

Peter Bampton

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PARTICIPANT: My name's Peter and I grew up in Southport, which is in-between Liverpool and Manchester. We know... how much kind of background do you want to know? Like, all of it? Okay, I'll start again. So my name's Peter, I grew up in Southport which is a seaside town between Liverpool and Manchester. I came out to my parents when I was about 16 and I went to an all-boys school which was sort of a bit challenging because I think there was a lot of things around kind of masculinity and partaking in different kind of masculine activities like sport. And it was quite odd, I found the other gays within the high school, we just kind of like came together and sort of hung out and I think that that was maybe the first time for a while where I started to feel like myself and sort of feel that liberation. But I would probably say for the first three years in high school that was very suppressed, whereas when I was in primary school I was kind of like my own character and stuff and I think that was quite a stark contrast of going from primary school and being quite an extrovert in Primary School to being really introverted in the first three years of high school.

And I think now, when I think where I'm at now and some of the people that I see, I think that the socialisation of gay and bi men over time is the way that's impacted the way that we communicate with one-another and out friends and our family, and I think I've been really fortunate that since high school and going to college and university, I've been very much comfortable within my own sexuality but I think in terms of the way I sort of see myself and my confidence, my body confidence and the way that I used to think about sex was quite suppressed, I think that was very internalised but I don't think it necessarily came from anyone else. I don't think anyone else has made me feel that way.

So I'd kind of say that's come to the heart of where I'm at now as sexual health lead, is making people feel confident within themselves and the way that they see their bodies, the way that they see their place in the world, within relationships, within hook-ups, that their sense of self can really affect a relationship. And I think it really affects the way that they advocate for themselves when it comes to negotiating relationships of hook-ups and stuff. And I think it's really important that we empower one-another to be proactive and confident to say when we want to explore things in the bedroom. I think in terms of... sorry... scratch, hope that doesn't get picked up.

I think one of the largest issues that we still face as a community is that for so many years we've been told that the sex that we're having is dangerous, that it's immoral, that it's degrading. And I think that we, that still hangs on us, that still is at the core of us being able to feel confident around one-another. I think sometimes there's a lack of trust amongst ourselves to be able to have really great relationships with one-another, even if that's just one night with someone that you can then wake-up in the morning and think 'actually I have no regrets because we've both had an enjoyable experience, it was a great time'. But there's something there where we've been told that we need to doubt it, we need to question it.

And then that becomes very internalised. Because if we're all thinking that but we're in isolation thinking it and everyone else is coming across as really confident and

comfortable it's really hard to then speak up and say 'actually, I'm really struggling with this'.

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INTERVIEWER: I mean obviously, how did you find coming out? Was it...?

PARTICIPANT: I... so, I came out to my parents by writing them a letter. And I left it on my mum's pillow. And I wanted to sort of... I think because my confidence had really sort of changed since primary school going in to high school and being around so many other very sort of heteronormative young men growing up within high school, I think that I kind of lost my voice along the way when I was there and I think that I needed to articulate it in a letter to make sure that I'm able to... yeah, articulate it in the right way. And I remember sort of then just sitting on my laptop in my room thinking 'I don't know what to do next' and just sort of twiddling my fingers, and then my mum came in and she was just really supportive and said what the important thing was that I feel confident in myself and that also it's not anyone else's right to know what my sexual orientation is. And just to feel very liberated about who I want to pursue a relationship with. And yeah, just that, your sexual orientation and who you're having relationships with and the sex that you're having, that is something that you're in control of. No one has a right to know that, but what is really important is that you feel empowered to be able to talk about it when you want to talk about it because our relationships and sex can be a really important aspect of our lives.

But I think that the struggles that maybe I've had around my confidence has been... meant that I kind of like suppressed talking about maybe my sex life, and navigating partners, and being able to advocate for myself. So now I'm trying to practice what I preach myself.

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INTERVIEWER: And what was your first recollection of... I don't know if you know about obviously AIDS and HIV and STIs. What was your first...?

PARTICIPANT: I don't-

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INTERVIEWER: Was it like, when it hit the headlines?

