Migrant gay men

Redefining community, restoring identity

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Research Report

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Contents

Forward: rethinking gay communities

This report presents the results of one of three studies examining the ways social and cultural factors shape gay male identity and influence gay male social life in London today (see also Keogh, Dodds, Henderson 2004; Keogh, Henderson, Dodds 2004). These studies aim to problematise monolithic and (we believe) unhelpful concepts such as 'gay community' or 'gay scene' and show how the population of gay men in London is riven with cultural, political and social differences.

It has often been said that 'the gay community' is an essentially White, middle-class concept which excludes men from different classes or ethnic backgrounds. This research shows that this is not the case. While the population of gay men in London is mainly White and British (as is the population of London), it is also as multi-ethnic and multi-cultural as the broader London population. Although we regularly celebrate the multi-culturalism of the capital, we rarely describe 'the gay community' in this way. As a result the many different ways of being gay that exist are not represented in health or social policy. It also implies that, so-called, excluded groups are never considered in such policy because they are somehow not 'properly' gay. As a consequence services for gay men remain woefully impoverished.

Moreover, by speaking the language of inclusion and exclusion, we are condemned to always consider weakness as opposed to strength. There is an implicit assumption in nearly all research and policy work on gay men that to be within the charmed (White, middle-class) circle of the gay community is to be 'included' and therefore without need. It follows that, those outside are automatically 'excluded' and therefore, disadvantaged, weak or needy. These three reports will show that there is no paradigmatic gay experience or group. Rather, there are many ways of being gay, *all* of which are imbued with strengths as well as weaknesses.

The three reports which emerge from this collection of studies stand alone, but are best read in relation to each other. One examines the relationship between being less well-educated, working class and having a gay identity. Another investigates ethnic minority identity and gay identity (specifically examining the experience of British-born Black Carribean men and White Irish immigrants to London). This report examines the experiences of gay migrants to London.

Our aim in carrying out these studies is to change the way that health promoters and policy makers conceive of the gay male population. We want to challenge the dominant 'centre versus periphery' construction with a conception of the gay population of London as a composite of a range of different experiences; as fractured, antagonistic and constantly changing. Moreover, we want to show that the forces which account for these differences among gay men are larger social and structural factors: ethnicity, religion, education, class, income *etc*. To put it simply, *no* gay man is simply gay, he also has a class background, an ethnicity, an employment history, a family and probably a religious affiliation.

On a policy level, we hope to take gay men's health and social concerns out of the policy 'ghetto' that is HIV and challenge community organisations to broaden their policy objectives. We feel they should be seeking to transform the education of all boys as well as increasing the capacity of all families to live with and enjoy their gay children; of all services to meet the needs of their gay users and of all communities to capitalise on the presence of their gay members. In seeking to do this, we have much to learn from the experiences of working class gay men, gay men from ethnic minorities and gay migrants.

1 Background

The story of the young gay man or lesbian leaving their home town for the big city, in search of freedom, love or a sense of belonging is a formative gay cultural narrative. The development of gay sub-cultural forms, gay political organisation and the growth of the commercial gay scene are all distinctly urban phenomena dependent on a large urban population of gay men and lesbians which, in turn, is dependent on inward urban migration. Although gay social and cultural forms now exist throughout the world and in rural as well as urban environments, the end of the twentieth century saw the emergence of several global 'gay cities'. London takes its place alongside New York and San Francisco in the North, and Sydney, Sao Paolo and Johannesburg in the South. All are regional and global 'gay magnets', serving not only as gay cultural centres but also as destinations for millions of gay men and lesbians, some of whom will choose to make their homes there.

The history and growth of London's gay community is therefore inextricably bound up with and dependent upon migration both from within the UK and increasingly from outside it. What is striking therefore is the relative lack of research on the experience of lesbian and gay migration to London and the paucity of specific services. Moreover, the question of the needs of migrants to the UK has become increasingly politicised in the last ten years. This report presents the findings of a small in-depth study of the experiences of gay male migrants to the UK.

1.1 MIGRATION TO THE UK: IMMIGRANTS AND ASYLUM SEEKERS

The UK International Passenger Survey (Office of National Statistics, 2003) defines a migrant as a person who has lived abroad for a year or more, and upon entering Britain has declared their intention to stay in the UK for at least twelve months. The International Passenger Survey indicates that in-migration to the UK has increased by two and a half times between 1981 and 1999 (Dobson *et al*. 2001), fuelled by cheaper international travel costs, political conflict, regional economic disparities and improved global communications (Haour-Knipe 2000a). In-migration from non-European / non-Commonwealth countries accounts for almost a third of the in-migration in recent years (Dobson *et al*. 2001). Asylum-seeking plays a part in these increases. In 2000, a third of migrants to the UK applied for refugee status upon arrival (this figure increased by a further 18% between 2001 and 2002, Dudley *et al*. 2003).

While there is no question that increasing proportions of those migrating to the UK are making applications for asylum, these are not the only category of arrivals. Increases in numbers of asylum seekers has excited much political debate and media attention. Political capital and popular alarm has been generated through an elision of the concept of migration with that of asylum-seeking in a range of contexts; from policy documents and tabloid headlines to exchanges in the House of Commons. The domination of the asylum discourse has deflected attention from other types of migrants to the UK, even though the latter continue to make up the majority of those arriving. Moreover, a preoccupation with the 'problem' of asylum seekers tends to inhibit the production of reliable research and robust policy in the area of migration. Specifically, there is a lack of data on internal migration in Europe. What research there is tends to concentrate on the experiences of Eastern European women in the West (Mameli 2002).

In view of such elisions and confusions, it is worth defining different types of migrants in order to describe the men who took part in this research. Haour-Knipe and Rector (1996) arrived at the following definitions. A legal migrant is a person who has been legally admitted to the UK with full migrant status. That is, has full refugee status, residency and settlement entitlements; entry clearance and / or work permits. An asylum seeker is a person who is given temporary leave to

remain while their asylum application is being processed. They can seek refugee status based on 'well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion' (Haour-Knipe & Rector 1996, p 4). An illegal migrant is a person who enters the country illegally; or stays on after an asylum application is rejected; or stays beyond the original terms of entry (such as an expired holiday, student or work visa).

The majority of the eighteen men taking part in this research were legal migrants from Southern Europe, South America and the Caribbean. There were three illegal migrants and two asylum seekers.

1.2 MIGRATION AND HIV

Literature on migration and HIV tends to focus on the affect of global economic and political disparities on personal security including social isolation, sexual and financial exploitation, limited access to education, health information and services (Haour-Knipe 2000a; Bancroft 2001; UNAIDS 2001; UNAIDS 2002). International organisations such as the International Organisation of Migrants; United Nations High Commissioner for Refugees (UNHCR); United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNAIDS are producing a growing body of literature (UNHCR 2002; Shtarkshall & Soskolne 2000) focusing on the need to address the HIV prevention, social care and treatment needs of refugees and asylum-seekers. Yet, as Haour-Knipe and Rector (1996) point out, most national governments (and NGOs) are attending to the HIV-related needs of their migrants belatedly and these needs are compounded by structural barriers to HIV prevention, care and support within their host country.

There is little research on gay male migrants in London, perhaps due to a continuing emphasis on asylum-seekers and refugees from regions with high HIV-prevalence. Moreover, a presumption persists that European gay migrants are relatively well-educated, financially stable and prepared for life in Britain. Because our models of gay community and commercial scene are dominated by constructions of gay men as predominantly White, British, middle-class and urban, notions of gay migration are thought of solely in terms of travel for prestige or leisure. Thus, for example, attention to the risks associated with sex away from home (Clift & Forrest 1999) result in health promotion interventions for affluent 'gay euro travellers' rather than gay migrants.

In this report, we consider the ways in which sexuality mediates the economic, social, political and personal factors that affect the decision to migrate and the experiences of gay migrants in the UK. Although some documentation exists on this topic (Cant 1997) the majority of detailed qualitative research has been focussed on the experiences of Asian migrants to continental Europe; and South and Central American migration to the United States (Herdt 1997; Diaz & Ayala 2001; Diaz *et al*. 2001). We examine the experiences of gay and bisexual men who migrate to the UK from Southern Europe, South America and the Caribbean in search of gay liberation and economic opportunity and conclude that they are often rendered extremely vulnerable by the structures which they rely on for support.

