

# WE ARE THE SEXPERTS!

A manual on how to use Internet chatrooms and communities  
to promote sexual health and condom use



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by METODIX OU\*

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\* These evaluations were written by external evaluators and do not always reflect the views and terminology of RFSL Stockholm.



## **PREFACE**

RFSL STOCKHOLM has been working with HIV prevention, sexual health and HIV since the 1980s. In 2004, RFSL STOCKHOLM decided that in addition to the traditional outreach interventions made in bars, clubs, parks and saunas, interventions must also be made in the forum that has been the foremost social meeting place for men seeking men, the Internet. We contacted other organizations that had experience conducting outreach programs on the Internet. We paid careful attention and drew on many of the groundbreaking experiences of Norwegian HELSEUTVALGET, Danish STOP AIDS, New York City based GAY MEN'S HEALTH CRISIS (GMHC) and THE CORRELATION NETWORK.

We drew inspiration and ideas from all of these organizations and projects and then adapted them to fit into a Swedish context. Over the past years, we have made the project more sophisticated, more effective and it is now greatly appreciated within the community.

Our reason for making this handbook available in English is to inspire other organizations to work with health issues on the Internet. We do not present this as an absolute model but simply wish to share experiences of Internet outreach work from a Swedish perspective. Use this handbook as inspiration; develop the method to your own needs and platforms. Do not hesitate to write us if you have any questions or if you need help developing the method. If you have some ideas on how to improve the method or share experiences, please send us an e-mail. Early versions of this handbook have made its way to Russia, Denmark, Namibia, Japan and different parts of Sweden.

We are deeply grateful to a number of people that in different ways contributed to the program; Maria Bergström, Solveig Danielsson-Ekbom, Peter Gröön, Lena Moberndt, Ronny Tikkanen, Henrik Tornberg and all of our friends at RFSU STOCKHOLM. We also greatly appreciate all of the companies and organisations that have contributed with support and funding since 2004, QX, THE DEPARTMENT OF COMMUNICABLE DISEASE CONTROL AND PREVENTION IN THE STOCKHOLM REGION, THE STOCKHOLM COUNTY AIDS PREVENTION PROGRAMME (LAFA), THE NATIONAL BOARD OF WELFARE AND HEALTH, THE SWEDISH NATIONAL INSTITUTE OF PUBLIC HEALTH.

We would also like to extend our appreciation to our team of "sexperts". They have answered over 2 000 questions and contributed to improving and developing the method.

Nicklas Dennermalm  
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RFSL STOCKHOLM

Tobias Herder  
Program Manager  
RFSL STOCKHOLM



## **PART 1**

# **THE METHOD OF THE SXPERTS**

by Nicklas Dennermalm, Lilian Granlund and Tobias Herder

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## **THE METHOD**

### **Purpose**

The aim of THE SEXPERTS project is to minimize the transmission of HIV and other SEXUALLY TRANSMITTED INFECTIONS (STI) among men who have sexual relations with other men. We work to achieve this aim by increasing knowledge of safer sex, providing the tools for turning knowledge into action and providing free condoms and lubricants.

### **Target Group and Forums**

Our target group is the men who have sexual relations with other men who are active in chat rooms and Internet communities geared towards this group for meeting, dating and picking up other men. THE SEXPERTS recognize trans men who have sex with men as part of the MSM group. Trans women and other trans identities are also target groups for the intervention.

### **Peer to Peer Education and Empowerment**

THE SEXPERTS project applies the peer to peer education method. The project's outreach workers or counselors are, themselves, members of the target group. Under the auspices of the project, they are tasked with conversing with other target group individuals. It is very important for the credibility of the project that our counselors can relate to those they aim to support. Being part of the group themselves, we assume that our counselors can better relate to the target group.

Our workers are trained to convey a positive view of sex and attempt to empower the target group to take matters of their personal sexual health into their own hands. They are required to be open to and have a positive view of various forms of sex, sexual and gender identities and relationship types. They are strongly discouraged from preaching about safer sex. While relaying facts about safer sex, workers must also communicate confidence in the individual's ability to make the right decisions for themselves.

### **Work Method**

RFSL STOCKHOLM actively participates in suitable chat rooms and Internet communities under the alias THE SEXPERTS. Our main forums in Sweden is *quiser.com*, the largest LGBT web community in Sweden, and the RFSL chat forum on *rfsl.se*. The outreach workers, hired on an hourly basis, log onto these sites under THE SEXPERTS alias and work 3 hour shifts.

Shifts are often scheduled during the evening hours when many people are online. The more frequently the counselors are online to answer and follow up questions, the better. Our goal is to be available when the target group needs us. We aim to answer questions within 20 minutes, when we are online. If we are not online when the question is asked, the goal is to have answered it within 72 hours, but preferably sooner.

By visiting other member profiles on *qruiser.com*, our counselors advertise THE SEXPERTS profile and make their presence known. We use various criteria to determine which profiles to visit. Our main goal is to cover the entire target group and spread visits out evenly. We also occasionally direct our attention to a particular group. Many individuals repay our visit to their profile by visiting ours. Our profile page informs visitors that THE SEXPERTS workers are available for questions. It also provides brief information about safer sex and lists websites to which visitors can turn for more information.

## **The Sexperts Profile Page**

### **Opportunities for re-visits**

The technical platform of *qruiser.com* offers many opportunities for creating a dynamic profile page. They allow blogs and picture and video uploads. By filling our profile page with material that interests our target group, we increase the chances of being revisited and contacted. It also created a additional channel for reaching the target group with information that may result in increased knowledge and reflection of sexuality.

### **Branding**

We learned the importance of branding at an early stage. At the beginning of the project, we experienced a lot of questions regarding who was running the intervention. Rumors on web forums said that the intervention existed to surveillance individuals and some people were not sure that THE SEXPERTS were true friends of the community. We then started to work on our brand and profile to straight things out. We now clearly stating that RFSL STOCKHOLM counselors were the persons behind the profil, we used an open official e-mail address and included the RFSL STOCKHOLM name in THE SEXPERTS logo. In 2009, our profiles got official recognition from the owners of the platforms, which also helped us ensure the trust from the community.

### **Conversations**

Our peer counselors use individual Internet chat conversations to reach the target group. The aim of this two-way communication is to create a feeling of trust and enable longer conversations in which we can relay facts and individually adapted information.

There is much more responsibility involved in meeting people in the capacity of outreach worker than meeting people in a private capacity. It also entails a greater demand to adapt to each individual enquirer's needs. As peer educators, counselors have the power to affect others. In addition, they represent their employer and can be considered an authority in the context.

When a person's awareness is raised and that person is willing to put that awareness to use, it is possible to change behavior. Knowledge is useless if the individuals or groups possessing it have a negative attitude towards it. Therefore, behavioral change should be brought about by simultaneously raising awareness and changing attitudes.

There is a challenge to marketing safer sex—the reward is not immediate; it comes at some undefined time in the future. It is easier to market candy—the reward is instantaneous. The closer the decision and resulting reward are, the greater the chance of successfully marketing a particular behavior. THE SXPPTS project works to provide motivation to use condoms. With the right motivators, the reward may be experienced as being more immediate. As an aid, we have the IN SEX WE TRUST report (available in English at [rfsl.se](http://rfsl.se)), which highlights positive motivators for condom use.

In our efforts, we communicate more than just facts; we also communicate an approach to sexuality and to the people in our target groups. There are terms that communicate accurate facts but that, for one reason or another, are not suitable for use because they have negative associations or stigmatize. We have specifically chosen to avoid words such as “infected” and “contagious” and instead, we use more neutral words to reduce the stigmatization of people living with HIV/AIDS and to appeal more to the target group.

To ensure that our counselors behave appropriately in their contacts with the target group, they are required to follow our guidelines. Appendices 3-5 (Behavioral Guidelines, Conversation Checklist and Prolonging and Ending Conversations) outline how our counselors are to behave towards the target group. They also provide practical tips.

### **Ensuring the Support From the Community Owners**

Before establishing ourselves on a community site or chat room, we ensure that we have the support of the company that owns the community in question. Without this support, we would risk being excluded from an important forum. The actual form of our agreements with the community owners depends on the technical solutions available and the good will of the community owners themselves. In accordance with agreements made with various Internet communities, THE SXPPTS never initiate

contact but only answers the questions of those who have actively contacted us. Spamming the target group would only result in bad will.

### **Method Limitations**

There are limitations to THE SXPRTS method for preventing HIV and STIs. Briefly described, they are:

- Peer to peer education can be viewed as both strength and a weakness. The project's counselors are trained, they are members of the target group and thus, their chances of successfully relaying information about safer sex to the target group are good. But, to their disadvantage, they are not medically trained and are employed on a temporary basis, which entails limited knowledge and experience. Considering this, there is a risk that a counselor will provide answers that are not 100% accurate or fail to refer the question to a more knowledgeable body when necessary.
- Working on Internet communities entails dependence on the goodwill and permission of the community owners. Should a member of the target group complain that THE SXPRTS have visited their site too frequently, for example, our relationship with the community owners, and with it, our possibilities to work on these forums, may be jeopardized. The web browser Firefox provides a plug-in that blocks our possibilities to visit profiles of our choice.
- Despite the fact that peer to peer education is a scientifically recognized method, it is difficult to evaluate and check whether the target group has in fact changed its behavior as a result of THE SXPRTS outreach workers' efforts. More on this topic later in this document.