PARTICIPANT: I mean, in terms of my sex education at primary school, we watched VHS tapes of a mum and dad naked in a bath with a child, and then I remember one time I was off sick on the day and they offered to lend me the VHS tape, and it was a pregnant woman giving birth. And then in terms of in high school, the only recollection I really have is very nervously laughing when we started talking about penises, and again it was just about reproductive health. I don't think we ever addressed pleasure. We never got shown, at an all-boys school, how to put a condom or where we would get condoms from. Which is really concerning, because I think sometimes there's a thing for people to assume that if you talk about something you're actively promoting it. But we've got to face up to the reality that people want to

have sex, and we need to equip them with the knowledge about, if they are going to do it, how they can put themselves in the best possible position. Which sounds like a very democratic way to say 'here's where you can go and get condoms' and 'here's how to support your partner if they happen to be female and they might get pregnant'. And yeah, I just think what's lost is that connection and that way to communicate, and I think that if you're just told that you're a reproductive body then how are you going to communicate with someone about pleasure and consent and exploring things? And I think... I think it's a similar thing for men as it is for women because I think also that women are taught that their bodies are just there to reproduce. And we don't talk about pleasure with women. We... yeah, it's just very odd, very perplexing.

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INTERVIEWER: I mean going back to obviously, when, with sexual health, especially HIV and AIDS, did that change, well, your opinion of how you met people, what you did, and maybe possibly by being gay?

PARTICIPANT: I think that... I don't think I really heard about HIV until I was in my twenties. I don't, I honestly can't recollect a time where it was discussed amongst any of my friends. Or with anyone that I've met really. I think the first time that was, I guess, on my radar, was at Manchester Pride, and I remember seeing George House Trust parade entry and then also the vigil, and I think that the combination of the two made me realise that this is something that still needs to be talked about. But I think the only other instance where I can think that I might have heard of HIV might have been via news articles about Princess Diana. Which I know sounds really an odd thing to say, but we did have, Princess Diana opened a hospice in Southport and I remember as a young kid seeing the limo pull up outside the hospice. So I think I heard sort of her advocacy work, but again I will have been so young that I won't necessarily have understood what HIV was. Or particularly its prominence within our community. I think quite a lot of it was about international aid, so I think that maybe growing up I was just aware of how it was affecting other populations.

The moment that I think struck me and the reason why I pursued a career in the charity sector was the vigil and also one of my friends at the time opening up to me that they were living with HIV and that they'd had a really negative experience with their parents, where they were chucked out of their house and they were ostracised, I think that they felt that they couldn't be open with their close friends and instead they needed to rely on the support of their ex-partner, and I just remember thinking that's so sad not to have that immediate support network there. And I think particularly for me growing up I did have that with my parents when I came out as gay, and I think that sometimes we associate issues that affect our community, that they will be received in the same way as our coming out stories. And that's not true unfortunately, I think there's still a lot of ignorance when it comes to sex and sexual health. And then from that moment, I think that was not far before World AIDS Day, so again going along to the vigil was then when I contacted George House Trust, which is a HIV support charity in Manchester, and I started volunteering for them as an advice support volunteer. So that was helping people with, who had either no disposable income or very small amount of benefits coming through, to support them with financial applications to charitable trusts for things like bedding, new cookers.

Just a lot of components that we take for granted being in the household that would make us feel comfortable and a sense of home and comfort. So I was doing that for a couple of months before I then moved on to be the World AIDS Day intern, so being able to liaise with different organisations to make sure they had red ribbons, that fundraising tins were in different locations, to set up the World AIDS Day vigil, contact performers, and just make sure that HIV is on people's minds and they understand how that still affects us, not just as a community but also as Greater Manchester with that extreme prevalence in Manchester and high prevalence in three of the localities, and for there not to be an ignorance that yet, we see some fantastic changes in the sense of reduced diagnoses in some areas of the country and achieving some global ambitions around people being on treatment and having undetectable viral loads, but that doesn't take away the impact that that's still having on so many people's lives, whether you're living with HIV or whether you're affected by HIV.