1.3 METHODS

This document reports the results of one of three linked studies carried out simultaneously (see also Keogh, Dodds, Henderson 2004; Keogh, Henderson, Dodds 2004). For this study, men were included if they had migrated to the UK aged 16 or above. Because one of the companion studies specifically recruited men who had left school at sixteen or younger, this sample is overwhelmingly made up of migrants with low educational qualifications. A range of methods were used to recruit over one hundred men in total. The same core interview was conducted with all participants with additional questions asked of men in particular groups (such as men who had migrated to the UK as adults or men from specific ethnic minorities). Men could be prospectively or retrospectively assigned to a study sample and the transcripts of certain men were included in more than one analysis and appear in more than one report. With this in mind, our methods for this study were as follows.

Participants were recruited primarily through the commercial gay scene. Men responded to cards placed in the leaflet racks of commercial gay scene venues. We also used the same method to recruit through community organisations including AIDS service organisations.

A limited reflexive methodology was used in the design and administration of interviews. In the first phase of the study, focus groups were convened to inform the design of a semi-structured interview schedule. Men took part in in-depth, one-to-one semi-structured interviews. The interviews were conducted in English, by three trained interviewers who met regularly to discuss the content of the schedule. The schedule was regularly revised as a result of these discussions. Interviews lasted between one and two hours. With the consent of respondents, they were audio tape-recorded and fully transcribed.

The interview was very broad, following a 'life history' trajectory with special emphasis placed on the following topic areas: basic demographics; family history; health; education; gay sexuality and coming out; migration; friendship and social networks. In addition, respondents were asked about their HIV-risk and discussed in detail the last 'critical incident' of HIV-risk (normally an incident of unprotected anal intercourse). Finally, they were asked about their experiences of, and attitudes toward, HIV health promotion. Analysis was conducted in three phases. In phase one, all transcripts were annotated and synopsised. These synopsis were used to generate themes. Finally synopses and themes were used to conduct a full thematic analysis conducted by the same two researchers working independently. Various tests and further analyses were conducted to check internal reliability of initial analyses.

1.4 SAMPLE DEMOGRAPHICS

Eighteen men, all London residents, are included in the migrant sample.

Age	Range	22 – 45
	Mean	33
	Median	34
Ethnicity	White	12
	Black	6
Country of birth	Brazil	2
	Canada	1
	France	2
	Greece	2
	Grenada	1
	Italy	1
	Jamaica	3
	New Zealand	1
	Spain	3
	Trinidad	1
	Zaire	1
Age at migration	Range	18 – 40
	Mean	26
	Median	24
Years in UK	Range	<1 – 14
	Mean	6
	Median	6
Educational qualifications	no educational qualifications	5
	equivalent of 'O' levels or CSEs	10
	equivalent of 'A' levels	2
	University degree or higher	1
HIV status	never tested	1
	tested negative over 1 year ago	2
	tested negative within last year	4
	tested positive	11
Current employment	unemployed	14
	unskilled	2
	semi-skilled	1
	student	1

2 Escaping oppression: coming to London

In this chapter we examine men's motivations for moving to the UK, the circumstances surrounding their move here and their initial experiences here.

2.1 DECIDING TO MOVE

Overwhelmingly, the move to London had been necessitated by the need to live an openly gay lifestyle which they could not do at home. Men had often come out and asserted their sexual identity in their home areas, but commonly felt they had outgrown the limited gay circle there. That is, the cultural and social conditions at home did not offer the potential for an emotionally and socially fulfilled life as a gay man. Moreover, coming out was accompanied by vilification from neighbours or family members or a sense of having brought shame upon their family. Thus, life in their immediate locality was described as constricting, boring, wearisome or traumatic. Overall, men reported feeling deeply unhappy about the possibility that things might ever get better. Moving therefore became an imperative. Not to do so would have been detrimental to their mental health.

> **There was nothing for me and then I started feeling depressed. I mean the last couple of months before I left, before I took the decision to come to London, I even stopped seeing my friends. I was just going for walks on my own. I really wanted to get out […] just wanted something new because I felt that if I stayed there my life was going to be like that, nothing was going to change, no more experience.**
> **White European migrated from Greece, aged 23, unemployed**

The men who moved from the Caribbean reported far more serious adversity associated with their sexuality at home. Fear of persecution, experiences of extreme homophobic violence and absolute rejection from family and communities marked their accounts.

> **... I used to sing with the men's choir at the church so there was some fellows who they were totally against me and what I choose in life so it was like if I'd gone back there they would have destroyed me [laugh].**
> **Black Carribean migrated from Jamaica, aged 23, unemployed**

One man described a very serious assault. His account described the social environment surrounding men who live as openly gay in Kingston, Jamaica.

> **It was a club night in Kingston in Jamaica [...] we were all [leaving and] this guy was looking at me and I was going towards my car and as I approached the door he looked at me and I looked back and I mean... That's one thing about Jamaica, you don't look at people. If you see someone that is attractive you have to look on the floor [laugh] because it's unacceptable to really stare at people. And I passed and I was getting into the car and then he just came over, you know, and starting using some words or just language which I really don't want to use on the [microphone] 'Batty man, you dead', you know, and, 'coochie man', and the works [...] He slashed me [points to arm] I had 110 stitches. And he stabbed here [points to his chest]. So that was that [...] The police wasn't any help to make an arrest because once you are gay you stand on your own.**
> **Black Carribean migrated from Jamaica, aged 28, unemployed**

Although other men had no intention of migrating to the UK, after coming here on holiday, some found that they needed to stay in order to access anti-HIV treatments. One developed CMV retinitis and was told by a London clinician that without treatment he would lose all his sight and eventually die. Another became ill here and was hospitalised where he received his initial HIV diagnosis.

> So I mean I had to make a choice when I found out that I was HIV positive. Was it that I wanted to go back home and die or would I try to live here and live? […] But I mean, put yourself in my position. It's not easy to say, 'Give it up and die', because that's not necessarily what I want. I never had a choice of that before. I never had any reason to think that I would have limited time to live so therefore I decided to try to stay and I was encouraged to stay by all the people. And then I said, 'Alright let me try'. And then I realized it was a one handed process because I had to do everything on my own.
> **Black Carribean migrated from Jamaica, aged 28, unemployed**

2.2 THE MOVE

For the majority of the respondents, the move to London was opportunistic and poorly planned. Men reported having had a long-held desire to leave. Such desires were only actualised when the right opportunity presented itself: a friend migrating or more typically meeting a British tourist in their country of origin. Often an immediate decision was made and the respondent would find himself in London within weeks. With little time between the decision to leave and the act of moving, preparations were often scant. For example, one man bought a book about obtaining jobs in the UK, and a few others had arranged vocational training programmes. However very few had long-term contacts in London before arrival. A particular and ongoing problem for those whose first language was not English (eleven out of eighteen) was that their language skills proved inadequate for finding jobs or even socialising.

For men from EU member countries, the lack of legal or immigration requirements made the process of decision-making, travel and arrival straightforward. However events following their arrival frequently signaled the start of difficulty. Some described a state of cultural shock during their initial period in London, and it took them some time to develop the confidence and the language skills to begin to socialise or even to venture outside of their accommodation. With limited language skills, no matter what their other qualifications, men faced overwhelming economic uncertainty, their choice of job limited to those that were temporary and menial. As a result, only a third eventually found work in their chosen field. The remainder found themselves dependent on benefits or on sex-work.

> I worked [at a hairdressers] for a year and a half and chucked it away because I was exploited basically, um, sixty hours a week for little money [...] I went to do modeling, and modeling took me to other things, and other things to other things, and I became a prostitute...
> **White European migrated from France, aged 35, unemployed**

Nearly all of the non-English speaking migrants reported experiencing life as a series of barriers to stability or success. They found it immensely difficult to exercise any control over the most basic aspects of their lives. Most were dependent on various benefits (such as temporary housing, income support or incapacity benefits) and felt that this dependency was likely to continue indefinitely either because they were physically incapacitated or unable to develop employment skills.

> *Have you worked at all in the last few years?*
> Yeah, yeah, I have worked here but I think I wasn't fit. I wasn't ready for that. I wasn't ready to leave home and… So I haven't been able to complete jobs.
> **White European migrated from Spain, aged 27, unemployed**

In a very profound way therefore, these men had limited means of gaining control over their lives and determining their own future.

> As I say, my life has always been mixed up. I always been in the wrong place at the wrong time doing the wrong thing for the wrong reason. Everything has gone wrong.
> **White European migrated from Italy, aged 36, unemployed**

The men from the Caribbean reported additional difficulties with migrating to the UK. Those who stayed as a result of HIV diagnosis experienced rejection from family both at home and in the UK, which added to their troubles. One reports his brother's reaction in Jamaica to news of his HIV diagnosis.