## **QUALITY ASSURANCE AND EVALUATION**

### **Training**

Peer counselors are recruited from the target group and trained before commencing work. During training, prospective outreach workers learn about STI, HIV, methods for conducting conversations and the specific methods of THE SEXPERTS project. Only after comprehensive training are peer counselors permitted to work for THE SEXPERTS project. They also attend a number of additional training hours during their employment period to learn about issues of current relevance. Appendix 1 outlines the training policy of RFSL STOCKHOLM.

### **Work Procedures and Material**

Counselors always work in pairs and thus, have a sounding board. New counselors are initially paired with an experienced counselor. All work is done on the RFSL STOCKHOLM premises, at which they will find reference material such as printed information on STI, HIV and safer sex, guidelines for the project, dictionaries, referral information and website url for finding more information.

### **Non-Disclosure Agreement**

Counselors are required to sign a non-disclosure agreement before commencing work. This stipulates that they may not divulge nor use information that is obtained from those who contact THE SEXPERTS workers during their work. THE SEXPERTS counselors may under no circumstances divulge their names or indicate when they will be on duty next in the course of their conversations. The valid non-disclosure agreement for THE SEXPERTS project is included as appendix 2.

### **Limitations and Referrals**

THE SEXPERTS counselors may not handle difficult situations such as life crises, suicidal tendencies, addiction, violence or advise a person who has just been diagnosed with HIV. They are instructed to approach such issues with delicacy, refer the person in question to the proper organization, authority or person and end the conversation.

In the case that a counselor cannot answer a question, he should refer the enquirer to the recommended websites or he, himself, refer to the guidelines and printed material available on the premises. If an answer is still not forthcoming, the worker should inform the enquirer of such and ask to be allowed to get back to them. If necessary, counselors may refer individuals to the project manager. Contact details are available on the community's project profile page as well as on the RFSL STOCKHOLM website.

This enables us to learn of any complaints or opinions that the target group may have of the project.

### **Documentation and Knowledge Acquisition**

The more we know about our specific target group, the more we can sharpen our interventions. In order to learn the most from our experiences of this Internet based project, we document the information that we receive. By working on Internet communities, we acquire a great deal of knowledge about our target group. We can see if there is a specific age group that tends to pose questions about negotiating the use of a condom, for example. We can see differences in the knowledge levels of those who live in urban areas and those who live in rural areas, etc. Because it is easy to use, we have chosen an Internet based evaluation solution for THE SEXPERTS project. All information is logged in such a manner that the person or specific profile that it originated from cannot be identified.

All identifying attributes of conversation and chat transcripts are deleted. In addition, the transcripts are saved and read by the project manager to ensure that:

- facts cited in the answers are accurate and that enough information was communicated
- those who contact THE SEXPERTS workers are received in a manner that is friendly and in accordance with project policy
- project methods, such as empowering the individual, are followed
- peer counselors follow the rules that their role entails
- those who contact THE SEXPERTS are offered free condoms and lube
- work is accurately documented
- no documentation contains information that can be traced to a specific individual thus ensuring the anonymity of those who contact THE SEXPERTS

### **Feedback to the Peer Counselors**

Providing peer counselors with feedback has proven to be an important part of quality assurance and capacity building for the individual counselors. Throughout the project we have tried different channels such as providing feedback by email or phone, but regular face-to-face meetings has proved to be the most effective as it creates an opportunity for a dialogue with the peer counselors. Feedback is given regarding their conversations, to keep them up-to-date with knowledge and also gives an opportunity for them to give feedback to the project manager about their working situation and how it can be improved. Feedback regarding both positive and negative aspects of their work is provided as it empowers the counselors and at the same time enables them to

improve their work. RFSL STOCKHOLM also sends out a newsletter to all counselors with information about new guidelines and tools to be used in their work including relevant information such as new epidemiological data.

## **Evaluation**

### **In general**

An important part of quality assurance and long-term improvement of THE SEXPERTS involves evaluation of the project. We have chosen to use both continuous evaluations throughout the project year, annual evaluations reviewing the project year and also specific in-depth analyses.

We continuously evaluate the conversations of THE SEXPERTS to ensure a high level of knowledge and skills of our peer counselors and also to notice trends in questions asked. This enables us to continuously educate the counselors on relevant issues. We have for instance noticed how media reports on HIV lead to an increased number of questions on the topic. Another trend has been an increased number of questions about oral sex and HIV/STI transmission. As a response to this we created a campaign about oral sex and had a seminar with all outreach workers to increase their knowledge on the topic. We also produced fact-sheets on specific topics such as oral sex, poppers, PEP, HIV/STI screening procedures, and female condoms for anal sex.

On an annual basis we evaluate how well the project has fulfilled specified qualitative goals such as the number of conversations, how many shifts THE SEXPERTS have worked and how many member profiles that have been visited.

### **The survey**

The effectiveness of an intervention can be measured in several ways. In 2007 we designed a on-line survey to evaluate if the enquirers were satisfied with THE SEXPERTS and if they would consider contacting us again with further questions.

Every person having a conversation with THE SEXPERTS was offered a url to an online form consisting of five yes or no questions regarding how they experienced the interaction they just had with THE SEXPERTS. Here we list our four questions and the percentage of positive rating for 2008:

1. Would you consider writing to THE SEXPERTS again? (100%)
2. Do you feel that you will benefit from the conversation you just had with THE SEXPERTS? (96%)



3. Did you perceive THE SEXPERTS to be knowledgeable within their field? (97%)
4. Did you receive a fulfilling answer to your question or questions? (95%)

### **External evaluators**

Since the project start we have also had external consultants evaluating specific aspects by conducting in-depth analyses. In 2007 Magnus Gäredal performed a qualitative analysis of the conversations. The document, “THE SEXPERTS in Review”, is also part of this report and can be found on page 31. In early 2009 METODIX OU conducted a meta-analysis of the project effects and evaluation methods. An abstract of his analysis can be read on page 53.

## **THE FUTURE: THE SEXPERTS AND MOBILE PHONES**

THE SEXPERTS has been running since 2005 and is currently co-owned by RFSL and RFSL STOCKHOLM, and managed by the latter. The popularity of the intervention still increases among the target groups, we are getting more and more people writing to us and a high level of positive messages thanking us for doing what we do. The development of the SEXPERT method has just begun. All the different Internet communities provide different possibilities for new ways of communication. Together with our peer counselors we are constantly looking for finding new and innovating ideas. One of our challenges is to intergrate THE SEXPERTS into our other health promoting programmes to create positive synergy effects. Another is to make the service accessible to more language groups.

Our latest intervention is a mobile phone version of THE SEXPERTS. The technical platform was designed by RFSL STOCKHOLM in collaboration with IT media bureau EMUNITY EDGE and was funded by City of Stockholm and the Stockholm County Council. The project was lauched during 2009.

## **GUIDELINES: OUTREACH WORKER TRAINING AND KNOWLEDGE**

In order to work as an outreach worker in the HIV and STI unit, workers must be knowledgeable in a number of areas. This prerequisite is in place for the quality assurance of our operations and to create a sense of security for outreach workers.

### **The Basic Work Principles for HIV Prevention**

The basic principles are to be explained and put into an up-to-date, practical context. It includes issues like usage of language, views on sexuality and inclusion of the target group/s.

### **National and International HIV and STI History**

In order to put HIV prevention into perspective, the local as well as an international history of HIV and STI must be studied. Such studies could also serve to motivate and increase the holistic understanding of the HIV epidemic.

### **Knowledge of HIV/STIs and sexual practice**

Outreach work are required to have basic knowledge of HIV and sexually transmitted infections for all types of sexual practice and preference. They must also be provided with a statistical overview of current HIV and STI transmission and how to address and promote testing.

Since sexual health is more than STIs, the outreach workers need to have a broader view on sex and sexuality. This includes, for example, harm reduction and how to talk about sexual practices like anal sex and BDSM.<sup>1</sup>

### **What Is Safer Sex?**

Because safer sex entails more than just using condoms, it is important that outreach workers have knowledge of the subject and have the tools to communicate a comprehensive view of safer sex.

### **HIV and STI Prevention Target Groups**

RFSL STOCKHOLM works with the entire MSM group, including transgendered people. Training shall provide workers with broad knowledge of the MSM group and the differences between the MSM subgroups.

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<sup>1</sup>Bondage/discipline, domination/submission, sado/masochism.

### **Empowerment**

Our belief that our target group is capable of making decisions based on knowledge and self-esteem is the basis for RFSL STOCKHOLM's communication. Training shall provide tools for talking to various subgroups in a manner that will empower those we are trying to support.

### **Review of Confidentiality, Ethics, Representation and Other Agreements**

Because all outreach workers are required to sign non-disclosure agreements and other similar agreements, it is important that they understand what the agreements entail.

### **Conversation Methods**

Regardless of whether outreach workers work in parks, clubs or on an Internet forum, it is important that they have access to methods for starting, prolonging and ending conversations.

### **Living with HIV**

For social, epidemiological and legal reasons it is important to acknowledge the situation of people living with HIV and AIDS. Therefore, training includes these perspectives.

### **Legal Aspects of HIV**

Outreach workers must be knowledgeable of the law that deals with HIV, people living with HIV and AIDS, how it is applied and what its consequences are.

### **Evaluation Models**

If the program uses a particular evaluation model, everyone should understand how it works and why evaluations are conducted.

## **RULES FOR EMPLOYEES, VOLUNTEERS AND ACTIVISTS OF RFSL STOCKHOLM**

### **Methods, bylaws and principles**

Everyone who works for RFSL STOCKHOLM must act in accordance with the bylaws and policies of RFSL and RFSL STOCKHOLM. Employees, volunteers and activists (hereinafter referred to as EVA:s) commit to adhering to the methods that are presented during training for each respective operation.