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And seeing so many people, I guess, feel depleted by some systems that aren't helping them along the way. Like, for example, people that have got fear of being deported and the repercussions that that entails when you return to a country that will jail you or humiliate you for living with HIV, where we should be compassionate and we should understand that HIV affects people in different ways and we see some people living fantastic lives which is something we absolutely should celebrate, but there are still a lot of people that really struggle with it. And yeah, over the course of time I've gone from volunteering to starting a role at LGBT Foundation working on the trans programme, but continuing to volunteer at George House Trust, and at the same time I started at LGBT Foundation I also became a trustee at the George House Trust as well, so sitting on different sub-committees to make sure that the organisation has a great network of people that fully support the message and that we have a great direction in terms of the different programmes of work that are being delivered, that messages are still out there, that people are still being affected by HIV and need that continued support and investment from local authorities and charitable trusts along the way. And I think that being in that role has made me understand maybe the qualities that I possess that prior to that I had really low confidence and I still have my ups-and-downs with my mental health and wellbeing, I'm vocal about living with anxiety and depression, and sometimes I have really good resilience and then other days that I question my abilities and whether I'm in the right role. But I think it often comes back to those connections with service-users, and to be an activist doesn't always mean that you're front line, or that you're always vocal about the changes that are being made. Sometimes you can be that person behind the scenes who is entering that data that demonstrates the influence that community organisations can have on policy and reach to people that have never tested before, and I think that's something that resonates to me more than anything.

I think, I feel really proud to be in a senior position within sexual health within the organisation, and sitting on a board of trustees, but ultimately the reward is more so hearing about what my team of officers and the organisation are having with the connections that they're having with people, that will then go home and they'll be able to talk to their partners about when they last tested, about how they can have more enjoyable sex with reduced fear and anxiety of HIV and STIs. Or shame that

they feel that when they are going on hook-up apps and how to be able to turn round to those people that attempt to shame them and say that that's not acceptable and that we need to make a cultural shift to hold people to account when they are shaming people for hooking up and enjoying sex, and we need to make that shift.

Sorry, I completely went off on a tangent on that.

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INTERVIEWER: [Missed] [00:18:22] fully's probably the wrong... but I was reading in the paper coming in today that the number of infections of HIV in Europe has gone up in the last year for the first time in seven years. I mean, is it, do you think it's possible that people are becoming a little bit complacent? Using safe sex and we talk about unprotected virus and loads...

PARTICIPANT: I think, in terms of where we're at with sexual health, I think it's a tricky one if we solely focus on statistics. Because I think the reality is when we're pushing those messages that people need to test more frequently then there is a possibility that we will pick up more diagnoses and I would rather than we saw the numbers go up of new diagnoses if it means that we reach the people that need that support. I think my concern would be around the low number of people that are testing at least annually, and my concern would be on late-stage diagnoses because there's a reason why someone has held out from going to get tested. So I think that particularly to see that as a high number and within a country that has a public health system and a duty of care to people most at risk of HIV, I think we possibly need to change tack about the way that we reach those people. I think for too long the message was focussed on behaviours and risk and what we're not doing is normalising the nature of testing as part of ways that people can enjoy sex

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I think the vast majority of people that we're seeing through our community testing clinic, there is still that anxiety and that fear of talking to someone about HIV, just in general, of kind of, that might open a floodgate or it might stop people from having sex with them. And then that means that's a cultural thing, and we need to be really candid with people but also make them feel more comfortable. And it's not that we're not saying that HIV is serious because it's still an epidemic and I completely take that so seriously, and I feel a weight on my shoulders that I need to be really sensitive about the way that I address that, but I think that we can't just address it in terms of risky behaviour. I think we've got to talk about it, about 'this is the way that you're taking control of your sexual health' and talking to that person as an individual, that your health matters. I think often what's happened in the past is when someone's had a reactive diagnosis is some proponents of the healthcare system has though, 'well let's think about the partners that they might have affected' rather than treating that individual that's in front of them, to make them to feel comfortable or to potentially talk about HIV to their partners that they've had sex with or they're going to continue to have sex with. And I think that we should be celebrating the successes that we've had, that have really come from within the community more so than from within the healthcare system. So openly talking about having an undetectable viral load, talking about self-dosing on PrEP and then engaging with healthcare services

