

From Scene to Screen: The challenges and opportunities of commercial digital platforms for HIV community outreach

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Abstract:	<p>E-Health initiatives typically rely on the development of bespoke digital platforms and one resulting drawback is that those who are deemed most 'at risk' (of type II diabetes, obesity, STIs, mental health issues) struggle to engage with such interventions. Potential users either do not know about, or want to (to be seen to) engage with it. Such 'failure' to engage has long been recognised by HIV community outreach programmes. Aware of the stigma associated with visiting an STI clinic, outreach programmes have relied on peer educators visiting the spaces that men use to source sex. These sites are both commercial (saunas, bars, clubs) and non-commercial (parks, laybys, public bathrooms).</p> <p>This article reports on the development of a digital initiative pioneered by the UK's Terrence Higgins Trust. NetReach harnesses the charity's expertise in community outreach to develop short-term interventions on digital services used by men in their daily lives. The majority of these services are commercial and include 'social media' apps and conventional websites.</p> <p>Chiefly, this article explores the opportunities and challenges HIV awareness peer educators face when trying to establish intervention services on commercial social media platforms and within subcultures that adopt an ambivalent attitude towards discourses of sexual health promotion. The discussion highlights the potential that commercial platforms offer to peer educators in terms of reaching local cohorts of men, together with the constraints placed upon this form of outreach as a result of the commercial imperatives that underpin these digital services.</p>



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4 **From Scene to Screen: The challenges and opportunities that digital platforms**
5 **pose for HIV prevention work with MSM.**
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10 **ABSTRACT**

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14 This article draws upon data from *Reaching Out Online*, a collaborative research
15 project that explored the need for, and development of, a digital health outreach
16 service for gay, bisexual and MSM men in London and Brighton, UK. It identifies
17 the challenges that commercial hook-up apps and other digitally-based dating
18 and sex services pose for conventional forms of gay men's health promotion. It
19 then moves to explore the opportunities that these same services offer for health
20 promotion teams. Chiefly, the discussion highlights the potential that commercial
21 platforms offer to peer educators in terms of reaching local cohorts of men, together
22 with the constraints placed upon this form of outreach as a result of the commercial
23 imperatives that underpin these digital services.
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Introduction

It would be an overstatement to say that hook-up apps have been solely responsible for recent shifts gay male sexual cultures. The increasing use of drugs during group sex parties (aka 'chemsex'), for example, has as much to do with this culture's long relationship with narcotics, and the ease of access to such drugs, as it does with the popularity of hook-up apps. Likewise, the popularity of contemporary social networking apps designed for gay and bisexual men should not obscure the much longer history of media use by this community. The back pages of gay magazines from the 1970s and 1980s, for instance, reveal a thriving trade in contact advertisements (Thorne & Coupland, 1998) that included the solicitation of casual sexual partners and more long-term relationships (Hatala & Prehodka, 1996).

At the same time, smartphone applications and mobile-optimised versions of more established dating and sex websites have had an impact on the sexual cultures of MSM¹. This enfolding of new digital platforms becomes intelligible when we recognise that a history of invisibility, prejudice, violence and shame has ensured such cultures remain 'flexible, transient and in some sense always virtual' (Mowlabocus, 2010: 11). This is in order to function within contexts of 'compulsory heterosexuality' (Rich, 1981). Given such contexts, it is not difficult to see how and why gay, bisexual and MSM were well positioned to incorporate digital technologies into their practices of sex sourcing relatively early on in the history of domestic Internet access.

Numerous scholars (McLelland, 2000; Campbell, 2004; Davis et al, 2006; Dean, 2009; Mowlabocus, 2010; Race, 2010, McGlotten, 2013) have identified the impact that digital and social media have played in lives of gay, bisexual and

¹ The term MSM – standing for men who have sex with men – is an umbrella term adopted by health promotion agencies in the late 1990s as a means of circumventing complex issues of (non)identification. The term MSM refers to all men who have sex with men, irrespective of their stated sexual identity. We utilize this term in this article in order to point towards homosexual behaviours while also acknowledging that users of gay hook-up apps may not identify as gay or bisexual.

