

Gay men's relationship agreements

Discussion Paper

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Dean Murphy

INTRODUCTION

This paper sets out to describe the main findings from published research on gay men's relationship agreements, as well as to comment on the approaches taken, and to identify some of the obvious gaps in the literature.

The first thing to note is that, in the published research, a number of different terms are used to describe partners and partnerships. For partners, the descriptions 'primary', 'steady' and 'regular' partner are the most common. These terms are often used to distinguish between a main partner and other sexual partners. In practice, the assumption of one main partner and additional, casual, partners may not be all that clear. In some quantitative studies these terms are imposed. For example, one study uses the term 'primary relationship' and defines this as one "in which the partner was a man the participant lived with or saw frequently and to whom the participant felt a special emotional commitment" (Guzman, 2005). And the terms monogamous, non-monogamous, open, closed, etc. are often used to describe relationship types. By raising this issue of language I wanted to illustrate that these descriptions—particularly partner types—are perhaps a little too neat and maybe we need to think about questioning or queering these binaries. Some research and researchers have allowed for this possibility—in quantitative cohort studies by providing for categories beyond regular and casual (that is, 'primary regular' and 'other regular') and in qualitative studies allowing for descriptions of partners that fall somewhere between or beyond regular and casual.

PARTNER TYPES

Notwithstanding this issue of interpretation, approximately two-thirds of gay men in community samples in Australia report that they have a regular male sexual partner (Hull, Van de Ven et al. 2005; Hull, Rawstorne et al. 2006; Prestage, Mao et al. 2006). This is similar to the proportion in gay community samples in Europe such as Amsterdam (66 per cent) (Davidovich, de Wit et al. 2000), and Switzerland (74 per cent) (Moreau-Gruet, Jeannin et al. 2001), but is slightly higher than in London (54.7 per cent) (Elford, Bolding et al. 1999) Chicago (47 per cent) (Crawford, Hammack et al. 2003) and San Francisco (41.4 per cent) (Hoff, Stall et al. 1997). It seems that HIV-positive men are less likely to have a regular partner than HIV-negative men (Hoff, Stall et al. 1997).

Among gay men with a steady partner, over half have other, casual sexual partners and this doesn't seem to differ greatly according to HIV status (Kippax, Noble et al. 1997; Crawford, Hammack et al. 2003; Wagner, Remien et al. 2000; Halkitis, Wilton et al. 2004; Moreau-Gruet, Jeannin et al. 2001).



**AUSTRALIAN
FEDERATION OF
AIDS ORGANISATIONS
INC.**

PO BOX 51
NEWTOWN
NSW 2042 AUSTRALIA

Ph +61 2 9557 9399
Fx +61 2 9557 9867

Email: afao@afao.org.au

Web: www.afao.org.au

RELATIONSHIP AGREEMENTS

The research on gay men's relationship agreements can be organised into three different themes that coincide with three different time periods. Both the focus of the research as well as the kind of research undertaken tends to differ according to when it was conducted. That's not to say that many notable exceptions to this, but it seems to work as a rough guide.

It probably will come as no surprise that the most significant shift in both the amount and focus of research on gay men's relationships came about as a result of the arrival of HIV and its impact on, and association with, gay men. So that marks the shift from the first to the second period. And then, more recently there has been a focus on relationship agreements rather than describing risk practices, so this characterises the shift from the second into the third period.

1. PRE-HIV EPIDEMIC: RELATIONSHIP STYLES

Research on gay men's relationships conducted in the 1970s and into the 1980s, that is, prior to the HIV epidemic, illustrates an interest in relationship styles and 'regulatory mechanisms' (Hickson, Davies et al. 1992). Although much of this research explored the sexual variety inherent in many gay relationships, which were conceived of as liberating, some psychological work interpreted this tendency to sexual openness as evidence of relationship failure and perhaps even that relationships between two men were not natural and were doomed to failure (quoted in Hickson, Davies et al. 1992).

Research in this period identified a number of rules and guidelines that structured gay men's relationships, and these were described as having both 'manifest' and 'functional' components (Hickson, Davies et al. 1992). The manifest component refers to explicit agreements about for example, who sex is allowed with outside the relationship, where it happens, what kinds of sex take place, whether the other partner is present, the number of times it can happen with the same person, and how much the other partner is told about it. The functional components relate to the effects of these rules. For example, specific rules can be about maintaining the primacy of the relationship, or simply to avoid irritation or confrontation between partners.

Studies of gay relationships mostly undertaken prior to the HIV epidemic describe a number of different agreements, as well as changes in relationships over time. Many of these agreements were related to stress reduction, jealousy, fears, anger and conflict associated with sex outside the relationship. Other, pre-HIV, work on relationships looked at relationship satisfaction, length of relationships, commitment, security and frequency of sex.