> **[He] went into my house and he burned up all my stuff. You see they see HIV as AIDS so they throw all my things out. I just had brand new furniture in and they burnt like beds and things like that, you know, personal things, all my little personal things that I would love as a gay man to cherish, you know. They were thrown into the fire and burnt so when your brother does that it means that the community condemns you because this is starting in your house.**
> **Black Carribean migrated from Jamaica, aged 28, unemployed**

Another man stayed with his sister when he first arrived, but she subsequently asked him to leave.

> **... We never discussed it, but I think she knew I was gay and I think maybe she couldn't cope with me being gay and staying with her and sometimes I question whether or not she was really comfortable with my HIV status which she knew.**
> *Do all your family know?*
> **Yeah. So there's lots of questions and I think they are really all questions about her supporting me eventually as well, which she started doing at one time because of course my money was running out and having said that at first she didn't really want me to pay for anything and then when she realised that I wasn't going anywhere, that's when she decided to be rid of me.**
> **Black Carribean migrated from Trinidad, aged 35, unemployed**

Without family or community support, legally prevented from seeking work, suffering illness or HIV treatment side effects and unable to access the benefits system, such men found themselves dependent on friends or sexual partners for accommodation and sustenance. One man ended up choosing the relative stability of the street over dependence on the dubious generosity of others. He describes the attitude of a partner he met on the scene once he started to take anti-HIV drugs.

> **You know he was hoping that I'd have felt better instantly. I mean he's gay and had big hopes and interests that we were going to gotten together [...] and it just never worked out. He gave me an ultimatum to leave his house. Now I had just started the therapy so I said to myself, 'This is stupid', because if I go back [to Jamaica] I die because I wouldn't be able to afford the medication [...] So I had to try to make choices [...] and then I found the next friend here who I could sleep on his floor while he was on the bed with his boyfriend and it was totally unacceptable to me. I'd never lived like that before [...] So, you know, it came moving, moving, moving until I decided it wasn't the best thing for me [...] The side effects from the medication, the irregularly dining or eating rather, and a place to sleep and all of that it was getting to me. So I had £15 left and I went to East Street and I bought myself a sleeping bag.**
> **Black Carribean migrated from Jamaica, aged 28, unemployed**

2.3 PLANS FOR THE FUTURE

We move on to examine how men envisaged their future, either in London or elsewhere. Despite tremendous adversity, some men did hope to gain employment, perhaps meet a partner and establish a long-term home. This man describes a desire to continue his education.

> **And I might. I might. I don't say I might, I'll do, I'll do my 'A' level in September […] And then I might do the degree for doing either French teacher or English teacher […] That takes two years. Because my level is marked very good, you know [...] I mean obviously nothing will happen before September you know. But I did enquire at [name] college, and it cost fifteen pound if you are on benefit to go and do the 'A' level. Which is not much, I think.**
> **White European migrated from France, aged 36, unemployed**

Although a desire for change was often expressed, many men did not know where to turn for initial assistance, either in terms of psychological help, or skills training *etc*.

In complete contrast to the majority, three men whose first language was not English, reported a degree of self-sufficiency and control over their lives. Two had been in London for a number of years but one had recently arrived. All three were in full-time employment or studies and all three shared a range of factors in common. First, all had attended to long-term financial planning.

> *Do you have private health insurance?*
> No. I started an ISA this year. So that's my plans for the next six years. Because there'll be a time when I'm graduating so getting a job, so when I start getting a proper job, then I can start sort of like paying money into a health plan. But at the moment I'm just […] saving for the future, for the six years, yeah. So I can do something with it.
> *So will that help you later as a pension? Is that your plan or..?*
> Could be. Not even a pension, but it could be some money that I can use let's say next year when I start my job and like say in three years if I'd be lucky and I'd be earning in about three years £35,000 or something like it, so I can sort of think of buying a house for myself. So I can use that money from that in the future… It's an investment. It's my life. Because as soon as I start working, I'm thinking I'm paying a pension and a health fund.
> White South American migrated from Brazil, aged 29, student

All three saw themselves as moving away from London at a later date, either back to their country of origin or to the United States. In this sense, they had a clear and aspirational ideal for their future. That is, their visions of career success included a desirable lifestyle which lay elsewhere.

The most marked difference between these three men and the other fifteen migrants was their family background. All three came from middle-class professional backgrounds. All were fulfilling some aspect of the aspirational values with which they had been raised – including the desire to pursue higher education. Crucially however, they could rely on their parent's financial support. Moreover, moving to London was part of a larger life-plan which involved either a return to, or an ongoing connection to, their families and country of origin. In short, unlike the other respondents, they had not forsaken family and community to move to London. Rather, their families were centrally and continually involved in their life. However, all three felt that being gay had disrupted their clearly defined life-paths, in the sense that they had felt the need to emigrate.

> Because obviously [were I not gay] I would have studied longer and probably would have gone to university. I would have a degree probably, a better job.
> *So now you wish you had stayed?*
> Yeah, yeah, yeah.
> *Was there a time when you thought you might go back and get more qualifications?*
> Yes, and still I am thinking about doing it here at university – try to do something here.
> White European migrated from Spain, aged 33, semi-skilled job

Therefore, even if their life histories may have taken what they characterise as an unconventional turn, they were striving to bring themselves to a point where they feel satisfied with their progress.

2.4 DISCUSSION

These men left their homes, their families and their countries because they did not feel that they offered them the conditions in which to live fulfilled lives as openly gay men. The attraction of London was that it was a global gay metropolis, which they expected would offer them the opportunity to find the gay social networks and intimate relationships which they needed to make a life for themselves. For others (from the Caribbean), the choice was more stark, they could stay and face extreme persecution or seriously compromise their health, or they could leave.

Accounts of migration are characterised by personal upheaval. The majority reported prolonged periods where they felt a lack of control over many key aspects of life including their ability to work and the management of their personal, social and intimate lives. The narratives we have presented are typical of what has been described as social exclusion. That is, these gay men 'suffer from a

combination of linked problems such as unemployment, poor skills, low incomes, poor housing... bad health and family breakdown' (Social Exclusion Unit 2001, p.10). Their status as migrants often interacts with their identity as gay men in a way that precludes them from integration into wider society.

The majority arrived in this country with very little advance preparation, staying in tenuous circumstances sometimes with people that they had only met a few weeks previously. In turn, their experience of London has not been one of gay liberation and redemption. Most men followed a similar pattern: when their initial funds ran out and when their English language skills proved to not be as good as they had hoped, their capacity to exercise control over their lives began to slip away. For many men whose first language was not English, London was experienced, not as a place that allowed them to fulfil their financial and sexual aspirations, but as a place that presented a range of problems which were as bad, or perhaps even worse, than those they escaped from at home.

The exceptions to this pattern were those who had moved with the support of their families or communities. While they had altered the course of their lives and careers to take account of their sexuality, they were not completely disconnected from their family or ethnic community. They maintained active links and intended to return to their homes once they had achieved what they wanted in London. The importance both of staying connected with family and the ability of the family to support their gay sons prompts us to make a useful comparison to the sample of British working class men we have described in one of the companion reports to this (Keogh, Dodds and Henderson, 1994). Like the British working class men, the majority of these migrants came from 'blue collar' backgrounds and left school with no or few educational qualifications. However, unlike the British working class men, the migrants experienced the necessity to remove themselves from their family and their local community. When describing metropolitan gay ways of living and identities, the importance of biological family and community of origin tends to be downplayed. That is, metropolitan gay identity is often assumed to exist independent of, or without recourse to, biological family structures. All of the reports in the redefining community, restoring identity series demonstrate the importance of biological family in supporting gay men live their lives. Biological family (in its real or symbolic role, whether it is present or absent, experienced as positive or negative) is clearly important to all gay men, but demonstrably so for those who are working class. The negative experience of these migrants when they remove themselves from their families is further evidence of the importance of biological family, even among gay men.

3 A gay paradise? London life

In this chapter, we focus on men's longer-term experiences of living in London. In particular, the range of gay social and sexual relationships they entered into: how they managed to carve out a (gay) social life for themselves, the relationships they developed and the ways in which they experienced their intimate interactions.

3.1 THE GAY SCENE

All bar one of the migrants (a recently arrived Zairean refugee with little experience of the gay scene) were hostile to the commercial gay scene in London. The commercial gay scene was expected to provide the possibility of gay sociability and a better life than the one they had been experiencing at home. However, it turned out to be almost the exact opposite. It was common for men, shortly after arrival to be dependent on sexual encounters for accommodation. That is, men would go home with partners in the hope of a bed for the night or a few nights. The scene was a place where sexuality and sexual desire quickly became associated with negative economic imperatives.