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3 MSM men. Alongside research that celebrates the liberating potential of these
4 platforms, hook-up apps and website have also been the target of regular
5 criticism and condemnation. For instance, Dean (2009) argues that such
6 platforms destroy public sexual cultures, and that practices of digital searching
7 means we filter out difference and diversity, leading to the loss of a civic or
8 public sexual culture. Arguing along the same lines, Rosser et al. (2008) have
9 suggested that new forms of sexual/social media been detrimental to the sense
10 of a physically located 'gay community'.
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18 Alongside this mourning for 'the good old days' of public sexual cutlures, there is
19 an ongoing concern that hook-up apps play a role in the transmission of HIV and
20 other sexually transmitted infections. It would seem that barely a month goes by
21 without a journalist suggesting that apps such as *Grindr* or *Tinder* are facilitating
22 fast and easy sex, and that this is leading to a spike in transmission rates. These
23 stories commonly reference studies such as Berry et al. (2008) and Rosser et al.
24 (2009) who identify a link between aspects of digital cruising (such as the speed,
25 efficiency and access to sexual partner) and poor health outcomes.
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34 While not disputing the research that underpins such scholarship, it is often the
35 case that such findings are prepared in a cultural vacuum, which filters out the
36 panoply of other factors that must be taken into account before pinning the
37 blame on a sole cause². At the same time it is all too easy to dismiss such
38 concerns as moralistic and conservative. The homonormative (Duggan, 2002)
39 framing that pervades such journalism often draws upon reservoirs of
40 homophobic stereotypes that align gay male sexuality with disease and death
41 (see Triechler, 1987, Cadwell 1991).
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49 Yet the fact remains that hook-up apps and mobile sites are a key route for
50 sourcing new sexual partners today. This fact alone means that those charged
51 with supporting the health and wellbeing of MSM have to respond to this
52 changing landscape. If, as will be discussed below, HIV and STI prevention work
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57 ² Such factors are numerous and range from internalised homophobia and poor mental health
58 through to the pleasures of risk-taking through to poor knowledge of STI transmission routes.
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3 is based on a model of informing publics in the spaces where they interact, then
4 hook-up apps and websites must surely be targeted as a site for disseminating
5 information and offering support – *whether diseases are being transmitted or not*.
6 Exactly what form that support and dissemination work takes is a key question;
7 how should sexual health agencies respond to digital cultures of sexuality? What
8 opportunities lie within these spaces? And what are the obstacles that such
9 responses face?
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16 In this article we report on part of the *Reaching Out Online* (ROO) study³, which
17 explored how and why hook-up apps and websites can become useful spaces for
18 peer-led sexual health promotion. One of the strengths of this project was that it
19 did not seek to develop new digital spaces for outreach (such as a bespoke
20 website or app) but instead harnessed existing digital and social media services
21 in order to work more effectively within a community of existing digital users.
22 We begin our discussion by briefly mapping the terrain of community outreach
23 work, identifying the role that such work has played in reducing the incidence of
24 HIV and STI transmission in the UK. We then outline the development of an
25 innovative outreach scheme designed for, and implemented across, a range of
26 pre-existing commercial hook-up sites and applications. Drawing on
27 ethnographic research and focus group interviews conducted with digital
28 outreach workers, we document the potential that such a service has for
29 supporting MSM in relation to their sexual health before considering what the
30 challenges are to fully realising that potential.
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44 Throughout this article our geographical point of reference is London and the
45 South East, in the United Kingdom. Just as hook-up cultures differ across national
46 contexts, so the epidemiological narratives of sexually transmitted infections
47 shift according to geographical boundaries (see Gould, 1993 for discussion). It is
48 for this reason that we draw attention to the specificity of this study. Hopefully
49 our broad findings remain relevant as they move across geographical border.
50 Finally, and in response to some of the moralising journalism identified above,
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57 ³ ROO, an EPSRC funded project in partnership with Terence Higgins Trust (THT), set out to critically
58 engage with, and capture the experiences of THT digital community outreach workers.
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3 this article does not position hook-up apps and sex sites as harbingers of disease.
4 Instead, and in the tradition of the very best practices of community health, the
5 authors of this article recognise that, as the sex sourcing practices of MSM
6 change and evolve, so the health services that they may (or may not) rely on also
7 need to develop in order that they continue to provide relevant and contextually
8 appropriate services.
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13 14 15 **What exactly is community outreach?** 16