### **Non-Disclosure**

It is prohibited to divulge or disperse confidential information learned in one's work for RFSL STOCKHOLM or confidential information communicated to a person in the person's EVA capacity. Non-disclosure obligation also applies beyond the group of active eva:s, operation administrators and RFSL STOCKHOLM staff. EVA:s should also practice discretion within the EVA group. The specifics of those who contact THE SEXPERTS, what the contact regarded and other similar information constitute confidential information.

### **Contact with Target Group**

Target group members have the right to remain anonymous. In the EVA assignment, EVA:s shall not divulge their full name in contacts with the operation's target group. Nor shall EVA divulge the full names or personal details (such as community/msn/skype id or similar) of other EVA:s. EVA:s shall not divulge when they or anyone else is scheduled to work. During scheduled hours, the EVA actively represents RFSL STOCKHOLM. EVA:s are therefore prohibited from making personal, social or sexual contacts during work hours or when dressed in RFSL STOCKHOLM uniforms.

### **Loyalty**

As long as a person is engaged by RFSL STOCKHOLM, speaking derogatorily of the organization, methods or staff to external parties is prohibited. Within the organization, all staff members shall be treated with respect.

As an EVA of RFSL STOCKHOLM, it is inappropriate to establish operations that are in competition with RFSL STOCKHOLM or for competitive purposes use RFSL STOCKHOLM's methods and explanatory models, whether for one- or multiple-time use or for commercial or non-profit operations.

EVA:s may not represent or state that they represent RFSL STOCKHOLM when not on active duty for the organization.

### **Duty to Report**

EVA:s are obligated to report a child (person under the age of 18) in need of protection if it comes to the EVA's attention in his/her capacity as an EVA. Grounds for intervening in the matter of a child's protection are for example, learning of physical and/or psychological abuse, sexual assault or prostitution.

## **BEHAVIORAL GUIDELINES**

### **Do Not Preach**

It is not our job to classify sexuality and sexual practices as “good” or “bad”. Instead, acknowledge the individual’s choices and stick to the individual’s questions. This will increase our credibility in the target group.

Occasionally, enquirers divulge information without their partner’s consent, an example of which is infidelity. In your role as outreach worker you shall not make value judgments. On the other hand, if possible (and if applicable in the situation), you may encourage the enquirer to act in a way that they are comfortable with and to respect others. Make such recommendations with the enquirer in focus, not based on your own values and beliefs.

### **Avoid Assuming All Enquirers Are HIV Negative**

Because you rarely know whether the individuals who write to THE SEXPERTS are living with HIV or not, you should avoid making assumptions about their HIV status. In short, do not assume that the enquirer is HIV negative.

### **It Is Everyone’s Responsibility that HIV and STIs Are Not Passed On**

Everyone is 100% accountable for ensuring that HIV is not transmitted. We share this responsibility with no one. Each person is fully responsible, regardless of whether the person is HIV positive, HIV negative or unaware of their HIV status. Most people who contract HIV get it from a person who is not aware that they HIV positive.

### **Take Questions and the Person Posing Them Seriously**

Be sure to acknowledge the realness of individual’s perceptions and experiences. Assure the enquirer that it is okay to ask their questions and acknowledge their feelings.

### **Ask until You Understand**

Ask follow-up questions if you are confused or do not understand the individual’s question. Never pretend to understand when you do not, even if it takes time to figure out what the enquirer is asking. A way is to ask questions like “When you say ‘sex’, I interpret that as...” or “What do you mean with ‘sex’...”. Getting to the core of the question is crucial to make an impact and to provide tools for behavior change.

### **Adapt Word and Terminology Usage to the Person You Are Talking To**

As long as you are comfortable with it, connect with the enquirer by using similar slang. If the enquirer writes “I met a man and he’s perfect and really hot but he’s infected with HIV...” you should congratulate that he has found someone perfect and hot and then continue writing “To have sex with someone who lives with HIV...” It is

important to use the same slang, but at the same time avoid words that creates stigma, even though the enquirer might use that. In short, avoid words like “infected”, “contagious” and “virginity/lose the virginity”.

### **Use Everyday, but Correct, Language**

In Internet conversations, a more informal language can be used in many cases. As an outreach worker, use everyday language and avoid long and convoluted sentences. Continue though to follow the rules of grammar and general language guidelines. Start sentences with a capital letter and use closing punctuation.

### **Be polite**

End conversations with polite salutations such as “good luck”, “take care” or any other encouraging statements that you feel comfortable using.

### **Defuse the Situation and Use a Reassuring Tone**

Many people who contact THE SEXPERTS are worried. Worry can lead to anxiety and denial. Therefore, it is important to attempt to defuse the situation.

### **Respect Sexuality and Feelings**

Respect the feelings and sexuality of the person posing questions (as long as it is within the bounds of the law), even if it is not something you understand or are comfortable with yourself.

### **Be Aware of Shame**

Some enquirers may feel ashamed of having unsafe sex, committing adultery or having sex with a man (and thereby afraid of being ‘outed’ by receiving a positive HIV result, for example). Keep in mind that shame can be a powerful emotion and can lead to fear or anxiety of testing for HIV. If appropriate, acknowledge the person’s shame but encourage the person to take responsibility for their own and other people’s health.

### **Be Aware of Power Relations**

The status or position of power between sexual partners can affect how willing or prone a person is to take sexual risks. The decision may be based on a person’s experience, age, gender, financial standing, health, appearance and so on.

### **Do Not Assume that Enquirers Are Men Seeking Men**

Do not assume that all questions posed by males regard sex with males or that “partner” automatically translates to “man”.

### **Do Not Take Gender or Gender Identity for Granted**

The identity that the enquirer specifies should be your basis. Do not take for granted



that those who define themselves as male have male sex organs. Not all transgenders refer to themselves as transgenders, but possibly as “male”. Nor have all FTM (female to male) transgenders had, or want sex reassignment surgery.

### **Communicate Value and Hope**

You empower enquirers by showing them respect and communicating that you believe them capable of choosing to practice safer sex. Encourage those who have had unprotected sex to protect themselves and others in the future (in addition to having themselves tested). Also communicate a sense of hope and positivity for those who live with HIV.

## **CONVERSATION CHECKLIST**

Adapt the contents of each conversation to each new situation. Every conversation in THE SEXPERTS project must contain the following:

### **Possibility to Prolong Conversation**

Make known that you are willing to continue your conversation if the enquirer wants to. You can do this by posing a question at the end of your conversation: Do you have any further questions? Have I answered your question? Is there anything else you're wondering about? What do you mean by...?

### **Feeling of Hope and Empowerment**

Be positive and communicate that you believe the enquirer can make good choices! (Don't limit yourself to communicating facts.) It is not always something that must be expressed clearly, but those we communicate with should come away with a feeling of hope and opportunity.

Practicing safer sex, for example, should not feel like a difficult or impossible feat! It is not an outreach worker's job to preach but rather to get the message across that it is up to every individual to determine what level of safety they are willing to practice. We also strive to empower the target group to choose whether or not to have sex, get involved in a relationship, or acknowledge their identity.

### **Good to Mention**

It is good to mention the following in your correspondence:

- Condoms is the best way of avoiding HIV transmission
- HIV and STIs may be asymptomatic
- Testing for HIV and STIs. Please note, do not promote HIV testing to someone who states that the person already is HIV positive.

### **Offering Complementary Condoms**

Ask enquirers if they are interested in having condoms and lubricant sent to them free of charge. Enclose brochures about safer sex.

### **Everyone Should Walk Away with Something Practical**

All conversations should result in the enquirer receiving at least one practical tip—one result—be it in the form of receiving a condom kit in the mail, realizing that they are due for an HIV test or receiving tips for laying the ground rules with their partner for sex outside the relationship.

## **PROLONGING AND ENDING CONVERSATIONS**

In THE SEXPERTS outreach project, it is important to know how to constructively prolong or end a conversation.

### **Prolonging conversations**

It is important that outreach workers have a strategy for prolonging conversations with the people they are contact by. There are numerous reasons for avoiding giving simple answers to a question but rather to encourage a dialogue:

- It may take a while for an enquirer to feel comfortable enough to ask their “real” question. A random comment may be a way to test whether the outreach worker is serious and whether he has an approach that is acceptable to the enquirer.
- New questions can arise in a longer conversation.
- In longer conversations, more facts can be gathered on the enquirer’s situation, which enables the outreach worker to better adapt the information given.
- A dialogue puts enquirers on more equal footing with the counselor which results in them feeling important and empowered to make their own decisions.
- Many enquirers prefer to receive information on a more personal basis than receiving a ready-made answer that resembles an advice column or brochure.

Naturally, the goal is not to indiscriminately prolong conversations, but to welcome dialogue and provide opportunities to continue the conversation for as long as it is relevant and works in the context. The following are strategies for prolonging conversations.

### **Questions**

A good way to start or prolong a conversation is to ask a question. The question increases the likelihood that you will receive an answer and thus increases the chances of continuing the conversation. Some enquirers do not actually ask a question about safer sex but rather make a comment or ask what project you work in. Take the opportunity to inform them of the project, but then ask whether there is anything the person would like to ask. By actively asking, you invite the person into a conversation more clearly than if you simply were to state, “Don’t be afraid to ask if there’s something you’re wondering about.”

Once you have answered a question, you can conclude by asking something such as, “Do you feel that I have answered your question?”, “Is this of help to you?” or “Is there anything else you’re wondering about or would like to ask?” Another method when working on an Internet forum is to ask, “Would you like us to send you condoms and lubricant free of charge?”