> **... just go into a bar and meeting someone and you've got nowhere to stay and you just go with them and… It's quite hard.**
> **White European migrated from Spain, aged 27, unemployed**

The perception that the scene (and hence gay sociality generally) was socially impoverished, over-sexualised, and dependent on commodity and money led to a sense of profound alienation for the vast majority of the men. Although it is common for gay men generally to express disenchantment or cynicism about the gay scene, such alienation was particularly stark in the case of migrant men. Men often reported being fetishised by others because of their ethnicity. Moreover, because of their economic dependency such a fetishisation was inevitably imbued with power asymmetries and negative attitudes.

> **... I haven't actually called it racist in some way, but you could say it is… Obviously some people […] they all say 'oh we love the Spanish anyway'. They all love us but then they always like… they all look down their shoulder like you… you know? So it's lots of hypocrisy I think… I think they do like the Spanish people but they like their looks, they like the accent [...] But then they come back here slagging off my country…**
> **White European migrated from Spain, aged 27, unemployed**

The over-sexualised and commodified nature of the commercial gay scene was anathema to the values of certain migrant men. That is, although they enjoyed the scene at first, they soon saw its limitations in terms of its potential to forge what they saw as meaningful friendships and relationships.

> **Well lately I'm a bit upset with the gay scene […] I think that because the gay scene in London you can have anything you want to, and any time in the day if you want. You can have sex any time of the day with whatever you want or however you want it and I think that makes you lose your values and you are not a person anymore you are just a part of a... I think it's much more difficult to have a relationship in London rather than Athens.**
> **White European migrated from Greece, aged 23, unemployed**

The commercial gay scene was often the only social outlet for gay migrants (as they were neither part of an extended family nor a migrant community) and many hoped it would be an important source of supportive social contact and friendships. The majority of the men said that it was far from this.

> **But on the gay scene it's really hard to make good friends. Because everyone's just after one thing… have one thing. And they don't want no use for… and if you don't want to give them that thing [sex] then they don't […] want to know…**
> **White European migrated from Spain, aged 27, unemployed**

In the case of Black Caribbean men, the question of gay communitarian support becomes even more animated because the presence of a sizeable Black Caribbean gay population in London raised their expectations of finding a ready (social) home there. Disappointingly, the opposite turned out to be the case. All reported difficulties relating to other (British-born) Black gay men. Often they experienced other Black Caribbean men as distant because of social distinctions between themselves as migrants and others as second (or third) generation Black British.

> **Black men totally look at you as if you're rubbish when you are Black, you know [laugh] so that complication alone tells me that I really don't want to go to the club because I mean I'm not colour prejudiced.**
> **Black Carribean migrated from Jamaica, aged 28, unemployed**

This problem was exacerbated by sexual desire. That is, like all other parts of the gay scene, the prevalence of sexual desire as a basis for social interaction means that Black men who desire White men are unlikely to socialise with other Black men in scene venues.

> **Most of the Black people who I have met at the clubs [...] Most of them think they are White […] you know, they are only into White men. They wouldn't give a Black person the time of day […] They never want to talk to you.**
> **Black Carribean migrated from Granada, aged 45, unemployed**

In general (and like many others), the Black Caribbean migrants wished to establish friendships and primary relationships with other Black Caribbean men. However, establishing such relationships was often difficult in the sexually-commodified scene. The following respondent (who eventually found a White partner) says:

> **I went on one of these chat-lines [...] and I would fancy to be with a Black man you know to have... you know because that is what I'd been used to and I got so many negatives from them you know there – either we met and they didn't fancy me or they stood me up, they said they were gonna come round and they never did, they'd give me phone numbers which weren't real, they never got back in touch and they wanted to always figure out the size of your dick. They always wanted to find out whether you were thin or bony […] But I never had much success with Black guys here in London.**
> **Black Carribean migrated from Trinidad, aged 35, unemployed**

Rejecting the scene as a place to make meaningful relationships was not always a viable option. For nearly all migrants, there was nowhere else to establish (gay) friendships. Insufficient language skills, poverty, ill- health, psychological problems or simply the feeling of being an outsider prohibited men from taking part in gay community activities that were not based around the scene. As the scene was both synonymous with gay sociality and highly problematic for some men, a rejection of the scene meant a simultaneous rejection of their gay identity. That is, because they had little or no gay social contact beyond the scene it was hard to sustain any meaningful notion of themselves as gay.

> **But I think I will always be coming to terms with it [being gay]. I don't identify with 'gay' men. Living in London. I don't go to the gay scene no more because I don't find anything there which has something to offer me, apart from meat. So I have never identified as a gay man. That is why if people ask me if I am gay... I am a homosexual. I don't identify with the gay label.**
> **White European migrated from France, aged 35, unemployed**

Disillusionment was often exacerbated by negative experiences, either through sex work or by working within the gay commercial scene. The cynical eye of the sober barman was common in the accounts given by many of the migrants about the gay scene.

...a lot of people go through hell on the gay scene. And I think I've seen it [as] a doorman whose not off his trolley and everyone else is, you tend to see reality. And you tend to see people using people. People being 'hi you're the new brightest thing – the new kid on the block. We all love you so much'. Until we shag you!
White European migrated from Greece, aged 22, unskilled job

3.2 DISCUSSION

For the majority of these adult migrants, life in London did not live up to their expectations. They faced all the difficulties common to most migrants including the need to find employment, to upgrade skills and education, to find accommodation, to find a sense of place, to counter loneliness *etc*. However, unlike other migrants to London, their sexuality burdened them with a number of additional disadvantages. Because they had left their country of origin for reasons mainly concerning their sexuality, they generally did so without the active support of their families. Moreover, their sexuality proved a barrier to accessing communities of people from their own country or region in the UK. In effect, unlike other migrants, they had no initial cultural link between their home country and the host city and no structures to make the transition easier (these are the functions usually fulfilled by ex-patriot communities in cities like London). They therefore had to rely on the gay community (which we might call their 'community of choice').

The gay community could not support them for two reasons. First, gay and lesbian social service networks are not geared up to meeting the needs of gay and lesbian migrants. That is, the practical needs to find a job, improve one's language skills, negotiate welfare benefits, find accommodation are not met by any existing service. Second, what often passes as 'community' (the commercial gay scene) is effectively a market economy based on sexual commodification. Men without language skills, whose qualifications cannot be capitalised upon and who are without social capital, come to rely on their sexual capital to make their way. This is often personally disastrous. In many ways, far from benefitting them, their sexuality puts them at an added disadvantage in a place where they sought redemption and happiness around their sexuality.

Comparisons of this sample with the other groups of gay men described in the companion reports to this are informative. Like the first generation Irish migrants described in a companion report (Keogh, Henderson, Dodds 2004), the men in this group left family, community and country of origin to find a place more accepting of their sexuality. Similarly, they experienced on the one hand, an antagonistic relationship with their own ex-patriot communities and on the other disillusionment with the gay community and commodification on the commercial gay scene. The crucial difference however, between these men and their Irish counterparts is that the majority of the migrants in this study came to the UK with low educational qualifications and a limited command of English. Thus, while men in both groups experienced profound personal alienation, the Irish men possessed the social capital (education and the capacity to earn) that the men in this sample lacked. The men from the Carribean experienced multiple exclusion associated with the attitudes of their families and communities at home, their legal status in the UK, their HIV status and their ethnicity. Involvement with the gay community exacerbated the effects of such exclusion as these men dealt with the same commodification faced by second generation Black Carribean men. However, unlike their second and third generation counterparts, the Carribean migrants lacked both the social capital and the community structures vital in dealing with such adversity.

4 Positive benefits: living with HIV

A total of 11 out of 18 migrants had been diagnosed with HIV at the time of their interview. All but two, had lived in the UK for four years or more. All were unemployed and on welfare benefits at the time of interview.

4.1 HIV TESTING AND DIAGNOSIS

Five men had tested HIV positive before, or at the time of, migrating. Two of these had done so in their late teens and had been living with HIV for over ten years. For these men, their HIV diagnosis was a major incentive in their decision to move to, or stay in, the UK. This was partly due to negative reactions of family.

> **… my stepmother actually said to me, I'm lucky I'm not in a wheelchair. I had a brother that said to me, I 'm lucky I've not been hospitalised. See they don't understand. They don't see. I said why don't you find information. She said, 'well, why would people waste their time to find information, they've got other things to do'. So when you hear things like that, what do you do with it?**
> **White European migrated from France, aged 36, unemployed**

However, it was also related to the availability of HIV treatments and general standard of HIV services in the UK.