17 The Terrence Higgins Trust (THT) is the oldest charity dedicated to HIV promotion
18 and transmission/harm reduction in the UK. Named after one of the first people to die
19 of AIDS in the UK, THT was formed in 1982 and has, from the very beginning,
20 placed a strong emphasis on community outreach work. Five years before the British
21 government began directly investing in HIV awareness campaigns, THT sought to
22 inform and educate the gay community about the virus. While the charity has since
23 gone on to work with a broad range of populations, it has its roots in the gay
24 community and from the outset THT has worked *within* that community, often in the
25 same spaces that men meet to drink, socialise, hook-up, party, cruise and have sex.
26 This form of localised intervention continues to be a key weapon in the charity's fight
27 against HIV and HIV stigma and contemporary outreach activities include 'bar
28 blitzes'⁴, on-site screening at gay venues and events, rapid HIV tests in saunas, and
29 'drop-in' services at local cruising grounds.
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55 The UK's National Health Service defines community outreach as 'activity
56 undertaken in order to contact individuals or groups from particular target
57 populations, who are not effectively contacted or reached by existing services or
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⁴ Bar blitzes involve a team of outreach workers visiting several gay bars and clubs in one evening, giving out free packets of condoms and lube, distributing information on clinic-based services and chatting with patrons about sexual health – as well as other 'social' topics.

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3 through traditional health channels' (NHS, 2011). These activities often seek to
4 connect 'hard to reach', 'disengaged' or 'invisible' populations with relevant health
5 information and resources with the aim of increasing the health and wellbeing of
6 specific, often marginalised, sub-populations. Consequently, this form of health
7 promotion is deeply invested in understandings of the spaces that disenfranchised
8 communities occupy and typically involves taking health promotion out of clinical
9 settings and into the social, intimate and even private spaces of groups and individuals
10 in order to meet them on their 'turf' (see Rhodes, 1994; Barry and Britt, 2002; Needle
11 et al., 2005; Mills and Curtis, 2008).

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25 As numerous studies have shown (Faugier et al., 1997; Herek, 1998; Chan et al.,
26 2008; Altman et al., 2012) a fear of discrimination and of being judged can serve to
27 frame the clinic (and clinicians) as a site of stigma and alienation for marginalised
28 communities, especially when their behaviours and lifestyles do not align with
29 (hetero)normative understandings of sexuality or sexual practice (see Rose, 1994;
30 McCann, 1999; Emlet, 2006). By contrast, the types of 'informal' education and
31 knowledge transfer (as well as practical resources) that characterise a typical outreach
32 activity have been central to the success of HIV prevention, particularly in the West
33 (Latkin, 1998; Barry and Britt, 2002; Needle et al., 2005; Mills and Curtis, 2008).

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47 THT's current outreach activities target the diverse groups and sub-groups of men
48 that congregate under the umbrella term 'MSM'. These include those across a range
49 of self-identifying and 'non-identifying' sexual identities. These include gay men in
50 monogamous or open relationships; those who access 'metropolitan' (Sinfield, 1999)
51 gay culture including commercial bars and clubs; 'party boys' who spend the
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3 weekend moving between clubs, parties and saunas; non-defining or heterosexually
4 identifying men who rely on ‘illegitimate’ public sites (toilets, lay-bys, parks,
5 recreation grounds) to source sex and those who are disenfranchised from commercial
6 gay culture by virtue of their location, their (dis)ability, their financial situation or
7 their mental health.
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16 In each instance, project workers plan, implement and evaluate every outreach
17 activity according to the identified needs of the target group. If THT is looking to
18 support homeless gay men and provide them with testing facilities and condoms, then
19 they know that such a service must be sited in a public space that these men feel
20 comfortable accessing, and that this service will have more success if it also offers hot
21 drinks and snacks. If THT is looking to engage with young men at a student club
22 night then the intervention strategy needs to be in keeping with the spirit of that club
23 night – whether that involves health workers dressing up in fancy dress or giving out
24 ‘freebies’ such as lip salves or candy. Whatever the case, the key to a successful
25 intervention is best summed up in the words of an experienced health worker who
26 stated that it was ‘having the most impact on a particular group or community but
27 with the least amount of disruption’.
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45 ***NetReach: Community Health Promotion Goes Online.***

