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**Barebacking: Opinions of HIV  
positive men who have sex with  
men**

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### Background

- MSM disproportionately affected by HIV / STIs
- HIV positive MSM have higher rates of acute STIs (increases HIV transmission)
- Condomless anal sex (CAS) literature:
  - Phenomenon is complex
  - CAS conceptualise in terms of disease
  - Assumes MSM want to avoid CAS
  - Intentionality where does it begin? also issues of culpability
  - Concerns of the re-pathologising of MSM

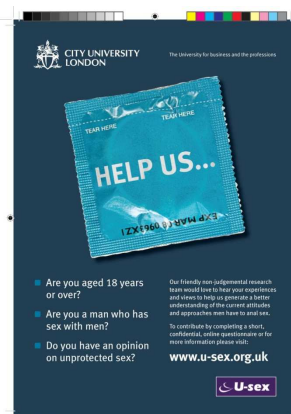
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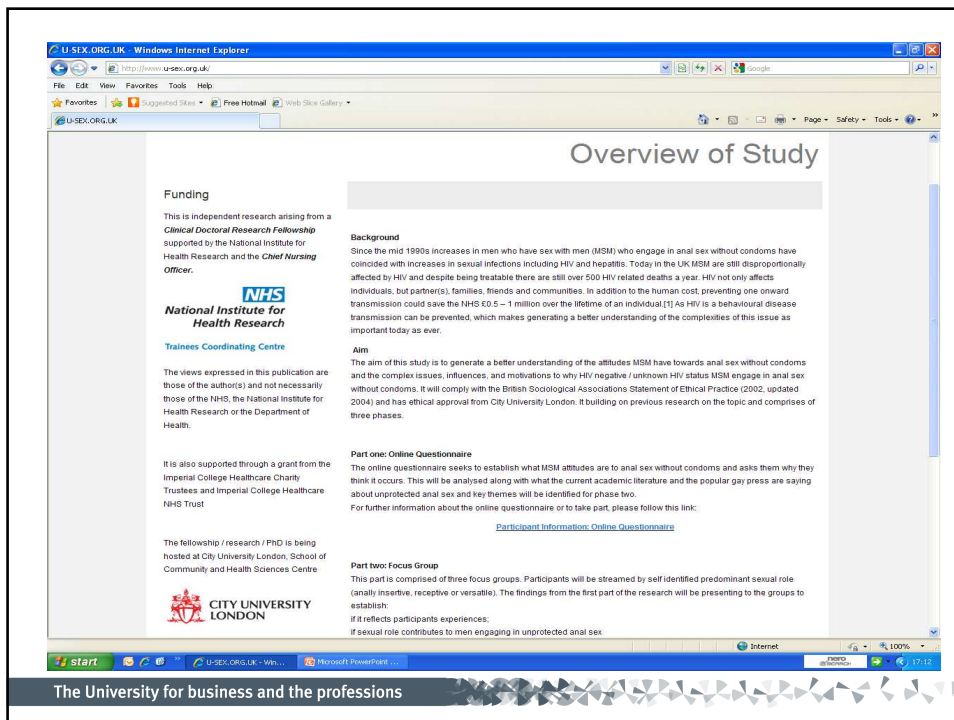
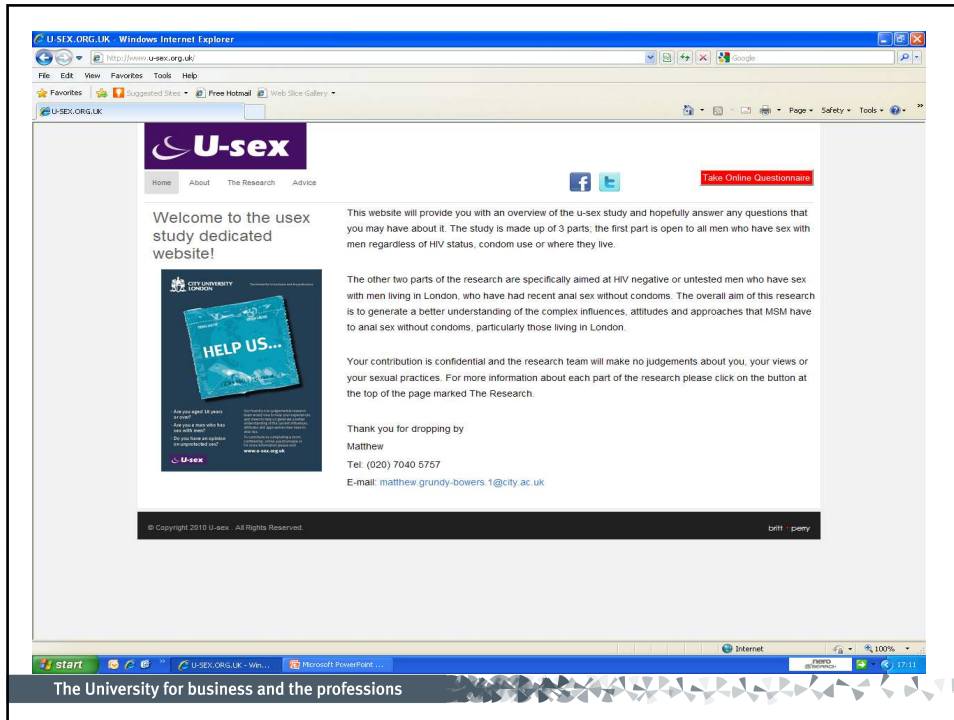
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### Method

