondents, MSM and non-MSM, felt 'slightly' or 'very much' a part of Aboriginal and Torres Strait Islander communities. Often, their relationship with their cultural community was as much about family as it was about culture.
- The majority of MSM reported spending 'some' or 'a lot' of their free time with other Aboriginal and Torres Strait Islander persons.
- Most MSM had disclosed their sexual identity to a broad range of other people.

- The majority of MSM felt part of the gay community and were regularly involved in gay community life. Most of their friends were gay and most of their spare time was spent with gay friends.
- Well over a third of MSM reported at least occasionally experiencing some discrimination from within the Aboriginal and Torres Strait Islander community based on their sexuality.
- Slightly more than half the MSM reported at least occasionally experiencing some racial discrimination within the gay community.
- As with other samples of gay men, a majority of MSM reported using gay bars to meet potential male sex partners, but, unlike other samples of gay men, these men often also used non-gay venues and methods, particularly from within Aboriginal or Torres Strait Islander communities, to meet partners.
- About a third of MSM, and the majority of non-MSM, did not know anyone with HIV. Most MSM and non-MSM knew no-one who had died from AIDS.
- Rates of HIV testing were low in comparison with other recent samples of gay men. Among MSM, about 40% of MSM had an HIV test in the previous 12 months; 8% were HIV-positive, 65% HIV-negative, and over 25% had never been tested. Almost 60% of non-MSM did not know their HIV status.
- Among MSM, the major reasons for not having an HIV test were that they didn't want others in the community to know (31%); fear of stigma/discrimination (34%); and they didn't want to know the result (22%).
- One in five MSM and over a third of non-MSM had never been tested for STIs.
- Among MSM, 60% reported having had sex with a casual partner in the previous six months, while at the time of the survey 26% had a regular partner. Around 14% reported having both regular and casual partners.
- Among MSM in regular relationships, they were about as likely to describe their relationship as monogamous as they were to indicate that either or both partners had sex with other men.
- One in ten MSM indicated that 'most' or 'all' of their recent male sexual partners were other Aboriginal and Torres Strait Islander men. The majority reported that none of their partners were Aboriginal and Torres Strait Islander.
- Condom use was relatively low (with both casual and regular partners). Among those who had a regular partner, almost half reported some anal intercourse without a condom with their regular partner, while one in five always used a condom. Among those who had casual partners, almost half reported some anal intercourse without a condom, while a third always used a condom.
- One in six MSM, and about half as many non-MSM, drank alcohol at rates that put them at high risk of poor health. About half of both MSM and non-MSM,

however, either did not drink or drank at levels so low as to present no risk to their health.

- Almost two thirds of MSM, a rate of usage considerably higher than that found in the general population. The most frequently used drugs were, in order, marijuana, speed, and ecstasy. While few men injected drugs, this was nonetheless more common than is found in other populations, including other samples of gay men.
- About one in six MSM, and a slightly smaller proportion of non-MSM, had been incarcerated. The majority of these MSM had engaged in UAI on their last occasion in prison.

Achievements and directions for future research and health promotion

This study was the first of its kind. We collected sensitive information about such issues as sexuality, risk behaviours and drug use from a sub-group of Aboriginal and Torres Strait Islander men, requiring a particularly strong focus on ethical matters. This study has raised awareness of some of the difficulties involved in collecting sensitive data in Aboriginal and Torres Strait Islander populations, and has identified ways some of these problems may be overcome in future research.

1. The high rates of unprotected anal intercourse, relative to other recent samples of gay men, including in Queensland, suggest some significant issues concerning risk of transmission of HIV and other STIs, as well as negotiation of condom use, both inside and outside relationships, need to be addressed. Interventions targeting sexual risk behaviour and HIV testing among Aboriginal and Torres Strait Islander MSM require further consideration and enhancement.
2. Interventions targeting Aboriginal and Torres Strait Islander MSM need to account for sexual contacts that occur in both gay community and Aboriginal or Torres Strait Islander community contexts, and should address the differential relationship many Aboriginal and Torres Strait Islander MSM have with local gay communities.
3. Though the numbers were small, many MSM who had been imprisoned had also engaged in unprotected anal intercourse within prison, strongly suggesting a need for further investigation.
4. The experience of discrimination based on race from within gay communities was more widespread than might be expected and warrants some response.
5. Targeted interventions addressing excessive alcohol consumption and poor health outcomes associated with illicit drug use are encouraged.

Acronyms

ACCHS	Aboriginal Community Controlled Health Services.
AFAO	Australian Federation of AIDS Organisations.
AIDS	Acquired Immune Deficiency Syndrome.
CDEP	Community Development Employment Program.
GCPS	Gay Community Periodic Survey.
HIV	Human Immunodeficiency Virus.
IDU	Injecting drug use.
MSM	Men who have Sex with Men.
NAIDOC	National Aboriginal and Islander Day Observance Committee.
NCHECR	National Centre in HIV Epidemiology and Clinical Research.
NCHSR	National Centre in HIV Social Research.
NIASH	National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy.
OATSIH	Office for Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing.
PEP	Post-exposure prophylaxis.
QAIHC	Queensland Aboriginal and Islander Health Council.
QSAM	Queensland Survey of Aboriginal and Torres Strait Islander Men who have Sex with Men.
QH	Queensland Health.
QuAC	Queensland AIDS Council.
SSI	South Sea Islander.
STI	Sexually transmissible infection.
TSI	Torres Strait Islander.
UAI	Unprotected anal intercourse.
UNSW	University of New South Wales.

Prologue

This study was a joint initiative between the National Centre in HIV Epidemiology and Clinical Research (NCHECR) and the National Centre in HIV Social Research (NCHSR), University of New South Wales (UNSW). Components of the study also formed part of the coursework for Chris Lawrence for the Masters in Applied Epidemiology Program offered by the National Centre in Epidemiology and Population Health, Australian National University.

Initial consultations were held with the Queensland AIDS Council (QuAC), the Queensland Aboriginal and Islander Health Council (QAIHC) and the Queensland Health (QH) Department. A formal proposal outlining our research intentions and funding requirements was submitted to and was funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), Commonwealth Department of Health and Ageing, Queensland.

This was the first time a sexual risk study focusing on homosexually active men, had been carried out with a specific Aboriginal and Torres Strait Islander target group. Issues of ethical sensitivity and cultural awareness needed to be considered before we could proceed. An advisory committee was established to oversee the study and to provide advice on its conduct. Membership of this committee was comprised of staff from NCHECR, NCHSR, QuAC, QAIHC, OATSIH, QH and the Australian Federation of AIDS Organisations (AFAO).

Conducting the study presented a number of issues. In particular, how was this study going to be received within the broader Aboriginal and Torres Strait Islander communities in Queensland? How were the recruiters going to successfully enrol into the study the expected sample size of about 300 Aboriginal and Torres Strait Islander men? And what cultural and language barriers were going to be faced?

These concerns were raised within the Aboriginal and Torres Strait Islander Advisory Committee. The committee provided significant leadership in directing the study and ensuring that these concerns were incorporated into the methodology.

While the study did not reach its intended sample size of 300, it has provided a useful insight into Aboriginal and Torres Strait Islander homosexual men's sexual behaviour. It has allowed us to explore risk behaviour and associated issues within this population for the first time. The information provided will assist in the development of new sexual health promotion material and prevention strategies and the review of existing resources and programs. The results will also increase Aboriginal and Torres Strait Islander communities' knowledge and awareness about homosexual identity and behaviour, and hopefully create better understandings within these communities.

Background and Methodology

The Gay Community Periodic Survey (GCPS; Hull, et al, 2003) monitors changes in sexual and other behaviours associated with HIV risk among gay men. It has been conducted on a regular basis since 1996 (Prestage et al, 1999) and provides researchers, educators and policy analysts alike with a 'periodic' snapshot of gay and other homosexually-active men's sexual and HIV-related practices. It provides an early warning sentinel system for any changes in the patterns of the epidemic among gay men, the predominant group at risk for HIV in Australia.

The 2004 Queensland Survey of Aboriginal and Torres Strait Islander Men who have Sex with Men (MSM) was a cross-sectional survey of gay and homosexually active men of Aboriginal and Torres Strait Islander background recruited through a range of gay and Aboriginal and Torres Strait Islander community events and sites in Queensland.

This study intended to monitor sexual risk practices associated with HIV transmission, and use of and access to relevant health and community services among Aboriginal and Torres Strait Islander MSM. The study also intended to improve the state of knowledge around issues related to HIV among this population. As such, the study addressed many of the priority issues raised in the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005 - 2008 (NIASH; Office of Aboriginal and Torres Strait Islander Health, 2004), as well as the National HIV/AIDS Strategy: Revitalising Australia's response 2005-2008 (Commonwealth Department of Health and Ageing, 2005) and the Queensland Indigenous Sexual Health Strategy 2003-2006 (Queensland Health Department, 2002).

Research and Intervention Plan

This study proposed to survey a sample of 300 gay men of Aboriginal and Torres Strait Islander background in urban, regional and remote parts of Queensland through collaborative arrangements with the QAIHC and QuAC Aboriginal and Torres Strait Islander project. We sought to identify any differences in behaviour between this sample and the broader samples of gay men from the Periodic Surveys, as well as to explore in greater detail issues around the relationship between cultural and sexual identity and community engagement. In total 233 men filled in questionnaires for the study.

Objectives of the project

The main objective of the study was to gather data from MSM of Aboriginal and Torres Strait Islander background in Queensland about: their risk-taking behaviours, such as unprotected anal intercourse (UAI); their beliefs and attitudes about HIV; their engagement with Aboriginal and Torres Strait Islander and gay communities; and their access to relevant

resources and services. We also intended to identify possible relationships between cultural background and community identification on one hand, and sexual-risk taking and injecting drug use behaviour on the other.

The major aim was to provide data on levels of safe and unsafe sexual practice, as well injecting drug use (IDU) behaviours, in a broad cross-sectional sample of gay and other homosexually active men of Aboriginal and Torres Strait Islander background. Men of Aboriginal and Torres Strait Islander background were recruited from a broad range of gay and Aboriginal and Torres Strait Islander community events and social and sex-on-premises venues frequented by such men.

The study was modelled on the Gay Community Periodic Surveys and also draws on conclusions from the surveys of Asian Gay Men in Sydney at the end of 1999 and again in late 2002 (Prestage et al, 2000; Mao et al, 2003). The 2004 Queensland Survey of Aboriginal and Torres Strait Islander MSM (QSAM) was conducted from June to November, 2004. The survey was also conducted through two Aboriginal and Torres Strait Islander community controlled health centres. Staff of Aboriginal and Torres Strait Islander background were trained as recruiters for the survey.

Why we did this study

There are, of course, many homosexual and transgender Aboriginal and Torres Strait Islander people in Australia who have established strong, affirming, sexual identities, who have been supported by their families and communities and who are accepted without discrimination either within their own communities or that of the wider society (Australian Federation of AIDS Organisations 1998). However, this is not true of all Aboriginal and Torres Strait Islander MSM.

The principal reason why we conducted this research was to address the lack of health research relating to Aboriginal and Torres Strait Islander men's sexual risk behaviour, as noted in the NIASH. Some literature describes violence, self-harm and imprisonment amongst Aboriginal and Torres Strait Islander populations, and its relationship with sexual risk behaviour (Australian Federation of AIDS Organisations 1998). There appears, however, to be little accessible research about sexual risk and injecting drug use behaviour specifically amongst Aboriginal and Torres Strait Islander MSM.

It is perhaps not surprising that so little information on this topic exists. Notwithstanding the positive experiences of some in these communities, many other Aboriginal and Torres Strait Islander homosexual and transgender people find it difficult to assert their identity, growing up as they typically do in communities heavily influenced by conservative elders who emphasise the importance of family ties. For Indigenous Australians, having a sense of connection to one's family and community is critical to Aboriginal and Torres Strait Islander identity (Jordan, 1986). Family connection heavily influences one's identity, and also where one expects to eventually return in old age. In this environment, many Aboriginal and Torres Strait Islander homosexual and transgender people do not primarily

identify themselves as 'gay', 'lesbian' or 'sistergirl'[1] in the first instance, giving greater weight to their identity as 'Aboriginal' or 'Torres Strait Islander'. To many Aboriginal and Torres Strait Islander MSM, the very idea of attaching oneself to the gay community ahead of one's family, as is often found in Western gay cultures, is an unfamiliar concept.

Despite these experiences and attitudes, many Aboriginal and Torres Strait Islander homosexual and transgender people have over time become more assertive about their identity, both sexual and cultural. A turning point for open and public discussion about Aboriginal and Torres Strait Islander sexual identity came in Alice Springs during 1992, at the first National Conference on HIV/AIDS among Indigenous Australian communities (Close, 1992; Costello and Nannup, 1999). At this forum, HIV positive, gay and lesbian Aboriginal and Torres Strait Islander people spoke out publicly to members of their own and other Aboriginal and Torres Strait Islander communities. They spoke about homophobia, covert same-sex activity and discrimination, and called upon delegates to begin challenging and breaking down homophobia so that Aboriginal and Torres Strait Islander gay and lesbian youth would no longer feel excluded from publicly (and sometimes privately) representing their own communities. Close (1992) stated that 'being gay in an Aboriginal community is the same as being black in a white community. You are not accepted and in some cases forced to leave. Teenagers head for the cities to be themselves because they cannot at home'.

The 'Anwernekenke II Report', prepared by the Australian Federation of AIDS Organisations (AFAO; 1998), found that many Aboriginal and Torres Strait Islander gay youth travelled little and had limited experience of life beyond their remote communities, and grew up in a culture where male-to-male sexual violence was normal. The Anwernekenke II Report found that some were sexually abused as children and that some came to confuse sex with love and intimacy, while some others were averse to sex and intimacy altogether. Feelings of guilt, shame, self blame, low self worth, and a sense of dislocation are all common consequences of sexual abuse (Human Rights & Equal Opportunity Commission, 1998). The First National Indigenous Sistergirl Forum, held on Magnetic Island in 1999, identified that the 'toxic effects of social exclusion significantly exacerbate the poor physical, physiological and emotional environmental and spiritual health of Indigenous peoples. Connectiveness is an essential aspect of our well being' (Costello and Nannup, 1999).

The influential Royal Commission into Aboriginal Deaths in Custody (1991), which investigated the deaths in custody of ninety-nine Aboriginal men during the early 1980s, recommended that further research be conducted into the health and wellbeing of Aboriginal and Torres Strait Islander populations generally, and Aboriginal and Torres Strait Islander men in particular. It identified a connection between Aboriginal

[1] The term 'sistergirl' refers to a specific type of gender fluidity among Aboriginal and Torres Strait Islander communities. While not all sistergirls are transgendered, we have used the term 'sistergirl' throughout to refer to this group.

disadvantage, poor health outcomes, and the overrepresentation of Indigenous people in Australian prisons. The Report did not, however, investigate same-sex experience or behaviour amongst victims.

Aboriginal and Torres Strait Islander people as a whole suffer disproportionately from depression, alcoholism, suicide, homelessness and violence, no doubt partly as a consequence of colonisation. For those who are homosexual as well as Aboriginal and/or Torres Strait Islander, the sense of dislocation is greater still. This combination of circumstances may suggest that some Aboriginal and Torres Strait Islander MSM may be more likely to engage in sexual and drug taking behaviours that put them at risk of STIs including HIV/AIDS and other blood borne viruses, although this combination of psychological and socio-economic factors has not been associated with risk behaviour in other studies of gay men in Australia. In this study we have attempted to include a broad range of factors to consider, ranging from the social and cultural to the economic and psychological, to better inform our understanding of sexual and drug-use practices.

The National HIV/AIDS Strategy has identified Aboriginal and Torres Strait Islander people as a high-risk group for HIV/AIDS. In addition, the NIASH identified homosexual men of Aboriginal and Torres Strait Islander background as a 'hard-to-reach' group about which little was known, and about whose sexual and drug-taking behaviours there remained important unanswered questions. Also, the Queensland Indigenous Sexual Health Strategy highlights the specific needs of particular groups including Indigenous gay men and sistergirls.

This study provides, for the first time, an opportunity to gather data from Aboriginal and Torres Strait Islander MSM about their relationships within their own Aboriginal and Torres Strait Islander communities as well as within gay communities; and about their access to appropriate health care and support services and resources. The findings will help inform public health campaigns and education resources that target this community.

Methodology

There is no specific, identifiable or discrete community of Aboriginal and Torres Strait Islander homosexually active men in Queensland, so the survey was conducted through a broad range of sites known to be frequented by the target population.

Based on the success of the Gay Community Periodic Surveys, and of the Asian Gay Men's Surveys, we adopted a Periodic Survey-style methodology. The GCPS provide a snapshot of the sexual and drug related issues associated with HIV risk and transmission among gay men in general. The surveys provide useful information that helps inform health planners and campaign strategies targeting those at high risk of HIV infection. The surveys employ direct recruitment, using anonymous, self-complete questionnaires, in social and sex-on-premises venues frequented by gay men. In 1998, a specific question concerning Aboriginal and Torres Strait Islander background was introduced for the first time into the survey.