> **He say, 'No you got to go back to London' because [treatments in] Paris at this time was delayed. Very much delayed comparing London […] so I went back to London.**
> **White European migrated from France, aged 36, unemployed**

For those who tested positive after they moved to the UK, HIV infection was crucial to their decision whether or not to return to their country of origin. The availability of welfare benefits and HIV treatments here, as well as the (relative) lack of stigma associated with HIV, was a reason to remain.

> **… before my diagnosis it was something that didn't cross my mind, to go back to Spain. Now with my diagnosis, I can't, even if I wanted.**
> *Why?*
> **Because they haven't got a clue […] Latins, they can't deal with it. There's plenty of it [HIV]. There's plenty of it. But they don't deal with it.**
> **White European migrated from Spain, aged 35, unemployed**

4.2 HIV POSITIVE IDENTITY FORMATION

HIV diagnosis was experienced as a traumatic event involving major upheaval in their lives. However, what was significant about many accounts was the extent to which they saw their HIV infection as inevitable: the certain result of continued risk.

> **… and drugs and going out and being young and not thinking what is going to happen to you. And eventually having HIV, but that is part of the price I guess.**
> **White European migrated from France, aged 35, unemployed**

This is not to say that the HIV diagnosis was treated lightly. The majority of men reported anxiety and deep depression around the time of their diagnosis

> … this is still an AIDS diagnosis. And the word AIDS means a lot. I mean AIDS equals death. AIDS is, you know, rejection. There's loads of things about AIDS. And I was very confused in this. And I didn't want to think about it. And I had a period of denial, to take my medication and being very good with my medication, but not talking about… And I went back to work straightaway. I was off work only four months after being very, very, very ill. And of course I went back to work in June 1999 and by February I was very ill. Not very ill, very depressed.
> **White European migrated from Spain, aged 35, unemployed**

A positive diagnosis served to focus the minds of respondents on what really mattered to them. Although those who had been diagnosed at an early age continued to work, over time and through various illnesses, they gave up work, which for the most part, had been a major struggle to maintain anyway. Having HIV meant that some respondents could worry less about lifetime financial and employment stability. Again, the struggle for control could be given up with impunity.

> My perspective of life have changed slightly since I became diagnosed. Things used to worry me before, which they don't worry me now. I think like, um, what am I going to do when I am a pensioner? I don't tend to think...
> *So you did worry about things like that?*
> I did... well I have never had a pension either, but I thought, well maybe I should start thinking about it... but since I have been diagnosed, it is completely out the window... because I don't think I will reach pension age, or whatever.
> **White European migrated from France, aged 35, unemployed**

For many, the imperative to strive was also removed. Many men had found the struggle to find meaningful work and to survive in the competitive job market too great a burden, especially when they had to contend with a lack of qualifications and language difficulties. Therefore, the removal of this obstacle was experienced by some as a relief.

> *Although you managed to find all of those jobs from one to the next...*
> I know but they are very, very low-graded jobs and I think I deserve better. But it doesn't really bother me now. As long as I can have access to benefits that is fine. Which is difficult, because I don't have the qualifications, the skills and that brings about a lot of limitation, but there are ways around it, it is more difficult though. And I am very glad I don't have to work to make a living, very glad.
> **Black Carribean migrated from Jamaica, aged 28, unemployed**

Although common, this sentiment was not universal. One respondent, who was diagnosed less than two years ago, missed the job he had to give up through ill-health and felt the need to work.

> … the future is a bit of a difficult thing to think. I mean I'm starting now. I can see the positive message that comes from everybody, from specialists, from people that work in the field, that… you're going to be here for a long time so you need to do something with your life. There's no point to be waiting for nothing. So that's the reason I do… I'm looking for a job now. I'm actually write this morning to some place to have an application pack.
> **White European migrated from Spain, aged 35, unemployed**

Even with a strong desire to work, many found that having to maintain a full-time job was too stressful but they were not paid well enough to work part-time. In short, like many on welfare benefits in the UK, they could not afford to work (part-time) in the jobs that were available to them.

> *Why did you leave then?*
> I was very, very low – very sad, very depressed […] I was working 24 hours a week only, because my doctor said no way you can work any more. Because I went back to work with 154 cells. And I was very weak […] and the total after tax and National Insurance I was getting £660 a month. The council gave me a flat but because of that money I wasn't entitled to any Housing Benefit or any Council Tax benefit. So I had to pay the rent and the Council Tax all by my own, so it meant that I had less than half of my salary. And it got me even more depressed.
> **White European migrated from Spain, aged 35, unemployed**

We can see therefore that although HIV diagnosis is a traumatic event, it brings about changes (specifically, the opportunity to give up work or to access benefits) which for some were seen as positive, especially with hindsight. However, this should be seen as an indication of how difficult men's lives were prior to diagnosis rather than an indication that men had a pre-existing desire to live on benefits or not to work.

4.3 SERVICE USE

Apart from one respondent who was diagnosed a month prior to interview, all the others used both medical and social support services extensively. Although some were registered with GPs, all used out-patients HIV clinics to monitor and maintain their health.

> *Are you registered with a GP at the moment?*
> **No. Just with my hospital doctor.**
> *How often do you see that person?*
> **Every three months when I have my check ups. Otherwise if I have any problem I might just [...] go to the nurses.**
> **White European migrated from Greece, aged 23, unemployed**

They had the confidence to 'shop around' to find the right medical care often using informal HIV positive networks to find the right consultants

> **Well in my first year's diagnosed it was a nightmare for me because I was seeing different doctors every time […] Although the rest of the staff was fantastic, all the nurses and receptionists, I couldn't find a doctor. So in the end through a friend I met […] a very well-known doctor in the HIV field […] My friend emailed him telling him my problem, the problem I was having […] And he sent an email back with a date to go back to go and see him. And then he saw me and he said 'do you want to be my patient?' And I said 'yes' and… I went to see him yesterday and he's just the best!**
> **White European migrated from Spain, aged 35, unemployed**

Respondents were critical and informed users of hospital-based specialist HIV services.

> **[...] they really didn't like me... I used to scream, I used to be demanding, I used to expect and didn't get the service which I expected. I mean even in one period about three years ago where I was... when the drug resistance test were just made available? Became resistant to one of the combination therapy, and they could not give me a resistance test because there is no funding. So I had to go to France and have it done in France, it was a nightmare. But I got it done but it saved my life.**
> **White European migrated from France, aged 35, unemployed**

They were also assertive around their treatment needs and responses.

> **I did have side-effects in the beginning because I was on a different combination therapy. I was taking protease inhibitors which were… like something was expanding in my body for fourteen, fifteen months […] I went to my doctor, and the doctor I was seeing at that point, and I said 'either you change my medication or I stop taking it – so it's up to you'. [...] and she didn't know what to do. She was denying me… the medication while I was having side-effects all the time my life was misery. And so she had to change it.**
> **White European migrated from France, aged 35, unemployed**

Respondents universally appreciated the availability of anti-HIV therapies in the UK. Whilst those who had been living with the virus for a long time were very knowledgeable about treatment technologies, the two men who had been recently diagnosed were happy to leave treatment decisions to their doctors

> Yes, I had a conversation with my doctor and he said to me that probably I'm going to start combination therapy in like 4 or 6 years because [...] everything is going really well. So yes, after 4 or 6 years I might start combination therapy then and see what happens but I don't really worry. [laugh]
> **White European migrated from Greece, aged 23, unemployed**

Many saw anti-HIV therapies as complementary to their own natural defences. Moreover, different men constructed their relationships with treatments in a range of ways.

> When I was first diagnosed [...] the man there, the nurse, asks me 'what's your attitude to this?' I said 'my attitude is that I'm going to make it'. He gave me the pills – 'can I start now?'. And he was 'well you can't do that'. He said 'you'll have to wait to see a doctor'. 'OK, I'll do it'. And I was very ill, very ill at one point very ill, I needed a blood transfusion. I made it, and I went from 51 cells to over 450 now, with an undetectable viral load since the very beginning of my treatment. I'm getting stronger and stronger. It is true that I had a mental thing, because there is one thing I think that is health, physical health, and another one which is mental health.
> **White European migrated from Spain, aged 35, unemployed**

Others were negative about side-effects and sanguine about the efficacy of treatments, but were still convinced of the need to maintain adherence to their treatments.