### **Follow-up Questions**

Sometimes, you need to ask a few questions of your own to gather enough information to be able to answer the enquirer's question. But follow-up questions can also be used to prolong a conversation. You could, for example, ask, "Have you spoken with a doctor about this?", "What do you mean by...?"

### **Listen for Hidden Information**

Listen carefully to what your enquirer is saying. There may more to what the enquirer has asked or commented on. The enquirer may be providing clues or hints as to how you should answer their question. If, for example, an enquirer asks a specific question about safer sex and in the same breath mentions that they have not been tested (after unprotected sex) it may be a good opportunity for you to ask whether the enquirer would like information on where to get tested in addition to the answer to their original question.

### **Avoid Closing Salutations before Ending a Conversation**

Avoid phrases that indicate closure if the conversation is not definitely at a close. "Have a nice evening!" can be interpreted to mean "This is the last comment from us, now we'll be moving on to the next person." It is better to end the conversation by asking a question (see above). Your question can then be followed by "Best regards, THE SEXPERTS" or "Sincerely, THE SEXPERTS".

### **Ending Conversations**

By rounding up the conversation in a pleasant way, you reinforce a positive impression and open the doors to future contact. There may also be situations in which you should end a conversation before the enquirer wants to. Such cases are when you do not have the appropriate knowledge to answer the enquirer's questions properly or if the conversation begins to go in circles and you have nothing new to add. You may also encounter situations in which the other person is unpleasant, hostile or attempting to make sexual contact. Such situations fall outside the realm of providing information or empowering people to have safer sex. In such cases, you should end the conversation, but it is important that it ends on a positive note.

### **The End of a Conversation**

An enquirer may indicate that they are ending the conversation by thanking you for your help or saying, "That's all I need to know", "Bye", "Have a nice evening", etc. Avoid abrupt endings by replying with your own closing phrase. Keep the door open for future contact. You could, for example, write, "Don't hesitate to contact us again! Have a nice evening."

### **When You Are Not Qualified to Answer**

If you are lacking the competency to answer a question, you should first refer the enquirer to an appropriate institution, organization or association. You may, in some cases, tell the enquirer that you will get back to them (in which case, state this clearly in the report form). Should you be asked a general question about the project, you can refer it to the project manager. Then you should end the conversation after asking if the enquirer would like information regarding safer sex. If the question clearly lies outside the project, explain this and end the conversation on a positive note.

### **When a Conversation Goes in Circles**

You should probably end a conversation when it no longer goes anywhere and the same questions keep coming up. In these cases, you could briefly summarize your answers, refer the enquirer to other institutions or organizations for more information and then show that you are ending the conversation.

### **Unpleasant or Hostile Comments**

Take and treat criticism seriously. Either answer criticism with objective facts or by showing you have taken the criticism to heart (it may be justified) and let the enquirer know you will be forwarding it to the project manager. But if the person criticizing continues to be unpleasant after you have delivered your argument, you should end the conversation. Do not enter a debate or reflect the person's unpleasant tone. You may want to point out that we do important work that is appreciated by many.

### **Flirting, Pick-ups and Sexual Advances**

Dismiss flirting, pick-up attempts and sexual advances kindly but firmly. Start by explaining our operations. The person on the other end may simply be unaware that you represent THE SEXPERTS project or may not know what the project entails. If the behavior continues, write something to the effect, "Sorry, we're on duty" or "No, we cannot give out our names." Then you can end the conversation by writing "You're welcome to ask us questions regarding safer sex, if you have any. Otherwise, have a nice evening!" or a similar closing phrase.





## **PART 2**

# **THE SEXPERTS IN REVIEW**

by Magnus Gäredal

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## **INTRODUCTION**

During 2007, RFSL STOCKHOLM's project *THE SEXPERTS* resulted in a great number of conversations regarding various aspects of and perspectives on safer sex. Most conversations took place on the LGBT community website *quiser.com* and RFSL chat forum. During 2007, approximately 1,000 conversations were held, all of which were carefully documented. Special care was taken to remove any identifying attributes to ensure that specific questions cannot be traced to specific enquirers. These conversations contain unique information regarding the target group's opinions and knowledge level of safer sex. They also provide the qualitative effects and results that come of discussing safer sex with trained outreach workers. This analysis was borne of a desire to utilize the wealth of information that *THE SEXPERTS 2007* project resulted in.

## **PURPOSE**

This analysis has two separate purposes. The first is to give examples of the various issues that came up in the conversations and to illustrate the varying levels of knowledge of the target group with regards to safer sex. For this purpose, the discourse between the outreach workers and enquirers was studied because it was assumed to potentially provide important information on the target group's attitudes and opinions of safer sex. The second purpose of the analysis is to study the effects that the expert outreach workers' responses had on the enquirer and the results thereof. This information is particularly important for developing future projects and discovering the results that such communication about safer sex can have.

It is important to note that this study does not intend to provide an all-encompassing picture of all aspects of *THE SEXPERTS* operations of 2007, nor does it aim to provide a comprehensive picture of all studied aspects. Instead, this report constitutes an overview of the issues and questions that the target group found important and provides examples of the effects that the responses of the expert outreach workers had.

## **METHOD**

The methods used were an ad hoc analysis and categorization of the conversations on the sentence level. To enable an overview of the issues discussed, the core message of each conversation was extracted by focusing on each individual sentence. The concentrated contents were then categorized to enable comparison and systematization. Ad hoc implies that not one standard method was consistently applied but rather that the material was processed according to a number of methods for extracting main points and tendencies that are not obvious in the original material.

## LIMITATION

The aim of the qualitative analysis was to identify tendencies and to exemplify various types of issues, responses and effects. For this purpose, the study focused on a selection of conversations from those held on the cruiser forum. Conversations were selected according to parameters such as topic and the frequency with which they came up during the year. Primarily, conversation threads containing information deemed useful for the qualitative analysis were in focus. Seventy-six conversation threads could be selected based on these selection criteria.

## ANALYSIS

Using the ad hoc method, the analysis is categorized into a number of different themes assumed to suit its purpose. The *Contact* theme contains a study of the various ways in which enquirers chose to contact THE SXPERS, their supposed reasons for doing so and how the initial contact was formulated. *Main Themes* contains the major recurring themes of the analyzed questions, how the enquirer chose to formulate questions and thoughts and the level of knowledge from which the enquirer seemed to pose these questions. The *Response and Role of THE SXPERS* theme focuses on the role the outreach workers ended up playing as a result of the specific questions and discourse. It was of particular interest to see what role the outreach workers were requested to play by the enquirers as well as to see how the workers were positioned as a result of how conversations progressed and what type of responses the workers provided. The *Effects* theme studies the effects of the outreach workers' responses and of the conversations in general. For many conversation threads, it is difficult or impossible to see exactly what effects they had. However, effects can often be indirectly implied, for example in direct comments, change of tone, questions asked or deficiency of questions asked.

The analysis closes with two complete conversations to illustrate the numerous different issues that may arise in a single conversation. This section clearly shows that it can be difficult or close to impossible to capture all issues that arise in a conversation when categorizing according to the method of this study. Still, this method allows for systemization and a level of inclusion that is not possible when analyzing individual conversations. Thus, both analysis methods are vital for providing a comprehensive picture of the analyzed conversations.

## Contact

### Random Contact

Random contact refers to cases in which the enquirer makes contact seemingly unaware of who THE SEXPERTS are or what they represent. Questions such as, “Who are you?” or, “What can I do for you?” indicate random contact. Rather than to discuss or obtain answers pertaining to safer sex, the driving force behind making this type of contact is curiosity about who is behind the profile or of why THE SEXPERTS visited the enquirer’s profile page. Purposeful follow-up on the part of THE SEXPERTS is crucial for developing a conversation sparked by random contact, more so than for any other type of contact. The continued quality of the conversation is very much subject to chance, that is, if the enquirer is motivated to ask questions once THE SEXPERTS have outlined their purpose. There are a number of examples in the material of constructive conversations started by this type of initial contact.

### Direct General Question

Enquirers who make contact by asking a practical general question seem to be aware that THE SEXPERTS can answer questions regarding sex, safer sex, HIV/STIS or questions related to these issues. However, this type of contact does not take a personal tone. The enquirer does not initially offer up personal information nor does he/she clarify whether the question relates to him/herself personally. This type of contact is common and the questions tend to vary greatly with regards to subject and knowledge level of the enquirer. Examples of direct general questions are, “Can I get an infection from oral sex?”, “What are the symptoms of chlamydia?”, “How do you get tested for HIV?”, “Can condoms be used with silicone lubricant?” and, “I got semen in my eye, can I get HIV?” THE SEXPERTS’ response to this type of contact is also crucial for the progress of some of these conversations. Often, there’s a personal reason for asking this type of general question and if the initial contact is carefully followed up by THE SEXPERTS, the underlying issue may well come up. Sometimes a good deal of time is required to get to the core issue. Therefore, it is important that THE SEXPERTS encourage enquirers to ask more questions and that they clear up any confusion in their responses. However, there may not be any underlying purpose other than to simply receive an answer to the specific question asked. In such cases, THE SEXPERTS provide an easy way of obtaining such answers. There are also examples of less serious questions arising from the presentation on THE SEXPERTS’ profile page that encourages questions about safer sex. Such questions should also be taken seriously for a number of reasons. Other than in exceptional cases, it is virtually impossible to differentiate between self motivated questions and questions that are inspired by THE SEXPERTS profile page. In addition, answering less-than-serious questions may also have the effect of raising the enquirer’s knowledge level of safer sex.