Between 1998 and 2003 the surveys successfully obtained responses from many participants who identified as Aboriginal and/or Torres Strait Islander background, with a relatively large proportion of these (a total of 393) recruited in Queensland. The high number of men recruited in Queensland indicated that a Queensland-based study of the sort developed for the Asian Gay Men's Survey was likely to attract sufficient eligible respondents to enable meaningful analysis. Furthermore, sampling was also sought from within Aboriginal Community Controlled Health Services (ACCHS) sexual health programs.

The range of issues covered by the GCPS is relatively limited, and there are other issues that are a priority concern for research among Aboriginal and Torres Strait Islander gay men. Nonetheless, a preliminary univariate analysis of the existing GCPS data indicated that Aboriginal and Torres Strait Islander gay men were more likely to report a history of a STI, to use and inject illicit drugs and to engage in UAI with casual partners, but were also more likely to have been tested for HIV. Aboriginal and Torres Strait Islander gay men have often been represented as feeling detached from their communities – both Aboriginal or Torres Strait Islander as well as gay, lacking adequate knowledge about HIV/AIDS and other STIs, lacking access to education resources designed to reduce risk-taking behaviour, and lacking access to adequate sexual health services (Australian Federation of AIDS Organisations 1998). The GCPS data were insufficient, both in numbers and in detail, to elucidate these issues further. This study investigated in greater detail many of the findings from this analysis of GCPS data and explored other relevant issues:

- Attachment to Aboriginal and Torres Strait Islander and gay communities
- Indigenous and sexual identities
- Safe and unsafe sex practices (condom use)
- Experiences of discrimination
- Sexual violence and imprisonment
- Alcohol and illicit drug use
- Demographics (employment and education)
- Self esteem and confidence
- Testing for HIV and STIs

Importantly, conducting the survey under the auspices of the GCPS meant that the structure for this study had already been established with additional methodological planning only required for recruitment issues specific to Aboriginal and Torres Strait Islander gay men, as was the case in the Asian Gay Men's Survey with respect to Asian men. In developing appropriate protocols for this research we used the National Health and Medical Research 'Values and Ethics; Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research' to guide our work. Ethical approval was provided by the University of New South Wales.

Often, health research has not acknowledged Aboriginal and Torres Strait Islander paradigms and many Aboriginal and Torres Strait Islander groups are increasingly critical of research that views them as objects (Smylie, 2000; Reading and Nowgesic, 2000). The

Queensland Aboriginal and Torres Strait Islander Advisory Committee for this project was established precisely to avoid these sorts of problems. This committee had responsibility for oversight of such issues, to ensure that the research was conducted with due consideration to the particular issues within Aboriginal and Torres Strait Islander communities, and with a responsibility to ensure appropriate and transparent reporting mechanisms that enabled those same communities to access the findings.

A self complete questionnaire was developed that included questions about sexual and injecting drug use risk behaviours (see appendix A). The questionnaire was developed between the two National HIV Research Centres in collaboration with the Advisory Committee. It was agreed that the relevant questions that addressed the risk of HIV exposure should be included in the questionnaire. It was also agreed that a limited range of questions relating to community attachment would be asked.

Recruiters were instructed to explain to potential respondents that participation in the study was strictly voluntary, that any question which proved uncomfortable could be skipped and that respondents were able to stop at any time. The research was administered in a way that protected the confidentiality and anonymity of respondents. Respondents were informed that their responses would be confidential. Completed questionnaires did have a unique identifying number for data entry purposes, but no identifying marks or names appeared on the completed forms.

Some questions were highly sensitive and may have provoked unpleasant memories for people responding to the survey. To support respondents they were provided with contacts for information about appropriate local health care and support services.

This being the first such study of its kind, we were concerned that there might be unforeseen, or particularly difficult, issues in the administration of the survey that could affect the findings. Also, we felt that it was possible the survey findings might uncover some issues for which the survey data alone might be very limited to explain. To complement the main survey, a small substudy was undertaken to explore some specific issues in more detail. This substudy included in-depth interviews with a small number of Aboriginal and Torres Strait Islander MSM, as well as a small number of key informants. The purpose of these interviews was to follow up on issues that emerged in the context of administering the survey, either issues concerning the survey itself or issues that emerged from the preliminary analyses of the data.

Survey Questionnaire

The survey instrument and recruitment methodology had its origins in the GCPS. Some revision of the questionnaire was made to address more appropriately issues relevant to Aboriginal and Torres Strait Islander MSM. Such issues concerned HIV testing, access to community resources, and community identification and engagement.

The questionnaire was modelled on that used for the Sydney Asian Gay Community Periodic Survey (Mao et al, 2002). It was a short, self-administered instrument that typically

took about 10 minutes to complete. The focus was on anal intercourse, the use of condoms, the nature of sexual relationships, HIV testing practice and serostatus, aspects of gay and Aboriginal and Torres Strait Islander community involvement, recreational drug use and a range of demographic items including sexual identity, age, education, occupation and ethnicity. Additional questions also included disclosure of homosexuality, additional aspects of attachment and involvement in gay, Aboriginal and Torres Strait Islander and gay Aboriginal and Torres Strait Islander communities, racial and sexual discrimination in gay and Aboriginal and Torres Strait Islander communities, alcohol consumption, prison history and more detailed information regarding testing for HIV and sexually transmissible infections (STIs).

The questionnaire appeared in two formats, both of which included the same questions but in a different order and with slightly different instructions to enable them to be administered more effectively within the two very different sorts of communities in which the survey was conducted (ie, gay community sites, and Aboriginal and Torres Strait Islander community sites). The version of the questionnaire used in gay community sites is appended to this report. The alternate questionnaire is precisely the same but structured to enable men to fill in all the generic questions that do not relate to sex between men before those more specific questions were asked. Those who had never had sex with men were asked to finish the questionnaire at that point.

The questionnaire was designed to be completed by respondents who were directly recruited by a team of trained Aboriginal and Torres Strait Islander recruiters. While we sought to limit the number and length of questions in order to encourage respondents to answer all questions, we, nonetheless, needed to cover a range of important issues. Complicating this was a range of cultural, linguistic, socio-economic, and geographic factors that needed to be taken into account in writing the questionnaire. Moreover, we needed to be sensitive to the personal nature of the questions we were asking, particularly those concerning sexual behaviour, HIV serostatus, and illicit drug use.

Qualitative interviews

The qualitative interviews were semi-structured and audio-recorded. The issues covered included a range of topics identified during the administration of the survey and after the preliminary analyses of the survey data. The broad areas covered included:

- Reluctance of some men to participate in the survey
- Perspectives on the purpose of this research
- Difficulties faced filling in the survey form
- Feelings of detachment from gay community
- Sexual role-playing in both casual and regular relationships
- Sexual violence and its personal impact
- The role of alcohol and illicit drug use
- Discussing HIV with sex partners
- Concerns about being tested for HIV

Recruitment and training of staff

A Project Coordinator was employed to oversee the negotiation of sites and venues, liaise with community-based organisations, and supervise the employment and training of survey recruiters. Training of community-based researchers was integral to this research process. However, capacity building involves more than just researchers. Several stakeholders were involved in discussions about the research objectives, in the development and implementation of the questionnaire, and in the conduct of the survey. Research staff met with Aboriginal and Torres Strait Islander sexual health staff to explain the purposes of the study and to enlist their assistance in its implementation.

All of the survey recruiters identified as Aboriginal or Torres Strait Islander. Their ages varied, as did their work experience and their understanding of the purpose of this survey. Some recruiters had experience in the field of sexual health. The recruiters conducted the survey with diverse attitudes and skills, but, most importantly, they adopted a professional and respectful manner in approaching participants, particularly those who were known to them. In some respects though, it was culturally problematic for the recruiters to conduct the survey at Aboriginal and Torres Strait Islander community events and within some gay venues. Some of those attending the Aboriginal and Torres Strait Islander events or gay venues were related in one way or another to some of the recruiters. This often caused embarrassment to the recruiter or the participant.

Confidentiality proved to be problematic, beyond simply protecting the confidentiality of the responses provided on the questionnaire. It is not uncommon for many Aboriginal and Torres Strait Islander gay men to conceal their Aboriginal and Torres Strait Islander identity where possible within gay venues due to perceived ideas about Aboriginal and Torres Strait Islander people or as a result of overt racism. Being asked to complete a survey about Aboriginal and Torres Strait Islander MSM issues effectively 'outed' those who completed the survey as being Aboriginal and Torres Strait Islander. Doing so within a gay venue presented some personal issues for some participants. On the other hand, within Aboriginal and Torres Strait Islander communities, as within society in general, many MSM conceal their homosexuality for fear of discrimination based on homophobia. In these contexts, participating in the survey may have effectively outed them as homosexual.

That said, the survey recruiters often employed their own method of dealing with these circumstances, which unfortunately meant the survey was compromised at times. In some less comfortable situations, some recruiters mentioned to respondents that the questionnaire was targeting gay men only. As such, if the respondent was not gay they had no need to fill out a questionnaire. Some recruiters also suggested to the respondents in these circumstances that they need not complete the whole questionnaire, just the questions that related to their own sexuality and experiences. This meant missed opportunities for completion of the survey.

In-depth interviewing was conducted under the direct supervision of one of the project investigators. Interviews were conducted by two other members of the study team, both of whom were of Aboriginal or Torres Strait Islander background, and one of whom had

previous extensive experience in this type of interviewing. Apart from some initial preparation and training, the second interviewer was invited to observe the conduct of several interviews (with the consent of the interviewees involved) before conducting his own separate interviews. The Project Coordinator was responsible for recruitment of interview participants.

Aboriginal and Torres Strait Islander communities

The Aboriginal and Torres Strait Islander Advisory Committee established for this project advised the investigators on issues of cultural sensitivity and specificity. An important task of the committee was to specifically identify appropriate communities to gain permission to conduct the survey in these settings and to provide advice on recruitment methods. The committee supported the study being conducted in several Aboriginal and Torres Strait Islander communities on the basis that informed consent from those communities was obtained. The Project Coordinator attended these communities prior to conducting the survey to discuss and develop objectives with participating community members. This was done to ensure the goals of the project were clear and that the research would respect and adhere to community beliefs and traditions. In the event that language barriers might have prevented interested community members from participating, it was agreed to employ a translator. This was not necessary, as local community recruiters who spoke the language were available in the event that translation was required.

The ethical 'appropriateness' of conducting the survey in Aboriginal and Torres Strait Islander communities was also discussed at these meetings. The community discussions involved local health care workers and managers. These individuals were well positioned to identify shortfalls of support mechanisms. The Committee wrote to the local community councils to inform them of this study and to seek their permission to conduct the survey. Formal approval was received by the Project Coordinator without any conditions except to respect cultural values and sensitivities. The local community councils recognised that their communities would be the ultimate beneficiaries of the research results.

Protecting the privacy of the individuals and communities was a priority for the researchers and the Aboriginal and Torres Strait Islander Advisory Committee. No individual or community participating in this project will be identified in the report of any findings.

Gay communities

The Advisory Committee, with the key assistance of the Project Coordinator, also provided advice on the appropriateness of gay community sites with respect to the need for targeted recruitment of gay men of Aboriginal or Torres Strait Islander background. Although the GCPS was already well-established and had a strong working relationship with most of the gay community venues likely to be used as recruitment sites for this survey, not all of those sites were well-suited to this particular survey. Given the budgetary restrictions, sites were selected on the basis of their likelihood to obtain sufficient numbers of eligible respondents.

The Project Coordinator built upon the existing relationships established by QuAC and through the GCPS, to liaise with the management of the gay community recruitment sites.

Recruitment of interview participants

The Project Coordinator was responsible for the recruitment of subjects for the in-depth interviews. He identified appropriate key informants and informed existing clients of QuAC, particularly those who participated in the survey, and offered them the opportunity to be interviewed. Those who agreed to be interviewed were provided with a separate consent procedure to ensure they were fully informed of the purpose of this aspect of the study and what they were agreeing to. Every opportunity was provided to participants to enable them to withdraw their consent at any stage.

Participation Rates and Missing Data

This survey was based on convenience sampling and the locations for recruitment were often difficult, particularly given the requirements for targeted recruitment, either based on Aboriginal or Torres Strait Islander background in gay settings, or on homosexuality in Aboriginal and Torres Strait Islander community settings. This being the case, there was little capacity to reliably collect information on refusals. Nonetheless, the recruiters for the survey generally reported that there were very few refusals in gay settings, or in the context of direct approaches to MSM in Aboriginal or Torres Strait Islander community settings. However, there were also very many refusals in Aboriginal and Torres Strait Islander community settings that involved more general, untargeted, recruitment.

There were some problems with missing data, particularly among the non-MSM. Of course, surveys of this sort have not been previously conducted within this population. Whereas such surveys are commonplace among gay men in general and therefore tend to obtain reliable and consistent response rates on most items, this was not the case here. It is possible that some of this may have been due to low literacy levels in some cases and some resulting confusion in how to complete the questionnaires correctly, but it is equally possible that some men did not feel they could trust the assurances of confidentiality that accompanied the project and so when they came to more sensitive questions they simply declined to provide an answer. In either case, the greater reliability of the responses from MSM participants compared to those of non-MSM participants, probably speaks to this difference in the experience of survey research. Many of the MSM participants would have previously experienced gay community survey research, while few of the non-MSM would have experienced any equivalent type of research conducted within their communities.

It is also possible that some men may have found it difficult to refuse to participate in the survey, either due to their relationship with the recruiter, or due to the circumstances under which they were recruited. This is discussed later. Nonetheless, this may also explain some of the missing data in the survey responses: Rather than overtly refusing to complete the survey questionnaire, some men may have chosen to complete only those sections of the questionnaire that they did not find overly sensitive.

We have chosen to take a relatively liberal approach to the inclusion of survey data in this report. Given the particular problems facing this sort of research, we felt it was important to include as much of the data as possible, despite the difficulties of the missing data. Nonetheless, it is worth noting that, even given the large amount of missing data, there was little indication of inconsistent or contradictory responses. For the most part, the men appear to have provided fairly reliable, though not necessarily complete, data.

Liaison with and Support of Local Community

The GCPS already has a collaborative relationship with the primary community organisation, QuAC. The relationship with QuAC was maintained in this project. We also formed new working partnership arrangements with appropriate Aboriginal and Islander health agencies. These organisations provided significant leadership in the planning and implementation of the project, primarily through their involvement with the Advisory Committee of the study. Other relevant community organisations, such as broader gay community organisations and Aboriginal Community Controlled Health Services and Aboriginal and Torres Strait Islander sexual health workers, were consulted as appropriate.

Description of the Study

The QSAM was a cross-sectional survey of gay and homosexually active men of Aboriginal and Torres Strait Islander background recruited through a range of gay and Aboriginal and Torres Strait Islander community events and sites in Queensland. It provides a snapshot of sexual and HIV-related practices among gay and homosexually active men of Aboriginal and Torres Strait Islander background.

The major aim of this project was to provide data on levels of safe and unsafe sex practices in a broad cross-sectional sample of gay and other homosexually active men of Aboriginal and Torres Strait Islander background. To this end, men of Aboriginal and Torres Strait Islander background were recruited from a range of gay and Aboriginal and Torres Strait Islander community events, as well as gay community social and sex-on-premises venues frequented by such men.

This study adopted methods used in the GCPS and in particular draws on conclusions from the survey of Asian gay men in Sydney (Prestage et al; 2000; Mao et al, 2003). The QSAM was conducted from July to November, 2004. Sites used for recruitment in the survey included, sex-on-premises venues, clubs and pubs, and gay Aboriginal and Torres Strait Islander social events and selected Aboriginal and Torres Strait Islander community events, as well as some selected Aboriginal and Torres Strait Islander communities. Trained recruiters conducted recruitment in these sites over a two-month period.

More detailed analysis of the survey data will continue and will be disseminated as it is completed. As with any data analysis, further examination may necessitate minor reinterpretation of the findings. Discrepancies in *n* throughout this report are due to the missing data discussed above.

Interview material was collected from in-depth interviews with four survey participants and with four key informants. At least two of these key informants had also participated in the survey, and all were MSM of Aboriginal or Torres Strait Islander background. The interview material is included throughout this report, as appropriate, to highlight and provide further information about particular issues, where this material has relevance. This material, also, will be examined further in future analyses of the data.