> ... I am on toxic medication [...] my immune system is weak [...] my energy level is very low [...] I am incapable of sustaining a full-time job [and] I don't sleep well, and all the side effects of combination therapy. So I wouldn't call myself healthy. I wouldn't call myself an invalid either. I have to take things very, very easy. And I do not have as much energy as I used to before the diagnosis [...] I think HIV itself cause the body to go into a latent state or whatever, and the combination therapy does not help, because they are chemotherapy drug after all. And they are very, very toxic, and they are new drugs and we don't know how they affect people. So I know when I take my regular dose of combination therapy I feel very lousy, which was forced me in the first place to cut down my combination therapy. So I don't take the normal standard dose. I only take once a day and that is fine.
> **White European migrated from France, aged 35, unemployed**

Since their diagnosis, all had used social support services extensively and most had used counselling or psychotherapy services. Often this was about more than their HIV infection and related to past adversity.

> I went to do psychotherapy because of a lot of different things. My mother, my step-father, my difficulty relating with men. I was going out at the time with a lover which was not my boyfriend, I was not sure where was my place. So I was very confused, so I thought maybe if I am going to try to understand what is going on maybe I should try to go and analyse myself, which is what I did.
> **White European migrated from France, aged 35, unemployed**

Most also used gay-specific HIV positive drop-in services or group interventions. However, they perceived both types of interventions as cliquey or alienating.

> … it's a pick-up place. You tend to go one day, a second day… Maybe you pick up. It doesn't work out. And you don't go back [...] those groups need facilitators and boundaries and say 'OK this is the limit and sex is not permitted'. I mean if sex is going to happen… if love is going to happen it is going to happen, but if you want it to be casual sex you can go somewhere else.
> **White European migrated from Spain, aged 35, unemployed**

For the most part, men valued informational or skills-building interventions more.

> … when I was diagnosed I went to Body Positive in Soho and had this newly diagnosed course and it lasted a couple of weeks and it was really… We had a package of information and everything. So all this stuff that's in the papers is really basic.
> **White European migrated from Greece, aged 23, unemployed**

Training courses were especially valued. This Black Carribean man talks of a course which would not have been available back home.

> **… if I had been at home I would never of been able to get on board a computer course that I am doing now through one of the HIV organisations, which I don't have to pay for that wouldn't have been available at home.**
> **Black Carribean migrated from Trinidad, aged 35, unemployed**

Finally, HIV positive respondents were well informed about the welfare benefits system. Such knowledge had generally been acquired through experience since diagnosis. Some supplemented benefits with 'cash-in-hand' jobs. The majority were not happy about having to rely on benefits and did so with a range of attitudes. Some felt relief that a long struggle with the world of work was over. For others, it was simply not economically viable to work part-time. Finally, the world of benefits was seen as a means of survival. Often respondents talked of having to shift their personal moral codes to make ends meet. For some, honesty was a luxury they could not afford. For those who were trying to gain or maintain a legal status in this country, HIV services were often the conduit to legal advice and representation. This is entirely appropriate as an HIV diagnosis can be instrumental in a decision to remain.

4.4 DISCUSSION

A number of aspects of the above analysis are striking. First, the high percentage of the sample who were diagnosed positive and secondly, their ability to survive life with HIV. It is clear that, as a rule, men were not migrating to the UK in order to access HIV services or treatments. However, the lack of specific services and HIV stigma and discrimination in their home country prevented them from considering a return home. Therefore, far from bringing them closer to their family or their home, an HIV diagnosis was often what finally made it impossible to return. Paradoxically, for those who are originally illegal in the UK, lack of available HIV treatments at home was precisely the motivation and mechanism to strive for the legal right to remain in the UK.

The men in this sample are markedly different to the British working class men with HIV we have described elsewhere (Keogh, Dodds, Henderson, 2004). In the latter group, dependence on biological family, local community and friendship networks far outweighs the value of social support services. For migrants however, services play a vital role in stabilising their lives. This instability is often related less to an HIV diagnosis than it is to the process of migration. In other words, the social support services made available to a gay migrant diagnosed with HIV serve to ameliorate the difficulties which most probably led to his exposure and infection in the first place. Migrants clearly have a capacity to benefit from the range of psychological, social and vocational or training services which come available to them as a result of an HIV diagnosis. It is ironic to say the least that they should only become eligible for, or aware of, such services when they present with HIV.

The men in our sample experienced the same problems as other people living with HIV. Specifically, a benefits system which is not amenable to people living with a chronic illness with symptoms which vary in severity over time. Part-time or flexible employment is neither practically nor economically possible, though it is the ideal. However, the difficulties of living with HIV were compounded by their pre-existing difficulties as migrants. Moreover, it is possible that the positive men in this group share more in common with their positive African counterparts than HIV-positive British gay men.

5   Everyday hazards: sex and HIV-risk

In this chapter, we focus on the subject of sex and HIV-risk in order to explore the relationship between migration, economic and social deprivation, sexual health and HIV-risk. We deal first with sexual health generally. In order to examine sexual risk, we divide the sample into two groups: those who know or presume themselves to be HIV negative and those who have diagnosed HIV infection (no man thought himself to have undiagnosed HIV).

5.1   SEXUAL HEALTH

The men's experiences of the gay scene in London (described in section 3.1) affected their views of sexuality and their personal experiences of sex. Crucially, the gay scene had a negative impact on their sexual health. That is, because of their social vulnerability, their cultural alienation and their economic dependency, they were adversely and deeply affected by the sexual and personal commodification inherent in the commercial gay scene. For some men, sex and their sexuality became denigrated and impoverished to the extent that they felt little sexual desire. The following respondent enjoys the liberty afforded to gay men in the UK, but feels his sexuality has suffered.

> **I might go to gay bars sometimes if I'm in the mood or if I'm invited out and the advance that is made [on] you because you are a Jamaican, hoping that you have a big dick or something. You know, everybody really want to get into your pants [...] For me sex is too much, the variety is too wide, but I mean the concept is good because at least we can move freely on a day-to-day life, so that's good. [But] for me that's a no, no because I'm not into sex anymore. I don't have any interest, I don't have any trust in people, so to speak [...] there's not much of a talking, there's not much conversations with people here, there is much of an impact on your body, instant.**
> **Black Carribean migrated from Jamaica, aged 28, unemployed**

Several men reported feeling unhappy about the sex that they had. These men felt that they had lost control of their sexual lives, with sex taking on a compulsive aspect, or used simply as a way of passing the time. Sex substitutes for social activities which they either could not access or afford. For some, sex became emblematic of their difficulties and a source of anxiety.

> **I always think I am comfortable with [sex], but then sometimes I'm not […] Yeah, at the time you think you're enjoying it but once you're walking back home for your tea or something, the mind kind of stops… your mind keeps on going… there's been something wrong, or you shouldn't have done it 'I don't feel clean or happy with what I've done', you know?**
> **White European migrated from Spain, aged 27, unemployed**

In the following case, the respondent feels ambivalent about sex which has resulted in anal trauma. Although he feels some relief that such trauma will prevent him having more sex, lack of sex highlights how impoverished his life is.

> **I felt so shit that I had sex again with somebody else [...] He was a gorgeous guy, and I didn't want to have sex with him. But at the end, I was a bit drunk, a few joints, I was so sad about living in London, that I [had sex] […] We had three shags – amazingly good. But it actually hurt me. And then the next day… the next night, I had sex again. And I was very hurt. I mean physically hurt. And you know… I started feeling like a piece of shit. And I know sometimes when I'm upset I look for sex like that. And I don't really want to do it like that because it doesn't help at all. Your self-esteem goes to… somewhere else. So in a way, thank God he hurt me. Because I can't do anything. I have to relax for a couple of weeks, my doctor said**

yesterday, and gave me some medication and things. There's nothing really dangerous [but] it doesn't help because I have to stay at home and I can't drink alcohol […] it is a bit scary thinking about sex right now, because I don't really want to be sleeping around. And if there's not [sex], I don't have anything else to do...
White European migrated from Spain, aged 35, unemployed

Economic necessity and homelessness make some men particularly vulnerable. This man was raped.

I was staying at ex-partner's place [and] he was supporting me with meals and accommodation and I was seeing this guy who I was really in love with, but who didn't fancy me and I was having fantasies about being together blah, blah, blah. My ex-lover who owns the flat thought that we were sexually involved which we weren't and he was a bit jealous that this guy was reaping all the benefits of me [...] and then one day there was no one in the flat [...] I was asleep [...] and he came and had sex with me. I was unwilling, he raped me. I was traumatised [...] I didn't call the Police, I discussed it with my doctor and he discussed it with Social Services. I discussed it with them as well and then they moved me into a private flat which is where I am at the moment. I didn't really want to bring in the Police because I fear going to Courts and stuff like that...
Black Carribean migrated from Trinidad, aged 35, unemployed

It was clear therefore that men experienced little control over the sex they had. This was either ongoing and troublesome or related to specific instances (such as an assault). Lack of control was clearly linked to their social conditions as migrants. We move on now to look at how issues concerning control mediated men's experiences of negotiating sexual and HIV-risk.

