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Silence, assent and HIV risk

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Abstract

Based on interviews with 34 men, almost all of whom have unprotected sex with men most or all of the time, this paper documents the interactional process, narrative elements, and meaning construction in situations of 'bareback' sex. Narratives show the differentiated cultural capital circulating among distinct circuits of gay and bisexual men that define the taken-for-granted rules of conduct for sexual interactions and give rise to high risk situations. Many of the positive men speak of being part of a social environment where 'everybody knows' a set of rules whereby sex without condoms can happen as a default circumstance to be interrupted only when a partner asserts a need to protect himself. The practical reasoning processes and interactional back-and-forth in the unfolding of sexual interactions, both on the internet and in person, show the uneven and fallible accomplishment of sero-sorting and the generation of situations of high HIV risk and vulnerability when men from different micro-cultures encounter each other.

Key words: HIV prevention, MSM, gay men, bareback, sero-sorting, Canada

In recent years, a good deal of research attention has been documenting elevated and rising rates of unprotected anal intercourse (UAI) among HIV-positive men with casual partners of unknown or negative HIV status (Fisher et al. 1998; Grulich et al. 1998; Chen et al. 2003; Mansergh et al. 2002; Elford et al. 2004; Myers et al. 2004; Hospers et al. 2005; Morin et al. 2005; Whittier et al. 2005; Peterson and Bakeman 2006). A parallel, and at times intersecting, literature has documented 'barebacking' as a phenomenon of particular interest to help explain recent epidemiological trends (Junge 2002; Halkitis et al. 2003; Halkitis and Parsons 2003; Carballo Diéguez and Bauermeister 2004; Reback et al. 2004; Adam 2005; Halkitis et al. 2005c; Van Kesteren et al. 2005; Wolitski 2005; Wolitski and Bailey 2005; Shernoff 2006; Elford et al. 2007).

This paper contributes to the emerging research literature by examining the sexual cultures of distinct circuits of gay and bisexual men with their taken-for-granted rules of conduct for sexual interactions. Interviews with men having unprotected sex most or all of the time explored the interactive unfolding of recent unprotected sexual situations to examine the narrative sequences, verbal and non-verbal communication, and tacit decision rules that characterize UAI among this particular set of men. The convergence of narrative elements among these men points to the formation of a micro-culture with shared cultural capital that diverges from the cultures of other men who have sex with men with whom they may interact. The meeting of men carrying these divergent visions of the sexual game plan can create situations of high risk for HIV transmission often without intent or clear awareness on the part of the actors. These differing understandings of appropriate sexual conduct also potentially run up against public discourses stimulated by judicial decisions made in well-publicised cases that have criminalised non-disclosure of HIV status.

In a 2003 article, Kane Race (2003: 375-376) argued that the “prevention ethics of HIV-positive men...may give rise to cultures of casual sex in which condoms are less normative” and as a result, “there is a risk that HIV-negative men will misread these cultures” and that the “exclusivity [of positive men’s sexual cultures] may generate its own form of cultural capital in which condoms and HIV-negative status are relatively impeding cultural attributes.” This study shows how a sexual culture of this kind has come to pass, at least among HIV-positive men (and even a few HIV-negative men) associated with a particular urban circuit, and how “mis-readings” between men relying on “prevention ethics” embedded in different sexual cultures may underlie practices of UAI.

This study came about as a follow-up to a broad-based survey of gay, bisexual, and other men who have sex with men at Toronto Pride (Adam et al. 2008), one the largest festivals in North America, reputed to have an attendance between a half and one million people each year. The survey investigated how HIV risk varies by social network or circuit and, in particular, explored the characteristics of men who ticked off the box on the questionnaire that stated, “I like to participate in the bareback scene” or “In the last month, I’ve cruised the following websites: ultimatebareback.com” or another site with “bareback” in its URL. Overall, the survey revealed that 14.2% of those who reported having had a casual male partner also reported having had unprotected sex with him in the last six months. About one half (51.9%) of this group also reported being part of the bareback scene and/or cruising bareback websites.