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47 THT recognised that MSM were sourcing sex online, relatively early on. By 2005, the
48 charity was already experimenting with using digital platforms for outreach activities.
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50 This early work was characterised as quite ‘maverick’ by one health worker, who
51 suggested that it was a game of ‘cat and mouse’. By using profiles to advertise sexual
52 health support services, health workers were seen to be contravening *Gaydar*’s
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3 conditions of use regarding the provision of goods and services. As the *NetReach*
4 profiles got taken down, workers set up new profiles under slightly different
5 usernames and continued working until, once again, the profiles were deleted. This
6 antagonistic relationship was finally resolved in 2010 when THT entered into a
7 formal contract with *Gaydar* to deliver sexual health advice via its chatrooms and
8 messaging services.
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19 Around the same time, the *NetReach* initiative was expanded to reflect the continued
20 growth of MSM digital hook-up culture. Today, the service operates across eleven
21 different social media platforms that cater to gay, bisexual and MSM men. These
22 platforms include websites that offer desktop and mobile access (such as *Gaydar*,
23 *BBRT*, *Recon* and *Squirt*) as well as services (including *Grindr*, *Scruff* and *Hornet*)
24 that utilise popular mobile operating systems such as Apple's iOS and Google's
25 Android OS. *NetReach* is run out of regional offices across the UK and is coordinated
26 from the charity's head office in London. This localised approach has been central to
27 conventional forms of community outreach and as such, *NetReach* seeks to replicate
28 the success of older activities by adhering to the core philosophy of such services,
29 outlined above.
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46 *NetReach* is innovative in that it refuses to build new digital platforms, relying instead
47 on the community outreach ethos of taking resources, support and information into
48 the (digital) spaces that MSM use to meet one another. It is also unique in that it isn't
49 simply an 'online' version of, or a digital replacement for, 'offline' activities. This
50 kind of division (reflecting an outmoded vision of an online/offline binary) refuses to
51 acknowledge mounting empirical evidence (Zook et al., 2004; Manovich, 2006; de
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3 Souza e Silva, 2006; Latour et al., 2010) that shows digital and physical spaces co-
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5 exist, overlap and ‘stack up’ on top of one another in myriad ways.
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10 As with other forms of outreach, *Netreach* activities are tailored to the spaces in
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12 which the outreach worker is operating, and the needs of the target audience.
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14 Interventions might, for instance, take the form of individual discussions, conducted
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16 via a private messenger service on a commercial dating website. This is typical of the
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18 kinds of interactions that take place on *Gaydar*, for instance. In other contexts, such as
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20 *BBRT*, the health promotion work might involve message board discussions around
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22 ‘hot topics’ (such as PEP⁵ and PrEP⁶). And in yet other contexts the intervention
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24 might exploit the geo-locative capabilities of a service such as *Scruff* in order to alert
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26 nearby men when testing services are running in the local area. In all cases, *NetReach*
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28 activities seek to forge a dialogue between outreach workers and the men who are on
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30 these hook-up services in order to foster honest and sex-positive conversations about
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32 sexual health, safer sex, harm reduction and STI testing.
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39 Thus far, *NetReach* has proven to be successful in developing such dialogues and in
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41 providing a space for men to talk frankly about their sexual practices and sexual
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43 anxieties. When interviewed for this research, outreach workers regularly identified
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46 ⁵ PEP stands for *post*-exposure prophylaxis and consists of a course of anti-retroviral medication
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48 which, when taken within 72 hours of exposure to HIV, has been proven highly effective in
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50 preventing sero-conversion. The treatment lasts for three months during which time the user
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52 typically receives support and advice to assist them in developing and maintaining robust harm
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54 reduction strategies.

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56 ⁶ PrEP is the common acronym used for *pre*-exposure prophylaxis. Unlike PEP, PrEP is a drug
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58 regime that can be offered to men to help them to remain HIV negative. This regime is not in
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60 common use in the UK at the time of publication, although the medical research council is
currently involved in a study of the treatment and it is likely that Truvada (the core component of
PrEP) will be made available to HIV negative men. As a harm reduction strategy, PrEP remains
somewhat controversial within both gay male culture and medical circles. Health promotion
agencies are keen to advance the belief that PrEP should be understood as part of a broader
strategy of harm reduction, including the maintenance of condom use. This is not least because
PrEP has no effect on the transmission of other STIs including Hepatitis, Gohnnerra and Syphilis

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3 the speed and depth of disclosure that occurs during *NetReach*, stating that men
4 typically disclose unsafe sexual behaviours far more easily, and far more quickly,
5 when talking to workers via a web interface, than when compared to other forms of
6 outreach:
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11 [What do you think is the biggest advantage of online work?]