Sample and Recruitment

Participants in the survey were recruited from a range of sites in Queensland. Men were eligible to participate in the survey if they were of Aboriginal or Torres Strait Islander background and were in attendance at a community venue or sexual health service where the survey was being conducted. At gay community sites we could be sure of obtaining a large number of men who have sex with men (MSM), but we also sought to recruit MSM who did not frequent gay community sites. To this end we also conducted the survey at Aboriginal or Torres Strait Islander community events or sexual health services, where many respondents were men who did not report sex with men (Non-MSM). In total, 233 men completed a questionnaire for the survey. Of these, 160 men indicated either they were not heterosexually-identified (146 men) or otherwise had sex with men. Data are reported separately throughout for these MSM and those other non-MSM.

Men were recruited for the survey from a range of gay and Aboriginal and Torres Strait Islander community events and venues, as well as through Aboriginal and Torres Strait Islander community health centres (Table 1). Non-MSM were mainly recruited through Aboriginal and Torres Strait Islander community events and services.

TABLE 1 SOURCE OF RECRUITMENT

	MSM	***Non-MSM***
Sex-on-premises venues	6 (3.8%)	1 (1.4%)
Commercial gay social venue	20 (12.5%)	2 (2.7%)
Gay community event	47 (29.4%)	1 (1.4%)
Aboriginal and Torres Strait Islander gay groups	22 (13.8%)	1 (1.4%)
Aboriginal and Torres Strait Islander community event	14 (8.8%)	21 (28.8%)
Aboriginal and Torres Strait Islander community MSM networks	34 (21.3%)	0 (0.0%)
Aboriginal and Torres Strait Islander Community-controlled/Sexual Health services	13 (8.1%)	45 (61.6%)
Other	4 (2.5%)	2 (2.7%)
TOTAL	**160 (100%)**	**73 (100%)**

$p < .001$

The different sampling methods and the differences in recruitment sites should be considered in the interpretation of these data, particularly when comparing the two groups (MSM and non-MSM). Differences between the two groups may be interpreted as genuine differences when in fact they could be due to sampling. It also should be noted that men were recruited in two quite different contexts. While each of the types of recruitment sites listed are different, they can be roughly divided into those that were broader gay community sites, where other MSM who were not of Aboriginal or Torres Strait Islander background

would have been in attendance (i.e. sex-on-premises venues, gay commercial venues, and gay community events) and those in which the men would have only been in the company of other Aboriginal or Torres Strait Islander people. For the most part, the non-MSM were recruited through these latter sites, as were about half the MSM. Where appropriate, we have noted differences among the MSM that appear to have been due to these differences in the sources of recruitment.

The eight men recruited for in-depth interviewing were all recruited through existing community networks. The four key informants included three health promotion officers and a sexual health worker, at least two of whom had also participated in the survey as respondents, and at least three of whom had worked as recruiters on the survey. The other four interviewees had all completed a survey form. Three of them lived in Brisbane and one lived near Cairns. One was a sistergirl.

Demographic Profile

Cultural identity

The survey participants were drawn from a range of Aboriginal and Torres Strait Islander backgrounds (Table 2.1). Most identified as Aboriginal and one in five as Torres Strait Islander (TSI). However, indigeneity is not a homogeneous attribute, and there is a broad range of Aboriginal and Torres Strait Islander identities, including regional and kinship variations. Also, many Aboriginal people report South Sea Islander (SSI) heritage and many Torres Strait Islander people report Aboriginal heritage.

TABLE 2.1 CULTURAL BACKGROUND & IDENTITY

	MSM	Non-MSM	P-value
Aboriginal	123 (76.9%)	55 (75.3%)	*NS*
Torres Strait Islander	36 (22.5%)	13 (17.8%)	*NS*
South Sea Islander	23 (14.4%)	12 (16.4%)	*NS*

Note: Items are not mutually exclusive.

All but seventeen survey respondents indicated they were either Aboriginal/TSI/SSI. Of those seventeen men, twelve indicated some pride in being Aboriginal and Torres Strait Islander or belonging to an Aboriginal and Torres Strait Islander community. The remaining five men who indicated nowhere on the questionnaire that they were Aboriginal and Torres Strait Islander included three non-MSM. As there were only these five men who could not fairly reliably be said to be eligible in some way, we could have either chosen to exclude them from the analysis or assume that their participation in the survey was an indication that they were eligible in some way. We chose the latter for these analyses.

Geographic distribution

Most MSM grew up in cities (Table 2.2). About one in four MSM and almost half the non-MSM came from rural communities, remote communities or Deeds of Grant in Trust (DOGIT) communities. The MSM recruited through gay community sources were more likely to have grown up in the city than were those recruited through Aboriginal or Torres Strait Islander organisations and networks ($p<.001$).

TABLE 2.2 WHERE DID YOU GROW UP?		
	MSM	**Non-MSM**
Capital city	96 (60.0%)	21 (28.8%)
Other city	7 (4.4%)	7 (9.6%)
Regional town	21 (13.1%)	15 (20.5%)
DOGIT or Rural or remote area	17 (10.6%)	18 (24.6%)
No response	19 (11.9%)	12 (16.4%)
Total	**160 (100%)**	**73 (100%)**

p<.001

At the time of the survey, the majority of MSM lived in cities. About a third of the non-MSM did not report where they lived.

TABLE 2.3 PLACE OF RESIDENCE		
	MSM	**Non-MSM**
Brisbane	83 (51.9%)	27 (37.0%)
Cairns/Townsville	24 (15.0%)	9 (12.3%)
Gold Coast	2 (1.3%)	3 (4.1%)
Other Queensland	25 (15.6%)	10 (13.7%)
Elsewhere	2 (1.3%)	1 (1.4%)
No response	24 (15.0%)	23 (31.5%)
Total	**160 (100%)**	**73 (100%)**

p=.043

Age

Participants ranged in age from 12 to 68 years with a mean of 32.7 years and a median of 32 years. There were 20 men who did not report their age, of whom thirteen were non-MSM. Among MSM the mean age was 33.4 years and among non-MSM it was 30.9 years (p=.095). Although no-one approached to participate in the survey appeared to be under the age of eighteen, this being a self-complete questionnaire which was often completed in groups, it was not possible to guarantee that no younger men completed a survey form. Of the five respondents reporting they were under the age of sixteen years, two provided some indication they were MSM. There was little difference in age between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks.

Employment and occupation

Almost half the participants, both MSM and non-MSM, reported being in employment, while well over a third of MSM reported they were either unemployed or working for the Community Development Employment Program (CDEP) (Table 2.4). The main difference

between MSM and non-MSM was that the non-MSM were less likely to have answered the question: One in five non-MSM did not report their employment status.

TABLE 2.4 EMPLOYMENT STATUS		
	MSM	**Non-MSM**
Full-time	54 (33.8%)	28 (38.4%)
Part-time	24 (15.0%)	8 (11.0%)
Student	10 (6.3%)	9 (12.3%)
Unemployed/CDEP	39 (24.4%)	10 (13.7%)
Pension/Other	24 (15.0%)	4 (5.4%)
No response	9 (5.6%)	14 (19.2%)
TOTAL	**160 (100%)**	**73 (100%)**

p =.004

Few participants reported being employed in 'blue-collar' jobs. About one in five respondents, both MSM and non-MSM, were in managerial, professional or paraprofessional jobs (Table 2.5). One in five MSM and one in ten non-MSM were in sales or clerical positions. Blue-collar workers were a minority, as in other surveys of gay men (Hull *et al,* 2003).

TABLE 2.5 OCCUPATION		
	MSM	**Non-MSM**
PROFESSIONAL/MANAGERIAL		
Professional/Managerial	22 (13.8%)	7 (9.6%)
Paraprofessional	10 (6.3%)	7 (9.6%)
WHITE COLLAR		
Clerical/ Sales	30 (18.8%)	8 (11.0%)
BLUE COLLAR		
Trades	2 (1.3%)	0 (0.0%)
Plant operator/Labourer	11 (6.9%)	7 (9.6%)
NOT EMPLOYED	65 (40.6%)	33 (45.2%)
NO RESPONSE	20 (12.5%)	11 (15.1%)
TOTAL	**160 (100%)**	**73 (100%)**

Note: Includes all men who specified their occupation, whether currently employed or not.
Not significant.

The MSM recruited through gay community sources were more likely to be employed (p=.048), and to be in a professional occupation (p=.027), than were those recruited through Aboriginal or Torres Strait Islander organisations and networks.

Education

One third of the MSM reported receiving at least their Senior Certificate (SC) with one in seven having received some university education (Table 2.6). Similar proportions were found among the non-MSM. Many did not report their level of education, particularly among the non-MSM. The MSM recruited through gay community sources were more

likely to have completed high school (to year 12) than were those recruited through Aboriginal or Torres Strait Islander organisations and networks (p=.013.

TABLE 2.6 EDUCATION		
	MSM	**Non-MSM**
Completed primary school only	32 (20.0%)	6 (8.2%)
Up to 3 years of high school	52 (32.5%)	24 (32.9%)
Senior Certificate	24 (15.0%)	13 (17.8%)
Trade certificate or diploma	23 (14.4%)	7 (9.6%)
University	9 (5.6%)	10 (13.7%)
No response	20 (12.5%)	13 (16.4%)
TOTAL	**160 (100%)**	**73 (100%)**

NS

Sexual relationships with women

Not surprisingly, given this survey sought to recruit men who have sex with men, few MSM in the survey reported having sex with a female partner in the previous six months (Table 2.7). Unsurprisingly, the non-MSM reported more female partners, but, nonetheless, a third reported no female partners.

TABLE 2.7 SEX WITH WOMEN IN PREVIOUS SIX MONTHS		
	MSM	**Non-MSM**
No female partners	135 (84.4%)	24 (32.9%)
One female partner	8 (5.9%)	19 (26.0%)
More than one female partner	13 (8.2%)	20 (27.4%)
No response	4 (2.5%)	10 (13.7%)
TOTAL	**160 (100%)**	**73 (100%)**

p <.001

About one in twelve reported sex with transgender, or sistergirl, partners in the previous six months (Table 2.8). There was little difference between MSM and non-MSM in this regard.

TABLE 2.8 SEX WITH SISTERGIRLS IN PREVIOUS SIX MONTHS		
	MSM	**Non-MSM**
No sistergirl partners	142 (88.7%)	57 (78.1%)
One sistergirl partner	7 (4.4%)	5 (6.8%)
More than one sistergirl partner	7 (4.4%)	1 (1.4%)
No response	4 (2.5%)	10 (13.7%)
TOTAL	**160 (100%)**	**73 (100%)**

NS

The MSM recruited through gay community sources were more likely to have had sex with women (p=.004) and with transgender or sistergirl (p<.001) partners than were those recruited through Aboriginal or Torres Strait Islander organisations and networks.

Sexual relationships with men

Among MSM, one in six reported they were not 'currently' having sex with men (Table 2.9). Nearly two thirds reported they were currently having sex with casual partners, and one quarter, 42 men, said they currently had a regular partner. However, a larger number, 64 men (40.0%), indicated elsewhere in the questionnaire that they had a 'current' regular partner. There may have been some confusion among these other men as to whether these questions referred to their current partners or to partners they had at some time during the previous six months. Nonetheless, we have included all 64 men as having a current regular male partner at the time of the survey.

The MSM recruited through gay community sources were more likely to report having a current regular partner than were those recruited through Aboriginal or Torres Strait Islander organisations and networks (p=.021), although there was little difference in their likelihood that they had had a regular partner at some time during the previous six months.

TABLE 2.9 CURRENT SEXUAL RELATIONSHIPS WITH MEN

	MSM
No sex with men	27 (16.9%)
Casual partners only	80 (50.0%)
Regular partner only	19 (11.9%)
Both casual and regular partners	23 (14.4%)
No response	11 (6.9%)
TOTAL	**160 (100%)**

Participants who currently had a regular sexual partner were asked to report on the style of their relationships (Table 2.10). Less than a third of the men with a regular partner reported being in a monogamous relationship, although over a third failed to respond to this question. The men in relationships were as likely to be in a monogamous relationship as one where either or both partners had sex with other men.

TABLE 2.10 TYPES OF REGULAR RELATIONSHIPS WITH MEN	
	MSM
Monogamous	18 (28.1%)
My partner has casual sex but I do not	1 (1.6%)
I have casual sex but my partner does not	6 (9.4%)
Both of us have casual sex	12 (18.8%)
I have several regular partners	3 (4.7%)
No response	24 (37.5%)
TOTAL	**64 (100%)**

Note: Includes only those men who had a regular partner at the time of the survey.

Over a third of those with a current regular partner reported that their relationship was of at least twelve months' duration but equally as many failed to respond to this question (Table 2.11).

TABLE 2.11 LENGTH OF RELATIONSHIP WITH MEN	
	MSM
Less than one year	13 (20.4%)
At least one year	25 (39.1%)
No response	26 (40.6%)
TOTAL	**64 (100%)**

Note: Includes only those men who had a regular partner at the time of the survey.

Identity and Community Engagement

We explored issues of identity and community attachment, with respect to both sexuality and indigeneity, both of which are presumably central to the lives of many of these men.

Attachment to Aboriginal and Torres Strait Islander communities

Almost all respondents, both MSM and non-MSM, felt 'slightly' or 'very much' a part of Aboriginal and Torres Strait Islander communities (Table 3.1). While it was not statistically significant, there was a slight tendency for the MSM recruited through Aboriginal or Torres Strait Islander organisations and networks to be a little more likely to feel 'very much' a part of those communities than were those recruited through gay community sources (p=.058).

TABLE 3.1 ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY ATTACHMENT

	MSM	Non-MSM
Very much a part of Aboriginal and Torres Strait Islander community	120 (75.0%)	50 (68.5%)
Only feel slightly a part of Aboriginal and Torres Strait Islander community	32 (20.0%)	16 (21.9%)
Do not feel part of Aboriginal and Torres Strait Islander community at all	4 (2.5%)	4 (5.5%)
No response	4 (2.5%)	3 (4.1%)
TOTAL	**160 (100%)**	**73 (100%)**

NS

There appears to be a strong relationship between concepts of family and concepts of community for some of these men. In his depth interview, one man, who had moved to Cairns from elsewhere a few years previously, described his uneasy relationship to the local Indigenous community:

> *"Having moved here to this community four years ago from [another city], I still tend to feel like a bit of a new person in this community. A lot of people don't know me or my family, or stuff about me personally, so I guess I tend to…I guess I mainly attend sort of public events and because I don't know many families, the older people, I know the younger people, but because I don't know a great many people here in Cairns, I tend to attend public events rather than family gatherings and parties and that sort of stuff."*

Aboriginal and Torres Strait Islander community involvement

Most respondents felt 'somewhat' or 'very much' involved in Aboriginal and Torres Strait Islander communities (Table 3.2).

TABLE 3.2 ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY INVOLVEMENT

	MSM	Non-MSM
Very much involved in Aboriginal and Torres Strait Islander community in Australia	88 (55.0%)	40 (54.8%)
Somewhat involved in Aboriginal and Torres Strait Islander community	63 (39.4%)	27 (37.0%)
Not involved in Aboriginal and Torres Strait Islander community at all	6 (3.8%)	3 (4.1%)
No response	3 (1.9%)	3 (4.1%)
TOTAL	**160 (100%)**	**73 (100%)**

NS

About three quarters of MSM spent at least some time with other Aboriginal and Torres Strait Islander people, irrespective of those persons' sexuality (Table 3.3). A large number of non-MSM failed to respond to this item. The reasons for this are difficult to interpret. It may be that many who neglected this question should have ticked 'none' but instead skipped the question believing it was not relevant to them because they spent no time with other Aboriginal and Torres Strait Islander people. However, this seems an unlikely explanation as it would be expected that Aboriginal and Torres Strait Islander non-MSM would be more likely to spend time with other Aboriginal and Torres Strait Islander people. The more likely reason is that this question was located in a list with other questions about time spent with gay friends and sistergirls, so it may be that many non-MSM simply skipped this entire list thinking it was not relevant to them.

TABLE 3.3 PROPORTION OF FREE TIME WITH OTHER ABORIGINAL AND TORRES STRAIT ISLANDER PERSONS

	MSM	Non-MSM
None	28 (17.4%)	3 (4.1%)
A little	14 (8.8%)	2 (2.7%)
Some	44 (27.5%)	7 (9.6%)
A lot	64 (40.0%)	1 (1.4%)
No response	10 (6.3%)	60 (82.2%)
TOTAL	**160 (100%)**	**73 (100%)**

$p<.001$

Most MSM spent considerable time with other Aboriginal and Torres Strait Islander men who were also gay (Table 3.4). Half reported spending 'some' or 'a lot' of their time with other gay Aboriginal and Torres Strait Islander men. As was the case with the previous

item, a large number of non-MSM failed to respond to this item and probably for similar reasons.

TABLE 3.4 PROPORTION OF FREE TIME SPENT WITH GAY ABORIGINAL AND TORRES STRAIT ISLANDER MEN		
	MSM	**Non-MSM**
None	36 (24.6%)	9 (12.3%)
A little	34 (21.3%)	3 (4.1%)
Some	44 (27.5%)	0 (0.0%)
A lot	36 (22.5%)	1 (1.4%)
No response	10 (6.3%)	60 (82.2%)
TOTAL	**160 (100%)**	**73 (100%)**

p<.001

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in terms of their likelihood to socialise with other Aboriginal or Torres Strait Islander persons, regardless of the sexuality of those with whom they socialised.