A primary objective of this study was to follow up with this set of men to gain insight into situations where unprotected sex has come to be considered a default mode of conduct and who use the language of ‘barebacking’ in varying degrees to refer to these practices. Interviews explored the interactional processes, discursive resources, and meaning construction in intentional UAI to cast light on the uneven and fallible accomplishment of sero-sorting (that is, seeking out men who share the same HIV status) and the generation of situations of high HIV

risk and vulnerability. Interviews also revealed the shared narrative elements that are the earmarks of an emergent sexual culture.

Methods

One of the findings coming out of the Pride survey was that men who indicate they frequent bareback scenes and websites are over-represented in a particular circuit (that is, a set of bars, baths, parks, and websites identified through factor analysis), and show a distinctive set of beliefs (Adam et al. 2008). That they move in similar circles, connect and communicate with each other, and over time develop common understandings and orientations toward sex and risk among other things is indicative of the formation of a *micro-culture* with shared *cultural capital* (Bourdieu 1984; Adam 2005). Of 37 belief statements in the survey, two stood out as most strongly associated with men in bareback scenes and websites. Though only 12.7 percent of the overall survey agreed with the following statement, these men agree 6.62 times ($p \leq .000$) more often than non-bareback men that:

I respect whatever the guy wants regardless of whether he is positive or negative. If he wants to use a condom, that's fine, and if he doesn't, that's fine too.

They agreed 5.87 times ($p \leq .000$) more often with the statement:

If I lose my erection with a condom on, I prefer to have sex without it.

Based on these findings from the Pride survey, we set out to recruit men to interview who agreed with either of these two statements as they strongly predicted involvement in bareback scenes and websites but did not require respondents to identify with *bareback* as a term or identity. Men who agreed with one of the statements and who had not participated in another study within the last year were accepted for interview. In all, 34 men met the eligibility criteria: 10 responded to recruitment messages sent to men with Toronto-based profiles on popular gay

websites, six volunteered as a result of referrals by those who had already been interviewed, five each responded to posters placed in the community and handbills in bars and baths associated with the bareback circuit, three referred to an advertisement they had seen in the gay press, and the rest did not recall or mention the recruitment route. Recruiting men who agreed with one or both of the statements proved to be effective in finding men who had unprotected sex most or all of the time; only one turned out to be maintaining a consistently safe practice (though with some difficulty). It is important to stress, then, that this sample of men is not indicative of gay and bisexual men in general, nor of HIV-positive men, the majority of whom continue to practise *protected sex* most or all of the time (Myers et al. 2004; Adam et al. 2008).

Men came from a variety of backgrounds as defined by age, education, income, and ethno-cultural origins. Most were HIV-positive (N=24); 10 were HIV-negative. The ages of study participants ranged from 22 to 60, with most being in their 40s (N=12) or 30s (N=11). Educational levels ranged from less than high school to postgraduate and professional degrees; most (N=20) had 1-4 years of post-secondary education. Income levels ranged from less than CA\$10,000 per year to more than CA\$100,000 per year. The largest income category of \$10,000 to \$20,000 per year consisted of: seven unemployed, five on disability or other pension, four students, and three retired. The median income of this group, then, was lower than the median income category of the Pride survey of \$40,000 to \$49,999 per year (Adam et al. 2008).

Study participants indicated their ethno-cultural background to be: 13 British, nine Canadian, five French, 11 other European, three Aboriginal, three African or Caribbean, and four Asian, Middle Eastern, or Latin American. More than one ethnic category could be selected by a participant.

The study proposal was reviewed in accord with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans of Canada. Study participants who wished to be informed of the results of the study, and left contact information, were subsequently notified

once they were posted to the website of the AIDS Committee of Toronto.