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14 *Depth, honesty and the opportunity to really explore some of the*
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17 *issues... to get really into it, straight into it.*
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20 [Ralph - Focus Group 1]
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25 Similarly, *NetReach* was seen a powerful resource for engaging difficult to reach
26 populations, including those who might have hitherto felt marginalised by
27 conventional health promotion discourse. One such example would be the work that
28 THT has undertaken on websites such as *BBRT*, which are dedicated to bareback
29 hook-ups⁷.
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39 *'I genuinely think we are reaching some of those people. Some of the*
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41 *conversations I've had I'm like "right you exactly kind of, why we*
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43 *are doing this". People that have er are taking lots of drugs and erm*
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45 *or erm are caught up in a cycle of behaviour and don't want to keep*
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47 *doing it but find it hard to stop so want to talk to somebody about*
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49 *how to minimise risk and how to...I do think we are reaching some*
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51 *of that group.'*
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53 [Josh – Focus Group 2]
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58 ⁷ Barebacking is the colloquial term for anal sex that intentionally avoids the use of condoms.
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5 *NetReach* has allowed health workers to enter into these digital spaces and undertake
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7 contextually-relevant harm reduction work. This work involves providing health
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9 information that does not privilege condom use, while also signposting resources such
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11 as gay men's health clinics and drug therapies. Together these two strategies help to
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13 reduce anxieties about being judged when visiting clinics and enfranchise men who
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15 might otherwise feel that their sexual practices were incompatible with the services
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17 and advice of a health organisation. As another worker explained, one of the
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19 advantages of undertaking outreach work in spaces dedicated to a particular sexual
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21 practice was that the information given out – and the framing of that information -
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23 could be 'gated':
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29 *'it means we can say "we know you might see THT as being*
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31 *about promoting condoms and we do do that, but we respect the*
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33 *choices that you are making and we want to help you negotiate*
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35 *those choices in ways that take into account other options and*
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37 *opportunities for reducing the risk of STI transmission".'*
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40 [Mike – Focus Group 2]
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45 Thus, while community outreach operates in similar ways in digital and physical
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47 spaces, the specificity of certain digital environments offers opportunities to engage
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49 with niche populations on their own terms, and provide support that acknowledges the
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51 sexual practices and sexual choices of that community. *NetReach* also provides an
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53 opportunity to reach out to men who might be heavily involved in particular sexual
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3 cultures, but who might fall ‘under the radar’ of traditional outreach. One such
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5 example was given during a focus group interview:
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10 *It's interesting, thinking about Grindr, there's big sex parties*
11 *going on and stuff and those aren't the people that would see*
12 *THT out on the scene or be out on the scene. Grindr is probably*
13 *one of the few kinds of places where we are visible to these men*
14 *cos they'll be using Grindr to find other guys to come round to*
15 *their private parties.'*
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23 [Mike - Focus group 2]
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28 When journalists write about the ‘risks’ of hook-up apps, it is these kinds of parties
29 that they are alluding to. Chillout parties, chemsex parties and other forms of social-
30 sexual gatherings have become a mainstay of urban gay culture in the UK. Hook-up
31 apps are central to the organisation of these casual events and play a role in keeping
32 them going. One research participant commented on the heavy use of apps and the
33 constant messaging that occurred during these parties suggesting that it was through
34 apps that men learned about parties, were invited to different parties and hooked up.
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36 This echoes Jensen’s statement that ‘social media are distinguished by their potential
37 for many-to-many communication, drawing on and feeding into networks of one-to-
38 one and one-to-many communication’ (2015: 1). Although those who are part of the
39 chemsex and/or chillout party scenes may well also access physical commercial gay
40 scene spaces, outreach through apps enables a real-time intervention. Once more, the
41 emphasis is not on curbing sexual activity or counselling men against making ‘wrong
42 decisions’. Instead, THT *Netreach* workers are there to answer questions, offer advice
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3 and support when asked for it, and (as happens regularly) provide information on how
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5 to access (for instance) PEP.
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9 **Navigating Code(s): (Commercial) Challenges to Online Outreach**