There are cases in which questions that may have been inspired by THE SEXPERTS' profile page have clearly resulted in knowledge transfer and attitude change. An example of this is a conversation in which the enquirer asks, "Why should I avoid oral contact with semen?" which was likely a result of the text on THE SEXPERTS' profile page encouraging people to avoid oral contact with semen as a way of practicing safer sex. Upon receiving an answer, the enquirer exclaims, "Thank you! I had no idea!", clear proof that he learned something new and that he can use this new information to practice safer sex.

### **Direct Personal Question**

Direct personal questions are when enquirers start a conversation with an obviously personal tone. Generally, the enquirer poses questions in such a way that it is obvious that he/she has a personal problem or concern that he/she hopes THE SEXPERTS can answer. The level of knowledge behind this type of question can also vary greatly. For example, a question such as, "Can I become HIV positive if a guy penetrates me but I don't penetrate him?" illustrates just how little the enquirer knows about safer sex and the risk of infection.

On the other hand, the following question illustrates an entirely different level of awareness regarding the risk of transmission. Here, the enquirer wishes to gain more detailed knowledge due to the relevance of the issue to his life: "I am dating a guy who is HIV positive but I am HIV negative as far as I know. How 'dangerous' is it and how great is the risk of being infected if I get semen in my eye?"

A third type of direct personal question is those regarding sexological problems or issues such as why anal intercourse is painful and how it can be made more pleasurable. Some enquirers start conversations with issues or questions characterized by worry and anxiety either after having behaved in a risky manner or for the purpose of disburdening themselves of a difficult situation. This study has found that, in comparison with the other two types of contact, this type of contact is not as dependent on competent follow-up of the initial statement/question for a constructive continuation of the conversation. Enquirers who initiate contact with this type of question are generally goal-oriented with regards to receiving answers to their questions. The skills of THE SEXPERTS on the other hand are put to the test when attempting to answer questions posed by worried, anxious enquirers. Often, such conversations require skills in calming, comforting and encouraging enquirers, and knowledge of where to refer him/her. However, there are examples of direct personal questions in which such problems are not present, such as in the first example under this heading in which the enquirer wonders if he can become HIV positive if he is penetrated without a condom. Direct personal questions often require THE SEXPERTS to be very knowledgeable in the use of condoms, anatomy, sexological issues, the psychological and

medical aspects of HIV and other STIs as well as to which organizations or authorities they should refer enquirers.

### **Other Types of Contact**

A number of other types of contact were identified. Some contact is initiated with a request to receive condoms and lubricant from THE SEXPERTS. Conversations that are initiated in this manner generally only lead to the sending of the condom and lubricant package. There are, however, important exceptions such as when the request is simply a means of initiating contact for asking pressing questions. Certain questions are classified as “conversations” where initial contact is made in the form of neutral comments or comments that indicate that the enquirer has questions to ask. An example of insecure initial contact is, “I have a question... Not about safer sex per se, but about infection... Mind if I ask?” The analysis shows that the same degree of follow-up is required of THE SEXPERTS for this type of contact as for direct general questions.

## **Main Themes**

### **General Questions Regarding Risk of Infection and STIs**

These questions vary greatly in their level of difficulty and the knowledge level of the enquirer. The following question indicates relatively good insight into infection: “How great is the risk of getting HIV if I practice safer sex with someone who is HIV positive?” The use of the term “safer sex”, as opposed to the more commonly used term “safe sex”, indicates that the enquirer is relatively well-informed regarding safer sex. This question also indicates that the enquirer understands that answers regarding infection risk are relative, not absolute, which is in stark contrast to questions to which the enquirer requests unambiguous answers. In comparison, a question that indicates that the enquirer is relatively uninformed can be seen in the following: “Can I be infected while performing oral sex?” This simple, straight-forward question regarding an unspecified infection (assumed in the analysis to mean HIV/STI), indicates limited knowledge into how different types of STIs are contracted or that there are no straight-forward answers.

Another example of an uninformed question is, “Do you recommend having sex without using a condom?” Without further clarification from the enquirer, this question is difficult to answer. It could be interpreted to indicate that the enquirer is severely uninformed with regards to safer sex. Because many questions are ambiguous, room for interpretation is great. It is thus important that THE SEXPERTS ask whether the enquirer feels that his/her question has been answered and whether he/she wishes to pose another question, not least because private concerns are often behind questions of this nature.

General questions regarding the risk of transmission and STIs are often asked early on in the conversation and many times, it is a question of this type that sparks a person to contact THE SEXPERTS. In certain cases, general questions are asked in a way that indicates that the enquirer is actually asking a very personal question, for example when an enquirer asks several general questions that seem to be of a personal nature, though this is never clearly expressed.

### **Personal Questions Regarding Risk of Transmission and STIs**

Enquirers often divulge private information about their sex lives when posing personal questions regarding the risk of transmission and STIs. Such questions are often of a sensitive nature on the part of the enquirer. However, there are examples of cases in which the enquirer has no trouble sharing private information with THE SEXPERTS. Personal questions regarding risk of transmission and STIs are not often formulated in an uninformed manner like many questions regarding safer sex can be. To a great degree, this is due to the fact that enquirers often ask this type of question to calm themselves about the possibility of having been infected. For this reason, such conversations end up on a different level than general questions. Nonetheless, different levels of knowledge can be seen in this type of questions.

The question regarding whether THE SEXPERTS recommends sex without a condom has already been given as an example of an uninformed question about safer sex. THE SEXPERTS gave a standard answer to this question, namely, “Use a condom when having sexual intercourse and avoid oral contact with semen,” and asked the enquirer to further specify what he meant. The follow-up question led the conversation down a personal path: “There’s a guy who wants to come inside me without a condom. You mean you shouldn’t even get semen in your mouth?!” The last question confirms the suspicion that the enquirer is rather uninformed about safer sex and that the first answer THE SEXPERTS provided came as a surprise to him. This is a rather typical conversation in that it is initiated with a general question and then, after one or two exchanges, takes on a personal angle. It is often obvious in such conversations that THE SEXPERTS work up to gaining the enquirer’s trust in the first few exchanges and that the enquirers then feel they can ask their most pressing questions regarding their sex lives.

Many questions are very personal from the very start. For example, one enquirer emotionally expressed to THE SEXPERTS that he was very worried that he had become HIV positive. He continued to explain that three months had passed since he had unprotected sex and that he did not have any symptoms of a primary infection and asked if he could nonetheless be carrying the virus. The main purpose of this question seems to be to receive confirmation that there is no risk that the enquirer has seroconverted, since there are no symptoms. The question formulation was very urgent and the enquirer expressed specifically, “I’m so worried!” Yet another question took a tone of

astonishment: “How easily is chlamydia contracted anyway? My boyfriend and I sometimes have sex with others and we always use a condom, but in spite of that, we’ve contracted chlamydia at least twice. Is it really that infectious?!”

### **Questions Regarding Symptoms, Transmission and Testing of HIV**

Questions regarding symptoms, testing and becoming HIV positive can be categorized into two main types of questions. The first type entails questions that seem to be to obtain practical HIV information such as, “Is there anywhere in Stockholm that does free HIV testing?” The purpose of the second type of question seems to be to relay private information to THE SEXPERTS regarding suspected symptoms, lack of symptoms or other private aspects of HIV testing or symptoms. An example of such a question is, “Is testing myself after three months sufficient to ensure that I don’t have HIV?” This part of the conversation confirms that this question is asked because the enquirer believes to have exposed himself to the risk of transmission. In the same way as the other categories of questions, there are varying degrees of knowledge behind these types of questions. It is obvious, for example, that someone who enquires whether “an HIV test can show a positive result after a week” is rather uninformed with regards to safer sex and testing. However, this question could also indicate the enquirer’s anxiety over being infected. Even if he knows that HIV tests are unreliable if they are done earlier than three months from the day of exposure, he has such a strong wish that he can get reliable results after one week that he asks anyway.

### **Conversations of HIV/AIDS Issues**

This conversation type differs from the previous type in that more complex issues tend to be involved. This type of question often has a strong personal angle and requires of THE SEXPERTS a great deal of knowledge in how to formulate responses so that they are informative as well as empowering and supportive, where applicable. An example of this type of question is, “What should I do if a person living with HIV has unsafe sex with others without telling them that he is a carrier?” In this case, THE SEXPERTS learned from this conversation that the enquirer knows a person living with HIV who has very unsafe sex with people he meets in gay cruising areas and who would not listen to reason when the enquirer confronted him. In addition to support and advice, this question touches upon judicial issues, disease control and psychological and physical treatment.

Another type of question is one in which the enquirer assumes that being HIV positive is synonymous with certain death. After THE SEXPERTS assured the enquirer that people living with HIV can lead long and fruitful lives the enquirer exclaimed, “Really? HIV doesn’t mean I’m going to die? I can live a normal, long life?” This illustrates that severe insecurity and the lack of psychological and physical well being are a result of ignorance of safer sex.



### **Questions Regarding Symptoms, Testing and Vaccination of STIs Other than HIV**

Questions regarding symptoms, testing and vaccination of stis other than HIV tend to be posed with less urgency than those relating to HIV. These questions are often more or less obviously connected to personal experience. Take, for example, the questions, “What are the symptoms of chlamydia? I heard it itches, but in what way?” One can assume that the enquirer is speaking from personal experience. This is confirmed by the enquirer’s follow-up remarks: “My thighs itch and I assumed it was chlamydia because I had heard that it itches like hell. But it ended up to be a false alarm.” Some questions seem to be posed out of pure curiosity for the enquirer’s own general knowledge. An example of such a question is, “What are the symptoms of the most common sexually transmitted infections?”