An advisory committee consisting of representatives of community groups of LGBT youth, south Asians, Caribbean people, bisexuals, older men, transmen, as well as representatives from local bathhouses and websites, met throughout the research process to discuss the development of the questionnaire, recruitment of participants, interpretation of results, and recommendations for the application of results in the HIV prevention work of local AIDS service organizations.

Semi-structured interviews explored recent sexual interactions, scene and circuit preferences, condom use, strategic positioning, drug use including use of erection-enhancing medication, and about how encounters and views had changed over the last decade. An honorarium of \$30 was provided to each participant. Interviews were transcribed, then examined for interactive processes and circumstances involved with instances of unprotected sex. Using constant comparative analysis, common themes were identified using NVivo7 to display the range of assumptions and interactive pathways associated with UAI. This paper relies on interview excerpts to exemplify the range of assumptions and narrative themes in the speech of study participants.

Results

The themes that emerged from this analysis differ somewhat according to the respondents' self-reported sero-status. Men who reported their sero-status as negative expressed a set of strategies that shows awareness and concern about HIV transmission despite conduct that frequently places them at risk. A few relied on taking the insertive role (topping) in sex to minimize risk and others attempted to sero-sort (that is select partners by HIV status) as best they can. Several mentioned erectile difficulties as part of recent sexual interactions.

Complicating all of this is the role of sometimes extensive, poly-drug use, including the use of

crystal meth, on the part of several men.

Strategic positioning (Van de Ven et al. 2002) is a strategy employed by a respondent who also mentions erectile difficulties elsewhere in the interview.

The guy that I was seeing before, he was actually positive, HIV-positive, and I knew that, and I didn't have a problem with that, and we had anal sex although he was always the receiver, because that's what he liked, and then again I knew there was a risk as being, you know, the giver, of getting HIV. We also knew that if he wanted to top me – I told him that – that he would have to wear a condom. [017, HIV-]

The attempt to sero-sort before having UAI was evident in several narratives.

The only times that I've had it, is with people that I've discussed their status with and that I know somewhat. [019, HIV-]

Another agreed that

Before anything with sex comes into the picture, I always make sure that I ask the person if they're negative or positive or what they have. That discussion always happens before anything sexual with the person happens. [024, HIV-]

Apart from the question of whether both partners reliably know their sero-status in these situations, and their willingness to give a forthright answer, sero-sorting men find that some prospective partners take offence to being asked. One respondent developed somewhat indirect means of asking sero-status after perceiving that HIV-positive men reacted with hostility to the direct question, likely out of apprehension of being rejected. Another found that some sero-positive men rejected him as a sexual partner, once he had raised the topic, though he was willing to have protected sex with them.

Intent and practice

Certainly the intention of the sero-positive men interviewed for this study was to avoid HIV transmission. As one remarked,

There's a line that I don't cross and again, the idea of altering someone's life irrevocably, I don't want to be responsible for that, you know. I don't want to put

anyone through what I went through when I found out I was positive. [003, HIV+]

Referring to a developing sexual situation, another stated,

I stop it then, because these people are ignorant about the actual impact on their life. If any of them were to have to pay the price for that I feel I've had to pay, I wouldn't want to put that on someone that just can't really understand it until...it's too late. [004, HIV+]

Speaking a little later in the interview, on an instance of unprotected sex, this same informant continued,

he was in there for maybe 10 seconds or so because I actually pushed him back, because he didn't know what he was getting himself into....I kind of just think, 'You know what? I know better than you do in terms of, you know, you don't want this.' I don't want to be a contributor to – I was going to say the downfall of their life – but I don't want to be the person that could impact their life in such a way that they couldn't see. [004, HIV+]

The same theme was widespread among the HIV-positive informants. Several refer to 'guilt', 'conscience', and 'taking advantage' in describing the prospect of potentially infecting a partner.