5.2 MEN WHO ARE NOT DIAGNOSED HIV POSITIVE

Anxiety and lack of control over sex generally translates into feelings of lack of control over HIV-risk. The following respondent feels that the only way to prevent HIV infection is to limit all contact with other gay men.

I think the only way that I can keep safe of this… is either not going into gay bars, you know, to meet people, and just not having sex with them. Or if I have sex not going all the way, just having… I think that's the safest way I can be. [It's] very difficult. I meet a really nice guy that's really nice and you like him very much, and he don't want to use condoms. And he convinces you and [...] The problem is once you let your self-defence down, you say 'OK, that's the problem…'
White European migrated from Spain, aged 27, unemployed

In spite of such difficulties, four men maintained negotiated safety agreements restricting unprotected anal intercourse (UAI) to specific regular partners. However, like many gay men, they also expressed reservations about the UAI they had. Although they had made decisions to engage in UAI based on their perceptions of their partner's and their own HIV status, such decisions were sometimes reliant on limited information and many respondents reported wanting more certainty about their partner's and their own HIV status. The following respondent talks of his monogamous relationship where he has discussed with his partner their likely HIV sero-concordance.

Thinking back to that last time when he was fucking you, do you think there was any risk of HIV being passed, either to you or to him?
Well that risk is there, yeah.
So there's always some kind of risk?
If he's infected, yes.
How do you feel about that?
I mean I don't think about it every day. I trust him, which I shouldn't. Um, no I don't think about it. I really…
You said 'I shouldn't trust him' – is that because there's always a potential risk?
For him to be unfaithful?

> *For him to be infected or..?*
> **For him to be infected? Could be.**
> **White European migrated from Spain, aged 33, semi-skilled job**

In conclusion therefore, those men who were not diagnosed with HIV experienced great difficulties with negotiating HIV and sexual risk. The evident lack of control experienced during casual sexual encounters translated into agreements regarding sexual safety with partners which were far from perfect and therefore likely to be less than effective.

5.3 MEN DIAGNOSED WITH HIV

The positive sample divided along responses to sexual risk and UAI. A minority of the sample were risk-averse whilst the majority took complex decisions around HIV transmission risk.

Of the risk-averse men, one maintained complete celibacy, another avoided any anal intercourse (AI) whilst another only ever engaged in protected anal intercourse (PAI). By and large, they maintained these behaviours in order to protect others, but also because they were aware of the dangers of other STIs.

> **No, no, always condom of course, of course. And that's because there is syphilis as well [...]**
> **No, never not use a condom. Never ever.**
> **White European migrated from France, aged 36, unemployed**

The remaining men had a mixture of responses and strategies. On one level they were aware and somewhat cynical of the choices that men made when they chose to engage in UAI. Like many other gay men with HIV, they did not see that it was their moral responsibility to protect others. When asked, during a specific incident of UAI whose choice it had been not to use condoms, a respondent replies:

> **It's a mutual choice. Something very weird amongst gay men. It is like a code. You don't talk, you don't ask but you just make signs […] There is a mutual understanding. I never force anybody to have sex without condoms [...] And it's the way I live by. But if someone wants to use condom that's fine, we'll use a condom.**
> ***...the decisions you make and the agreements you make are mutual decisions?***
> **Yeah, I don't rape the guy.**
> **White European migrated from Spain, aged 35, unemployed**

Discourses around viral loads and taking the receptive role only were common in positive men's accounts of UAI and the possibility of HIV transmission.

> **... but I am still on combination therapy and there is a big debate of how infectious I am, and how my viral load is present in my semen. And you know how much, that doesn't mean because I have unsafe sex with someone who is negative means I am going to pass the virus straight on to him. Takes lots of time, and it's not... I mean it is accidental but, you know, but there is a lot of causes that comes into it. It is not just that safe sex and condoms is going to do it. I think there are a lot of [...] It is like when I came off my combination therapy, all of a sudden my viral load raised up and I tended to have less unsafe sex.**
> **White European migrated from France, aged 35, unemployed**

The following respondent disclosed his status to a negative partner before engaging in receptive UAI with that partner. His regret later relates to what he (the respondent) may have acquired from that partner.

> **Yeah, I go to the [GUM] clinic sometimes. When I had unsafe sex… I mean that's one of the reasons I won't do that again any more. It's not worth it, because what happens to me in my head, I go crazy. Because it's not about what I'm giving him. I don't give a fuck. He knew I was positive and he still wanted to fuck me. Because I fucked him, but with a condom. But then what can he give me? I mean I know that the facts… I mean the chances of me giving him**

anything are very low, because I'm undetectable, I'm being the passive, so that… I thought 'if this guy's doing this to me, he's doing it to everybody'. I mean I'm not saying to you that everybody is positive but syphilis, gonorrhoea, candida. It's all out there.
White European migrated from Spain, aged 35, unemployed

5.4 DISCUSSION

Among the men in our sample, the social and economic deprivation associated with migration combined with the commodified nature of the gay scene to have a major detrimental affect on sexual health. The forms of sexual fetishisation typical of the commercial scene become pernicious when backed up by major power and economic inequality. Men were clearly alienated from their sexuality, found it a source of sorrow and distress and experienced an increasing loss of control over the sex they had. It is likely that sexual health need translates into HIV-risk, which, in turn, contributes to both their own HIV infection and their likelihood of then passing on their infection to others.

Gay migrants give us a clear example of the link between social deprivation, lack of personal social capital and sexual health and HIV morbidity. It is likely that this link, so pronounced in this group, is there in a less extreme form for other gay men. In the case of gay migrants, interventions concerned with the acquisition of language, housing, education and skills-development, as well as social support and access to culturally appropriate psychological interventions are likely to improve their capacity to negotiate HIV-risk and enjoy their sexuality.

However, when community interventions are planned, it is often assumed that all men have a rational control over the sex they have and therefore need information and a range of strategies around negotiating risk. It was clear that the migrants in our sample were knowledgeable about HIV and 'safer sex'. Moreover, risk reduction strategies are often pretty straightforward. What reduced men's capacity to negotiate risk was social and economic disparity. Thus, these men present a unique challenge to the government, the NHS and gay and HIV voluntary sector agencies. We discuss this challenge in depth in the next chapter.

6 Conclusions and recommendations

6.1 EX-PATRIOT GAY

The way in which an individual migrates is influenced by his education and relative wealth and skills. A distinction between two types of migration is helpful in thinking about adult gay migrants.

The first type of migration is where an individual migrates as part of an extended family or community. In other words, the individual constitutes part of a collective and often permanent migration. A distinctive aspect of this type of migration is that geographically based ex-patriot communities quickly grow up in the host countries. Such communities are often modelled on highly conservative and closely-knit familial structures. Their role is to conserve and maintain traditions and bonds transferred from the country of origin as well as provide systems of mutual economic and cultural support. The ex-patriot community is vital both to the individual and the group in that it is the basis for a collective cultural and economic presence in the host country. Like all other global cities, London is a patchwork of such communities: the French community in Soho; the Italian community in Clerkenwell; the Eastern European Jewish community in the East End; the Black Carribean community in Brixton and Tottenham; the Irish community in Kilburn; the Bengali community in Tower Hamlets; and the Greek, Turkish and Cypriot communities of Green Lanes and Dalston. Indeed, one of the adverse affects of this Government's current asylum seekers dispersal policies is to prevent new immigrant groups from gaining such a foothold by preventing the growth of such local, urban ex-patriot communities. Our report on Black Carribean men illustrates the centrality of ex-patriot communities for generations of gay men from ethnic minorities (Keogh, Henderson, Dodds 2004).

The second type of migration is where well-educated individuals with language skills migrate singly, usually finding ways of integrating quickly with the population in their host country. This is because such individuals generally possess the skills and social capital to survive and thrive in their destination country. A typical example of such migrants are the White Irish sample we examine in the companion report on ethnic minority gay men (Keogh, Henderson, Dodds 2004).