### **Questions Regarding Sexual Techniques, Sexological Problems and Sexual Pain and Injury**

This type of question often touches upon either the person’s subjective experience of pain or concerns about injuries obtained during anal sex. They are often of a personal nature. One enquirer writes, “Is it dangerous to have anal sex? I want to, but I’m afraid of the stretching.” The enquirer seems to have very little experience, if any, of anal sex and the question seems to be a way for the enquirer to take a step closer to practicing anal sex. It is presumably difficult to obtain answers to these types of questions from information sources outside of THE SEXPERTS due to the few forums in which practical, specific questions can be posed and answered accurately. The previous example was most likely formulated by someone with very little experience of anal sex.

An example that illustrates that the enquirer wishes to obtain answers to a personal problem is, “Anal sex doesn’t hurt, so why do I bleed afterwards?” In spite of the differences in the enquirers’ levels of experience of anal sex, what these two questions have in common is that THE SEXPERTS are probably one of the only forums that enquirers feel they can ask these questions. Other questions in this category ask THE SEXPERTS for practical tips: “I only recently started having sex with guys. Unfortunately, I’m still too tight. Is there any way I can stretch out my anus?” This question is very personal in nature and by offering up private information to THE SEXPERTS, the enquirer hopes to get tips on how to solve the problem. This specific question came late in the conversation (after about five exchanges) which indicates that a feeling of trust had to be built up between the enquirer and THE SEXPERTS before he was comfortable asking it. The fact that the enquirer finally feels comfortable asking such a private question indicates that the conversation leading up to it is of high quality on the part of THE SEXPERTS.

### **Questions Regarding Condoms and Lubricants**

In the analysis, a distinction has been made between conversations regarding condoms and lubricants and requests for condoms and lubricants. Of the two, requests were much more frequent than conversations on the topic. An example of a question regarding condoms and lubricants is, “Can I use hand cream or baby oil as a lubricant if I don’t have a water-based or silicone lubricant?” The enquirer shows that he is relatively uninformed with regards to using condoms and lubricants and expresses in the conversation that he wishes to learn more. Questions of this type are rarely private or urgent. *THE SEXPERTS* seem to be viewed simply as a means of obtaining an answer.

In certain cases, questions of a more personal nature can be posed within this category. An example is, “I’m having trouble using condoms. Is there any other form of protection I can use? Is it safe to have unprotected sex if neither of us has a venereal infection?” There are many aspects to take into consideration when answering these questions. On the one hand, it is unclear what type of sex the enquirer is referring to. On the other, the enquirer has not specified the types of problems that he is having with using a condom. How the enquirer plans to ensure that his partner is not carrying an STI if he practices the alternative form of safer sex must also be discussed.

### **Sharing Personal Experiences and Emotions**

Conversations in which the enquirer shares personal experiences and emotions often require that outreach workers offer support, encouragement and advice. One example is a long conversation in which the enquirer expresses deep concern that his partner’s impotence problems are due to his own shortcomings and that his partner does not find him attractive. It can be assumed that the enquirer wishes to receive confirmation that there is nothing wrong with him or that there are other reasons for his partner’s impotence. Another example of this type of questioning is one regarding whether a person can contract HIV by having another person’s semen on his penis. After *THE SEXPERTS* answered, the question is clarified with: “I’m wondering because my partner uses my semen as lubricant when he masturbates.” In addition to the information regarding the risk of contracting HIV, the question can be interpreted as a desire to expose a sexual act that the enquirer may find strange. Other questions of this type illustrate some of the problems of coming out of the closet. *THE SEXPERTS* are viewed as a sounding board for airing one’s problems and a source for receiving support.

### **Other Types of Questions**

We have also identified a number of other types of questions in the analysis. Certain questions were posed frequently. One of these, requests for condoms and lubricants, was not deemed relevant for further study. Other questions were of a special nature and not deemed relevant for this analysis. The eight types of questions accounted for

in this section are those deemed most relevant for further analysis. In addition, it is these frequently posed and diverse questions that served as the basis for the analysis.

## **Response and Role of The Sexperts**

### **Standard Responses Regarding Safer Sex**

Standard responses regarding safer sex are those that provide basic level information and facts about safer sex. This category includes information regarding how STIs are transmitted and what types of sexual acts put people at the greatest risk for contracting STIs. The following is an example of such a response: “Avoid oral contact with semen and use a condom during intercourse to minimize the risk of contracting an HIV.” Here, the role of THE SEXPERTS can primarily be described as an easy way for enquirers to obtain information regarding safer sex that is otherwise relatively easy to access. However, it is important to point out that the information that THE SEXPERTS relayed would not have reached the enquirers had it not been for THE SEXPERTS’ response. This type of response requires relatively little effort on the part of THE SEXPERTS since it does not require research or sensitivity in formulating the response. Oftentimes, questions that lead to standard responses regarding safer sex indicate that the information is new to the enquirer and that he learns something.

Standard responses regarding safer sex are generally given in the beginning of a conversation, often as the first exchange on the part of THE SEXPERTS. Standard responses were generally combined with a follow-up question regarding whether THE SEXPERTS’ response answered the enquirer’s question and encouragement to continue the line of questioning if it did not or if the enquirer has further questions.

### **In-Depth Responses Regarding STIs and Safer Sex**

In-depth responses regarding STIs and safer sex generally entail that information is relayed that is not as easily obtained as the previous category. Some responses are offered to specific questions such as, “How common is giardiasis in Sweden?” Others are offered as responses to follow-up questions to safer sex standard responses. One example is a follow-up question regarding whether there are various types of HIV virus and in which of the carrier’s bodily fluids they are found. THE SEXPERTS’ response to this question is a detailed answer about how HIV is passed on, how it mutates and the risk of transmission that is present even for two people living with HIV who have sex with each other. The role of THE SEXPERTS with regards to in-depth STI responses can most accurately be described as that of an expert that provides enquirers with the possibility of obtaining information about STIs and safer sex that is likely to be difficult to obtain otherwise. The role of expert requires that THE SEXPERTS have a greater deal of factual knowledge or that they know where to find information.

### **Responses Regarding STIs or Sex of a Personal Nature**

This type of response from THE SEXPERTS often entails advice or comments regarding the enquirer's personal situation or thoughts. One example is a question regarding whether the enquirer should be concerned that his sore and swollen testicle could be an indication of an STI. This type of response requires skills in communicating information in a way that enables the enquirer to take it in without becoming frightened or distancing himself from it. This type of response also requires outreach workers to carefully weigh whether he should combine his response with a referral or whether he should exclusively refer the enquirer to an authority other than THE SEXPERTS that can offer testing, counseling or medical expertise. It is important that the response clearly establishes that THE SEXPERTS cannot make a diagnosis, only offer advice and support.

### **Referrals**

As suggested in the analysis of the previous category, it is often necessary to combine responses with a referral or to exclusively refer the enquirer to another authority. When enquirers describe a symptom, THE SEXPERTS should refer the enquirer to a place to be tested. A typical example is the response to the question concerning the enquirer's sore and swollen testicle. Here, a referral is necessary regardless of whether THE SEXPERTS assess that the risk that the problem is caused by an STI is serious or insignificant. In many cases, THE SEXPERTS refer the enquirer to an STI clinic that is in close proximity to the enquirer's residence. The referral can come in the form of a telephone number or a direct link. Making such a specific referral is a great achievement on the part of THE SEXPERTS considering that many enquirers specifically indicate that they find it very difficult to know where to turn and that they do not seem capable of finding out.

THE SEXPERTS also make referrals to authorities other than medical bodies. Enquirers who show great concern and anxiety with regards to HIV are sometimes referred to another organisation and those who seem to be psychologically unhealthy are sometimes referred to counselors or psychologists. Responses to requests for detailed and comprehensive information on STIs, sexual techniques and so on can also be grouped into this category. In these cases, referrals to information on the Internet are often both practical and efficient. These various referral types require THE SEXPERTS to be well-informed as to where to find support, help and information that suits the enquirers' needs as well as to be skilled in relaying this information to enquirers in an appropriate manner.

### **Responses Regarding Sexual Techniques and Sexological Issues and Problems**

The focus of this category of responses is not generally HIV/STIs per se, though these aspects are often touched upon. Many responses answer questions regarding anal sex,

such as how to avoid pain or tips for making this form of sex possible. This type of response may also touch upon issues or problems encountered when using condoms and lubricants. This type of response often puts THE SEXPERTS in the role of 'sex expert'. Enquirers often seem to hope that THE SEXPERTS will provide them with answers to questions such as why they bleed during anal sex and how they can maximize pleasure for those they give oral sex to. This type of question requires THE SEXPERTS to be well-informed in the areas of anatomy, condoms and lubricants. It is important however that THE SEXPERTS know how far they should go in their answers and when to refer enquirers to other bodies of knowledge. It is a frequent problem that there are few obvious choices to which enquirers can be referred, which leaves THE SEXPERTS to decide between answering the enquirer's questions or leaving the question unanswered. This type of response can be very demanding and difficult to formulate, especially considering the personal angle the question may take and that the issue touches upon fundamental aspects of the enquirer's sex life.