I really feel guilty about fucking somebody who I don't know and in a lot of cases, you know, if I don't know they're positive, I can't fuck them, right? I'm just like, oh I can't do it. [009, HIV+]

And again,

I don't want that to be on my conscious – oh, I infected that person. [008, HIV+]

There are limit situations that bound the arena of unprotected sex, for example, when a partner might not be fully aware of what he is doing.

If it's drugs that are causing that feeling of not caring, then for me to fuck them without a condom would be taking advantage of that and I think that's where I have to draw the line for myself....I don't see how I can feel good about myself, you know, doing that kind of thing. [018, HIV+]

Several study participants were quite adamant in insisting that HIV transmission be avoided and expressed a sense of responsibility for partners who may not appreciate the consequences of their actions.

With a negative guy, I certainly would not want at all to infect a guy. I mean even

if he absolutely begged me and I was half sloshed, I would still feel wrong about it. [033, HIV+]

Well everybody should use a condom, you know, and if he doesn't want to, well I'm sorry, you're not touching me, buddy, you know, unless I've known you....I think everybody should be responsible, you know, for...not only themselves but for somebody else. [012, HIV+]

Still, despite the intent to prevent HIV transmission, actual sexual encounters can involve a series of miscues that lead to unprotected sex between partners of unknown or different sero-statuses.

Disclosure, direct and circuitous

Despite a widespread assumption among many HIV-negative men that HIV-positive men will disclose, disclosure of HIV-positive status is not often easy in daily life. Some men have successfully adopted a personal policy to disclose:

I just prefer to tell everyone just for the fact, for the way I got it, because I just find it was really cold and mean for what he [ex-partner] did to me and I wouldn't want to give this disease to anybody else that way. [021, HIV+]

Disclosure may draw on discourses of personal ethics. Some refer explicitly to legal constructions of sexual situations as an implicit contract involving informed consent.

If we're going to be having sex then I tell them and it's legal. I have to disclose my status. [030, HIV+]

After I disclose, then that gives them informed consent, then they know what's up-front and it's their choice about what they want to do with regards to protecting themselves. [027, HIV+]

A recurring theme among study participants was the search for a personal strategy that adequately acquitted them of the responsibility for HIV prevention.

Not very often do they say, 'Shall I use a condom?' They either will or they won't and as soon as I realize that there's a possibility they won't....I disclose and then if they want unprotected or unsafe sex...look I've done my bit. You know, if you want to take the chance, don't blame me. [016, HIV+]

But many felt recurring anxiety about introducing a topic that could potentially derail a pleasurable experience or risk outright hostility.

I would say 90% of the time, it's that travel time between going from the bar to home, that's where the conversation comes up because that's when my brain starts going 'Oh God, oh God, you've got to tell them, you've got to tell them'.
[022, HIV+]

While HIV-negative men have little to say about disclosure, as they have the luxury of experiencing it as no problem, HIV-positive men often talk at length about disclosure dilemmas and strategies. For many, disclosure is a process of testing the waters or dropping hints. As Michael Stirratt (2005:114) concludes from interviews with HIV-positive men, they

conveyed their serostatus to their partners by mentioning or exhibiting various embodiments of their serostatus: that they received disability payments, worked in HIV/AIDS services, lived in an HIV/AIDS residence, or had visible HIV/AIDS symptoms.

Similar strategies are employed by men living with HIV in Toronto (Adam 2005) and Ohio (Serovich et al. 2005). The following informant, for example, figured his presence outside an AIDS service organization provided fair warning to a prospective partner.

