

Health Educator's Conference Presentation ~ May 2004

**Victorian AIDS Council/Gay Men's Health Centre, Health Promotion Team
Outreach Contact Project**

Talking the Talk

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Today I will be explaining the Contact project in Sex On Premises Venues in Melbourne, which is part of the Outreach Project in the Health Promotion program at the Victorian AIDS Council/Gay Men's Health Centre. The Outreach Project was originally funded by the Victorian Department of Human Services as a one year project, with funding for an additional six months. The project is ongoing, commencing in real terms in late 2001. In addition to the Contact project in Sex On Premise Venues, the Outreach Project also conducts outreach activities in the areas of Beats outreach; On-line outreach; Social Venues outreach – hotels, bars and clubs; and, community events including: dance parties and private fuck clubs and parties. The Contact project visits sex clubs and saunas.

The Contact project in Sex On Premises Venues commenced with a needs analysis conducted on-site with venues chatting with owners and managers about the culture of each venue and the type of patrons they attract with the intention of providing visits to appropriate venues as required on an on-going basis. At the end of this consultative process we decided that seven of the nine SOPV in the central business district and inner suburbs, and one venue in a bay side suburb would be the venues that would receive a regular fortnightly visit by the health educators. The one other sauna and four backrooms attached to sex shops didn't have an appropriate area for outreach to be conducted.

When the SOPV visits commenced two health educators were in attendance at each venue, although we soon realised that having two people sitting at a table tended to be a little intimidating and not too many punters were willing to sit down and explain their concerns to two

people. When we moved to one educator per visit, the number of client contacts increased markedly.

It was decided at the outset that an agreed upon ethical boundaries were required, the main one being that upon completion of a session within a particular venue, we should leave and not return to that venue for a 24 hour period, so there could be no confusion as to why we were there – i.e. Not going from worker one minute to punter the next. Another boundary was deciding not to 'hit on' any punters for non-contact contact after we have finished a shift in a venue.

Upon entering a venue, we set up at a table, usually close to the coffee lounge in a non-smoking area. On the table we place a few resources: PEP/contact cards; STI contact cards, and our legal issues at Beats foldout, plus nonchalantly placed in the centre of the table a teaser, to invite comment. I usually use the *'positive, negative, question mark'* card to grab their attention. Often asked questions like "what does it mean?" can lead to the open ended response "what does it mean to you?" and from there a conversation can begin.

This teaser has also been used to focus test a resource that the team had developed in conjunction with *Convenience Advertising* and was up in the venue when this teaser was first used. More recently it has been used as an evaluation tool for an image that is no longer on display within the venues.

Around the *'most often walked paths'* in each venue we display posters promoting we are there for the night and available to answer questions relating to sexual health. Where appropriate we also use the internal public announcement system to announce we are there and again once or twice throughout the night, to remind punters we are available to answer questions.

The issues that men want to discuss with us are wide and varied. Quite often it can take a little time before a punter will be confident that he can speak freely and openly with us and they can *'beat around the bush'* with a wide variety of topics before they come to the point of what they really want to know. I am famous in Melbourne for being intolerant of commercial TV in general and reality TV in particular. Over the past eighteen months I've been involved with this project I have come to understand why I'm so choosy with my TV viewing. Several of the venues, mainly saunas, either screen movies from cable TV or screen commercial TV. One of the ways a punter will lead into the question they really want to ask, is to chat about the characters in a soap – *who is having it off with whom, how often and when they last did*. My tolerance has increased by leaps and bounds. Mind you, one has to be ready for the question they want to explore that will often be brought up in mid-sentence. So a conversation *on who is doing who in neighbours* can suddenly leap into a "so is oral sex safe" or "last night the condom broke" as a question that can pop into the monologue.

Last year, for about six to seven months, the term Bare Backing was often in the mix of conversation. The first night one of our local GLBTIQ newspapers had a story in it about BB; I was in a sex club working. Within an hour of the paper going on the shelf, punters were there in front of me, asking about it, with some folk aghast and others promoting the fact that for them BB is OK. I might add, this was a slow night in the venue, and when the papers come in on a slow night it gives them something else to look at – beside each other. It was interesting though, that an article a few pages into the paper, had a lot of non-talkers suddenly interested in discussing a 'hot topic'. For those six to seven months, BB became a topic people would bring up as a discussion point time after time. After a month or two I developed a series of cards with the most popular expressions people used to discuss BB, and on asking guys if they

had heard of the term, showed them the cards and asked their impressions. I hasten to add that I let people know that this was what others had said and that the statements were not necessarily true, just that I wanted their opinions. Mind you, BB as a topic began to wane late last year, up to recently when I may get a comment/query every other visit.