Sexual identity and disclosure of homosexuality

Participants were asked whether they identified as gay/homosexual, sistergirl/transgender, bisexual or heterosexual (Table 3.5). About three-quarters of MSM identified as homosexual, and around one in ten identified as 'sistergirl/transgender'. Four MSM identified as 'heterosexual'. A quarter of the non-MSM failed to respond to this item. The MSM recruited through gay community sources were more likely to identify as homosexual than those recruited through Aboriginal or Torres Strait Islander organisations and networks, who were more likely to identify as bisexual (p=.018). Although the majority of MSM recruited through Aboriginal or Torres Strait Islander organisations and networks also identified as homosexual, they were more likely to identify as bisexual than the MSM recruited through gay community sources.

TABLE 3.5 SEXUAL IDENTITY		
	MSM	**Non-MSM**
Homosexually identified	114 (71.3%)	0 (0.0%)
Bisexually identified	17 (10.6%)	0 (0.0%)
Sistergirl or transgender identified	15 (9.4%)	0 (0.0%)
Heterosexually identified	4 (2.5%)	51 (69.9%)
Other/unsure	4 (2.5%)	5 (6.8%)
No response	6 (3.8%)	17 (23.3%)
TOTAL	**160 (100%)**	**73 (100%)**

p<.001

In the depth interviews, one man described the relative importance and appropriateness of his competing cultural and sexual identities:

> Interviewer: *"Do you always identify as gay in the Aboriginal community?"*
>
> Respondent: *"Not always. Sometimes it's not necessary, especially Indigenous communities it's not necessary. You know what mob's like sometimes, so... People that know who I am obviously know I'm gay. I don't classify myself as a gay person. I classify myself… first and foremost as an indigenous person and the gay component comes second. It's part of who I am as a whole."*

Interestingly, though, another interviewee, when initially asked how he identifies himself, immediately responded "Myself? As a gay man." Only when the interviewer clarified that he was asking about his identity in relation to his cultural background did he say "Aboriginal". Clearly, what counts as personal identity can vary substantially, depending on the immediate context in which individuals find themselves.

The MSM were asked about the people to whom they had disclosed their homosexuality (Table 3.6). Most had told someone close to them, but about a quarter had not told their doctor. One respondent indicated he had told nobody.

TABLE 3.6 DISCLOSURE OF SEXUAL IDENTIFICATION

	MSM			
	None	***Some***	***Most or all***	**TOTAL**
Told any doctors	38 (23.7%)	26 (16.3%)	88 (55.0%)	**160 (100%)**
Told any close family	22 (13.7%)	45 (28.1%)	85 (53.1%)	**160 (100%)**
Told any other relatives	26 (16.3%)	51 (31.9%)	75 (46.9%)	**160 (100%)**
Told any straight Aboriginal and Torres Strait Islander friends	23 (14.4%)	47 (29.4%)	82 (51.3%)	**160 (100%)**
Told any other straight friends	25 (15.7%)	45 (28.1%)	82 (51.3%)	**160 (100%)**
Told any gay friends	13 (8.2%)	39 (24.4%)	100 (62.5%)	**160 (100%)**
Told any workmates	35 (21.9%)	42 (26.3%)	75 (46.9%)	**160 (100%)**

Note: Includes only MSM. Eight men failed to respond to all these items on this question.

Though only of marginal statistical significance, the MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were slightly more likely to have told their immediate family about their homosexuality than were those recruited through gay community sources (p=.050).

In the depth interviews, the men were asked to describe some of the issues they had to deal with in 'coming out' and accepting their own sexuality. One man pointed to the particular importance of family in this process for Aboriginal and Torres Strait Islander MSM:

> *"That's never easy. Because I think we all want to be accepted and everybody that comes to terms or has to come to terms with coming out initially has to deal with big fat rejection, that initial rejection. And especially with family. We all know what family can be like. I think a lot of Indigenous people feel that too because family is our rock; we're family orientated people. I think that's the most scary thing about it is to be rejected by our own family."*

Gay community involvement

MSM were asked about their attachment to the gay community (Table 3.7). Almost half felt 'very much' a part of the gay community, while about one in ten said they did not feel part of the gay community 'at all'.

TABLE 3.7 GAY COMMUNITY ATTACHMENT	
	MSM
Very much a part of gay community	70 (43.8%)
Only feel slightly a part of gay community	66 (41.3%)
Do not feel part of gay community at all	15 (9.4%)
No response	9 (5.6%)
TOTAL	**160 (100%)**

Participants were asked about their involvement in gay communities (Table 3.8). About a quarter felt 'very much involved' in the gay community while about half felt 'somewhat involved'. Almost one in six reported having no involvement in the gay community.

TABLE 3.8 GAY COMMUNITY INVOLVEMENT	
	MSM
Very much involved in gay community	42 (26.3%)
Somewhat involved in gay community	83 (51.9%)
Not involved in gay community at all	26 (16.3%)
No response	9 (5.6%)
TOTAL	**160 (100%)**

Almost all respondents reported having gay friends, and a large majority described 'most or all' of their friends as gay (Table 3.9)

TABLE 3.9 NUMBER OF GAY FRIENDS	
	MSM
None	1 (0.6%)
Few	17 (10.6%)
Some	47 (29.4%)
Most	70 (43.8%)
All	16 (10.0%)
No response	9 (5.6%)
TOTAL	**160 (100%)**

Over two thirds of the MSM spent some free time with other gay men but nearly a quarter reported they spent no time with other gay men (Table 3.10).

TABLE 3.10 PROPORTION OF FREE TIME SPENT WITH GAY MEN	
	MSM
None	36 (22.6%)
A little	34 (21.3%)
Some	44 (27.5%)
A lot	36 (22.5%)
No response	10 (6.3%)
TOTAL	**160 (100%)**

About two thirds spent at least some of their free time with sistergirls (Table 3.11).

TABLE 3.11 PROPORTION OF FREE TIME SPENT WITH SISTERGIRLS	
	MSM
None	41 (25.6%)
A little	30 (18.8%)
Some	39 (24.4%)
A lot	40 (25.0%)
No response	10 (6.3%)
TOTAL	**160 (100%)**

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in terms of their identification with or participation in gay community or in the extent of their friendship networks with other gay men. Those recruited through Aboriginal or Torres Strait Islander organisations and networks were, however, slightly more likely to spend time with sistergirls (p=.020).

Half the MSM reported attending an Aboriginal Community Controlled Health Service (ACCHS) (Table 3.12). The MSM also attended various local gay Aboriginal and Torres Strait Islander support groups and health services. The most commonly used of this type of service was the Queensland AIDS Council Aboriginal and Torres Strait Islander Project.

TABLE 3.12 ATTENDED GAY ABORIGINAL AND TORRES STRAIT ISLANDER EVENTS				
	MSM			
	Never	***Occasionally***	***Often***	**TOTAL**
ACCHS	66 (41.3%)	49 (30.6%)	31 (19.4%)	**160 (100%)**
QuAC Aboriginal and Torres Strait Islander project	88 (55.0%)	46 (28.8%)	12 (7.5%)	**160 (100%)**
gar 'ban' djee 'lum'	93 (58.2%)	26 (16.3%)	27 (16.9%)	**160 (100%)**
'Yu Pla Mi Pla Ah Fla'	125 (78.1%)	12 (7.5%)	9 (5.6%)	**160 (100%)**
Two Spirited People	139 (86.9%)	7 (4.4%)	0 (0.0%)	**160 (100%)**

Note: Categories are not mutually exclusive. Fourteen men (8.8%) failed to respond to all these items on this question.

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in the likelihood that they had attended the Aboriginal or Torres Strait Islander organizations listed in Table 3.12.

Discrimination and self-esteem

We asked MSM whether they had experienced discrimination from within the Aboriginal and Torres Strait Islander community based on their sexuality (Table 3.13). Well over a third reported some form of discrimination although most described it as being 'occasional' rather than 'often'.

TABLE 3.13 HOMOSEXUAL DISCRIMINATION WITHIN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY

	MSM
Never	84 (52.5%)
Occasionally	55 (34.4%)
Often	11 (6.9%)
No response	10 (6.3%)
TOTAL	**160 (100%)**

One interviewee indicated that his family silently tolerated his homosexuality, though it was never discussed, yet he also asserted that gay people were probably more included in Aboriginal communities than in non-Indigenous communities:

> *"I say it's tolerated more in Aboriginal community than in the white community. Because it's more a family thing. If you're gay they accept you. … you're family first. If I don't go home for Christmas my brother gets very offended. He always told me 'This is your home too you know'. But I've got my home here in Brisbane. 'That's not your home, this is your home here'. He gets very offended if I don't go home for Christmas. He wants me to go home all the time for Christmas, be with the family. I get tired of sitting on the train all the way up to (North Queensland regional town). It's twenty seven hours."*

Another interviewee indicated, however, that he felt the prejudice more strongly among Aboriginal people:

> *"I find that the worst is mostly in our own community… Predominately, where I come from… it's not that accepted, so I feel, and I have felt over the years of coming out, and I'm talking about nearly fourteen years now, the majority of the discrimination that comes from being a minority comes from our own people. I don't really understand why that is. I think it comes to it maybe boils down to knowledge, maybe inferior, of not knowing or not wanting to know… their own identity."*

We also asked whether they had experienced discrimination from within the gay community based on their Aboriginal and Torres Strait Islander background (Table 3.14). About half reported some discrimination although, again, most described it as being 'occasional' rather than 'often'.

TABLE 3.14 RACIAL DISCRIMINATION WITHIN GAY COMMUNITY	
	MSM
Never	63 (39.4%)
Occasionally	79 (49.4%)
Often	7 (4.4%)
No response	11 (6.9%)
TOTAL	**160 (100%)**

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in their likelihood to have experienced either anti-homosexual prejudice from other Aboriginal or Torres Strait Islander individuals or racial prejudice from other gay men.

The MSM were asked how they felt about being gay and Aboriginal and Torres Strait Islander (Table 3.15). While a direct comparison between these items is not possible, participants tended to appear to express more strongly positive feelings toward their aboriginality than they did toward their sexuality.

TABLE 3.15 SELF-ESTEEM		
	MSM	
	I am happy to be gay!	***Proud to be Aboriginal / Torres Strait Islander***
Strongly agree	78 (48.8%)	105 (65.6%)
Agree	42 (26.3%)	13 (8.1%)
Disagree	2 (1.3%)	1 (0.6%)
Strongly disagree	16 (10.0%)	15 (9.4%)
No response	22 (13.8%)	26 (16.3%)
TOTAL	**160 (100%)**	**160 (100%)**

The MSM recruited through gay community sources were slightly more likely to express a strongly positive attitude about their indigeneity (p=.042) as well as about their own homosexuality (p=.008) than were those recruited through Aboriginal or Torres Strait Islander organisations and networks.

Use of gay venues

A very large majority of MSM reported using gay bars to meet potential male sex partners (Table 3.16). The next most frequently used methods of meeting sex partners were, in order, gay beats, straight or mixed bars, straight or mixed pubs/canteens[2], and gay Aboriginal and Torres Strait Islander events. About one in six reported using the internet and one in five used gay saunas. It is possible, of course, that other methods not included in the questionnaire were used to seek potential sexual partners.

TABLE 3.16 WAYS OF MEETING SEX PARTNERS (N=160)

	MSM			
	Never	***Occasionally***	***Often***	***No response***
Gay bars	35 (21.9%)	66 (41.3%)	46 (28.8%)	13 (8.1%)
Straight or mixed bars	56 (35.0%)	65 (40.6%)	26 (16.3%)	13 (8.1%)
Beats/pubic toilets/beach/bush	59 (36.9%)	60 (37.5%)	28 (17.5%)	13 (8.1%)
Straight or mixed pub/canteen	71 (44.4%)	52 (32.5%)	24 (15.0%)	13 (8.1%)
Gay Aboriginal and Torres Strait Islander events	90 (56.3%)	45 (28.1%)	12 (7.5%)	13 (8.1%)
Gay sex clubs	91 (56.9%)	44 (27.5%)	12 (7.5%)	13 (8.1%)
Through friends or family	94 (58.8%)	42 (26.3%)	11 (6.9%)	13 (8.1%)
Gay saunas	112 (70.0%)	28 (17.5%)	7 (4.4%)	13 (8.1%)
Internet	120 (75.1%)	21 (13.1%)	6 (3.8%)	13 (8.1%)
Adult bookshops/Video shops	127 (79.4%)	15 (9.4%)	5 (3.1%)	13 (8.1%)
Sex parties	129 (80.7%)	14 (8.8%)	4 (2.5%)	13 (8.1%)
Leather events	135 (84.4%)	8 (5.0%)	4 (2.5%)	13 (8.1%)

Note: Percentages are based on the total sample of MSM, although thirteen men (8.1%) failed to respond to all these items on this question. Items are not mutually exclusive.

Apart from the thirteen men who failed to answer these questions, six men (3.8%) clearly indicated that they used none of these methods to meet any of their male sex partners. It is impossible to know whether the thirteen who failed to respond to any of these items were also indicating that they used none of the methods, or simply skipped the question altogether. It is, however, notable that seven of these thirteen men were neither gay nor sistergirls, and some of them may have felt the question was not relevant to them because they did not consider themselves to ever be 'looking for male sex partners'.

The MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were more likely to have met male sex partners at straight or mixed pubs and canteens than were those recruited through gay community sources ($p=.016$) but they were less likely to have met male partners through gay saunas ($p=.020$) or gay sex clubs ($p<.001$).

[2] A sort of community store in Aboriginal and Torres Strait Islander communities.

Contact with HIV epidemic

Both MSM and non-MSM were asked to report the number of HIV positive people they knew (Table 3.17). About a third of MSM did not know any HIV positive people; a further quarter knew just one or two HIV positive people; and one in six knew six or more HIV positive people. The majority of non-MSM did not know anyone with HIV.

TABLE 3.17 NUMBER OF PEOPLE KNOWN WITH HIV

	MSM	Non-MSM
None	55 (34.4%)	44 (60.3%)
One	12 (7.5%)	2 (2.7%)
Two	15 (9.4%)	7 (9.6%)
3-5	43 (26.9%)	3 (4.1%)
6-10	8 (5.0%)	2 (2.7%)
More than ten	18 (11.3%)	1 (1.4%)
No response	9 (5.6%)	14 (19.2%)
TOTAL	**160 (100%)**	**73 (100%)**

p<.001

Respondents were also asked how many people they have known who have died from AIDS (Table 3.18). More than half of both MSM and non-MSM reported that they had never known anyone who had died from AIDS.

TABLE 3.18 NUMBER OF PEOPLE KNOWN TO HAVE DIED FROM AIDS

	MSM	Non-MSM
None	99 (61.9%)	48 (65.8%)
One	10 (6.3%)	8 (11.0%)
Two	22 (13.8%)	5 (6.8%)
3-5	15 (9.4%)	1 (1.4%)
6-10	2 (1.3%)	0 (0.0%)
More than ten	5 (3.1%)	0 (0.0%)
No response	7 (4.4%)	11 (15.1%)
TOTAL	**160 (100%)**	**73 (100%)**

p <.001

The MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were less likely to know of someone who had died of AIDS than were those recruited through gay community sources (p=.020).

HIV and STI Testing

Participants were asked to report their HIV status (Table 4.1). About two thirds of MSM reported being HIV negative, but one quarter did not know their HIV serostatus. Thirteen MSM and no non-MSM reported being HIV positive. At least half the non-MSM had not been tested. There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in whether they had been tested for HIV or tested HIV-positive.

TABLE 4.1 HIV TEST RESULTS

	MSM	Non-MSM
HIV-negative	104 (65.0%)	28 (38.4%)
HIV-positive	13 (8.1%)	0 (0.0%)
Not tested/No results	41 (25.7%)	41 (56.1%)
No response	2 (1.3%)	4 (5.5%)
TOTAL	**160 (100%)**	**73 (100%)**

p <.001

Seven of the thirteen HIV-positive men reported that they were currently taking antiretroviral treatments for their HIV infection. Also, six HIV-positive men indicated they had an undetectable viral load and one man indicated he had a detectable viral load; The other six HIV-positive men either did not indicate or did not know their viral load.

Time since most recent HIV-antibody test

Participants were asked to report the time since last having been tested for HIV (Table 4.2). A little less than half the MSM who were not HIV-positive had been tested in the previous twelve months, including about one quarter who had been tested in the previous six months. Non-MSM were less likely to have ever been tested.