We've never actually discussed it, but you know what I mean? I'm like, well he's seen me here on more than one occasion, you know, when he's walking by or whatever and he's probably not thinking I'm just hanging out here for the fun of it.
I: When you say here, you mean PWA [People With AIDS Foundation]?
Yeah.... You know, like I'll sometimes be outside having a cigarette in the front.
[004, HIV+]

Another provided several instances of tacit communication built on the cultural capital circulating among positive men. He remarks of a man he recently met in a bar that he went

to his place to get a joint. He came back and he goes, 'Oh yeah, I've got to keep this sticker because I get my money back at the end of the month....' So he didn't have to tell me. [010, HIV+]

In this instance, the narrator recognizes that his new acquaintance is a participant in the medical marijuana program available to people with HIV through the Canadian health care

system. This same narrator presumes that overt disclosure is unnecessary because people he meets 'automatically assume...that I'm positive' because 'I'm thin,' and detailed another instance when a prospective partner essentially did not have to make an explicit declaration.

He didn't have to tell me because his medication is sitting right on the coffee table. I just looked and I thought, oh yeah, like he didn't need to tell me. He was going to. He said he was really attracted to me and he's like 'I've got to tell you,' and I'm like, 'I know.' [010, HIV+]

Out of these kinds of experiences may come the sense that there is a bank of unspoken knowledge circulating among gay men in the immediate environment that diminishes the need for formal disclosure.

Internet communication

Men who meet over the internet detail a complex signalling process around sero-status. Some check off that they are 'HIV-positive' on their internet profile and believe that they have disclosed once and for all, thereby avoiding any further necessity of raising the topic when meeting new partners. A few mention having partners turn up at their door who apparently contacted them after looking at their picture but without reading the profile listing their sero-status.

When it's in my profile, a lot of guys don't read it and they ask me to be fucking them bare and it'll come up in conversation at some point and they'll be like, 'Oh, I didn't know you were positive.' [022, HIV+]

Others are reluctant to advertise their sero-status and indicate that leaving the sero-status box blank on an internet profile effectively means that they have disclosed being sero-positive.

I don't see any reason why someone that's negative would ever do anything other than check 'negative'. For me on that ad in particular, I prefer not to say, meaning I prefer not to when my face is there...I've always assumed that someone who was negative would see that, like they would kind of figure it out. [004, HIV+]

Still others check a box for 'safe sex only' as a proxy for disclosing positive status, and as a

warning to HIV-negative partners that they ought to consider self-protective measures, then believing they have disclosed sufficiently, intend *not* to have sex with a condom when a partner arrives. In the following instance, the narrator theorizes that 'safe sex only' is intended to camouflage seropositivity.

In a lot of profiles online they'll say, 'safe sex only,' but they don't put their status.... A lot of those people are actually saying they're not going to have unsafe sex with someone else...but if you ask them and disclose that you're positive, suddenly they're having unsafe with you. [025, HIV+]

Many find themselves in a double bind, pressed by (media coverage of) criminal prosecutions of non-disclosure and social expectations to disclose, but wary of a world where disclosure of a positive status risks rejection, depreciation, or hostility. The result on websites is a complex skein of coding and de-coding. The following HIV-negative informant found,

On some of the sites, they'll say you know, 'practice safe sex,' and you know almost everybody says, 'yes,' and I had sex with, you know, a number of guys 'bareback sex' and I go back to their profile and you know the next day it's like, 'safe sex,' you know, they said, 'yes.' [017, HIV-]

In a previous set of interviews with men with varying degrees of unsafe practice, some HIV-negative men remarked with puzzlement and dismay about going to the apartment of a prospective sex partner who indicated that he has 'safe sex only' then finding that the partner was in fact resistant to using a condom, an encounter described by the negative men in terms of deception and betrayal (Adam 2005).

The following respondent related an instance when he, and his on-line interlocutor, both presented themselves as not positive in their profiles, yet found out that both were, in fact, positive.

I don't want to broadcast it. I click the 'no' answer section -- right? -- on those [sero-status] questions and I think a lot of guys do, and then I remember I was having a discussion actually just the other day with this guy in the States and he had an 'unknown' or a 'no' answer section and I just kind of asked him, you know, 'Are you positive?' and he said he actually didn't know and then two minutes later I came out about my status and then he said, 'Well actually I am.'