- Part of a larger study for PhD
- Ethical approval obtained
- The study population was involved in design and recruitment
- Recruitment was both on and off line
- Directed to a dedicated website
- Link to a short online questionnaire (SurveyMonkey™)
- Responses from HIV positive MSM reviewed thematically

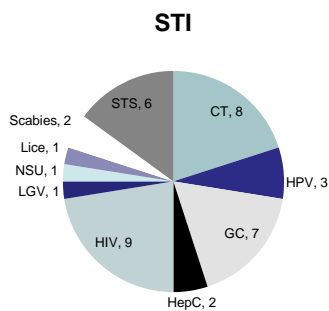


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**Findings (i) demographics**



Gender:	Male (all MSM)	57
Ethnic Origin	White British	38
	White Other	11
	White Irish	3
	Other ethnic/ mixed	2
	Asian other	2
	Mixed: White & Black Caribbean	1
Resident	In London	37
	Out of London	20
Anal sex?	Yes	57
CAS ever	Yes	57
Barebacker	Yes	24
	No	33
Role	Top only	3
	Mainly top	6
	Versatile	26
	Mainly bottom	19
Last CAS	Bottom only	3
	Top	14
	Versatile	24
Partner	Bottom	19
	Regular	14
	Casual	30
STI 12/12	Regular & Casual	13
	Yes	19
	No	37
	Not answered	1

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**Findings (ii) Barebacking was identified as**

- contextual

*“Only when its consensual between myself and my partner who has been informed of my status.”*

(39, barebacker)

- an identity

*“i have anal sex without a condom, but wouldn't describe myself as a barebacker, that sounds like you deliberately seek anal sex without a condom”*

(49, barebacker)

- a behaviour

*“I do and have had bareback sex”*

(39, barebacker)

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### Findings (ii) Barebacking

- acceptable if consensual;
- allowed for better, more natural sex;
- increased intimacy

*'When in a safe, committed relationship, bareback sex becomes part of our lives. It is exciting, enjoyable, HOT. It allows for more spontaneous moments; possibly in places where not "usual". I enjoy and prefer sex without condoms. I know that a condom can be incorporated in foreplay and have a fetish niche, but I personally feel it "breaks" the moment. Yes safer but less fun.'*  
(39, barebacker)

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### Findings (iii) Barebacking associated with risk

#### **In particular hepatitis C and different strains of HIV**

*'been hiv+ since 98, and started barebacking because I really enjoyed it. Was also into fisting. Got HepC in 2001, sucessfully did the inteferon treatment but it was really punishing. Continued barebacking but stopped fisting without gloves. Caught hepc again in 2007, did the treatment again. Since then have stopped barebacking altogether; because the impact of doing the hepc treatment has been so bad.'*  
(47, ex-barebacker)

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#### Findings (iv) personal reasons for engaging in CAS

- Physical sensation *'Sensations are better and more intense'*  
(56, barebacker)
- Transgression *'In spite of the risks I found it exciting.'*  
(52, non-barebacker)
- Sero-concordance *'I assume he was also HIV positive'*  
(37, barebacker)

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#### Findings (v) sero-adaptive behaviours

Participants also reported engaging in sero-adaptive behaviours such as sero-sorting and condom sorting.

*'I informed partner of my positive status and agreed not to cum inside partner'*

(54, non-barebacker)

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### Findings (v)

*'[ ] by the morning we moved on to another party, which we were reliably informed had 7 hot guys, all into bareback, fisting, watersports etc.. We got there, had similar conversations about status, all were HIV positive, HepC negative, and so we played on until mid morning. Mostly we fisted one another, this was due in large part to the fact the drugs had meant our erections were somewhat irregular. As for why I choose not to use condoms, the above scene was one I was particularly familiar with, and parties and sessions like that are usually always bareback. If at any point anyone had suggested using condoms, it would have been a really unusual thing to request. It just wasn't a consideration. Had someone have said they were HepC positive, then this would have probably made us consider condom use.'*

(30 year old barebacker)

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### Findings (vi)

However, on the last occasion of CAS;

- Discordant CAS was reported by 13 with regular partners and 6 with casual partners
- A further 15 reported CAS where the HIV status was assumed and 11 where the status was unknown

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### Conclusion

- CAS remains complex topic
- There are a variety of reasons why HIV positive MSM engage in CAS
- HIV positive MSM are endeavouring to engage in concordant CAS and utilise sero-adaptive behaviours
- However, these decisions are often based on assumptions of HIV status and individual's responsibility, making discordant sex common

**When tailoring risk reduction strategies it is important to recognise this and the role identity and intimacy plays in CAS**

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### Support

- CNO / NIHR Clinical Doctoral Research Fellowship
- The Imperial College Healthcare Charity Trustees non medical research award of
- Imperial College Healthcare NHS Trust



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**Questions?**



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