TABLE 4.2 TIME SINCE MOST RECENT HIV TEST

	MSM	Non-MSM
Less than 6 months ago	40 (27.2%)	6 (8.2%)
7–12 months ago	24 (16.3%)	3 (4.1%)
1–2 years ago	22 (15.0%)	7 (9.6%)
Over 2 years ago	29 (19.8%)	9 (12.3%)
Never tested	30 (20.4%)	44 (60.3%)
No response	2 (1.4%)	4 (5.5%)
TOTAL	**147 (100%)**	**73 (100%)**

Note: Includes only those men who have not tested HIV-positive.
p <.001

Respondents who were not HIV-positive and who had been tested were asked to indicate where they had last been tested (Table 4.3). Over half of both MSM and non-MSM had been to doctors/GPs for their test. One quarter of the MSM went to sexual health clinics, more than was the case among the non-MSM. Relatively few participants had accessed an Aboriginal or Torres Strait Islander community controlled health service to obtain an HIV test.

TABLE 4.3 LOCATION OF LAST HIV TEST

	MSM	Non-MSM
Doctors/GPs	54 (51.9%)	16 (57.1%)
Sexual health clinics	26 (25.0%)	3 (10.7%)
Hospitals	3 (2.9%)	1 (3.6%)
ACCHS	14 (13.5%)	3 (10.7%)
Other	3 (2.9%)	1 (3.6%)
No response	4 (3.8%)	4 (14.3%)
TOTAL	**104 (100%)**	**28 (100%)**

Note: Includes only those men who have been tested for HIV and who had not tested HIV-positive.
p=.036

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in the length of time since they were last tested for HIV or in where they were last tested.

One interviewee in Brisbane indicated that he specifically preferred to go to elsewhere than the Aboriginal Community Controlled Health Services for an HIV test:

> *"I go to a medical centre in New Farm… Not to say they're not professional, but I feel more confident… outside community. Just for the simple reason that I come from a small community and I know people talk and that kind of thing and they're supposed to be professional. That's what I've done."*

Another man who did use the Aboriginal Community Controlled Health Services nonetheless indicated some lingering concerns:

> *"Not very sure 'cos a lot of family works there. But I make sure my doctor's very good, very confidential. I tell her not to write it in the reports, so they don't know what I'm getting tested for, just a blood test or something."*

For other men, though, the choice of where to be tested was much more pragmatic:

> Interviewer: *"Have you ever been to Aboriginal Medical Services?"*
>
> Respondent: *"No, never."*
>
> Interviewer: *"Is there any reason for that?"*
>
> Respondent: *"I'm on the other side of the city."*
>
> Interviewer: *"So it's just location?"*
>
> Respondent: *"Yeah. My doctor's really good, she's very good."*

Survey respondents were asked to indicate their concerns about having an HIV test (Table 4.4). The most commonly cited reason among MSM was 'fears of stigma/discrimination',

followed by 'don't want community people to know', both of which they were more likely to cite as reasons than were the non-MSM. The MSM were also more likely to indicate that they did not want to know the result. Among non-MSM the most common reason cited was that they believed they were at low risk. Non-MSM were more likely to cite this, and not knowing where to obtain a test, than were the MSM.

TABLE 4.4 REASONS FOR NOT HAVING AN HIV TEST

	MSM	Non-MSM	*P-Value*
Don't want to know the result	32 (21.8%)	10 (13.7%)	*NS*
I am at low risk and don't need to test	19 (12.9%)	24 (32.9%)	*<.001*
Don't know where to go for a test	6 (4.1%)	11 (15.1%)	*.003*
Don't want others in community to know	45 (30.6%)	4 (5.5%)	*<.001*
Fear of stigma/discrimination	50 (34.0%)	5 (6.8%)	*<.001*
Cost	0 (0,0%)	3 (4.1%)	*.008*

Note: Includes only those men who have not tested HIV-positive. Items are not mutually exclusive.

The MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were more likely to indicate a concern about possible stigma and discrimination as a reason for not having an HIV test than were those recruited through gay community sources (p=.009).

Regular partner's HIV-status

MSM were asked about the serostatus of their 'current' regular male partners (Table 4.5). One man reported having an HIV-positive partner, but about half the men either did not know or did not report their partner's HIV serostatus.

TABLE 4.5 HIV STATUS OF REGULAR PARTNERS

	MSM
HIV-positive	1 (1.6%)
HIV-negative	30 (46.9%)
HIV status unknown	15 (23.4%)
No response	18 (28.1%)
TOTAL	**64 (100%)**

Note: Includes only those MSM who 'currently' had a regular partner.

Comparing the serostatus of their 'current' regular male partners with that of the participants, less than half the men's relationships can be considered seroconcordant (Table 4.6). Few reported being in a serodiscordant relationship (where one partner is HIV-positive and the other is HIV-negative), but a third did not know their own or their partner's HIV serostatus and one in five did not report their partner's HIV serostatus.

TABLE 4.6 HIV SEROCONCORDANCE AMONG REGULAR PARTNERS	
	MSM
HIV-positive seroconcordant	1 (1.6%)
HIV-negative seroconcordant	26 (40.6%)
HIV serodiscordant	1 (1.6%)
HIV non-seroconcordant (either partner's serostatus unknown)	21 (32.8%)
No response	13 (20.3%)
TOTAL	**62 (100%)**

Note: Includes only those MSM who 'currently' had a regular partner. Data were missing for two men.

Post-exposure prophylaxis

Respondents were asked what they knew about post-exposure prophylaxis – PEP (Table 4.7). Awareness of PEP among the MSM was similar to what has been found among Queensland gay men in general (Hull et al, 2005) and the MSM were more likely to know that PEP was currently available than the non-MSM: Almost half the MSM (and nearly two thirds of the non-MSM) had never heard of PEP. A quarter of the non-MSM failed to respond to this question.

TABLE 4.7 AWARENESS OF POST-EXPOSURE PROPHYLAXIS		
	MSM	**Non-MSM**
Knows it is available now	63 (39.4%)	8 (11.0%)
Believes will be available in future	6 (3.8%)	2 (2.7%)
Never heard of it	73 (45.6%)	44 (60.3%)
No response	18 (11.3%)	19 (26.0%)
TOTAL	**160 (100%)**	**73 (100%)**

p <.001

Respondents were also asked whether they agreed that the availability of PEP made safe sex less important (Table 4.8). While the majority of MSM disagreed with this statement, about one in five agreed with it, and over a quarter were uncertain or did not respond.

TABLE 4.8 BELIEFS ABOUT SAFE SEX & POST-EXPOSURE PROPHYLAXIS		
"PEP makes safe sex less important"	**MSM**	**Non-MSM**
Strongly agree	19 (11.9%)	9 (12.3%)
Agree	11 (6.9%)	10 (13.7%)
Disagree	37 (23.1%)	12 (16.4%)
Strongly disagree	50 (31.3%)	18 (24.7%)
No response/Don't know	43 (26.9%)	24 (32.9%)
TOTAL	**160 (100%)**	**73 (100%)**

NS

Respondents were also asked how soon they believed PEP needed to be taken after a risk event (Table 4.9). Few non-MSM were able to answer this question, while just a third of

MSM knew that it had to be taken within 72 hours. MSM were nonetheless more knowledgeable than non-MSM about the time within which PEP must be taken following a risk event.

TABLE 4.9 KNOWLEDGE OF WHEN TO TAKE POST-EXPOSURE PROPHYLAXIS

	MSM	Non-MSM
Within 12 hours	28 (17.5%)	5 (6.8%)
Within 72 hours	51 (31.9%)	7 (9.6%)
Within one week	5 (3.1%)	2 (2.7%)
Don't know/Unsure	42 (26.3%)	35 (47.9%)
No response	34 (21.3%)	24 (32.9%)
TOTAL	**160 (100%)**	**73 (100%)**

p <.001

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in their knowledge of PEP.

STI Testing

Respondents were also asked to report the length of time since they had last been tested for a STI (Table 4.10). The pattern of testing for other STIs was similar to that for HIV. Approximately a quarter of MSM had been tested in the previous 6 months, but non-MSM had been tested for STIs less recently. One in five MSM and over a third of non-MSM had never been tested for STIs.

TABLE 4.10 STI TESTING

	MSM	Non-MSM
Never tested	32 (20.0%)	27 (37.0%)
More than 2 years ago	27 (16.9%)	10 (13.7%)
1-2 years ago	21 (13.1%)	6 (8.2%)
7-12 months ago	28 (17.5%)	3 (4.1%)
Less than 6 months ago	38 (23.8%)	10 (13.7%)
No response	14 (8.8%)	17 (23.3%)
TOTAL	**160 (100%)**	**73 (100%)**

p <.001

The MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were more likely to have been tested for STIs, and to have been tested more recently, than were those recruited through gay community sources (p=.005).

Sexual Behaviour and 'Safe Sex'

MSM were asked about their sexual behaviour with other men in the six months prior to completing the survey. This included both oral and anal intercourse, in both the insertive and receptive positions, with both regular and casual sex partners.

Sexual behaviour among sistergirls and transgender

Although few in number, the sexual behaviour of the sistergirls and transgender is commented on separately here as it is likely to be quite different to that of other MSM, and, indeed, not all sistergirls would identify as men who have sex with men. It is likely that all those who indicated they were sistergirls or transgendered in this sample were sistergirls, though as previously noted, not all sistergirls are transgendered. For this reason, we use the term 'sistergirl' throughout to refer to these respondents. There were just fifteen sistergirls in the sample, so these findings should be interpreted with caution. Five of the sistergirls indicated they had a regular male partner at the time of the survey, but none reported having sex with these partners in the previous six months. Eight sistergirls reported having sex with casual male partners in the previous six months. Six sistergirls reported having more than five male partners in the previous six months, while seven sistergirls reported no sex with men. None of the sistergirls reported having sex with another sistergirl during the previous six months.

Six sistergirls reported having engaged in oral intercourse with male partners in the previous six months, all of them in the receptive position and one of them also did so in the insertive position. Seven sistergirls reported having anal intercourse with male partners in the previous six months. All did so in the receptive position and three also did so in the insertive position. Of these seven sistergirls who had engaged in anal intercourse in the previous six months, six did so without a condom on at least one occasion, five of them in the receptive position and two of them in the insertive position.

None of the sistergirls had engaged in fisting with their male partners and one had engaged in sadomasochistic practices. Two had engaged in group sex and three had engaged in rimming with their male partners.

Sexual behaviour between men

MSM were asked whether they had, in the six months prior to completing the survey, engaged in any sexual activity with either regular or casual partners (Table 5.1). Less than half reported some sexual contact with regular partners; and about three quarters reported some sexual contact with casual partners. One in four reported both regular and casual partners. There were, however, eighteen men who indicated that they had a 'current' regular male partner but did not report engaging in the specific sex practices listed (oral and anal intercourse) with those partners in the previous six months. There were also another twelve men who indicated that they currently had sex with casual partners, but did not report engaging in those specific sex practices with casual male partners in the previous six months. Of course, these men may have engaged in other sex practices not listed on the questionnaire. One in ten MSM reported neither regular nor casual partners in the six months prior to completing the survey.

TABLE 5.1 REPORTED SEX WITH MALE PARTNERS IN THE PREVIOUS SIX MONTHS

	MSM
Any sexual contact with regular partners	64 (44.1%)
Any sexual contact with casual partners	107 (73.8%)
Any sexual contact with both casual and regular partners	40 (27.6%)
No sexual contact with either casual or regular partners	14 (9.7%)

Note: Items are not mutually exclusive. Only includes responses from MSM who were not sistergirls.

Most MSM reported having multiple sexual partners in the previous six months (Table 5.2). A third reported having had six or more male sexual partners.

TABLE 5.2 NUMBER OF MALE PARTNERS IN THE PREVIOUS SIX MONTHS

	MSM
None	20 (13.8%)
One	20 (13.8%)
2–5	55 (37.9%)
6–10	24 (16.6%)
11–50	16 (11.0%)
More than 50	6 (4.1%)
No response	4 (2.8%)
TOTAL	**145 (100%)**

Note: Only includes responses from MSM who were not sistergirls.

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in their likelihood to have had sex with either casual or regular male partners. Nor was there any difference in the number of partners they had in the previous six months.

One in ten MSM indicated that 'most' or 'all' of their recent male sexual partners were other Aboriginal and Torres Strait Islander men (Table 5.3). The majority reported that none of their partners were Aboriginal and Torres Strait Islander. MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks were equally likely to have had sex with other Aboriginal or Torres Strait Islander men, and they represented similar proportions of their partners.

TABLE 5.3 ABORIGINAL AND TORRES STRAIT ISLANDER MEN AS PROPORTION OF MALE PARTNERS

	MSM
None	78 (53.8%)
Some	49 (33.8%)
Most	7 (4.8%)
All	7 (4.8%)
No response	4 (2.8%)
TOTAL	**145 (100%)**

Note: Only includes responses from MSM who were not sistergirls.

There are many possible reasons why Aboriginal and Torres Strait Islander men might have sex with either Indigenous or non-Indigenous men. Some of these may be due to opportunity, some due to prejudice, and others may be due to choice.

One interview participant was asked about having relationships with other Aboriginal men and he gave this reason for having sex only with non-Aboriginal men:

> *"I don't find my brothers sexually attractive. I can admire an attractive brother but for me, and I'll always stick to it, that, to me, is incestuous. I don't know why I've thought of it but that's my view on it."*

On the other hand, another interview participant, one who was living in an Aboriginal community, indicated that he had only had relationships with other Aboriginal men.

> *"That's probably why I wouldn't pursue it, in terms of a mixed relationship… I don't know, he might not want me, might reject me because of colour, race. I haven't pursued it, and I don't know if I will, looking for a relationship with a non-Indigenous person."*

For this man, it was the expectation of prejudice that precluded the possibility of sex with non-Aboriginal men, and he went on to explain that, ideally, he would prefer a non-Indigenous partner, though his reasons were not related to physical attraction:

> *"He might not have the shame another black person would have. He may be more open."*

Sexual practices with regular partners

MSM were asked about the types of sex practices they had engaged in with their regular male partners (Table 5.4). Among those who had a regular partner, most engaged in both oral and anal intercourse, though somewhat fewer in the insertive than receptive position.

About two thirds reported some anal intercourse without a condom with their regular partner, though, again, this was more common in the receptive than the insertive position.

TABLE 5.4 SEXUAL BEHAVIOUR WITH REGULAR MALE PARTNERS

	FULL SAMPLE (N=145)	HAD REGULAR PARTNER (N=64)
No anal or oral intercourse	18 (12.4%)	18 (28.1%)
Any oral intercourse	43 (29.7%)	43 (67.2%)
Insertive	35 (24.2%)	35 (54.7%)
Receptive	43 (29.7%)	43 (67.2%)
Any anal intercourse	42 (29.0%)	42 (65.6%)
Insertive	33 (22.8%)	33 (51.6%)
Receptive	37 (25.5%)	37 (57.8%)
Any UAI	29 (20.0%)	29 (45.3%)
Insertive	21 (14.5%)	21 (32.8%)
Receptive	28 (19.3%)	28 (43.8%)

Note: Items are not mutually exclusive. Only includes responses from MSM who were not sistergirls.

There were too few men with regular partners to enable a meaningful comparison of their sexual behaviour with those partners between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks though there appeared to be little difference between the two groups.

Sexual practices with casual partners

With respect to the types of sex practices MSM engaged in with their casual partners, the patterns were surprisingly similar to the practices engaged in with their regular partner (Table 5.5). In most surveys of Australian gay men's sexual behaviour, the types of sex practices reported for sex with regular partners has differed from those with casual partners (cf Prestage et al, 1999; Hull et al, 2005). In particular, gay men are generally more likely to engage in anal intercourse, including UAI, with regular partners than with casual partners. This was less true of this sample.

TABLE 5.5 SEXUAL BEHAVIOUR WITH CASUAL MALE PARTNERS		
	FULL SAMPLE (N=145)	**HAD CASUAL PARTNERS (N=107)**
No anal or oral intercourse	18 (12.7%)	18 (28.6%)
Any oral intercourse	90 (62.1%)	90 (84.1%)
Insertive	79 (54.5%)	79 (73.8%)
Receptive	90 (62.1%)	90 (84.1%)
Any anal intercourse	87 (60.0%)	87 (81.3%)
Insertive	74 (51.0%)	74 (69.2%)
Receptive	77 (53.1%)	77 (72.0%)
Any UAI	50 (34.5%)	50 (46.7%)
Insertive	39 (26.9%)	39 (36.4%)
Receptive	44 (30.3%)	44 (41.1%)

Note: Items are not mutually exclusive. Only includes responses from MSM who were not sistergirls.