[005, HIV+]

Situational rules

In a number of instances, disclosure seemed to be too high a hurdle to traverse and several men expressed the view that it is, in any case, unnecessary because of the situational norms governing certain environments.

That makes the bathhouse, to be honest, a lot easier. Because of the lack of communication in general, you don't have to disclose all the time your status.... There's a certain level of assumption that exists in the community that if you're going to be in a place like a bathhouse, you should assume that most of the people, if not all, are HIV-positive, right? [006, HIV+]

Though none of the HIV-negative men mentioned this presumption, several of the HIV-positive men who have unprotected sex most or all of the time reiterated the view that

When you're there [bathhouse], it's like you're in another world. It's dark. There's no windows. You kind of forget reality....If they start to fuck you without [a condom], you probably figure, well, unless he's an idiot, he's probably positive himself. [033, HIV+]

The baths may be constructed as a site where insiders' rules apply.

I would feel it less necessary to use a condom at a bathhouse because -- it's a sleazier environment. [005, HIV+]

There was widespread concurrence with this view among the HIV-positive men in this sample.

Disclosure wasn't as much an issue because everybody is kind of there having sex and some people disclose and some don't, but there's not as much pressure to sort of have to deal with it. [003, HIV+]

The cultural reservoir of tacit norms developed in this micro-culture of men provided for a reading of situations in which condom use will and will not occur.

Say if I'm in a bath and I'm walking through the hallways, I'm not carrying a supplies of condoms with me. So if I walk into somebody's room and there's no condoms there, it's more than likely that we'll have sex without a condom. [011, HIV+]

Being an adult 'in the know' presumptively provided sufficient warrant to proceed without condoms.

If I'm in a bathhouse because I figure you're an adult, you're in a space with sex. If you want me to use a condom, pass me a condom. If you ask me to fuck you bare, you're an adult and you know the risk and I'm assuming that if you're letting me fuck you bare in a bathhouse, a) I'm not your first one, and b) you know the risk. [022, HIV+]

Still, assessing the universality of provisional and tacit knowledge was scarcely a straightforward endeavour. At least one study participant articulated the uncertainty around what everybody does or does not know.

Say if I'm fucking someone right you know, I'm bound to fuck someone at the baths or somewhere. Like maybe they grab my cock and start doing the same as I did, manipulating the situation, and start ramming it in their ass you know....How do I know what they know? I don't know, do I?.They don't know I have HIV. I don't know. It's all just so disturbing. [009 HIV+]

The idea of treating every prospective partner as if he were positive is already part of the HIV prevention discourse promoted by AIDS service organizations. Originally conceived as a method of encouraging HIV-negative people to practise safe sex, this notion reappears with some frequency in the narratives of those presuming unprotected sex as a default mode of conduct.

The view that certain environments, then, are places where sophistication concerning risk is combined with acceptance and awareness of poz culture (that is, a sense of commonality and some shared understandings that come from living positive in western societies), was endorsed by most of the men in this sample.

A lot of guys in the bathhouse I figure are HIV-positive whether you can tell or not....Maybe they're in the same situation but they're not going to say anything unless I ask them. [034, HIV+]

Research done in the USA suggests that HIV-positive men are over-represented in quick-sex settings precisely because disclosure can be avoided (Parsons and Halkitis 2002; Larkins et al.

2005; Vicioso et al. 2005) and that in settings governed by a non-verbal expectations, disclosure of sero-status is, not surprisingly, unusual (Reback et al. 2004; Sheon and Crosby 2004; Hart et al. 2005; Stirratt 2005). The sense of a worry-free zone occurs again in this narrative.