Much of the breadth and exploratory nature of this earlier research was lost as attention became concentrated on HIV prevention. However some of these themes re-emerged later. Specifically, issues of intimacy, sexual difficulties, and anxiety emerged in research on serodiscordant couples, as well as the more predictable themes of condom use and risk management strategies.

As I said before, there are exceptions to the classification of research according to time periods and the HIV epidemic. The research by Worth and colleagues among New Zealand gay men for example that was published in 2002, in some ways it represents a return to the kinds of research conducted in the 1970s and 1980s. This paper, which sought to examine the suggestion by the theorist Anthony Giddens that gay men's partnerships represented the 'pure relationship', explored the concepts of democracy and openness in gay men's relationships, as well as monogamy, trust and negotiating agreements about sex. Based on their findings, the authors caution against assuming that same sex relationships constitute a radical transformation of intimacy or that they escape the values and norms of dominant

heterosexual social institutions, especially those of romantic love and masculinity. The authors also identified another interesting aspect of relationships that is all but invisible in much HIV social research—that of power.

2. REGULAR PARTNERS AND HIV RISK

The era of the HIV epidemic saw a definite narrowing of research on gay men's relationships to look descriptively at risk for HIV. This meant a focus on assumed HIV-negative seroconcordant relationships (with risk located outside the relationship) and serodiscordant relationships (with risk located within). What tended to disappear was qualitative research and with it the focus on the diversity of relationships, and the 'how' and 'why' elements of relationship agreements. Research on seroconcordant HIV-positive relationships was also notable in its absence.

This was the era of the rise of large, quantitative, epidemiological and behavioural studies looking at sexual behaviour, and specifically condom use, with regular and other partners. As one author recently remarked, the literature emerging from HIV studies illustrates a diverse range of 'regular' and 'casual' partners enjoyed by gay men but these findings are usually presented in a way that does not allow any insight into the actual workings of these relationships (Adam 2006).

A major focus of research in this period was the contribution of relationships to HIV incidence among gay men or men who have sex with men (MSM). This remains a big interest area today among researchers and educators. However, although research in this period was concerned with the risk factors for HIV infection, and therefore in relationships the risk from regular partners, one of the most significant findings from this period related to the protective effect of regular partners. Although it was well-established that gay men were less likely to use condoms with regular partners than with casual partners, this was often assumed to be a risk for HIV and something that needed the attention of health promotion. However research conducted in the early 1990s caused a reassessment of this thinking. Qualitative research such as that conducted in the UK (Hickson, Davies et al. 1992) found that men, using the technology of the HIV antibody test, were making conscious decisions about condom use based on knowledge of their own and their partner's HIV antibody status. These strategies were confirmed by quantitative research, and given the umbrella term 'negotiated safety' in 1993 by researchers at the National Centre in HIV Social Research (Kippax, Crawford et al. 1993).

Subsequent studies focused on the extent of negotiated safety. However, even though there has been an intense focus on negotiated safety, it is important to remember that unprotected anal intercourse (UAI) is not the inevitable outcome of all seroconcordant relationships. Around one-quarter of Australian gay men in relationships report that they always use condoms for anal sex with their regular partner and around eight per cent say they have no anal sex at all with their regular partner. Similarly a Dutch cohort study of young gay men found that 27 per cent always used condoms with their regular partners. A Swiss study found an even higher proportion of men (43 per cent) who reported that always used condoms or did not have anal sex with their regular partner. Negotiated safety, as measured by practice, was reported by only 25 per cent.

Research on HIV risk was also concerned with casual partners. And this obviously led to looking at the risk practices of men in relationship with their other casual partners. This is, were men in relationships more or less likely to engage in risk with casual partners than men who were not in relationships? There have been some mixed findings on this. A Canadian study of young gay men for example found that men who had a regular partner did not differ from other men in terms of their risk behaviour with casual partners (Kuyper, Lampinen et al. 2005). This finding contradicts that of an earlier London study which found that men who

were not in a relationship reported higher rates of UAI with casual partners (Elford, Bolding et al. 1999).

Sue Kippax and colleagues also spoke about Negotiated Safety having both necessary (or analytical) and contingent (or empirical) conditions (Kippax, Noble et al. 1997). The necessary condition is a partnership between two HIV-negative men (i.e. where there is no possibility for transmission between partners). This is the “test, test” part of the “talk, test, test, trust” formula. The contingent conditions are the “talk” and “trust” aspects, which relate to honesty and agreements. In terms of the way in which this paper is organised, research in this second period looked at the necessary conditions for negotiated safety, that is, establishment of HIV seroconcordance, and avoidance of risk from other partners—either by not having other partners at all or not engaging in risk with other partners. As we shall see further on, more recent research has been exploring the contingent elements, that is the many elements that go into establishing and maintaining a negotiated safety agreement.