Among those who had had sex with casual partners, the MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were more likely to have engaged in UAI with casual partners than were those recruited through gay community sources: 55.9% and 35.4% respectively (p=.004). The MSM recruited through Aboriginal or Torres Strait Islander organisations and networks appeared to be more likely to have engaged in receptive UAI with casual partners than were those recruited through gay community sources: 49.2% and 31.3% respectively (p=.047). There was, however, no statistically significant difference in their likelihood to have engaged in insertive UAI with casual partners: 40.7% and 31.3% respectively (p=.210). MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were, however, less likely to have engaged in receptive oral intercourse: 77.9% and 91.7% respectively (p=.013).

Other sex practices

Participants were asked to report on other sex practices with any male partners, either regular or casual (Table 5.6). Insertive and receptive roles were not specified for these questions. Over half reported engaging in rimming, and a quarter had engaged in-group sex.

TABLE 5.6 OTHER SEXUAL ACTIVITIES WITH MALE PARTNERS IN THE PREVIOUS SIX MONTHS	
	MSM
Rimming	80 (55.1%)
Group sex	37 (25.6%)
Fisting	16 (11.0%)
S/M	22 (15.2%)

Note: Percentages are based on all MSM who were not sistergirls (N=145), although not all men responded to these items. Items are not mutually exclusive.

The MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were more likely to have engaged in rimming than were those recruited through gay community sources (p=.018) but there were no other differences in these other sex practices between the two groups.

Use of condoms in regular relationships

Condom Use

Respondents were asked about condom use during anal intercourse with their regular partners (Table 5.7). Among those who had a regular partner, almost half reported some anal intercourse without a condom with their regular partner, while one in five always used a condom.

TABLE 5.7 CONDOM USE WITH REGULAR MALE PARTNERS

	FULL SAMPLE	HAD REGULAR PARTNER
No regular partner	81 (55.9%)	
No anal intercourse	22 (15.2%)	22 (34.4%)
Always uses condom	13 (9.0%)	13 (20.3%)
Sometimes does not use condom	29 (20.0%)	29 (45.3%)
TOTAL	**145 (100%)**	**64 (100%)**

Note: Only includes responses from MSM who were not sistergirls.

Agreements

MSM who were in relationships were asked to describe any agreement they had with their regular partners about sex within their relationship (Table 5.8). Among the 64 participants who had a regular partner, well over a third had 'no spoken agreement' about anal intercourse within the relationship. Sixteen men did not respond to this question.

TABLE 5.8 AGREEMENTS WITH REGULAR MALE PARTNERS ABOUT SEX *WITHIN* RELATIONSHIP

	MSM
No spoken agreement about anal intercourse	27 (42.2%)
No anal intercourse between regular partners is permitted	2 (3.1%)
Anal intercourse permitted only with condom	11 (17.2%)
Anal intercourse without condom is permitted	8 (12.5%)
No response	16 (25.0%)
TOTAL	**64 (100%)**

Note: Only includes responses from MSM who were not sistergirls and who had a regular partner in the previous six months.

Participants who were in a relationship with a regular partner were also asked to describe any agreement they had with their regular partner about anal intercourse outside their relationship (Table 5.9). Among the 64 participants with a regular partner, well over a third

indicated they had no spoken agreement about sex outside the relationship. One quarter also failed to respond to this question.

TABLE 5.9 AGREEMENTS WITH REGULAR MALE PARTNERS ABOUT SEX *OUTSIDE* RELATIONSHIP	
	MSM
No spoken agreement about anal intercourse	27 (42.2%)
No sexual contact with casual partners is permitted	11 (17.2%)
No anal intercourse with casual partners is permitted	3 (4.7%)
Anal intercourse permitted only with condom	6 (9.4%)
Anal intercourse without condom is permitted	1 (1.6%)
No response	16 (25.0%)
TOTAL	**64 (100%)**

Note: Only includes responses from MSM who were not sistergirls and who had a regular partner in the previous six months.

Sex with casual male partners

Condom use

Respondents were asked about condom use during anal intercourse with casual partners (Table 5.10). Among those who had casual partners, almost half reported some anal intercourse without a condom, while a third always used a condom.

TABLE 5.10 CONDOM USE WITH CASUAL MALE PARTNERS		
	FULL SAMPLE	**HAD CASUAL PARTNERS**
No casual partners	38 (26.2%)	
No anal intercourse	20 (13.8%)	20 (18.7%)
Always uses condom	37 (25.5%)	37 (34.6%)
Sometimes does not use condom	50 (34.5%)	50 (46.7%)
TOTAL	**145 (100%)**	**107 (100%)**

Note: Items are not mutually exclusive. Only includes responses from MSM who were not sistergirls.

As previously indicated, the MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were more likely to have engaged in UAI with casual partners than were those recruited through gay community sources (p=.007).

Serostatus

MSM were also asked about disclosure of HIV serostatus to casual partners (Table 5.11). Among those who reported sex with casual partners in the previous six months, over two thirds had not disclosed their HIV status to any of those partners.

TABLE 5.11 PARTICIPANTS' DISCLOSURE OF SEROSTATUS TO CASUAL PARTNERS		
	FULL SAMPLE	**HAD CASUAL PARTNERS**
No casual partners	38 (26.2%)	
Told none	75 (52.8%)	75 (70.1%)
Told some	12 (8.3%)	12 (11.2%)
Told all	17 (11.7%)	17 (15.9%)
No response	3 (2.1%)	3 (2.8%)
TOTAL	**145 (100%)**	**107 (100%)**

Note: Only includes responses from MSM who were not sistergirls.

They were also asked how many of their casual partners had disclosed their HIV serostatus to them in the previous six months (Table 5.12). Among those who reported sex with casual partners, three quarters had had none of those partners disclose their HIV status to them.

TABLE 5.12 CASUAL PARTNERS' DISCLOSURE OF SEROSTATUS TO PARTICIPANTS		
	FULL SAMPLE	**HAD CASUAL PARTNERS**
No casual partners	38 (26.2%)	
Told by none	81 (55.9%)	81 (75.7%)
Told by some	14 (9.7%)	14 (13.1%)
Told by all	9 (6.2%)	9 (8.4%)
No response	3 (2.1%)	3 (2.8%)
TOTAL	**145 (100%)**	**107 (100%)**

Note: Only includes responses from MSM who were not sistergirls.

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in their likelihood to have disclosed their HIV status to casual partners or for casual partners to have disclosed their HIV status to them.

Drug Use

National Heart Foundation measures (Risk Factor Prevalence Study Management Committee, 1990) were used to estimate risk in alcohol consumption (Table 6.1). One in six MSM, and about half as many non-MSM, drank alcohol at rates that put them at high risk. These rates were higher than what has been found among adult Australian men in the general population (Risk Factor Prevalence Study Management Committee, 1990; Australian Institute For Health And Welfare, 2003). About half of both MSM and non-MSM, however, either did not drink or drank at levels so low as to present no risk to their health.

TABLE 6.1 ALCOHOL CONSUMPTION

	MSM	Non-MSM
Non-drinker	11 (6.9%)	18 (24.7%)
No risk	70 (43.8%)	16 (21.9%)
Low risk	21 (13.1%)	9 (12.3%)
Moderate risk	16 (10.0%)	9 (12.3%)
High risk	21 (13.1%)	6 (8.2%)
Very high risk	8 (5.0%)	1 (1.4%)
No response	13 (8.1%)	14 (19.2%)
TOTAL	**160 (100%)**	**73 (100%)**

p<.001

Participants were asked to report their use of illicit drugs in the six months prior to completing the survey (Table 6.2). Almost two thirds of MSM and about one quarter of non-MSM used illicit drugs, a rate of usage considerably higher than that found in the general population (Australian Institute For Health And Welfare, 2003). The most frequently used drugs were, in order, marijuana, speed, and ecstasy. Few reported use of Viagra or engaged in petrol or paint sniffing.

TABLE 6.2 DRUG USE IN THE PREVIOUS SIX MONTHS

	MSM	Non-MSM	*P-Value*
Amyl	28 (17.5%)	2 (2.7%)	*.001*
Marijuana	91 (56.9%)	20 (27.4%)	*<.001*
Ecstasy	30 (18.8%)	3 (4.1%)	*.001*
Speed	35 (21.9%)	6 (8.2%)	*.007*
Crystal	11 (6.9%)	1 (1.4%)	*.066*
Petrol or paint sniffing	3 (1.9%)	4 (5.5%)	*.141*
Any other drug	13 (9.0%)	0 (0.0%)	*.017*
Viagra	7 (4.4%)	1 (1.4%)	*.225*
Any drug use	99 (61.9%)	21 (28.8%)	*<.001*

Note: Percentages are of all men, although 15 MSM and 23 non-MSM failed to respond to all items on this question. Items are not mutually exclusive.

There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in their alcohol consumption or their use of illicit drugs.

In addition to the previous question about illicit drug use, respondents were specifically asked whether they had injected any drug in the previous six months. Fourteen MSM (8.8%) and one non-MSM (1.4%) reported doing so. Speed was the most commonly injected drug (Table 6.3).

TABLE 6.3 INJECTING DRUG USE IN THE PREVIOUS SIX MONTHS

	MSM	Non-MSM
Ecstasy	1	0
Speed	14	1
Crystal	3	1
Any other drug	2	0
Any IDU	14	1

Note: 13 MSM and 25 non-MSM failed to respond to these items. Items are not mutually exclusive. The numbers of men in this analysis are too few to reliably include percentages.

Three of the fourteen MSM who reported injecting drug use indicated that they had shared needles or other injecting equipment in the previous six months.

The MSM recruited through Aboriginal or Torres Strait Islander organisations and networks were, however, more likely to have injected illicit drugs than were those recruited through gay community sources: 14.9% and 1.4% respectively (p=.010). However, these figures should be treated with caution given the small number of people who reported injecting.

Sexual Violence and Imprisonment

We included questions dealing with violent sexual assault, imprisonment, and sexual behaviour in prison.

Sexual Assault

Thirty six (22.5%) of the MSM, but none of the non-MSM, reported they had ever been violently sexually assaulted. Sexual assault and violence have previously been identified as issues that affect Aboriginal and Torres Strait Islander MSM (AFAO, 1998). There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in the likelihood that they had experienced sexual assault.

Imprisonment

Questions about participants' prison history were included. About one in six MSM, and a slightly smaller proportion of non-MSM, had been incarcerated (Table 7.1). A high number of non-MSM did not respond to this question and there was come inconsistency in the number of MSM responding to the questions about imprisonment: At least 27 MSM indicated they had been imprisoned, but as many as 29 MSM responded to questions regarding their experience of imprisonment. There was little difference between MSM recruited through gay community sources and those recruited through Aboriginal or Torres Strait Islander organisations and networks in their likelihood to have been imprisoned.

TABLE 7.1 EVER BEEN IN PRISON

	MSM	Non-MSM
Never	122 (76.3%)	49 (67.2%)
Once/A few times	24 (15.0%)	9 (12.3%)
Often	3 (1.9%)	0 (0.0%)
No response	11 (6.9%)	15 (20.5%)
TOTAL	**160 (100%)**	**73 (100%)**

Note: While just 27 MSM indicated the number of times they had been incarcerated on this item, as many as 29 MSM subsequently reported aspects of their incarceration on the following items. It may be that these other two men found it difficult to quantify the number of occasions they were in prison.
p=.021

Respondents who had been incarcerated were asked to indicate the length of time since they were last incarcerated (Table 7.2). The majority of those who had been incarcerated were released at least five years prior to the survey.

TABLE 7.2 LAST TIME IN PRISON		
	MSM	**Non-MSM**
Less than a year ago	5	2
2-4 years ago	8	1
5-10 years ago	9	4
Over ten years ago	6	2
TOTAL	**28**	**9**

Note: The numbers of men in this analysis are too few to reliably include percentages.

Respondents who had been incarcerated were also asked to indicate the length of their period in prison (Table 7.3). Over half had been in prison for less than 12 months, while only three had been imprisoned for more than two years. This suggests they were mainly imprisoned for relatively minor offences.

TABLE 7.3 LENGTH OF IMPRISONMENT ON LAST OCCASION		
	MSM	**Non-MSM**
Less than a month	10	3
2-12 months	8	2
1-2 years	9	3
Over two years	2	1
TOTAL	**29**	**9**

Note: The numbers of men in this analysis are too few to reliably include percentages.

Respondents who had been incarcerated were asked whether, when last imprisoned, they had engaged in male-to-male sexual activity of any kind (Table 7.4). None of the non-MSM reported sex with men while in prison. Fifteen MSM had 'occasionally' or 'often' engaged in sex with men.

TABLE 7.4 SEX WITH MEN IN PRISON ON LAST OCCASION		
	MSM	**Non-MSM**
Never	14	9
Occasionally	10	0
Often	5	0
TOTAL	**29**	**9**

Note: The numbers of men in this analysis are too few to reliably include percentages.

All fifteen MSM who had engaged in male-to-male sex while in prison reported engaging in anal intercourse without a condom while in prison (Table 7.5). They were as likely to have done so in the insertive position as in the receptive position.

TABLE 7.5 UAI WITH MEN IN PRISON ON LAST OCCASION		
	MSM	**Non-MSM**
Any insertive UAI	12	0
Any receptive UAI	12	0
Any UAI	15	0
TOTAL	**29**	**9**

Note: These categories are not mutually exclusive. The numbers of men in this analysis are too few to reliably include percentages.

Discussion

Formal education levels were not as high in this sample as is commonly found in studies of gay men: Few reported attending university. Just a third of the participants reported being in full time employment and about as many reported they were either unemployed or working for the Community Development Employment Program (CDEP). This suggests the sample was educationally disadvantaged and somewhat disadvantaged socio-economically.

Involvement in, and identification with, community life, either Aboriginal or Torres Strait Islander, and gay, was fairly common among these men, but appeared to be mediated by concepts of family and kinship. They generally reported stronger identification with their Aboriginal or Torres Strait Islander community than they did with the gay community, although they were generally favorably inclined to concepts of gay community. They also reported having a greater proportion of their social networks comprising other Aboriginal or Torres Strait Islander persons than they did other gay men. However, when asked in further detail about this in the depth interviews, what emerged was a conflation of concepts of community and family. It was clear that for many of these men, their relationship to their cultural community was as much about family as it was about culture. Furthermore, a substantial proportion of the MSM indicated that much of their involvement in gay community life was actually in the context of socialising with other Aboriginal or Torres Strait Islander gay men. It was not that being gay or living gay was unimportant, but the bonds of family were often more salient. And this could also work the other way as well: Even in contexts where homosexuality was not accepted, the bonds of family meant that for some acceptance was a necessity. Their family could not reject them because they were, indeed, family. This is not an unusual phenomenon, of course, and similar scenarios are often found in other cultural contexts. The difference is one of degree: Family is so central to identity and personal relationships for many Aboriginal and Torres Strait Islander MSM (and, apparently, their families), that other considerations, including sexuality, may occupy a much less important status than is found in other contexts. Where other MSM might demand acceptance of their sexuality from their families, for some of these men acceptance is assumed in notions of family and culture: Acceptance is assumed from, as is responsibility and commitment to, family, regardless of personal characteristics or differences.

This can be problematic for some MSM when attempting to establish a life within an urban gay community. Being Aboriginal or Torres Strait Islander does not guarantee acceptance among other Indigenous MSM. While hostility is probably rare, individual MSM of Aboriginal or Torres Strait Islander background who have no family ties in the local gay community may not always feel a strong sense of belonging or affinity with others in that community. And given that most Indigenous gay men appear to derive considerable support from other Aboriginal and Torres Strait Islander MSM, either individually or through local Indigenous gay organisations, and that discrimination against Indigenous men

is not uncommon within the broader gay community, there is considerable prospect of some men being relatively isolated and unsupported. On the other hand, however, these strong notions of family, kinship and culture can provide powerful bonds of support and ensure that many Aboriginal and Torres Strait Islander MSM who find themselves needing to negotiate gay community life rarely do so alone. This is an important resource that can provide a strong basis for any health promotion work within this population.

This particular and close relationship between family and culture also may be a factor in the ways in which the Aboriginal and Torres Strait Islander MSM in this sample sought and met their sex partners. In common with most gay men, the most common place to meet sex partners was at gay bars. However, unlike other gay men, the MSM in this sample did not use other sorts of gay venues for meeting their partners as much as they used non-gay venues and locations, such as beats and straight or mixed bars. In particular, they often used non-gay venues and locations within Aboriginal or Torres Strait Islander communities.

Nonetheless, condom use was low (with both casual and regular partners), and rates of HIV testing were also low in comparison with other recent samples of gay men. It might be expected that these low rates of condom use would be associated with higher rates of HIV. However, relative to the non-Aboriginal and Torres Strait Islander gay men surveyed in the Queensland GCPS, Aboriginal and Torres Strait Islander MSM in this sample were no more likely to be HIV positive. A third of the MSM, and most non-MSM, had not been tested for HIV. Those who had an HIV test were asked to indicate where they had their last test. Almost half went to doctors/GPs and approximately a third went to sexual health clinics. The similarities in patterns of HIV and STI testing suggests that when these men go for testing they are probably being tested for a range of possible infections, so perhaps the main objective should simply be to encourage them to go for testing in general.