I found it [sex party] quite fairly liberating that...I could put my responsibility on hold, put my brain on hold and not have to worry about, you know, things like disclosure and worrying about, you know, bug chasers and what not. It was kind of like taking responsibility off myself to protect myself and other people, particularly other people, and enjoying an atmosphere where basically it's every man for himself. That's the kind of bottom line. [003, HIV+]

Presuming assent

Once this set of presumptions is in place, that everyone in a particular setting “knows the score” regarding HIV risk management, silence can be read as assent. Referring to the presumed rules of conduct at the baths, the following two respondents remark,

I'm assuming that and maybe it's wrong....you know -- like within 30 seconds, if there's no condoms being pulled out, if there's no one mentioning it that, you know, it's more than likely, all right then, you can do it this way. There's almost like this unspoken rule that you don't really really need to use condoms as much, right? [005, HIV+]

An unspoken dialogue of gestures constructs the parameters of the condom-less interaction.

When he pulled like the lube out, he put a couple of condoms on the table. So... I was given the choice....However, we never actually discussed condoms and as the sexual encounter progressed, we just kind of took it at the silence of not saying anything about it and that it'd be okay and or it was going to happen. [004, HIV+]

Several positive men described a nonverbal interaction where lack of resistance or failure to introduce a condom is equated with informed consent, a variant perhaps of the larger sexual dynamic where a partner's cooperation is interpreted as consent to sex itself.

Sometimes during the sex act, I'll like rub my cock up against a butt and, you know, to see what their reaction is kind of thing, and kind of feel around for that and same with me. [006, HIV+]

If they like to do it without a condom, it's their risk, not yours. That's the theory you're using in your head at that time....Well you start doing it, if they don't stop, then you keep going. [014, HIV+]

When I'm about to go in and I'm looking at your eyes and you're telling me to fuck you and, you know, I don't have a condom on, that to me is consent. So I've asked the question without asking the question, do you know what I mean? [022, HIV+]

An uninterrupted unfolding of sexual contact without a condom thereby comes to be constructed as an instance of sero-sorting.

In my head, I always want to believe that they're all HIV-positive because it takes the pressure off me but I'm sure some of them are HIV negative and they haven't said anything, you know....I justify it by like saying to myself, well they never asked me so I never said anything. You know I guess I'm always trying to look for an escape kind of route, right? [034, HIV+]

This is an interactive logic that parallels the logic of the HIV-negative men (in the previous section) who take the insertive role.

I try and pay attention to if he seems to be uncomfortable or if he seems to be okay with it, you know--do the kind of teasing the anus with my cock a little bit to see his reaction. [029, HIV-]

Both in these interviews, and past interviews with high risk men (Adam 2005), there are moments when silence is ruptured and assumptions come to light that prove to have been misconstrued.

My dick's at his hole, he knows I'm not wearing a condom, he's telling me to fuck him. So he obviously -- this is a person who knows the score, and after it was over, he's like, 'So you're clean, right?' I'm like, 'You're asking me this now after I've just come up your ass?' He's like, 'Yeah, you're clean though, right?' I'm like, 'No, I'm not. Like at what point -- why would you ask me that after I come up your ass? That's kind of retarded.' [022, HIV+]

Again the 'idiot'/'retarded' label comes up to reassert the premise, 'it's their risk, not yours,' and to reaffirm 'what everybody knows' at least in the circles in which the respondent is used to moving. These epithets occur in situations where the actor perceives that his partner lacks the cultural capital that he presumes every gay man ought to have.

Conclusion: Silence and assent

The rhetoric employed by many of the men having unprotected sex most or all of the time in this sample draws on a particular mix of individualism, personal responsibility, consenting adults, and contractual interaction, that presumes that men who do not take the initiative in safe sex 'must be' rational calculators of risk (Adam 2005; Van Kesteren et al. 2005; Wolitski and Bailey 2005:). Cathy Reback (2004:94) and associates typify the views of the men they interviewed as follows:

Participants tacitly signed onto the social contract that states the primary responsibility to disclose HIV status is placed on the sexual partner. Many claimed to operate from the assumption that people are responsible for their own bodies, and that feelings of responsibility toward another are not obligatory. The participants referred to an "unspoken rule" that men in public sex environments who did not initiate a discussion on disclosure were either HIV-infected or did not care about their health.