to essentially be guinea pigs in going through tests of taking generics to see whether that drug is what it says it is. And isn't that such a reflection of where we were back in the Eighties and early Nineties, when we think about the Dallas Buyers' Club of people buying generics of HIV medication back then. We've come full-circle. So actually a lot of progress that I think has been monumental in the past, we have had to come back round full circle and we are going to continue to face these challenges. So I think it's important not to become complacent when see some of the successes because I think some of those are contained successes. Like the example of the dip in new diagnoses amongst gay and bi men in some London clinics is not necessarily what we've seen in Greater Manchester, or at least we haven't got that data yet. So I think that we really need to think about what's on our doorstep and how we can be responsive to that, and I think the only way that we can really see a movement or a change in, sorry... the only way that we can see a movement and a change within the epidemic and the way that we talk about sex and HIV is it's got to come from within the community. So I think we've got to think about ways that we deliver workshops, one-to-ones, messaging, when we're on hook-up apps how do we talk to people about sex without them feeling that we're stigmatising them for being on hook-up apps? And I think that that means that we've got to map that with the community, so people that are living with HIV, people that have been fearful of campaigns in the past to be really open and honest about what has deterred them from testing. And we're exploring that already, we've got a testing survey out at the moment about, what are some of the barriers to people testing? When are where do they want to test? What kind of tests do they want to take? And I think us then being like, more transparent about the limitations that we're having as a community organisation, what tests can we deliver within the community, which community members are we funded to reach, and to explore other means of reaching some of those communities that are regularly not referenced when we talk about HIV and risk.

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So for example, I think the trans community and bisexual people are often not visible within campaigns. Or when they are visible it's not explicitly spoken about their identity. So that can be often misread that they're either cisgendered or that they are gay or heterosexual. So I think we need to be more forward about talking about that, because I think the more that we talk about visibility, the more that we put that on our agenda, that this is everyone's role to support one-another when it comes to sex. And even when I think about... I think a lot of stigma can also sit within our own community, we can judge one-another for the sex that we're having. I think there's still slut shaming, I think there's still shame on people for not necessarily being in a monogamous relationship. Or there isn't a discussion about why people want to be in different relationships and how that might work for people, and for us to not have that ignorance that because we don't identify in that way that other people don't, and that that might really work for them and that as a result of being comfortable and exploring sex in different relationships, they're actually having really passionate and enjoyable sex with their partners that maybe some people that have got more traditional values or views on sex haven't sort of been enlightened to the way that we can sort of talk about sex. I don't know if that makes any sense whatsoever.

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INTERVIEWER: Just going back to some of the things you were saying there. and obviously about [Missed] [00:26:10] do you think obviously, this sort of different access to testing and treatment depending on which part of the country you are in, thinking obviously, London there seems to be more readily available testing and I think they given the trials of PrEP down there but not up here.

PARTICIPANT: Yep.

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INTERVIEWER: I mean, do you see that, especially in your role, there tends to be a big difference depending on the treatments you can get, depending on where you are in the country?

PARTICIPANT: I think part of the issues when it comes to sexual... sorry, I'll start that one again, it's not 'sexual' health. I think part of the issue when it comes to sexual health is that it sometimes is a postcode lottery and I think sometimes there is something related to class and disposable income as well. So for example, if someone was to buy PrEP privately they're looking at something like £400 for a 28-day course. However, if they're able to source it from the internet it could be as low as £35 a month, but still for some people they can't afford that. And access to things like trials, for example, if people don't necessarily have that confidence or they're not already engaging with sexual health services, how do they feel comfortable to navigate things like trials and to be out and open and talking about the sex that they're having? Because that is a conduit to some of those trials, is to be really open about the sex that you are having. So yeah, I think it... it's an issue and it's a systemic one that... but it's hard because commissioning happens differently in different boroughs, and I think we need to be really honest with ourselves that something that works in one part of the country isn't going to work in another part of the country. Because we have a different makeup as well. We have, for example in Manchester, we have ten local authorities. But when we think about sort of populations and community asset mapping, you may have an increased population of gay and bi men within Salford and Manchester City Centre, but when we then go over to Rochdale we'll have more BME communities, and BME in itself is a large group and when we talk about exposure we're often talking about black African communities who are most at risk. So the way we have to tailor our messages across ten localities in Greater Manchester alone needs to be different because people receive information in a different way and I think we need to be really conscious of that and not assume that everyone has an understanding of how to take control of their sexual health. They don't necessarily have the resources, they don't necessarily have the support and the networks around them to give them that uplift, to encourage them to go to testing clinics or to be open about the sex that they're having. And I think also I think as well we're quite fortunate at the moment that I don't think there's been any closures within the sexual health services in Greater Manchester, but I know that within London there's been several closures recently and that's just when a report's come out that there has been that reduce in diagnoses, so I'm not too sure what that would look like next year. I think we celebrate successes but we don't know what the next year's going to look like and