The greater proportion of Aboriginal and Torres Strait Islander MSM who engage in receptive anal intercourse, with and without a condom, and with both regular and casual partners is a different pattern to that which is ordinarily found among gay men, where there is usually a slight preference for the insertive position. This, along with the very high rates of unprotected anal intercourse, relative to other recent samples of gay men, including in Queensland (Hull et al, 2005), suggest that there may be some significant issues around risk of transmission of HIV and other STIs, as well as some particular concerns about negotiation of agreements for condom use, both inside and outside relationships.

This study indicates high levels of alcohol consumption and use of illicit drugs among Aboriginal and Torres Strait Islander MSM compared with the general population, though not particularly different to the rates found among other gay men. Some non-MSM also reported petrol and paint-sniffing. As was reported at the Townsville Cardiovascular Disease Workshop, 1999: 'Death rates for coronary heart disease for the Aboriginal people and Torres Strait Islander population are almost twice as high as the non-Aboriginal and Torres Strait Islander rate, and substantially higher than the corresponding rates for the indigenous populations of New Zealand and the United States'. The high levels of alcohol consumption and the high levels of alcohol risk according to National Heart Foundation

measurements found in this survey suggest this may also be true for Aboriginal and Torres Strait Islander MSM.

The high rates of imprisonment and of sexual violence, particularly among MSM, in this sample are disturbing. In particular, although the numbers were small, many MSM who had been imprisoned had also engaged in unprotected anal intercourse within prison, indicating that this may be an issue that warrants further investigation.

The experience of discrimination, particularly that based on race from within gay communities, was more widespread than might be expected and certainly warrants some sort of response. It is perhaps a testament to the men's own strength of character that in this context they showed so little evidence of low self-esteem. Nonetheless, it is noteworthy that so few men reported being in a relationship with, or having, a regular male partner, particularly when compared with other samples of gay men, which raises some troubling questions.

These survey data are only indicative of the issues covered, and more detailed information is required to contextualise the findings. Nonetheless, both this survey and the Queensland GCPS demonstrate that there are Aboriginal and Torres Strait Islander gay men in Queensland who identify both as gay and Aboriginal and Torres Strait Islander and that they are at least as likely as non-Aboriginal and Torres Strait Islander gay men to engage in risky sexual behaviour with casual and regular partners and to inject illicit drugs.

The findings from the 2004 QSAM provide a snapshot of the social and sexual lives of gay men of Aboriginal and Torres Strait Islander background in Queensland for the first time. The survey provides important data, which can be used by policy makers and educators in sexual health and other related health program design.

Comparisons with GCPS data

In many ways these findings resemble those of the GCPS conducted across Australia between 1998 and 2003. In both samples we find the Aboriginal and Torres Strait Islander MSM who responded were relatively disadvantaged, and engaged in risk behaviour at somewhat higher rates than other gay men. The GCPS (1998-2003) indicated that Aboriginal and Torres Strait Islander gay men were less likely to use condoms with casual partners and more likely to inject drugs than non-Aboriginal and Torres Strait Islander gay men. This appears even more pronounced in these survey data. However, data from the GCPS also indicated that Aboriginal and Torres Strait Islander gay men were slightly more likely to be recently tested for HIV. This does not appear to be supported by these data which suggest that Aboriginal and Torres Strait Islander MSM were considerably less likely to have been tested.

Of course, a simple comparison with GCPS data may be misleading. The GCPS is a general survey of gay men, recruited through gay community sites, with a very restricted range of questions. This survey differed from the GCPS in several important ways that may have affected the findings. The questionnaire was more extensive, and, in particular, included questions of direct relevance to men of Aboriginal or Torres Strait Islander background.

Men were recruited from a broad range of sites, both within and outside local gay communities in Queensland. And the survey targeted Aboriginal and Torres Strait Islander MSM, employing staff who were also Aboriginal or Torres Strait Islander, and using methods that were aimed at reassuring respondents of the relevance of the study and the confidentiality of their responses, as well as the responsibility of the study team back to the communities of Aboriginal and Torres Strait Islander MSM in Queensland.

While it is impossible to determine what effect these methodological differences would have had on both the nature of the sample and how men responded to the survey questions, it is reasonable to assume that there would have been differences. That we obtained responses that indicated greater risk among these men compared with what has been obtained from Aboriginal and Torres Strait Islander men in the GCPS, does, however, suggest that, at the very least, the men responding to this survey were probably not providing the most socially desirable responses.

Achievements of the study

This study was the first of its kind, and this itself is an achievement worth noting.

It involved the collection of sensitive information about such issues as sexuality, risk behaviours and drug use from a sub-group of Aboriginal and Torres Strait Islander people, and therefore required a particularly strong focus on ethical matters. In order to minimise stigmatisation to individuals or communities, we developed a clear code of research ethics that provided, throughout the development and conduct of the study, a framework for negotiating issues. It included obligations for researchers and communities, consent procedures, and protection of confidentiality and cultural sensitivity.

Some additional achievements are worthy of mention. During the course of the survey not a single complaint was received from any individual. Nor was any aggressive behaviour displayed towards the recruiters. This contrasted sharply with concerns prior to the study from some – both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander alike – who expressed their nervousness about conducting such a survey in an Aboriginal and Torres Strait Islander community. Some concerns partly stemmed from negative stereotypes about Aboriginal and Torres Strait Islander men that are often projected through the media. Some also related to a lack of research experience in Aboriginal and Torres Strait Islander community based research programs.

This study reflects particularly well on the willingness of those who volunteered for the study. Many gave up their own time and personal information, often during a crowded community event with family and friends nearby. At other times it was conducted during a visit to a sex on premises venue or while they were at a gay night club or bar. Many respondents were not afraid to ask recruiters the purpose of the survey and many were not afraid to decline to participate.

The fact that OATSIH funded the study in the first place was enormously encouraging, as the gesture reinforced a progressive and non-judgemental attitude to health research in Aboriginal and Torres Strait Islander communities. Even more importantly, this study

addresses recommendations from the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy and the National HIV/AIDS Strategies, which encourages further research about gay Aboriginal and Torres Strait Islander men's sexual behaviours and the risk to HIV/AIDS and STI. The findings from this study can help to inform these national strategies as well as state and local health authorities.

This study recognises in part, recommendations made in the National Indigenous Gay and Transgender Project; Consultation Report and Sexual Health Strategy, an Australian Federation of AIDS Organisations initiative. In particular, this study addresses recommendation 1.5: 'to ensure that funding is provided for programs targeting gay, transgender, homosexually active men and other Indigenous men'. Fulfilling some of these recommendations is a major highlight and people involved in this study should be proud of these achievements.

The successful employment of Aboriginal and Torres Strait Islander personnel to conduct the study and oversee the project throughout its life was a great achievement. The role of the Project Coordinator was filled by Brendan Leishman who was seconded from the Aboriginal and Torres Strait Islander project of QuAC. Brendan's role was to recruit and train Aboriginal and Torres Strait Islander staff to enrol participants into the study and to liaise with local gay and Aboriginal and Torres Strait Islander community events, venues and clinic sites to gain permission for the study to be conducted at these locations. This project provided the Aboriginal and Torres Strait Islander personnel the opportunity to be involved in a study of Aboriginal and Torres Strait Islander interest and to work alongside experienced non-Aboriginal and Torres Strait Islander investigators, to equally share in knowledge and skills which in turn provided a great sense of empowerment and leadership for all.

The Aboriginal and Torres Strait Islander communities in Queensland have gained from this study. By allowing the study to be conducted at community event sites during the annual National Aboriginal and Islander Day Observance Committee (NAIDOC) celebration week; they proved their interest and willingness to learn about gay Aboriginal and Torres Strait Islander men's 'business' and incorporate these into the wider Aboriginal and Torres Strait Islander community. OATSIH and the Aboriginal and Torres Strait Islander communities in Queensland demonstrated enormous leadership by supporting the study. This demonstrated their awareness of the value of understanding how Aboriginal and Torres Strait Islander gay men's identity and their attitude to sexual health and drug use can influence their sexual health outcomes.

This study demonstrates clearly that Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander researchers can work together and achieve research objectives. The study encourages both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander researchers to pursue complex, difficult and often sensitive subject areas. Many studies of Aboriginal and Torres Strait Islander populations are primarily concerned with chronic diseases such as diabetes, renal and heart disease. It is, perhaps, no surprise that some researchers are hesitant to explore such 'unpopular' issues

amongst Aboriginal and Torres Strait Islander people. This study suggests that researchers ought not to be 'afraid' to ask sensitive questions of Aboriginal and Torres Strait Islander people about sex, identity, drugs and alcohol.

Limitations in the study

Notwithstanding its success, there were also a number of limitations in the study. Being the first study of this kind, we have naturally learnt from the experience. There are many issues we confronted along the way, and there are some things we would have done differently in retrospect.

Many Aboriginal and Torres Strait Islander people may agree to participate in research without fully understanding the methods, processes or purpose of the research. Many may even feel obliged to participate in a project that they really do not want to be involved in.

In all research settings it is important to understand that there are cultural and language differences in all interactions between researchers and participants. Even without language and cultural barriers there is a power differential between researchers with knowledge and the participants with usually little knowledge about the topic of research. Cultural and language differences between researchers and participants contribute further to the complexity of communication between the two groups. In this study, we were asking people to report on their sexual health and risk behaviours. Many respondents indicated that they had never participated in surveys of this kind before. For some, the study also presented challenges for themselves about their own sexual health knowledge and how best to communicate this knowledge without feelings of shame and embarrassment.

Sometimes, rather than decline to participate in research, individuals may prefer to agree to participate without fully understanding the nature of the research. This is gratuitous occurrence and it often occurs when the research matter is complicated or sensitive. As one solution to the difficult situation, the participants seek a quick and simple way to complete the interview. Given that many of the sites for this survey were in public locations frequented by large numbers of Aboriginal and Torres Strait Islander community members, gratuitous occurrence may have influenced the way people responded to the questionnaire and also how recruiters randomly approached people.

While literacy was not a barrier for recruiters, interpreting the information during training sessions did present as an issue for some. Despite their best endeavours, some recruiters did not understand the study objectives, which limited their ability to articulate to participants the meaning of the study or address respondents' questions. During training sessions with the recruiters, extreme care was taken to articulate the proposal, so that the recruiters would feel confident and comfortable when recruiting.

Unfortunately, however, many of the recruiters who attended the Aboriginal and Torres Strait Islander community events had family and extended families also attending. These relationships often inhibited their desire or ability to conduct the study as effectively as they might have, had these factors not been present. Many felt that being related in some way to a respondent created a sense of shame for them. A few also reported a sense of fear of

reprisal from other Aboriginal and Torres Strait Islander community members due to the sensitivity of the questions being asked, even though dealing with aggressive respondents was a part of the training. Obviously, an issue of 'outing' respondents, either as gay in an Aboriginal and Torres Strait Islander environment or as Aboriginal and Torres Strait Islander in a gay environment, was also a crucial consideration for recruiters. Some recruiters continued to believe they should only seek Aboriginal and Torres Strait Islander gay men for the survey, owing to the subject matter of the survey. Recruiters could not know every single Aboriginal and Torres Strait Islander gay man, so their own biases influenced their judgement about how to approach men at each site. On occasion, some recruiters informed respondents that if they were not 'gay' they need not complete the sections about having sex with men. These anxieties of some recruiters, and participants, were exacerbated in community settings where large numbers of Aboriginal and Torres Strait Islander people gathered for social events during the NAIDOC week. The Project Coordinator elaborated on this in his interview:

> *"I think the challenging thing was for them to approach men to fill it out. I think it was their personal thoughts and feelings about the content of the survey and how people would react to the survey. People had no problem approaching gay men and sistergirls. The recruiters had issues in approaching straight men to fill it out. And I asked people what they thought and how they felt about it and no-one's been able to give me an answer, it was just that they felt funny about doing it. Whether they felt shame…"*

Therefore, there were particular difficulties faced in conducting the survey in non gay community settings, and particularly in trying to recruit non gay-identifying MSM. Recruiters often felt uncomfortable and so tended to restrict themselves to only approaching men who they felt would not react unfavourably. Also, given the quality of the responses from the non gay-identifying respondents, it may well be that these men also felt uncomfortable and so did not complete the survey forms as carefully or truthfully as was the case with the more gay-identified respondents. The Project Coordinator contended that the survey may not have been appropriate for non gay MSM:

> *"The survey, I thought, was a perfect tool to use among gay men and sistergirls only really. I thought the survey was only suitable for that particular group. I think gay men and sistergirls are more open with their thoughts and feelings and opinions, and, even though not talking about it with anyone, are more honest with themselves in ticking the right boxes that describe their thoughts, feelings, ideas, their behaviours, so I thought that survey form was good for that particular group… I just don't think [non-gay] Indigenous men at this point in time are in a mindset to be as open and honest to answer some of the more challenging questions about sex with other men… they felt confronted by the survey."*

It was of concern that, even though all recruiters received training prior to commencing the survey, many recruiters did not display confidence in their role as a recruiter. Given that supervisors and recruiters worked in pairs but were not always together, it was also difficult to ensure the recruiters approached people randomly. It is very important that researchers do not make assumptions about participants' knowledge and communicate by culturally relevant means for example, pictures, videos or written material. In hindsight, it is possible that a longer period of training, making greater use of visuals or role plays in the training sessions may have given recruiters greater confidence to approach people more randomly.

The Project Coordinator also suggested that there may be certain specific characteristics required of survey recruiters that are particularly relevant for a study of this kind:

> *"People who I thought were going to be good recruiters sometimes were not. There are real personal skills that a person needs to be a successful recruiter. I think definitely confidence is a big quality that a person needs. I think having some straight men, Indigenous men who are comfortable as well… so they… are confident enough to pitch this survey to other men as well. There were a couple of straight recruiters used for this survey but they weren't comfortable with the content of the survey themselves and I think that showed with the number of responses that they were able to get."*

Many participants had never discussed their sexual health with anyone let alone having to ask the recruiter, at times, to clarify a sexual behaviour question, with someone they were related to or, conversely, someone they did not know. It also became impossible for some when there was such a large gathering of people at a public event. Log books and refusal response rates were not consistently kept by the recruiters, restricting our capacity to analyse this information at the completion of recruitment in each site.

As this was the first study of its type to be conducted in Aboriginal and Torres Strait Islander communities in Australia, these limitations were not surprising. Most Aboriginal and Torres Strait Islander people have good reasons to be distrustful of health research. Research has historically been conducted without community consent or involvement, with little understanding of or respect for Indigenous customs and cultural sensibilities, and with little regard for feedback or follow up (Hunter, 1992; Anderson, 1994)

Conclusion and Recommendations

Local, regional, and national significance and impact on future HIV/AIDS health promotion practice.

This project has helped to identify issues specific to Aboriginal and Torres Strait Islander gay men in Queensland, as well as to assess whether issues concerning condom use and HIV testing identified among gay men in general also apply to Aboriginal and Torres Strait Islander gay men in particular. Data concerning community engagement will be of special importance to the development of appropriate health promotion and targeted education campaigns among this population. These findings will also support local and state prevention and education strategies, both at government and non-government levels (including Aboriginal Community Controlled Health Services).

Recommendations

- Interventions targeting sexual risk behaviour and HIV testing among Aboriginal and Torres Strait Islander MSM require further consideration and enhancement. Such interventions need to account for sexual contacts that occur in both gay community and Aboriginal or Torres Strait Islander community contexts, and they need to address the differential relationship many Aboriginal and Torres Strait Islander MSM have with gay community. In particular, such targeted interventions need to address Aboriginal and Torres Strait Islander MSM within gay community contexts in ways that also are inclusive of their cultural and familial ties.
- The extent of discrimination against Aboriginal and Torres Strait Islander men within the gay community needs to be addressed, and should be further investigated.
- The extent of behaviours contributing to risk of HIV and STI transmission among Aboriginal and Torres Strait Islander MSM who are incarcerated requires further investigation and attention.
- Targeted interventions addressing excessive alcohol consumption and poor health outcomes associated with illicit drug use are encouraged. Further research is also warranted.
- Research initiatives should be developed to review this project and conduct further analysis on current data and make comparisons with existing Aboriginal and Torres Strait Islander data to identify other significant issues.
- Other populations of Aboriginal and Torres Strait Islander MSM, particularly in other states, should be investigated to determine if these findings are specific to Queensland or apply elsewhere as well.

- In future surveys of this sort, recruiters should be thoroughly educated about the purpose of the research, and the importance of adhering strictly to the protocols should be reinforced. In particular, they should be warned about the potential for respondents to be intimidated by the presence of peers or their relationship with the recruiter. Respondents should be provided with adequate space to complete the survey privately and without interruptions. Furthermore, recruiter training should incorporate visual aids and role plays to increase recruiter knowledge and understanding of surveys of this nature.