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11 Digital outreach is not without its problems or limitations. Many outreach workers in
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13 this study quoted the difficulties of trying to read a client's situation without the help
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15 of visual aids or cues as the biggest drawback. Indeed, communicating digitally in the
16
17 written form also facilitates the creation of records of conversations that could be kept
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19 by users or then rapidly shared online and saved for other users to see, creating an
20
21 added pressure to carefully word responses to questions about sexual health. Despite
22
23 some of these drawbacks, *NetReach* is already proving to be a powerful resource for
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25 HIV community outreach work particularly to access those meeting for sex through
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27 digital networks in 'real-time'. Arguably, however, its potential has yet to be fully
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29 realised. Whether this potential can be reached depends on several factors. In the final
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31 section of this article, we sketch out three key areas of challenge that face *NetReach*
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33 and similar initiatives.
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40 1) Commercial gatekeepers

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42 The first challenge is accessing the commercial environments in which *NetReach*
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44 operates. The sites that THT outreach workers visit are privately owned commercial
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46 platforms. Many of the most popular services that target gay men offer a 'freemium'
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48 model (Pujol, 2010), whereby a basic level of usage is available without cost, with
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50 further content, features and services locked behind a paywall. Commercial
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52 developers dominate gay men's digital culture and in many ways, this echoes the
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54 material situations in which outreach programmes have historically operated. Market
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3 forces continue to influence decisions as to whether a bar, club or commercial PSE⁸
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5 will engage with or support community outreach initiatives, However, while denial of
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7 access is not unheard of⁹, many gay venues are keen to support LGBTQ charities and
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9 causes. Although some have rightly questioned the political power of gay business
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11 owners (see Browne and Bakshi, 2013) it is nevertheless the case that gay health
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13 organisations such as THT have found support from the gay commercial world (see
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15 Sender, 2003 for discussion).
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20 This support has extended to online service providers, with *Gaydar*, *Grindr*, *Manhunt*,
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22 *Scruff* and *Gay.com* all having sponsored gay Pride events in one or more UK
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24 locations. However, while these companies have sought to develop a presence at gay
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26 events, they have been less forthcoming in supporting intervention work *within* the
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28 context of their services. This reticence can, in part, be attributed to the politics of the
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30 platforms on which many such services rely. As Gillespie (2015:1) writes,
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32 ‘[p]latforms matter. [They] don’t just guide, distort, and facilitate social activity—
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34 they also delete some of it. They don’t just link users together; they also suspend
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36 them’. Gillespie’s claim is realised at the point of access into the marketplace for such
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38 applications:
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45 *18.2: Apps that contain user generated content that is frequently*
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47 *pornographic (e.g. "Chat Roulette" Apps) will be rejected*
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49 (Apple App Store Review Guidelines 13/11/14)
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55 ⁸ Public sex environment.

56 ⁹ During the ethnographic research period, one outreach worker reported having being turned
57 away from a new gay bar, having been informed that the management did not believe that its
58 patrons wanted to be ‘bothered’ with the distribution of free condoms.
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5 The conservative ideology that frames the development and availability of
6 applications on the popular iOS platform (for example) is here rendered transparent.
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8 Conversely, it obscures the impact that such framing has on sexual health services.
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10 The fact that *Netreach* is dedicated to discussions of sexual matters, even if they are
11 not intentionally pornographic, renders the outreach service ‘risky’ to many
12 applications running on Android or iOS. This is because software developers who
13 choose to ‘ignore’ the sexual content of public messages put out by health workers,
14 (perhaps because they believe that the work that such a service might offer is a
15 positive contribution to the application), face deletion from the app store, almost
16 certainly spelling the end for that service.
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30 *NetReach* currently manages to operate ‘under the radar’ of these regulations but its
31 situation remains precarious. Such negotiations highlight the methods by which a
32 politics of (hetero)sexual normativity is being imposed upon one of the most popular
33 methods of accessing digital data – the mobile application. While HTML5¹⁰ allows
34 developers to bypass the regulations of the Internet giants, the popularity of
35 applications among consumers and developers, their ease of use and of design, and
36 the market dominance of Apple’s App store, Google’s Android store and Window’s
37 mobile app market, means that HTML5 will likely remain an ‘also ran’ in the
38 consumer software market.
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52 2) Community gatekeepers
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57 ¹⁰ HTML 5 allows for the production of a mobile Internet interface as opposed to a ‘separate’
58 application programme.
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3 In addition to the policing practices of software developers and the platforms on
4 which they build their products, it appears that users of digital and social media also
5 perform a policing role when community outreach workers visit ‘their’ online space:
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11 *“I find online people can be very defensive and say, where*
12 *anyone can walk into a bar, [in] chatrooms we’re almost*
13 *intruding ... cos people sit in those chatrooms, like we sit in our*
14 *offices – all day long – it’s their space and they do police it in*
15 *quite an aggressive way sometimes.”*
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22 [Greg - Focus group 1]
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27 It is worth considering Light’s (2014) work on disconnection from social networking
28 sites here. No matter how well *NetReach* activities are planned and executed, they are
29 an unsolicited intrusion into the spaces of hook-up apps and mobile sites. Such
30 intrusion can be greeted with hostility by some men, while others might seek to
31 disconnect from the service altogether. Complicating the ‘augmented’ or ‘hybrid’
32 forms of space cited earlier in this article, it appears that there *are* instances of
33 difference between digital and physical contexts of inhabitation and emplacement. It is
34 one thing to enter into a commercial public space, hand out condoms and chat to guys
35 as they socialise with one another. It is quite another to step into an online forum and
36 try and start a conversation about sexual health.
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52 Compounding this challenge is the fact that workers reported struggling to ‘read’ and
53 comprehend online spaces as quickly or as easily when compared to the physical
54 space of a bar or a sauna:
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5 *I suppose with the gay scene, even if you get a new venue there*
6 *are kind of tropes or genres of gay bar ... Whereas online you*
7 *haven't got all the body language stuff and all that kind of*
8 *stuff... and the ability to look around and see that's where*
9 *people are, this is a public space, this is a private space.'*