constantly we're seeing cuts to various contracts, I know that we sit as an organisation across multiple contracts, so it's not just local authorities. It's when we're looking at foundations and trusts as well, is that we're having to be more innovative about the way that we reach harder-to-reach communities, but when I talk about visibility and inclusion often when we talk about harder-to-reach communities it's based on the data that we have with people that are engaging with mandatory... not mandatory, sorry.

Sorry, I'll start that one again because it didn't make sense. So when we talk about access and visibility and inclusion, often that's based on people accessing GP services, GUM clinics, dentists. It's about those core services and harder-to-reach communities aren't always engaging in those services, so the evidence and inclusion is not always there for all LGBT people, so for example some trans people might not feel comfortable navigating some of those services is the set-up of them is about binary identities and potentially misgendering or not taking in to account their healthcare needs. And again, sometimes when we talk about targeting messages to men who have sex with men it's often, that doesn't include the sex that they might be having with women, for example. So if that's not part of the narrative and that's not being counted in research and services then we're not doing that full reach at the moment, and I think we need to be conscious of that particularly as an LGBT community, that there's more people affected by HIV that don't necessarily have that equal access to testing services, to resources and information and support. And I think that's already being demonstrated in terms of the recruitment on to the PrEP trials, I think that there's been a low engage... there's been a low uptake within the trans community because we've not necessarily had targeted messages to member of the trans community about how PrEP can help support them and the sex that they're having. So yeah, I think we've got a long way to go to ensure that visibility and inclusion is there for all LGBT people when it comes to sexual health.

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INTERVIEWER: [00:32:36] Since you've obviously started in your role, would you say the attitude towards HIV and AIDS has changed, and maybe more people have been more educated about it?

PARTICIPANT: I would say mainly from our experience of our rapid HIV testing clinics that when we do wellbeing assessments, we do ask people about their knowledge relating to sexual health. I think some things that we do take for granted when we work in sexual health, that people have a baseline knowledge of things like condom usage, regular testing, where to access PEP, PrEP, how to talk to people about sex. It's not where it should be, or maybe where I assumed where it was. And I think there becomes an assumption that because we as a community are so affected by HIV and have had such a long history with HIV that that's resonated with everyone. And like I've said with my own experience, I didn't really have much knowledge of HIV until I started volunteering within sexual health organisations, so I think that we still need to do a lot of improvement, I think still when it comes to sex education it's still not there, it's not discussed. And I think also as well when we're talking about HIV we often isolate that to gay men in particular, but there is a large, there is a rise amongst white heterosexual people being new diagnoses. We're still seeing a prominence amongst black African communities, sex workers, trans

women, and again if we're not openly talking about how HIV can affect all of us, not necessarily that there's a strong prevalence there within every community, it still can have an impact on people. There's people living healthy and positive lives with HIV, but we're just not aware of it and it's just not necessarily up to people living with HIV to educate people that aren't living with HIV. It's up to us to educate ourselves and then to educate our friends and family that HIV still has an impact on us.

I think in terms of the approach that I'm looking to take with our sexual health programme, it's to go back to basics, to empower people to be able to talk openly about sex but also how we can do small things to build our confidence and have a consistent check-in with our sexual health. So like one of the smallest things can be like looking for symptoms, to have sort of a check when you're in the shower, check how does your body feel and look on a day-to-day basis and spot those changes to, how do you feel when you wake up in the morning in terms of your sense of wellbeing, are you having any kind of like symptomatic things around like weakness and tiredness? Who can you talk to about that? Where can you go to check in? And going, and for us to actually go out in to the community and start testing in the community. So for example, for National HIV Testing Week this year, this is the first time that we as an organisation, our staff, have tested outside of our building and Salford, and we're going to be in all ten localities. And we're going to be in different venues at different times, so for example saunas, community venues, a closed bar. They're different points of access that we know that different members of the community like to socialise in, so we need to go out and reach those people rather than make an assumption that people feel comfortable to come to already established services or buildings. It might be that it's not on their radar, but not everyone also has that mobility to always come in to the city centre or if people are working until five o'clock and services are closing at five o'clock, we've got to test later, we've got to test at weekends, we've got to go in places that are obtainable during their lunch break. And really think about, yeah, increasing that access.