### **Support, Encouragement and Empowerment**

Responses from THE SEXPERTS that are mainly meant to be supportive, encouraging and empowering have, for the purposes of this analysis, been placed in this category. However, it should not be forgotten that most responses are supportive, encouraging and empowering to some degree since this was determined to be an important approach early in THE SEXPERTS project. Still, there is always room for continuous improvement to this aspect of THE SEXPERTS' operations, that is, how THE SEXPERTS can genuinely provide constructive support and empowerment without it seeming exaggerated or overdone. For certain questions and conversations, this type of response is almost exclusively identified as necessary or in demand. One example is a man who feels extremely guilty and disgusted that he is attracted to other men. Another is a person who candidly shares with THE SEXPERTS that his partner was unfaithful and that this has had a detrimental effect on his life. For this type of response more than any other response category, the role of THE SEXPERTS is one of listener and supporter.

The types of questions asked of THE SEXPERTS put them into a comparable role to that of a counselor or therapist. Often THE SEXPERTS combine their empowering and encouraging response with a referral to another type of support, such as counselors or the like. Some responses in this category are not of a particularly sensitive nature but more of a confirmation that the enquirer is right in thinking the way he is. For example, one person reacted to a standard response from THE SEXPERTS on safer sex with, "I always use a condom when giving oral sex but my boyfriend says I can't get an infection from oral sex. Now I'll definitely continue to use a condom when giving oral sex!" THE SEXPERTS confirmed this comment by writing that it is good that the enquirer has determined what level of safer sex he feels comfortable with and that sex should be a thoroughly enjoyable experience for all involved.

## Effects

### Gratitude and Appreciation

A common effect of conversations between THE SEXPERTS and their enquirers is that enquirers show THE SEXPERTS that they are appreciated. This generally comes as an appreciative comment at the end of the conversation. Such comments are, “Fantastic service and information! Thanks!” and “Thanks a lot! I finally got the answers to the questions I’ve been carrying around for months now.”

Occasionally, the enquirers’ replies indicate that a sense of trust has been built up and that they will return with more questions should they arise. For example, “Thank you so much! I’ll get back to you if I have any more questions!” Not only do enquirers express gratitude for the trust built up between THE SEXPERTS and themselves, but it can be assumed that the enquirers have found a forum in which they can pose their questions regarding HIV/STIS, sex, safer sex, etc.

### Explanatory or Follow-up Questions

An important aspect of THE SEXPERTS’ job is to provide an opportunity for enquirers to further develop their question if they feel that their question has not been answered. The fact that many enquirers pose follow-up questions or develop their thoughts further should be considered confirmation that THE SEXPERTS generally succeed in encouraging this in their conversations. Conversations often take on a personal tone when enquirers pose follow-up or explanatory questions. This effect can be seen as confirmation that THE SEXPERTS successfully build up trust between themselves and the enquirers enabling enquirers to expose the reasons for asking the questions they ask. Explanatory or follow-up questions may come in the form of specific questions regarding sexual techniques, contagion and symptoms, whether they are of a general or a personal nature. They may also come in the form of private thoughts or problems in a number of areas of life. A great deal of skill in dealing with sensitive and private issues is required of THE SEXPERTS.

### New Question

In addition to providing space for explanatory and follow-up questions, THE SEXPERTS are tasked with allowing for other questions or thoughts to be brought up. In many cases, enquirers have built up an arsenal of questions. Experience shows too that enquirers often pose a “neutral” question that has nothing to do with the questions that inspired their contact with THE SEXPERTS. Initiating and leaving room for new questions is, thus, an important part of THE SEXPERTS’ response to enquirer questions and comments. It is often not difficult to achieve the effect of new questions being posed but rather that a plethora of varying questions follow at a quick pace. Occasionally THE SEXPERTS are required to repeatedly invite and encourage enquirers to formu-

late and pose the question or questions that are the main reason for contacting THE SEXPERTS. It is important however that enquirers do not feel compelled or forced to reveal or discuss matters. Instead, such encouragement on the part of THE SEXPERTS must build on a sense of trust and that enquirers genuinely feel that THE SEXPERTS is a good forum for receiving answers to their questions. The analyzed conversations and the fact that explanatory and follow-up questions are often posed show that THE SEXPERTS often succeed in striving to get enquirers to pose new questions.

### **Knowledge Transfer and Attitude/Behavioral Change**

One of the most desirable results of THE SEXPERTS project is to transfer knowledge and bring about attitude and behavioral changes in the target group, more specifically referred to as “enquirers” in this analysis. The desired outcome of knowledge transfer includes attitude/behavioral changes towards practicing safer sex. According to the analysis, this outcome is the most difficult of all to measure and analyze. The only available means of studying knowledge transfer and attitude/behavioral changes has been to study the responses given by enquirers in their conversations with THE SEXPERTS. But, far from all enquirers who were subject to knowledge transfer or who made attitude/behavioral changes can be assumed to have given such a response. In addition, there is no way of ensuring that actual change takes place in those whose response indicates an attitude change. It is with this problem in mind that this particular outcome has been studied in the analysis.

Three different types of knowledge transfer and attitude/behavioral change has been identified. In the first type, enquirers inform THE SEXPERTS that knowledge has been transferred: “Thanks, I had no idea!” or, “Ok, I didn’t know that I could catch HIV by swallowing semen.” In the second type, there is an element of surprise on the enquirer’s part, that is, a reaction of astonishment that is stronger than the previous type. Examples of this type of comment is, “Really? HIV doesn’t mean I’m going to die? I can live a normal, long life?” and (in response to finding out that STIs can be contracted via oral sex), “Then everyone should be recommended to use a condom when having oral sex too!” In the third type of knowledge transfer and attitude/behavioral change, the enquirer specifies that he will change his behavior as an effect of the information that THE SEXPERTS relayed. For example, “I’m going to call and book a time with The Gay Men’s Health Clinic on Monday.” And, “Man! I’m not going to let him come in me!”

As mentioned earlier, there is no way of ensuring that these indications result in actual attitude/behavioral change, but such responses can be assumed to be very good indicators that the information provided by THE SEXPERTS has had positive results. In addition, it should be repeated that in a majority of the conversations that have this effect, enquirers do not provide confirmation. The fact that there are a number of

examples of this effect in the material is assumed to be a clear indication that this is achieved with relative frequency.

### **Conversation Examples**

As mentioned earlier, it is difficult to provide a comprehensive overview in this analysis of how conversations progress and how various aspects of the analysis are interconnected in each individual conversation. For this reason, we will provide below examples of two conversations that have been broken down into the categories that are the basis of this analysis. This overview should not be viewed as more than a sample of a couple of the many conversations that were included in the analysis. But with this we strive to provide a general view of typical conversations.

#### **Conversation Regarding Oral Sex**

*Introductory Comment:* Direct general question. Main Theme: STI and transmission: “Is it necessary to use a condom during oral sex?” [In the analysis, the question is interpreted as being with regards to contagion that the continuation “to not risk getting an STI” is understood.]

*Response and Role of THE SEXPERTS:* Standard responses regarding safer sex: “It is not necessary to use a condom during oral sex. But it is good to know that HIV and other STIs can be passed on via oral sex. You are not obligated to use a condom when having oral sex—it is up to each individual to determine how safe they want to be. Feel free to contact us again if you have any other questions.”

*Result:* Follow-up question: “Is there clinical evidence of cases of people catching HIV via oral sex?”

*Response and Role of THE SEXPERTS:* In-depth response regarding STIs and safer sex: “Yes, there are actual cases in which it was proven that the person got HIV through oral sex.” Still, the most common route to transmission is unprotected anal sex.”

*Result:* Follow-up comment of a personal nature: “When I was at The Gay Men’s Health Clinic, I got the impression that there was no clinical evidence.”

*Response and Role of THE SEXPERTS:* In-depth response regarding STIs and safer sex combined with a referral: “It’s true that you can get HIV and sexually transmitted infections via oral sex. We advise that you avoid oral contact with semen to minimize the risk of transmission. But then what you do with the advice is up to you. If you’re interested in learning more, you could call THE DEPARTMENT OF COMMUNICABLE



DISEASE CONTROL AND PREVENTION IN THE STOCKHOLM REGION. They should definitely know more about research around the issue.”

*Result:* Attitude change: “In that case, we should be advised to use condoms during both oral and anal sex! That it’s up to each and every one of us is obvious! But if HIV can be passed on via oral sex, you should inform everyone that they should use condoms during oral sex!”

*Response and Role of THE EXPERTS:* In-depth response regarding STI and safer sex stressing individual responsibility: “HIV can be passed on via anal and oral sex and condoms are a good way to protect yourself. With this knowledge, it is up to each and every individual to decide how they will act and how safe he/she wants to be when having sex.”

*Comments Regarding Conversation:* The conversation was opened with a general question regarding contagion and oral sex by which the enquirer seems to want confirmation that there is no risk for HIV transmission when having unprotected oral sex. When THE EXPERTS convey that there is a proven risk of transmission from having unprotected oral sex, the enquirer persists and brings up personal information about his visit to The Gay Men’s Health Clinic. THE EXPERTS maintain objectivity and stress individual responsibility. The conversation culminates with what seems like irritation on the part of the enquirer that not everyone is encouraged to use condoms during oral sex. This can be interpreted as an attitude change. The conversation includes four questions/comments from the enquirer.

### **Conversation Regarding Risk of Transmission of HIV**

*Introductory Comment:* Direct general question. Main Theme 1: General question regarding risk of HIV transmission: “How great is the actual risk of catching HIV at saunas?”

*Response and Role of THE EXPERTS:* Standard responses regarding safer sex: “The risk is no greater than anywhere else. HIV doesn’t take any consideration to whether you go to a sauna or stay home in your bedroom. The location itself doesn’t matter. What matters is whether or not you protect yourself. Condoms are always the best form of protection against sexually transmitted infections regardless of whether you’re at a sauna or in your room. It’s as simple as that. Have I answered your question? If you want, we can send you condoms and lubricant anonymously and free of charge.”