3. CONTEXTUALISING RELATIONSHIP AGREEMENTS

The third and most recent period of research on gay men's relationships has seen a return to research on agreements rather than describing behaviour, although the focus has tended to be on particular kinds of agreement—those related to HIV, and therefore on the correlation between relationship agreements and actual behaviour. So you could say there has been an emphasis on the evaluation of relationship agreements. And in this period too the focus has been on negotiated safety. Negotiated safety agreements are analysed in two different ways: 1) the compliance rate of those with reported agreements; and 2) proportion of those who report UAI with primary partners who do so as part of a negotiated safety agreement, or follow negotiated safety agreement practice. Some research has also explored what occurs when these agreements are not kept. That is, are the agreements re-negotiated, or is the breach not discussed at all?

Negotiated safety strategies assume a clear agreement with partners. In most Australian studies, the majority of gay men with a primary partner report that they have clear agreements about sex (over 60 per cent). In the Health in Men study of HIV-negative men as many as 87.2 per cent reported ‘clear verbal agreements’ with their primary partner (Prestage, Mao et al. 2006). The majority of these agreements covered sex both inside and outside the relationship. ‘Agreements’ as they are understood in much of this literature actually relates only to the practices of anal sex and condom use with primary and casual partners. This is an understandable focus because much of the data comes from studies which are funded to monitor HIV risk behaviours, but it is worth noting that it does foreclose the many other possible types of relationship agreements that gay men might have.

So, to turn to the findings, less than half of men in relationships have an agreement that allows for unprotected sex with their regular partner (Mao, Van de Ven et al. 2002; Hull, Van de Ven et al. 2004; Prestage, Mao et al. 2006). This refers to agreements not behaviours which I referred to earlier. And it is worth noting that one-fifth to one-quarter of all men in relationships have no clear agreement about sex within the relationship (Mao, Van de Ven et al. 2002; Hull, Van de Ven et al. 2004).

In terms of effectiveness of relationship agreements, an analysis of relationship agreements among Australian MSM based on 1990s data found that on the whole, negotiated safety agreements were kept (93.4 per cent kept their agreement) (Crawford, Rodden et al. 2001). Of all men in the study 17.8 per cent reported any risk practice and the type of agreement was found to be the strongest predictor of risk practice.

Data emerging from other studies has reinforced the finding that having an explicit negotiated safety agreement is predictive of actual behaviour both inside and outside the

Gay men's relationship agreements

relationship. The Swiss study mentioned earlier for example, also found that those who didn't have a clear negotiated safety agreement—especially those who had given up condoms on the basis of an ad hoc risk assessment without taking a test—were much more likely to report inconsistent condom use with casual partners (Moreau-Gruet, Jeannin et al. 2001). The Dutch study of young gay men found a 90 per cent compliance rate with negotiated safety agreements (Davidovich, de Wit et al. 2000). Although this study shows a high rate of risky UAI with steady partners, it also shows that among the minority who actually had sound negotiated safety agreements, their practices are highly consistent with these agreements.

Researchers in Australia set out to determine what differentiated men in relationships who didn't engage in UAI with casual partners from those who did. The authors found that the presence of an agreement was the most important variable in distinguishing men who were successful in avoiding UAI with casual partners (Kippax, Noble et al. 1997).

One study (Davidovich, de Wit et al. 2004) looked at when and how young gay men made relationship agreements, focusing particularly on negotiated safety agreements. They found that 55 per cent of men who had UAI with their steady partners did so within the first three months of the relationship (i.e. outside the negotiated safety guidelines). Of those who had negotiated safety agreements 16 per cent had not waited the window period (considered in this case to be six months) and had had UAI with a casual partner during the six months prior to their previous HIV test (Davidovich, de Wit et al. 2004). Also, 46 per cent of those who had UAI with their regular partners did not discuss UAI before it occurred. This study also found some differences between men based on the symbolic importance of UAI: perceiving that UAI was a symbol of trust and believing that the partner desired UAI was associated with less frequent condom use but a higher likelihood of having a negotiated safety agreement.

An important, although perhaps not surprising, recent finding was the predictive relationship between communication efficacy and the likelihood of informing partners about a breach of an agreement (Prestage, Mao et al. 2006). The finding that a substantial proportion of men experience discomfort discussing sex and HIV with their regular partner is one that challenges some important assumptions on which negotiated safety is based—the ability to make clear and unambiguous agreements, and the ability to communicate breaches of the agreement to the other partner if and when they occur. This particular finding however is reminiscent of the earlier work of Worth et al. who found that talking about non-monogamy was seen as threatening to the relationship, establishing trust was difficult, and making an agreement was not as step-wise, logical, equal or clear as presented in HIV education materials (Worth, Reid et al. 2002).