Indeed many HIV-positive men may read the willingness of their partners to engage in unprotected sex as itself evidence that partners are already HIV-positive (Semple et al. 2000; Rhodes and Cusick 2002; Richters et al. 2003; Gorbach et al. 2004; Smith et al. 2004; Adam 2005; Larkins et al. 2005; O'Leary 2005; Stirratt 2005). HIV-negative men, on the other hand, generally do not make this assumption, or may assume the opposite—that partners willing to engage in unprotected sex 'must be' negative (Körner et al. 2003; Van de Ven et al. 2005). The normative silence that governs quick-sex environments in particular (Reback, Larkins and Shoptaw 2004; Sheon and Crosby 2004.; Hart et al. 2005; Stirratt 2005), and that some have speculated is part of masculine approaches to sexuality in general (Sheon & Crosby 2004), receives additional reinforcement from HIV-positive men who experience anxiety concerning disclosure and from HIV-negative men who perceive questions about sero-status to be unwelcome. Exposure of inconsistent readings of sero-status and assent between partners,

then, may occur only in exceptional circumstances.

The Pride survey, which was a backdrop to this study, provides other evidence relating to some of these constructions of the situation: 28.3% of Pride survey had been to the baths in last month (Adam et al. 2008). Of them, 74.2% stated they were HIV-negative, 19.0% HIV-positive, and 6.7% do not know or are untested. In other words, HIV-positive men report attending the baths at a higher rate (OR=1.94, $p=0.001$), but nevertheless still account for fewer than 1 in 5 of patrons, suggesting that tacit understandings of the bathhouse environment shared among men in this sample may not necessarily be shared by bathhouse patrons as a whole. Some of the presumptions carried by particular circuits and micro-cultures may be age-related, as well, as the Pride survey showed that men under 25 are significantly more likely to believe that willingness to have unprotected sex indicates negative serostatus (OR=1.76, $p\leq 0.034$) while men over 35 believe it indicates sero-positivity (OR=2.12, $p\leq 0.000$) (Adam et al. 2008).

These narratives also open the question of how sero-sorting is accomplished in everyday practice. While the advent of the internet and web-based cruising may indeed facilitate sero-sorting as an HIV prevention technique (Davis et al. 2006), many of the dilemmas and double binds associated with disclosure in face-to-face social interaction also find their way into internet interactions. Though the men in this sample show no evidence of intent to transmit HIV, and typically categorize their own practice as consistent with prevention discourse, the interaction of distinct micro-cultures with divergent assumptions may create situations of heightened risk.

The men having unprotected sex most or all of the time who were interviewed for this study, then, typically participated in a *circuit* with some degree of shared culture that they presumed to be common among those they considered as prospective sex partners. Far from seeing themselves as rebels or deviants, these men typically conceived of themselves as

responsible risk-takers consistent with the messages of HIV prevention and with the tacit ethical rules circulating in neoliberal societies today. Nevertheless this construction of the situation did not take into account the understandings of men in other circuits in the gay scene, or of men whose unsafe practice was less a question of careful risk assessment than of resolving condom and erectile difficulties, momentary lapses and trade offs, personal turmoil and depression, or a byproduct of strategies of disclosure and intuiting safety.

The question that remains is how those moving through different circuits of gay communities might better understand the divergent micro-cultures that operate according to inconsistent constructions of the situation, and thereby better appreciate when they are putting themselves or others at greater risk. The prevalence of tacit miscommunication and faulty assumptions, and of differences in the reasoning processes and decision-making of HIV-positive and HIV-negative men raise questions concerning how best to craft HIV prevention messages tailored for specific micro-cultures. An essential element in HIV prevention is the ability to connect effectively with the discourses deployed by people in making sense of their own actions. In this instance, the shared assumptions—in short, cultural capital—of those who take unprotected sex as a default course of action need to be engaged.

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