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INTERVIEWER: Just on one thing you mentioned about sex education, I mean I don't know whether as an organisation you go in to schools, but and I appreciate the problem-

PARTICIPANT: We say unis. We're in unis, universities.

[00:37:33]

INTERVIEWER: Yep. Do you think maybe, the thing is, with sex education, with the youngsters maybe, when they're coming to the end of the secondary school needs to be improved, especially about the use of condoms. Because I've noticed the adverts on TV now for condoms, had one back to what I call the old days where they're just talking about condoms there to prevent pregnancy, they're not mentioning about STIs and HIV, etcetera.

PARTICIPANT: I think it's really important that we think about where we socialise and where we meet one-another and how we meet our partners to sort of hook-up, so things like bars, pubs, different societies, hook-up apps. And I think at each of

those moments that we start to explore sex, there needs to be an opportunity for people to talk openly about it. So for example we are going in to some sixth form colleges, we're going in to universities, and we're doing workshops. We're offering testing after the workshop as well and talking through that process. I think one of the biggest barriers that we've noticed to people testing is a fear of blood and needles, and so testing has really changed over time. So for example ours is like a finger prick and people are able to get their results in minutes. And it's not a case of people not wanting to know, but it's a fear of how that's going to impact them and affect them. And I think that it's also not telling people to change their lifestyles or the way that they go about enjoying themselves, but often alcohol and drugs can play a big part in people's lives which then can change their equity, and in that moment of making informed decisions, so if we can equip people beforehand about different ways that they can prepare themselves, so whether that means giving them access to things like our safer sex packs, where there's condoms and lube in there, information that if you wake up in the morning and you think 'I'm not too sure whether I used a condom last night or whether I had enough PrEP in my system', that people know they can go and access from PEP from a sexual health clinic or go to A&E. I think that it's, sometimes it's about snippets of information that are really accessible.

And to help equip people with that confidence to know where to look for that information or to receive that information in a really simple and concise way. So when I think about like the evolution of our safer sex packs, you're not only just picking it up for the condoms and lube, but when you open that up it's telling you how to correctly use the condoms, it's also promoting that if you're having multiple partners or having like rampant sex sessions that's a really positive thing for a lot of people, but just make sure that you change that condom. If you're feeling like there's going to be any tears or that you're no longer comfortable that you lubricate or take a break, that you know where to access PEP, you know where your nearest testing service is, you know about window periods and when you're likely to pick up HIV on tests and the frequency of testing. So I think there's so many different ways that we can communicate that with people whilst also celebrating different ways that we enjoy life and getting to know other people, and actually if you enjoy going on a night out and hooking up with people after a night out that's a really positive thing, providing that you're having a good time. And that you can advocate for yourself and what you want from that interaction.

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INTERVIEWER: Yeah. Is there anything else you'd like to say, or-?

PARTICIPANT: Maybe... just a short thing, maybe going back to being an activist and how people can be activists maybe. So I think what I've learnt along the way is that I didn't necessarily have that confidence within myself to see myself in a front line role, and I was having a really bad time in my old job where my confidence was really knocked, and I was working in retail and I convinced myself that that was the only skillset that I had, and I wasn't taking advantage of my degree, and that's how I started getting involved in volunteering, not only to like improve my wellbeing but I think the way that wellbeing was improved was by giving back to the community. And I think that builds your confidence that you might not necessarily see that self-worth in yourself but you can see those attributes and those qualities that you can instil in

other people. And I think my message in terms of activism is it takes so many different forms and it doesn't mean that you need to be on the frontline all the time. It doesn't mean that you need to show up at every protest, it doesn't mean that you need to give countless hours every single week. Literally giving thirty minutes of your time to pack condoms or lube or to enter information on to a database in the office or to hand out information about PrEP on an outreach stall, something so small can give someone that confidence to, yeah, just take control of their sexual health. And you might not always see those outcomes, but just remember that activism starts from giving someone that knowledge and resource to take action. And that to me is at the core of activism.