The research by Prestage et. al. shows what happens when agreements are broken. Another study from the US of HIV serodiscordant male couples illustrates how practices can vary from actual agreements and conceptualisations of what kind of relationships people believe they have. The authors found that of those who had sex outside the relationship only 36 per cent described their relationship as 'open', 26 per cent reported that sex outside the relationship was suspected, and the another 26 per cent reported that sex with other partners was kept secret or was unknown to the other partner (Wagner, Remien et al. 2000).

An important feature of relationship research in the post-HIV era is that a distinction has been made between open relationships (where sex with other partners is allowed) and relationships where sex does in fact occur outside the relationship (by one partner or both) but this is not agreed to or necessarily even known about.

In some of the earlier work on relationship agreements (in the pre-HIV era) there was a tendency to make comparisons between monogamous and open relationships, based on

practice alone. That is, sexually exclusive (monogamous) relationships were often compared to all other relationships (those that were 'open' and those in which sex with other partners took place), regardless of whether an agreement about this kind of behaviour had been established (Wagner, Remien et al. 2000). The work of Wagner et al. illustrates how assumptions are often inherent in the design and analysis of research. In their study of male serodiscordant relationships they discovered that monogamous and 'open' couples (i.e. opposite ends of the spectrum) were more similar to each other than they were to either 'partial knowledge' or 'secretive' couples (Wagner, Remien et al. 2000). Monogamous and open couples were also found to have greater consensus on relationship issues, as well as greater affectional expression, and sexual satisfaction. This suggests that having an explicit agreement about sex outside the relationship, regardless of the nature of the agreement, is associated with greater relationship quality in general, than not having an agreement.

The study by Wagner et al. was not focused on negotiated safety (it was actually on serodiscordant couples), however the finding that the explicitness of the agreement is a more important distinction between different relationship types than the actual behaviour is a concept inherent in some of the negotiated safety evaluative work described in this section. The research that I'm talking about is that which compares those with explicit agreements (either monogamous or open) to those with implicit agreements or no agreements at all. That is, the negotiated safety agreements that are effective would include monogamous as well as some 'open' relationships i.e. those that only allowed protected sex outside the primary partnership, however they would not include relationships in which both partners were monogamous yet had no explicit agreement about this.

As mentioned earlier, there hasn't been a great deal of research on serodiscordant relationships, especially in terms of gay men's relationship agreements. However, analyses of condom use of men in serodiscordant relationships in 2002 found some evidence of agreements about sexual practice. Clear patterns of sexual positioning based on serostatus were evident, in that when condoms were not used HIV-positive men were much more likely to always be the receptive partner and negative men were more likely to always be the insertive partner for anal sex (Van de Ven, Kippax et al. 2002). Although this was describing actual practices rather than agreements it did in fact suggest the existence of agreements about sex within the relationship because this patterning was not evident among these same men with the same partners when condoms were used. Therefore the practice could not be explained simply by preference for the insertive or receptive role. Again, this is a very HIV-specific focus on relationship agreements. Previous research has shown that avoiding HIV infection is just one of the many salient factors in relationships and that love, intimacy, pleasure, anxiety and closeness, may be just as important in determining agreements and actual sexual practices (Murphy, Ellard et al. 2003).

Much research on HIV-positive seroconcordant relationships still seems locked in an earlier mode of analysis that merely describes sexual practices—often in terms of HIV risk to nonconcordant casual partners or superinfection risk. Recently, it was reported for example that 'serosorting' by HIV-positive men in San Francisco might explain the downturn in new HIV infections in that city. The lack of research on HIV-positive seroconcordant relationships illustrates the extent to which thinking and writing about relationship agreements in the era of HIV has been invariably framed by discourses of HIV prevention. The recent interest in 'serosorting' also appears to focus on prevention and does not actually address the multifaceted aspects of agreements. Instead it seems to assume that positive men in seroconcordant relationship need not bother with agreements at all.

CONCLUSION

This paper has described some of the dominant themes in the published research on gay men's relationships and has commented on some of the shifts over time in this research. In

conclusion I would like to re-state that research in gay men's relationships in the HIV era and beyond has been dominated by risk, and particularly by research on Negotiated Safety. So much so that I think often there is not much thought about what kind of relationship agreements exist beyond Negotiated Safety. There is very little research on HIV-positive seroconcordant relationships. And there is a need for more research on relationship dynamics, the motivations of men to form relationships, and what kinds of agreements are negotiated. Perhaps in the era of gay marriage and registered partnerships (although not anytime soon in Australia) and the era of gay and lesbian parenting we will start to see much more research on relationships and relationship agreements that are not just about HIV.

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Gay men's relationship agreements

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