With increasing wealth and education in all countries in Europe, intra-European migration is increasingly of the second type, undertaken by skilled individuals and their immediate families, who, may migrate frequently between their own and various other countries throughout the course of their life (Haour-Knipe 2000b). However, European in-migration is generally of the first type, being mainly made-up of migrant workers and asylum seekers from Eastern Europe, Africa and Asia.

It is difficult to place the men we investigated here in either of these most common types of migration. On the one hand, they have, for the most part, low educational qualifications and often little English. This would indicate that they belong to the first type of migration. On the other hand, they tend to migrate singly and usually need to survive in the host country alone. Therefore, they might belong to the second type. Our difficulty in categorising these migrants allows us insights into the source of their difficulties.

For migrants with low educational qualifications and few English-language skills, the role of the ex-patriot community cannot be underestimated. Such migrants often rely heavily on 'their' community for a range of support including a sense of identity, housing, jobs *etc*. The ex-patriot community cushions the migrant on arrival and provides an essential springboard from which to launch himself.

However, such ex-patriot communities are often highly conservative and unable to accommodate sexual difference. As a result, the relationship between a gay migrant and his ex-patriot community is often complex and antagonistic. As gay migrants leave their country of origin in order to escape oppressive attitudes towards their homosexuality, they find themselves alienated to a greater or lesser degree from their family and community in their country of origin and in their new home.

Most of the gay migrants we interviewed were forced to survive on their own. However, unlike their better educated counterparts, they lacked some of the key skills to do so. As a consequence, migration to the UK was often nothing short of personally disastrous. They do not come to London to be part of an ex-patriot community, but to escape adversity regarding their homosexuality. Yet no gay community structure is substantially invested in supporting them and even if it was it would not necessarily have the capacity to do so.

6.2 GAY COMMUNITY ATTACHMENT IS BAD FOR YOUR HEALTH

Urban scene-attached gay men are often imagined as an educated, high-earning group possessed of both individual and collective political power and social capital. When we talk about gay men who are excluded, we tend to think of men denied access to metropolitan communitarian structures. We often assume that the best health and social outcome for gay men lies in forms of gay community attachment. However, the experiences of migrants to London presented here prompt us to question what we mean when we consider the benefits of gay community attachment. The greatest irony this research presents us with is the picture of individuals who are highly 'community-attached', at the centre of the London gay scene and yet, by all indicators, are enormously socially excluded. Such failure brings into question the capacity of an urban gay community to support the individuals which make it up.

In short, if you are a gay migrant with social needs, gay community attachment in London today does not help you learn English, increase your job skills, find a job, find a home, find friends or love. On the contrary, it exploits the most basic capital you possess: your body. That is, your capacity to sell your labour or sex in order to earn a living. We conclude therefore that, at present, gay community attachment is a liability for less well-educated migrants.

This report illustrates a direct link between social exclusion, sexual health morbidity and HIV infection for gay men. We conclude, from the experiences of these men, that their involvement in HIV exposure is a direct result of their social and personal circumstances. These circumstances were exacerbated rather than ameliorated by their belonging to a gay community in London. We therefore call into question the capacity for gay communitarian structures to tackle any substantial social exclusion among gay men. The capacity of the men with HIV in our sample to take up and benefit from social support and vocational training services made available to them once they tested positive was telling. The logical conclusion is that they should have been targeted with such services when they arrived in the UK. They should have been eligible for such services not because they had HIV, but because they were gay migrants with low educational qualifications, legal difficulties or little English, and were often escaping a homophobic home environment.

6.3 SERVICE RECOMMENDATIONS

Although the outcomes of the adversity we have described in this report concern sexual health and HIV morbidity, the adversity itself is caused by wider factors. The first concerns practical difficulties and limitations specific to some migrants. These include a limited command of English, a lack of marketable employment skills or legal difficulties. These problems are exacerbated by the second factor: the commodified nature of the London gay scene. Rather than seeking to make the London gay scene less commercial, we recommend interventions which increase the capacity of migrants to fare better both within the gay scene and in London as a whole. We also recommend interventions to increase the capacity of gay and HIV community organisations to meet the needs of gay migrants.

In order to design and resource service interventions, it is important to know the scale of need presented by gay migrants in London. We have already concluded that the needs we seek to address will be experienced only by a proportion of gay migrants: specifically those with English language, employment or legal difficulties. We therefore recommend a critical examination of existing data sets in order to establish the proportion of the London gay population that are migrants. We also recommend survey work to ascertain the educational qualifications of migrants, their employment skills, their legal status and the extent to which they have difficulties with English language. This should give us some idea of the scale of need and the levels of services required.

As the majority of men in our sample were out and part of the gay scene in their countries of origin, we recommend that gay HIV prevention and community organisations work with their partners in other EU countries, in key countries in the Carribean and in South America to develop resources providing advice on migrating to 'gay capitals'. These could take a range of forms such as web-based interventions or local print campaigns.

In the companion reports to this one (Keogh, Dodds, Henderson 2004; Keogh, Henderson, Dodds 2004), we recommend that services for gay men would benefit substantially from engaging with the raft of social exclusion initiatives established by central Government over recent years. We apply the same recommendations to the development of interventions for gay migrants. Crucially, this involves agencies thinking outside usual service and policy confines to establish new means of tackling the sexual health needs of gay migrants.

Exclusion discourse as employed by the Government is primarily directed by the activities of the Social Exclusion Unit (SEU). The SEU produces research on a range of topics which is converted into widely publicised policy, primarily targeted at the most deprived areas in Britain. We provide detailed recommendations below. However, in seeking to ensure that gay men benefit from social exclusion initiatives, it is necessary to ensure that the issue of gay migration (and the needs it gives rise to) is taken into account in exclusion initiatives on local, London and national levels. Therefore, the needs of gay migrants should be raised and addressed in the following exclusion initiatives: The Neighbourhood Renewal Fund, New Deal for Communities, Education and Health Action Zones. It is possible to operate within current social exclusion frameworks in order to intervene on structures which facilitate sexual health among gay migrants. The aim of such interventions should be:

1. **To improve gay migrants' English language skills.**

2. **To enable gay migrants to acquire suitable accommodation.**

3. **To ensure that gay migrants have access to appropriate legal services and welfare benefits advice.**

4. **To enable gay migrants to make their existing employment skills maximally marketable in the UK or to acquire new educational and vocational qualifications.**

5. **To reduce psychological morbidity and improve mental health among gay migrants.**

6. **To provide on-going social support services to gay migrants.**

Since gay migrants access the commercial gay scene first, we recommend that those agencies operating on the commercial scene constitute themselves both as portals to other services and as providers of the following services themselves.

6.3.1 *Legal and welfare benefits advice services*

Confusion around, and lack of, legal status contributes to vulnerability, morbidity and exclusion. Many HIV agencies have experience in delivering legal services to people living with HIV (many of whom are migrants or asylum seekers). Such capacity can be used to develop services for gay

migrants with legal difficulties in the UK irrespective of pre-existing HIV infection. Services should not only include advice and advocacy, but should ensure that voluntary and statutory agencies providing legal and benefits advice to migrants, asylum seekers and refugees are aware of the needs and difficulties of some gay migrants. Finally, services should take into account the need to lobby for reform to both the letter and spirit of the law regarding homosexuality and immigration.

6.3.2   Educational and vocational services

Difficulties with both written and spoken English also caused problems. Gay and HIV service organisations should develop the capacity to provide free English language training to gay migrants. Such services might use both professional and voluntary teachers. Lack of qualifications and marketable job skills were a major source of adversity. Gay and HIV services should work to increase access to skills development services for gay migrants. For example, the National Skills Strategy aims to ensure that individuals have the skills they need to be both employable and personally fulfilled. It focuses on increasing the effectiveness of existing initiatives. Gay men's HIV and sexual health agencies should increase their own involvement in such initiatives, for example, by becoming partners in the National Skills Alliance. They should also increase their capacity to provide educational services. Such services might include facilitating access to free tuition for Level Two Qualifications as well as increasing individual access to Adult Learning Grants.

6.3.3   Housing services

Homelessness and lack of access to, or knowledge about, appropriate accommodation was a major cause of adversity and morbidity. Gay and HIV community services should work with local authorities, housing associations and other housing charities in order to increase gay migrants access to appropriate accommodation and accommodation services.

6.3.4   Social and psychological services

Gay and HIV community organisations should develop social support services which aim to provide gay migrants with alternatives to the commercial gay scene when they arrive in the UK. Such services could include the vocational interventions we have described above and / or social support groups, and other means of delivering advice on a range of factors associated with using the commercial gay scene. Moreover, such services should be linked into psychological services to help deal with psychological morbidity and stress associated with migration.

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