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INTERVIEWER 2: Yeah, no, that's really great. Is there anything else that you wanted to talk about that we haven't chatted about, or any-

PARTICIPANT: Can you think of anything?

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INTERVIEWER 2: Well I'm just thinking, have you got any kind of stand-out memories of your time doing sexual health outreach, sexual health work, with people? Are there any light bulb moments or moments that have kind of...? I mean, you talked a little bit about one of your best friends, how they were treated when they received their diagnosis. Are there any other kind of moments for you that kind of stand out, looking back over your personal life but also maybe career?

PARTICIPANT: Erm... I think from a personal sense, so I think that my own sense of wellbeing and confidence has dramatically changed because I was at such a low ebb before I started volunteering that I did have really bad suicidal thoughts and I remember, in terms of the turning point... sorry, I'll start that again.

[00:45:00]

I think in terms of the turning point for me was having suicidal thoughts for me when I was working in one of my old jobs and before I started volunteering, and I went for counselling sessions through that organisation. And I remember, it was quite an upfront question and I hadn't quite anticipated, but the counsellor asked my 'why didn't you go ahead with acting on taking your life?' and I think the term that she came out, that came out from the discussion, was a sense of I felt like I hadn't fulfil... sorry, that's not just like coming out at all. I'll start again.

So in my old job about four years ago I remember having really strong suicidal thoughts and a real lack of self-worth that led to me accessing counselling through that organisation. And I remember having a conversation in my first session with my counsellor, and he question was, why didn't I act on my suicidal thoughts? And from that conversation, the term that she came up with was 'legacy', which was basically, I hadn't felt that I'd fulfilled my purpose. I didn't necessarily know what that purpose was, but I felt that there was something that was missing and I think that, I felt like a lack of value to my everyday life, which I know sounds kind of like really dramatic,

and I remember then going in my final session with a final list of ten things that I wanted to do within the next six months and one of them was to start a career within the charity sector. Of not really necessarily knowing where that was going to go because of that lack of confidence and not necessarily having the skills or knowledge to progress, but just really thinking that there was something more. And I think that when you then meet other people along the way and realise how sex and sexual health has affected their wellbeing and when they're having similar thoughts about their life and their worth and their value, I think that's really resonated with me and I think that I've seen that on several occasions of people feeling so overwhelmed by how HIV has impacted them and has isolated them and had just really knocked their confidence to be able to pursue something that they really enjoy, and not have that self-worth to think that 'actually I deserve to have a really enjoyable life and I deserve to have people around me that are supportive.' And when I think where we're at now in terms of the prominence of chemsex within Manchester for example, people feeling that they need chems to have an enjoyable experience and a connection with someone and an intimacy.

And even though I don't have that experience with chemsex, but when I think about my self-worth when I'm connecting with people, especially in the past of sex and the way that I look at myself, I can understand why some people have taken that path and it's really upsetting that we're not at a point where we can have an honest conversation with one-another that we need to support one-another along the way to yeah, just to have an enjoyable experience and just be in a comfortable environment with someone that doesn't need those stimulants which then can really impact people. When there becomes a dependency or there becomes such a lack of self-worth that we need to take our... have an out-of-body experience where we're not living in the moment and really enjoying that experience for what it is, which is a connection, and enjoyable experience where those pheromones are flowing through people's bodies and what I want to see and one of the things, one of the initiative that we've started, called Between the Sheets, is getting people to talk about their enjoyment of having passionate sex and intimacy that I think is often missing from out there. Like when you think about the news stories, in a lot of the gay press as well, it's about transactional sex where it's kind of about, this person's really attractive and we just hooked up, but we're not talking about, right, how do we feel emotionally? What are those, like, really good experiences in the bedroom or out in public, or cruising, or on sex on premises venues. That's really exciting for a lot of people but we've not given people those platforms, so we need to continue to do that.

[00:50:10] End of transcript.