Most of the questions folk finally get around to asking are typical questions that telephone counselling services or Gay & lesbian Switchboards are asked about. Oral sex is a hot issue, as are general questions about different sexually transmitted infections. In the main, we are able to refer to the Melbourne Sexual Health Centre, our own medical clinic or other gay clinics in the surrounding area. Other 'hot topics' that are raised are: fucking without condoms which is not be confused with BB, but about the unsafe activity happening *'downstairs right now'*; impotency; fisting; condom breakages; sero-discordant relationships; testing – pros and cons; erectile dysfunction; injecting drug use; how does amyl nitrate affect nasal tissues; peer support groups for HIV+ folk; BDSM and other issues regarding 'kink'; how to cruise; and general queries about sex and being gay.

Some of the requests for information are outside the domain of health education and are more 'community' focussed. These have included: what do the colours of the rainbow flag mean; what happens in the backrooms at dance parties; why is there drug use in the community; domestic violence concerns; what is the AIDS Quilt all about; money & housing concerns; volunteer opportunities within the AIDS Council; and the most unusual – how do you involve cigars in sex? How indeed?

On a few occasions I have had guys who have been diagnosed HIV positive that day - and a few who have been diagnosed some time ago, who haven't been back to their doctors since finding out their positive status. The reason those who had been informed by their doctors that

day and were at a sex venue that night, was that they live alone and didn't want to be alone their first night of being positive. In most of these instances I have known the person involved and have been the 'expert' that they want answers from, having heard the news, but not having heard the 'counselling' from the health professional they have spoken with at the time. This can be a little tricky, having to separate the request for information from a friend, to being a 'health educator' and imparting information without becoming emotionally involved. This can be difficult when the person brings the topic up again, outside of the Contact outreach context when I'm out socialising. Clear boundaries need to be established so that one differentiates between 'worker mode' and 'friend mode'.

Debriefing to fellow staff and to professional counsellors is extremely important. Whether it is an end of session phone call to a co-worker in the project or having to check-in with the internal counsellors or my manager, getting whatever the latest concerns for both the punters and yourself *off your chest* – so to speak – has been the most useful way to debrief. If counsellors or your manager are unavailable, talking with other colleagues can also assist. Of course when debriefing to anyone other than a counsellor or manager, one should be circumspect as to any identifying characteristics when describing situations, venues or people.

Contact outreach can also be extremely boring when there are few in the venue or no one wants to chat about any concerns or queries. Keeping an eye on what resources are 'moving' in a brochure rack and restocking is important, as is keeping in contact with venue management and more importantly the staff that are there when managers aren't. Whilst we have a formal process of staff training, as most people who attend SOPV would be aware the staff are ever changing and there is no certainty that the staff at your last visit will still be employed the next time. Checking in and just chatting about what is new in the area of health

promotion can give them insights into current areas we are promoting and in turn can provide feedback on what the punters and staff are concerned about in relation to sexual health. Quite often I have found that having a discussion with a member of staff can lead to punters who happen to be within hearing distance, joining in a discussion and adding their own views on the topic of the moment. Afterwards, this can lead them to building up courage to seek one out for a one on one chat about issues relating to the topic already discussed or to a concern that wish to have explained in more detail.

Under Guidelines developed by the Victorian Department of Human Services, the Victorian AIDS Council as a signatory along with the SOPV, are required to provide basic training in HIV/AIDS and STIs in a workshop format regularly to staff of SOPV. This is a great way to get staff from a variety of venues together to discuss HIV and STIs and to listen as they discuss the variety of issues that punters discuss with them, when Health Educators are not there and they have a lonely soul wanting to chat and get answers. These sessions are also useful in making contact with venue staff who are on duty on nights when we aren't there.

In conclusion, I'd suggest that outreach in a venue can be extremely rewarding in accessing what the folk we never see in our organisations, those who won't step foot in a building with 'AIDS' in it's name or who don't read, listen or watch the community media, really think about issues relating to sexual health. It is not uncommon to be discussing sexual health with younger, or sometimes older men who have no idea that there are sexually transmitted infections other than HIV that they have to be mindful of.

We are now conducting these Contact sessions monthly so that we can concentrate on the other areas of outreach within our organisation.

Should you have any questions about this project – now is the time to ask, or feel welcome to contact wither Guy Hussey or myself at the Victorian AIDS Council.