Acknowledgements and thank you

The Queensland Aboriginal and Torres Strait Islander Health Partnership Forum's Sexual Health Working Group, which oversaw the direction of the study, deserve our thanks. They provided much valuable advice about the cultural sensitivities and awareness issues to which this project needed to adhere. Consistently throughout the process, the Working Group respected each investigator's limited knowledge and understandings about Aboriginal and Torres Strait Islander men and gay cultural issues in Queensland. The Advisory Committee fostered a transparent and open discussion about these concerns and the problems that arose during both the planning and administration of the study.

We also acknowledge and thank Brendan Leishman, the Project Coordinator. Brendan's egalitarian approach and leadership, as well as his superior management skills, proved critical to the project's completion. Without Brendan's extensive understanding of the geographical setting of the gay and Aboriginal and Torres Strait Islander communities in Queensland, we could not have reached nearly as many Aboriginal and Torres Strait Islander MSM. Brendan's expertise in liaising with Aboriginal Community Controlled Health Services, the Queensland AIDS Council, the various Queensland National Aboriginal and Islander Day Observance Committee (NAIDOC) community organisers in each jurisdiction, and Aboriginal and Torres Strait Islander communities where we conducted the survey was invaluable. Throughout the whole process, Brendan acted with great respect and professionalism towards all study members and survey participants at all levels.

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Appendix A

National Centre in HIV Social Research
National Centre in HIV Epidemiology & Clinical Research
The University of New South Wales
QuAC — Aboriginal and Torres Strait Islander Project

Queensland Aboriginal/Islander Health forum

Aboriginal / Torres Strait Islander Gay Community Survey 2004

This survey is for Aboriginal and Torres Strait Islander men who have had sex with another male in the past five years or are Sistergirls, homosexual or transgender.

Your responses are very important to us.
PLEASE DO NOT COMPLETE IF YOU HAVE ALREADY DONE SO.
For each question, please TICK one box only.

1. Are you of Aboriginal or Torres Strait or other Islander origin? Please tick as many as apply.

Aboriginal	No ☐ Yes ☐
Torres Strait Islander	No ☐ Yes ☐
Other South Sea Islander	No ☐Yes ☐

2. How much of your free time is spent with:

*(a) gay **Aboriginal / Torres Strait Islander men***	None ☐	A little ☐	Some ☐	A lot ☐
(b) any Sistergirls	None ☐	A little ☐	Some ☐	A lot ☐
*(c) **non-Indigenous** gay men*	None ☐	A little ☐	Some ☐	A lot ☐
*(d) **any other** Aboriginal or Torres Strait Islander people*	None ☐	A little ☐	Some ☐	A lot ☐

3. How many of your friends are gay men?
None ☐ A few ☐ Some ☐ Most ☐ All ☐

4. Do you think of yourself as part of your Aboriginal / Torres Strait Islander community?
Yes, very much ☐ Yes, a little ☐ No, not at all ☐

5. How involved in your Aboriginal / Torres Strait Islander community are you?
Very much ☐ A little ☐ Not at all ☐

6. Do you think of yourself as part of the gay community?
Yes, very much ☐ Yes, a little ☐ No, not at all ☐

7. How involved in the gay community are you?
Very much ☐ A little ☐ Not at all ☐

8. Do you think of yourself as:
Gay/homosexual ☐
Sistergirl or transgender/transsexual ☐
Bisexual ☐
Heterosexual ☐
Other (please specify) _____

9. How many *different* **<u>women</u>** have you had sex with in the past six months? None ☐
One ☐
2-5 women ☐
6-10 women ☐
More than 10 women ☐

10. a) How many *different* **<u>sistergirls</u>** have you had sex with in the past six months? None ☐
One ☐
2-5 sistergirls ☐
6-10 sistergirls ☐
More than 10 sistergirls ☐

b) How many *different* **men** have you had sex with in the past six months? None ☐
One ☐
2-5 men ☐
6-10 men ☐
11-50 men ☐
More than 50 men ☐

11. How many of the men or Sistergirls you have had sex with were **Aboriginal / Torres Strait Islander**?
None ☐ Some ☐ Most ☐ All ☐

12. How many of the following have you **told** you are sexually attracted to men?

Immediate family	None ☐	Some ☐	Most or all ☐
Other relatives	None ☐	Some ☐	Most or all ☐
Straight Aboriginal or Torres Strait Islander friends	None ☐	Some ☐	Most or all ☐
Other straight friends	None ☐	Some ☐	Most or all ☐
Gay friends	None ☐	Some ☐	Most or all ☐
Workmates/colleagues	None ☐	Some ☐	Most or all ☐
My doctor/s	None ☐	Some ☐	Most or all ☐

I have told nobody ☐

13. How often in **the past 12 months** did you experience racial discrimination or abuse from non-Indigenous *gay or bisexual men*? Never ☐ Occasionally ☐ Often ☐

14. How often in **the past 12 months** did you experience anti-gay discrimination or abuse from *other Aboriginal or Torres Strait Islander people*? Never ☐Occasionally ☐ Often ☐

15. Have you ever been the victim of violent sexual assault or rape? No ☐ Yes ☐

*In this survey we use the terms **REGULAR** (boyfriend/lover) and **CASUAL** for your sexual partners.*

16. Do you currently have sex with men? No ☐ Yes ☐

17. Do you currently have sex with **casual** male partners? No ☐ Yes ☐

18. And do you currently have a **regular** male partner (boyfriend/lover)?
Yes ☐ No ☐ *Go directly to Question 29.*

19. How would you describe your relationship with your **regular male partner/s** at present?

***we** are monogamous – **neither of us** have casual sex* ☐
***both my partner and I** have casual sex with other men* ☐
I** have casual sex with other men but **my partner does not ☐
my partner** has casual sex with other men but **I do not ☐
*I have **several regular** male partners* ☐

20. If you are in a **regular** relationship with a male, for how long has it been?Less than 6 months ☐
6–11 months ☐
1–2 years ☐
More than 2 years ☐
Not in a regular relationship with a male ☐

Regular male partners (boyfriend/lover)—last 6 months

21. Have you had sex with regular male partner/s (boyfriend/lover) in the last six months?
Yes ☐ No ☐ *Go directly to Question 29.*

In the past SIX MONTHS which of the following have you done with your **REGULAR male partner/s**?

Oral sex (with or without ejaculation/cum)

21. ***Oral sex:*** I sucked his penis/dick (buddu/bungga)Never ☐ Occasionally ☐ Often ☐

22. ***Oral sex:*** He sucked my penis/dick(buddu/bungga)Never ☐ Occasionally ☐ Often ☐

Anal sex

23. I fucked him ***with a condom*** Never ☐ Occasionally ☐ Often ☐

24. He fucked me ***with a condom*** Never ☐ Occasionally ☐ Often ☐

25. I fucked him ***without a condom*** <u>but pulled out before I came</u> (ejaculated)
Never ☐ Occasionally ☐ Often ☐

26. He fucked me ***without a condom*** <u>but pulled out before he came</u> (ejaculated)
Never ☐ Occasionally ☐ Often ☐

27. I fucked him ***without a condom*** and came (ejaculated) inside
Never ☐ Occasionally ☐ Often ☐

28. He fucked me ***without a condom*** and came(ejaculated) inside
Never ☐ Occasionally ☐ Often ☐

Casual male partners—last 6 months

29. Have you had sex with casual male partner/s in the last six months?
Yes ☐ No ☐ *Go directly to Question 40.*

In the past <u>SIX MONTHS</u> which of the following have you done with any of your **<u>CASUAL</u> male partners**?

Oral sex (with or without ejaculation/cum)

30. ***Oral sex:*** I sucked his penis/dick (buddu/bungga)Never ☐ Occasionally ☐ Often ☐

31. ***Oral sex:*** He sucked my penis/dick (buddu/bungga)Never ☐ Occasionally ☐ Often ☐

Anal sex

32. I fucked him ***with a condom*** Never ☐ Occasionally ☐ Often ☐

33. He fucked me ***with a condom*** Never ☐ Occasionally ☐ Often ☐

34. I fucked him ***without a condom*** <u>but pulled out before I came</u> (ejaculated)
Never ☐ Occasionally ☐ Often ☐

35. He fucked me ***without a condom*** <u>but pulled out before he came</u> (ejaculated)
Never ☐ Occasionally ☐ Often ☐

36. I fucked him ***without a condom*** and came (ejaculated) inside
Never ☐ Occasionally ☐ Often ☐

37. He fucked me ***without a condom*** and came (ejaculated) inside
Never ☐ Occasionally ☐ Often ☐

38. How many of your *casual* partners in the last 6 months did you tell <u>your HIV test result</u>?
None ☐ Some ☐ All ☐

39. How many of your *casual* partners in the last 6 months told you <u>their HIV test result</u>?
None ☐ Some ☐ All ☐

<u>Other sexual activity</u>

In the past SIX MONTHS have you done any of the following with **either** your **regular** or your **casual** male partner/s?

40. Fisting Never ☐ Occasionally ☐ Often ☐

41. S/M or B&D Never ☐ Occasionally ☐ Often ☐

42. Group sex Never ☐ Occasionally ☐ Often ☐

43. Rimming (licking anus/arsehole) Never ☐ Occasionally ☐ Often ☐

44. Have you ever had an HIV test? No ☐ Yes ☐

45. When did you last have an HIV test?

Less than 6 months ago ☐ 2–4 years ago ☐
7–12 months ago ☐ More than 4 years ago ☐
1–2 years ago ☐ never tested ☐

46. Which of the following concerns you about having an HIV test? *(Tick as many as apply)*

Don't want to know the result ☐ I am at low risk and don't need to test ☐
Fear of stigma or discrimination ☐ Cost ☐
Don't know where to go for a test ☐ other (please specify) _____
Don't want others in my community to find out ☐

47. Where did you have your last HIV test? (Tick ONE only)

Your doctor ☐
Sexual health clinic ☐
Aboriginal or Torres Strait Islander health service ☐
Hospital ☐
Other (please specify) _____
Never tested ☐

48. Based on the results of your HIV tests, what is your HIV status? No test/Don't know ☐
Negative ☐
Positive ☐

If you are **HIV positive**, please complete the next two questions.

49. Are you on combination antiretroviral therapy? No ☐ Yes ☐

50. Is your viral load? Undetectable ☐ Detectable ☐ Don't know / unsure ☐

51. When did you last have a test for sexually transmitted infections *(eg, gonorrhoea, NSU/chlamydia, or syphilis)*?

Less than 6 months ago ☐ 2–4 years ago ☐
7–12 months ago ☐ More than 4 years ago ☐
1–2 years ago ☐ Never tested ☐

52. How many people do you currently know who have **HIV** infection or the illness **AIDS**?

None ☐ 3–5 ☐
One ☐ 6–10 ☐
Two ☐ More than 10 ☐

53. In the past year, how many people do you know personally who have **died from AIDS**?

None ☐ 3–5 ☐
One ☐ 6–10 ☐
Two ☐ More than 10 ☐

IF you are **in a regular relationship with a male** (boyfriend/lover) at present, please complete the next three questions.

54. Do you know the result of your regular partner's HIV test? Yes—He is Positive ☐
Yes—He is Negative ☐
No— I don't know/He hasn't had a test ☐

55. Within your relationship do you have a **clear (spoken) agreement** with your regular partner about anal sex (fucking) with each other? (Tick ONE only)

No agreement ☐
Yes, we have an agreement
- No anal sex at all ☐
- All anal sex is with a condom ☐
- Anal sex can be without a condom ☐

56. Regarding casual partners, do you have a **clear (spoken) agreement** with your regular partner about sex with those partners? (Tick ONE only)

No agreement ☐
Yes, we have an agreement
- No casual sex at all ☐
- No casual anal sex at all ☐
- All casual anal sex is with a condom ☐
- Casual anal sex can be without a condom ☐

57. What do you know about post-exposure prophylaxis (PEP)?

It's readily available now ☐
It will be available in the future ☐
I've never heard about it ☐

58. The availability of treatments (PEP) immediately after unsafe sex makes safe sex less important?

Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree ☐

59. At most, PEP must be commenced within what period of time after the risk event?

12 hours ☐ 72 hours ☐ 1 week ☐ Don't know/unsure ☐

60. Have you ever been in prison No, never ☐ Yes, once/a few times ☐ Yes, often ☐

61. When were you last in prison?

Less than one year ago ☐ 2–4 years ago ☐
5-10 years ago ☐ More than 10 years ago ☐
Never been in prison ☐

62. How long were you in prison on that last occasion?

Less than a month ☐ 2-12 months ☐
1–2 years ☐ More than 2 years ☐

63. Last time you were in prison did you have sex with other men?

Never ☐ Occasionally ☐ Often ☐

64. Last time you were in prison how often did the following happen?

You fucked another male **without** a condom? Never ☐ Occasionally ☐ Often ☐
You were fucked **without** a condom? Never ☐ Occasionally ☐ Often ☐

65. Are you **mainly**: (tick ONE only)

Working full-time ☐
Working part-time ☐
CDEP or Unemployed ☐
A student ☐
A pensioner or on social security benefits ☐
Other ☐

66. What is your job? (*e.g. electrician, hairdresser, teacher)*

(please specify) _____

67. How old are you? ☐☐ years

68. Where did you grow up?

Capital city ☐
Other city ☐
Regional town ☐
DOGIT ☐
Rural or remote area ☐

69. Where do you live **now**? Postcode ☐☐☐☐

OR Suburb/Town: _____

70. What is the highest level of education you have had?

Primary school only ☐
Up to 3 years of high school/Year 10 ☐
Up to Year 12/Senior Certificate ☐
Tertiary diploma or trade certificate ☐
University or CAE ☐

71. How much do you agree?

I am happy to be gay!

Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree ☐

I'm proud to be Aboriginal / Torres Strait Islander!

Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree ☐

72. How often do you use or attend:

Queensland AIDS Council Aboriginal and Torres Strait Islander project	Never ☐	Occasionally ☐	Often ☐
Aboriginal / Torres Strait Islander medical service	Never ☐	Occasionally ☐	Often ☐
'YuplaMipla Ahfla'	Never ☐	Occasionally ☐	Often ☐
Gar 'bun'djee'lum	Never ☐	Occasionally ☐	Often ☐
Two-Spirited People of Colour	Never ☐	Occasionally ☐	Often ☐

73. Which of these drugs have you **used** or **injected** in the past **six months**?

	USED		**Injected**	
Amyl/Poppers	No ☐	Yes ☐		
Marijuana/yarndi	No ☐	Yes ☐		
Viagra	No ☐	Yes ☐		
Chroming – paint/petrol sniffing	No ☐	Yes ☐		
Ecstasy/E	No ☐	Yes ☐	No ☐	Yes ☐
Speed	No ☐	Yes ☐	No ☐	Yes ☐
Crystal	No ☐	Yes ☐	No ☐	Yes ☐
Any other 'party' drug	No ☐	Yes ☐	No ☐	Yes ☐

74. In the past six months, did you ever share a needle/syringe with someone else?

No ☐ Yes ☐

75. How often do you normally drink alcohol?

Never, I don't drink ☐	3–4 days a week ☐
Less than once a week ☐	5-6 days a week ☐
1–2 days a week ☐	Every day ☐

76. On days when you drink alcohol how many drinks do you usually have?

1 or 2 drinks ☐	9 – 12 drinks ☐
3 or 4 drinks ☐	13 – 20 drinks ☐
5-8 drinks ☐	More than 20 drinks ☐

77. If you are looking for **sex** with men, where do you go? (One tick for each item)

straight or mixed bars	Never ☐	Occasionally ☐	Often ☐
straight or mixed pubs/canteens	Never ☐	Occasionally ☐	Often ☐
gay bars	Never ☐	Occasionally ☐	Often ☐
beat/public toilet/park/beach/bush	Never ☐	Occasionally ☐	Often ☐
sex parties	Never ☐	Occasionally ☐	Often ☐
through friends or family	Never ☐	Occasionally ☐	Often ☐
gay Aboriginal and Torres Strait Islander events	Never ☐	Occasionally ☐	Often ☐
leather scene	Never ☐	Occasionally ☐	Often ☐
internet	Never ☐	Occasionally ☐	Often ☐
sauna	Never ☐	Occasionally ☐	Often ☐
sex club	Never ☐	Occasionally ☐	Often ☐
bookshop/video shop	Never ☐	Occasionally ☐	Often ☐

THANK YOU FOR YOUR TIME 1/04

Australian Government - Office for Aboriginal and Torres Strait Islander Health

Australian Federation of AIDS Organisations

Queensland Aboriginal and Islander Health Council

Queensland AIDS Council

Queensland Aboriginal and Islander Health Council

National Centre in HIV Social Research

National Centre in HIV Epidemiology and Clinical Research
Faculty of Medicine

THE UNIVERSITY OF NEW SOUTH WALES

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