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16 [Mike – Focus group 2]
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21 Mike's quote sums up some of the challenges that the disembodied nature of using
22 social and digital media platforms conjures up in relation to understanding and
23 communicating information in an appropriate manner. At the same it also
24 acknowledges the different relationships that users of digital and social media
25 (especially hook-up apps and sex sourcing sites) have to that space, and their
26 understanding of that space. For the outreach worker, the message boards on *BBRT* or
27 the messaging facility on *Grindr* might feel quite public, not least because the
28 outreach worker is engaged in work. However, for the user of these apps, such
29 methods of communication might feel intensely private. When an outreach worker
30 misreads (and thereby 'mistreats') this 'private' space, users can feel exposed, and
31 monitored. This sense of exposure and surveillance are likely to lead to disconnection
32 and disengagement with the digital service (as was identified during focus group
33 interviews with users of these services).
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50 51 52 3) Localised app profiles

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54 Platform design represents the final challenge that we identify in this research. While
55 acknowledging the success of app-based interventions for reaching hard to reach
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3 populations, there was a sense among workers that commercial mobile platforms
4 presented a challenge for *NetReach*. Along with the restrictive guidelines identified
5 above, the design of such platforms challenges effective outreach work. The reliance
6 of many applications on the geo-locative capacities of smartphones today is perhaps
7 the most obvious example of how the design of hook-up apps present challenges to
8 effective health communication. The focus on nearness and the reinsertion of place
9 into conceptualisations of digital environments today results in only very 'local' user
10 profiles being displayed via the interface:
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23 *'Grindr still feels a bit like a missed trick I guess ... I don't*
24 *know, 'cause its so quick and because its geographical and*
25 *people come and go and the list of people – guys come and go*
26 *and you don't have a static profile on a website in the same way*
27 *to sustain anything, to anticipate.'*
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36 [Matt – Focus group 2]
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40 The loose, ephemeral networks created by these forms of 'digital cruising'
41 (Mowlabocus, 2010) ensures that men move in and out of the 'range' of outreach
42 workers at such a rate that it is difficult to engage them in sustained conversation.
43 Another worker described the design of apps as resulting *'in effect ... in thirty silent*
44 *strangers in a room'* (Gary - Focus group 1). Meanwhile, the ability to permanently
45 'block' profiles (primarily) in order to narrow one's purview to see only men who
46 match a particular criteria of desirability, means that *NetReach* workers can be
47 rendered invisible, almost immediately, and without any recourse to reappear on a
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3 user's screen at a later date. The commercial, regulatory, social and architectural
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5 dimensions of these digital environments all serve to challenge and, in some cases,
6
7 undermine, the work that health promoters attempt to undertake in these spaces. As an
8
9 increasing percentage of gay and bisexual men's sexual cultures are maintained via
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11 'lightweight' mobile platforms – perhaps the most restrictive platforms for *NetReach*
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13 workers to operate within – the affordances of digital technologies for embedded,
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15 context-specific and individualised health promotion work appear to be diminishing
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17 before they have been even partially realised.
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20 21 22 23 24 25 **Conclusion.**