*Result:* New question: Questions regarding symptoms, transmission and testing of HIV “Yeah, that answers my question. But I also wonder how you get HIV. I know it has something to do with blood, but I also heard that it can be passed on in saliva, true? Please send me condoms and lubricant.”

*Response and Role of THE SEXPERTS:* Response regarding STIs or sex of a personal nature: “HIV can be passed on if blood, semen or vaginal secretions contains the HIV virus. HIV is not passed on via saliva so an HIV positive person and an HIV negative person can kiss and not worry about transmission!”

*Result:* Follow-up question: “Ok, I guess the person I heard that from was lying. But I’m glad they did. I won’t kiss anyone who has HIV. It may sound prejudiced, but I worry about these things.”

*Response and Role of THE SEXPERTS:* Response regarding STIs or sex of a personal nature: “By knowing how HIV is passed on and not passed on, you can act wisely and avoid becoming HIV positive or transferring HIV to someone else. It could be that someone doesn’t know the HIV status of their partner, maybe he or she doesn’t know themselves, they could believe they are HIV negative but in actuality be HIV positive. If you practice safer sex, you minimize the risk of HIV transmission and can feel more at ease. If you’re worried, it’s a good idea to have yourself tested to see whether you’re a carrier. It’s free of charge.”

*Result:* New question. Conversation regarding questions related to HIV/AIDS of a personal nature: “I’m really worried that I have HIV, but I’m afraid to get tested. But I’m going to. I haven’t had sex since I started to worry, and would really like to. I’ve had too much unprotected sex but I haven’t let anyone come in my mouth.”

*Response and Role of THE SEXPERTS:* Support, encouragement and empowerment: “Good to hear that you’re going to get tested! It can really make you uneasy to worry all the time. rfs’s guideline is to use a condom for anal intercourse and to avoid oral contact with semen—it reduces the risk significantly. Would you like tips for where you can get tested or information about what the test entails?”

*Result:* In-depth question/continued conversation: “I’m just so nervous and afraid of the result. I know what the test is about, taking a blood sample from the arm. But I’m not sure where to get tested in [location].”

*Response and Role of THE SEXPERTS:* Support, encouragement and empowerment combined with a local referral: “Since you’re so young, you can go to the youth clinic near your home. But I’m not sure how well-informed they are of LGBT issues. Another alternative is [referral to STI clinic where enquirer lives]. I can only say that you’ll be relieved once you’ve done it. It’s really stressful to be in a state of uncertainty. Feel free to contact us again if you have any other questions.”

*Result:* Gratitude and indications of behavioral change: “Thanks, you’ve really been helpful! I’ll call sometime this week and book a time or something...”

*Comments Regarding Conversation:* A conversation that starts with general questions regarding the risk of HIV transmission. After a number of exchanges, the conversation takes a personal tone and the enquirer’s concern for transmission becomes obvious. THE SEXPERTS encourage the enquirer to get tested and provide the enquirer with names of places to get tested in the enquirer’s hometown. The result of the conversation is that the enquirer feels that he has received help from THE SEXPERTS and comments that he will be booking a time for testing during the week. This can be interpreted as being a sign of behavioral change. The conversation includes eight comments from the enquirer.

## **SUMMARY AND CLOSING COMMENTS**

The qualitative analysis brought to light a significant number of aspects of THE SEXPERTS’ project. The knowledge level behind the questions posed varied greatly. Some enquirers seemed very knowledgeable whereas others seemed to have little to no knowledge of safer sex. Some enquirers were comfortable with sharing very intimate details of their private lives with THE SEXPERTS whereas others found it difficult to formulate personal questions.

The analysis shows that the role that THE SEXPERTS play in the conversations varies depending on the enquirer and the questions posed. At times, the role of THE SEXPERTS is one of an “interactive informational brochure”, at others, it seems to be the only source to which the enquirer can turn with what he feels is a nearly insurmountable problem. The analysis shows that it is vital for the quality of the project that the outreach workers are very knowledgeable with regards to the various aspects of safer sex and that they possess good instincts for knowing how to deal with the situations that arise. More often than not, unexpected or difficult questions are posed that require THE SEXPERTS to have a good overview and be able to provide an ideal answer. The analysis shows a number of examples of how THE SEXPERTS were successful in effecting knowledge transfer, attitude change and empowerment, which can only be perceived as proof that the project was a success. Nevertheless, this type of project is always in need of continuous development. The outreach workers can always become more knowledgeable and their skills more refined in a number of areas.

The skills of THE SEXPERTS of receiving and managing delicate situations are often put to the test. Also frequently tested are their skills in delivering their message of safer sex with a positive tone in which they highlight the positive aspects of safer sex. For their responses to be of the highest quality, THE SEXPERTS must also be well-informed

about STIs and safer sex and refer enquirers to factual sources or ask for time to acquire an answer. They must avoid guessing. Other areas worthy of development are knowledge of anatomy and sexual techniques. These issues often arise unexpectedly and require a high level of knowledge for formulating complete and useful answers.

The analysis shows that it is important that THE SEXPERTS pose follow-up questions to enable enquirers to realize or formulate the personal questions that form the basis of their contact with THE SEXPERTS. For this reason, it may be suitable to arrange for skills development of THE SEXPERTS in formulating responses to enquirers. As mentioned in the analysis section, there is room for refinement and development of the support, encouragement and empowerment that THE SEXPERTS should include in all conversations. It is a balancing act to provide support, encouragement and empowerment that does not seem exaggerated or overdone. This skill is important in THE SEXPERTS project and crucial for fulfilling the goal of the project.

To conclude, the analysis proves that THE SEXPERTS project is dynamic, well-suited to its purpose and an enormously effective means of informing the target group of safer sex. Hopefully, this analysis will serve as the basis for an overview of the communication, issues and effects that THE SEXPERTS were confronted with in 2007 and, in the long run, also be used for further developing the project.



**PART 3**

**ABSTRACT OF THE META-EVALUATION OF 2009**

by METHODIX OU



## **SUMMARY**

### **What measures are currently being taken and how can they be improved?**

Currently, the project implements three main follow-up and evaluation methods:

1. Everyone who contacted THE SEXPERTS was asked to answer a web-based questionnaire
2. All conversations are documented, reviewed and statistically analyzed
3. Discussions and follow-up checks are continuously held with outreach workers

The interviews we conducted with project managers and a number of outreach workers indicates that these methods work well. In addition, outreach workers themselves receive a significant amount of feedback. Some enquirers specifically stated that they received help and that this help has, or will, change their attitude/behavior. However, there is always room for improvement. The project could take the following measures toward development:

- Develop the web-based questionnaire to include more questions regarding whether the enquirer has previously contacted the sexpertes and how meaningful the contact was. A checklist and conversation template must be developed that will facilitate for outreach workers to constructively encourage enquirers to answer the questionnaire.
- For follow-up discussions with outreach workers, develop more specific, recurring questions regarding feedback from enquirers, more explicitly, the benefits that enquires got from these conversations and how their attitudes and behavior were/will be affected.
- Systemize and develop methods for obtaining and mapping opinions and comments about THE SEXPERTS from other sources (such as via an Internet search of what is being said about THE SEXPERTS on other sites and other Internet forums).
- Collaborate with and add questions regarding THE SEXPERTS to other surveys, for example when following up events such as STOCKHOLM PRIDE. Here, questions can be posed such as knowledge of and previous contact with THE SEXPERTS and whether it has changed attitudes and/or behavior.

### **Are there ways to measure the long-term effect of The Sexperts project?**

The conclusion of this report is that many traditional evaluation methods are not available or applicable to THE SEXPERTS project due to the necessity of anonymity of the target group and that conversations are dependent on enquirers voluntarily talking about sensitive issues. Individuals and groups cannot be selected for interviews, nor can they be monitored for actual changes in attitudes or behavior as a result of



conversations. In addition, the content of answers in interviews and questionnaires is limited to what respondents choose to reveal, and as such, there are no guarantees that these answers reflect reality.

## **Closing thoughts**

This meta-evaluation has given rise to a number of thoughts and questions:

Firstly, is it necessary that a project be measurable to be good? Naturally, there are a number of activities that are beneficial and of value though their exact value and effect cannot be measured in percentages or absolute numbers. If not measurable, are such projects worthy of support when their exact benefits cannot be extracted? Can funders be content with the knowledge that certain projects work well and that they have a positive effect without knowing just how great the effect is? Could a number of indicators that indirectly show value, benefit and results be enough? If not, a very large percentage of publicly funded projects would be considered non-profit. If they were enough, it would be necessary to develop the best possible indicators for the evaluation.

Also worthy of consideration is how great demands can be made on a project with regards to evaluation and quality assurance. And of course, it is partially a question of resources. Certainly, it is theoretically conceivable to hire a research team or market survey company in each minor project that would, for a sizeable fee, make a very thorough quantitative evaluation of the outcome. But are there means for this? Is it reasonable to dedicate a large amount of resources on measuring and analyzing the results of small projects? And then there is the issue of knowledge and awareness: What knowledge level of quality, statistical analysis and evaluation methods can be demanded of non-profit or voluntary organizations? Is it realistic for society to put the same demands on follow-up and evaluation of non-profit-based projects as on public and private organizations that have quite different resources in the form of funds and competency?

Evaluators constantly struggle with the problems of measuring the short-term and long-term outcome and qualitatively/quantitatively evaluating results. In *THE SEXPERTS* project, this problem is particularly evident. There is no obvious answer for this project or in other organizations. But undoubtedly, this is an important and exciting issue that will most certainly continue to be important in this and other projects!