26
27 In September 2014, and reflecting both their ongoing commitment to technological
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29 innovation, and through such innovation, to meeting the needs of their client base,
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31 Terrence Higgins Trust began trialling a new outreach scheme that targets men who
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33 may not be accessing traditional commercial physical venues, and particularly those
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35 involved in high risk sexual practices involving sex using recreational drugs ('chem
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37 sex') and intravenous drug use. 'Slamming' - the practice of injecting traditionally
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39 mephamphetamine (crystal meth) or more recently, mephedrone, - has become an
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41 increasing concern among gay health professionals working in urban centres such a
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43 London.
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50 Slamming forms part of the broader 'chem sex' sexual culture that involves marathon
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52 sex parties, lasting days at a time and which employ pharmaceutical technologies
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54 (GHB, mephedrone and methamphetamine) and digital technologies to engineer and
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56 maintain these parties. While the former enhances stamina, libido and sexual
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3 performance, the latter provides a means of connecting men, and recruiting people in
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5 to the party. These parties are not ‘visible’ if one’s understanding of the urban
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7 landscape is limited to only the physical environs of the city, but are highly visible on
8
9 the apps and social media websites which the men use themselves. Community
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11 outreach models that focus solely on physically located venues and spaces of
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13 interaction risk overlooking these urban, yet digitally maintained networks of casual
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15 and anonymous sexual interactions.
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20 The *Luber* team, operate in London and maintain a presence on popular mobile
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22 platforms such as *Grindr* in order to promote a highly localised condom and safer
23
24 drug use resource delivery service. Recognising that these platforms are central to this
25
26 emerging subculture, and that this subculture represents an ideal opportunity for HIV
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28 and STI transmission, the *Luber* team navigate through the densely populated city on
29
30 bicycles in the evening and at weekends, using the apps to connect with men online
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32 and, when given the opportunity to do so, delivering harm reduction materials – and
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34 advice – into the hands of men at the point at which they are looking for sexual
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36 partners and may be about to engage in high risk practices.
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43 While facilitating very targeted and tailored harm reduction work, *Luber* also
44
45 provides a way to (re)invest in some of the more traditional aspects of community-
46
47 focused, peer support outreach into the online sphere, allowing workers to very
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49 successfully physically re-connect with their clients, and use more traditional
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51 communication skills (such as banter and body language) to achieve positive
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53 outcomes.
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3 That the *Luber* scheme does not have a formal partnership with the platforms it uses
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5 to reach out to service users, demonstrates the challenging relationship that continues
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7 to exist between digital commercial platforms designed for gay and bisexual men, the
8
9 sexual cultures and environments that these men create and negotiate in cities and
10
11 towns across the UK and the services set up to support harm reduction and risk
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13 negotiation. Alongside *NetReach*, the scheme also illustrates the levels of digital and
14
15 physical enmeshment involved in gay and bisexual men's sexual practice. There is no
16
17 doubt that sexual health community outreach services must operate across digital and
18
19 physical environments, while seeking to recognise both the specificity of each site,
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21 and the ways in which these sites merge and stack up in order to create new
22
23 networked spaces of sexual connection.
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30 If community outreach that targets MSM sexual health is to remain relevant and of
31
32 use to those it seeks to support, it must navigate this enmeshed terrain, while
33
34 recognising that new rules, new codes of conduct and new relationships with
35
36 commercial service providers must be developed. Such recognition (and the
37
38 subsequent (re)training of community health workers that it invariably engenders) is
39
40 vital to the success of future intervention services and, by extension the sustainability
41
42 of online outreach for sexual health. Meanwhile, the authors of this article call upon
43
44 commercial platform developers (and platform providers) to recognise their corporate
45
46 responsibilities and support organisations such as Terrence Higgins Trust in their
47
48 work by providing better service integration for community outreach and, in turn,
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50 recognising the role that they are playing within urban (and suburban/rural) gay men's
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52 sexual cultures.
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For Peer Review

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